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Solution Focused Therapy
Treatment Manual for Working with Individuals
Research Committee of the
Solution Focused Brief Therapy Association

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The purpose of this Preliminary Treatment Manual is to offer an overview to the general structure of Solution Focused Brief Therapy (SFBT). This manual will follow the standardized format and include each of the components recommended by Camilli and Nunn (1997). The following sections are included: (a) overview, description and rationale of SFBT; (b) goals and goal setting in SFBT; (c) how SFBT is contrasted with other treatments; (d) specific active ingredients and therapist behaviors in SFBT; (e) nature of the client-therapist relationship in SFBT; (f) format; (g) session format and content; (g) compatibility with adjunctive therapies; (h) target population; (i) meeting needs of special populations; (j) therapist characteristics and requirements; (j) therapist training; and (k) supervision.

OVERVIEW, DESCRIPTION, AND RATIONALE

Solution Focused Brief Therapy group treatment is based on over twenty years of theoretical development, clinical practice, and empirical research (e.g., de Shazer et al., 1986; Berg & Miller, 1992; Berg, 1994; De Jong & Berg (2008); de Shazer, Dolan et al., 2006). Solution Focused Brief Therapy is different in many ways from traditional approaches to treatment. It is a competency-based model, which minimizes emphasis on past failures and problems, and instead focuses on clients' strengths and previous successes. There is a focus on working from the client's understanding of her/his concern/situation and what the client might want different. The basic tenets that inform Solution-Focus Brief Therapy are as follows:

- It is based on solution-building rather than problem-solving.
- The therapeutic focus should be on the client's desired future rather than on past problems or current conflicts.
- Clients are encouraged to increase the frequency of current useful behaviors.
- No problem happens all the time. There are exceptions – that is, times when the problem could have happened but didn't – that can be used by the client and therapist to co-construct solutions.

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