

Solution-Focused Planning and Assessment

Hope is crucial to recovery, for our despair disables us more than our disease ever could.

—Esso Lette

Hope is the anchor of the soul, the stimulus to action, and the incentive to achievement.

—Anonymous

It is important to keep in mind that the worker and client/family form a system and that systems by definition are nonlinear and mutually reactive. Systems do not follow simple cause and effect; the worker affects the client/family and the client/family affects the worker. Systems are self-reinforcing. If we accept this premise, then the question arises, which do we reinforce: the problem or the solution?

It is illusionary to assert that assessments are neutral and objective. Einstein acknowledged that the observer affects the observed; assessments are interventions. Unlike expert assessments, solution-focused conversations are not built on a foundation of expert evaluation. They are an ongoing process that is subjective and coconstructive.

In Chapter 5, we discussed the client–worker relationship and suggested that there are several ways that the client and worker together form a collaborative relationship. In this chapter, we plan to expand on this topic of relationship development by clarifying a desired future and steps to that future as the client and worker together coconstruct goals, strengths, and possibilities. One major difference between a solution-focused and problem-focused orientation is that we find it difficult to separate assessment—an independent, objective process—from intervention, a fluid, coconstructive process.

When we use the terms “assessment and planning,” we intend to connote that the client takes the lead in determining what his or her goal is for the work together and what resources reside within himself or herself and the social contexts. If necessary, the worker might provide useful information, which the client is not aware of yet. We have found it useful to first find out what the client knows.

The National Consensus Statement on Mental Health Recovery (NCSMHR) notes that as one of the 10 factors in recovery, a nonlinear process is required:

Recovery occurs via many pathways: Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds—including trauma experiences—that affect and determine their pathway(s). . . . Recovery is non-linear, characterized by continual growth and improved functioning that may involve setbacks. . . . Setbacks are a natural, though not inevitable, part of the recovery process. (SAMHSA, 2011)

Obviously, the focus of the case manager will not always be on mental health issues as the primary challenge. Yet, solution-building principles are applicable to addictions, child protective services, hospice, health issues, aging, and other areas of practice. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), self-direction is another fundamental component that is directly related to recovery:

Consumers lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to achieve a self-determined life. By definition, the recovery process must be self-directed by the individual, who defines his or her own life goals and designs a unique path towards those goals. (SAMHSA, 2011)

When the focus is on what the person has achieved so far, what resources have been or are currently available to the person, what the person knows and what competencies he or she possesses, and what aspirations and dreams he or she holds, “we are engaged in a collaborative partnership” (Rapp & Goscha, 2006, p. 57).

Validation of the client is the usual result of solution-focused conversations. It is not power over the client by the worker but a coconstruction of the person’s power and potential. Solution-focused practice requires a redefinition of us as workers, the client, the role each plays in the endeavor, and the responsibilities inherent in the respective roles.

Rappaport (1990) describes empowerment¹ in this manner: “It is always easier to see what is wrong, what people lack. Empowering [collaborative partnerships] attempts to identify what is right with people, and what resources are already available, so as to encourage their use and expansion under the control of the people of concern” (p. 12).

Saleebey (1997) describes our society’s obsession with what is wrong: “Our culture is obsessed with, and fascinated by, psychopathology, victimization, abnormality, and moral and interpersonal aberrations” (p. 4).

¹In this and succeeding quotes, the word *empowerment* is used by the various authors. The dictionary defines empowerment as *to give somebody power or authority*. This seems to us to be a misnomer. As practitioners, we do not see that we give people power or authority but help them to realize the power and authority that already resides within them. Our preferred term for what we do is *validation* defined as *to confirm or establish the truthfulness of or soundness of something*.

Rapp (1998) wrote the definitive text on strengths-based “case management” practice with those with severe and persistent mental illness. The following is a partial listing of the main points for conducting a strengths assessment; notice the common threads that they describe with what we have been discussing in terms of constructing a solution-focused and strengths-based² lens for practice:

- What the person wants, desires, aspires to, dreams of; person’s talents, skills, and knowledge. A holistic portrait.
- Gathers information from the standpoint of the consumer’s view of their situation.
- Ethnographic [learning the “local” language of this unique person].
- Is conversational and purposeful
- The focus is on the here and now, leading to a discussion on the future and past—asking how they have managed so far.
- Persons are viewed as unique human beings who will determine their wants within self and environment.
- Is ongoing and never complete with the relationship primary to the process.
- Encouragement, coaching, and validation is [sic] essential to the process.
- Explores the rejuvenation and creation of natural helping networks
- Consumer authority and ownership
- The professional asks: “What can I learn from you?” (p. 93).

Spindel (2008) expresses the potential issues when the worker takes on the role of expert, and the potential rewards when clients are coconstructed as being experts of themselves:

Putting together an empowerment plan involves some personal challenges for the case manager. She or he will have to be able to overcome his or her own tendencies to tell the client what she or he should do, rescue the client, or make decisions for her or him. The skill in doing this kind of plan rests with asking the client pertinent questions. . . . It will mean talking in meaningful ways so that the [worker] gets to know the client well, and the client gets to know her- or himself well. These kinds of conversations can lead to real insights [self-awareness] by the client, and [this new awareness of strengths, desires and potentials] can help fuel their progress. (p. 65)

In this same vein, Walter Kisthardt (1997), another originator of strengths-based practice, offers additional perspectives with a focus on “case management”:

- The people we are privileged to work with are viewed as the directors of the helping process. This emphasizes the role of listener, advisor, mentor, and colleague in promoting maximum self-determination, autonomy, and a sense of empowerment for the consumer.

²The authors have debated the use of the term *strengths-based* in reference to solution-focused practice. One of the authors (JS) has adamantly held that solution focus is not strengths-based but goal-based practice. In reviewing Rapp’s listing, it is interesting to note that each one of these items refers to either goals or radical acceptance, and strengths are secondary at best.

- All human beings possess the inherent capacities to learn, grow, and change. This includes the right to take supported risks, and that they have a right to fail.
- The helping activities in this approach are designed to occur in the community, not in the confines of a building. Research on models of case management has consistently demonstrated that meeting the person in various locations in the community is an important aspect of care. (Kisthardt, 1997, pp. 99–100)

SOLUTION-FOCUSED BRIEF PRACTICE BEGINS WITH THE DETAILS OF CLIENTS' STATED GOALS

As we had discussed in Chapter 4, action is inseparable from language. The more clients coconstruct the details of their desired outcomes, the more likely they will take some useful action. It may bear only the slightest or no resemblance to what was discussed with the worker; nonetheless, action is inevitable. As we know, the more likely we can engage the client in conversations about goal details, the more likely he or she will be motivated to work toward these goals.

As well as action, hope and expectation are other inevitable outcomes of solution-building conversations. The man who wanted to be an airline pilot (see Chapter 5) managed to become a baggage handler around planes, which became a satisfying position from his own perspective. Life does not come with blueprints and instructions. Our paths have many forks with many choices, and each fork that we choose takes us in different and often unpredictable directions. For many of us, our starting journey may bear no resemblance to where we end up; life is not linear. An example is a ladder diagram being used now in the Wilmington, North Carolina Department of Social Services. The youth who are aging out of foster care need considerable support and guidance. The workers have started using a goal-directed form (see Appendix A).

The diagram provides the young person with both a detailed description of his or her desired outcomes and the possible small steps to reach that desire. It is a physical way of imagining the strengths, skills, and abilities that they and others recognize that they possess. Writing them down requires concrete and specific steps.

Filling out this worksheet helps the client organize his or her thinking about goals, the practicality of the goal, and the personal and social resources available toward achievement of the goal. However, a worksheet is only a first step toward goal formation. From a social constructionist point of view, meanings and subsequent actions are parts of conversations with others. Solution building is a result of solution-focused conversations around goals.

In the case of the eventual baggage handler, the successful outcome was a result—first and foremost—of his personal and social resources that formed the capacity for change. It also was the result of a conversation with a worker who listened with respect and a willingness to accept the client's reality. Conversations around goals are the first steps in validating positive change, creating the flexibility necessary to adapt to a changing environment, and inoculating

against inevitable setbacks. In the following example, the client, Diane, had aged out of foster care. She has just reconnected with the foster care outreach team after a number of years. Diane has not graduated from high school and has just completed a drug rehabilitation program. She has a 2-year-old child and relies on her grandmother to help with the child's care. During the conversation, the worker learns that Diane has a talent for cosmetology. She tells the worker that she enjoys working on her friends' hair; her friends say she is very good at it and they seek her out. When the worker asks, "In 5 years what do you want your life to look like?" she replies that she would like to own a beauty shop. When asked what else, she replies that she wants a good home for her baby and wants her to have a better life than she has had.

Worker: *You really care about making a good life for yourself and your daughter. From what we have talked about and I have seen, you really love Samantha.*

Diane: *Yeah, I don't want her to have the kind of life I have had. Don't get me wrong, the last family was good to me and my grandma has always been there for me.*

Worker: *I can see that and I can tell that your daughter and grandma love you very much too after meeting them last week. You have been through a lot and have worked hard in the rehab program to get your life back.*

Diane: *Yeah, I guess you're right. I never thought about it that way.*

Worker: *When we talked about what you want for your life and for Samantha, you said that you would like to own your own shop and have a nice home for you and Samantha. What do you think it would take to make that happen?*

Diane: *I am not sure; I just know that that is something I would want.*

Worker: *What is it that you like about owning your own shop?*

Diane: *The money is one. I like the work and getting to meet so many people. I like talking with my friends when they come over or I meet them to do their hair.*

Worker: *That does sound like nice work. What you have learned from your friends and those you know who have done this, like Clarisse? What do you think it took for them?*

Diane: *She went to cosmetology school. She then worked for that shop on 13th street and saved her money. She has a nice place now. I like how she does hair.*

Worker: *So she knows the ropes and cosmetology school is one of the steps, is that right?*

Diane: *Yeah, if you want a license and a shop. That is the only way to make money. Doing it on the side is okay but you can't make the money that Clarisse does.*

Worker: *So, she is someone who you like and she knows the ropes. What about cosmetology school? What do you need to do to make that happen?*

Diane: *I am not sure. Maybe talk to Clarisse? Or, I could go to the school.*

Worker: *Is that something that might be a start to your dream for you and Samantha? Would that be an initial step, visiting the school and finding out what you would need to attend and talking with Clarisse?*

Diane: *Yes, I just don't know. I didn't do real well in school. Maybe I can't do it.*

Discussion

The worker begins with Diane's vision of a better and more satisfying future. As the initial discussion progresses, the worker appears to move the conversation into the direction of problem solving ("What do you need to make that happen?"). The pace is too quick for Diane and as a result she replies that she did not do well in school, is uncertain about her abilities, and "maybe I can't do it." The worker wisely moves from the "how" back to Diane's vision and her resources with positive results.

Worker: *I recall that you did finish most of your classes through the tenth grade. That says a lot to me about your abilities. Making it through most of your classes does not just happen. How did you do that?*

Diane: *I haven't thought about school for a while. I guess I did like some of my teachers. That helped. They would treat me okay and some expected a lot from me; said I could do it.*

Worker: *What do you think they saw in you that made them expect a lot from you and care so much about you?*

Diane: *You mean why they pushed me? I never thought about it that way—about me.*

Worker: *Yes, teachers don't go out of their way to push someone and like someone without a reason. Does that make sense?*

Diane: *Yes, I guess . . . I guess I liked them because they didn't treat me like I was retarded.*

Worker: *So, they saw something about you that made them respect you and expect things from you. What was that? What did they see about you?*

Diane: *I guess I can work hard when I want to and I did work my best for them. I guess they liked that and they respected me. It was me and them working together I guess.*

Worker: *So when you want to, you can work hard at things. It also seems like they appreciated your effort and took an interest in your success.*

Diane: *Yes, I guess that makes sense. I still see them at times and they always ask how I am doing.*

Worker: *So, would that be a strength of yours, being able to work hard when you put your mind to it and being able to develop good relationships?*

Diane: *I never thought about it that way, but it is true.*

Discussion

Phrases such as “I never thought about it that way” are a sure sign that the coconstruction is happening and the client and worker are in harmony.

Worker: *What else have you been able to do that you might have thought you couldn't?*

Diane: *I never thought I would not be taking drugs. That was hard and still is hard.*

Worker: *It is hard and school can be hard. You had a lot happening in your life and yet you did finish up most of your classes in 10th grade and have been free of drugs for 11 months now and you are doing well with Samantha. How have you been able to do that, with all that you have been through, how are you able to do what you are doing now?*

Diane: *Just do it. One day at a time is what I learned in rehab. Make it each day.*

Worker: *Just do it. That is not always easy . . . yet you can say that and make it happen?*

Diane: *Yes . . . I can do something when I say to myself, “You got to do this!”*

Worker: *Wow . . . that takes confidence and discipline. That is a very important ability to have. What else have you been doing to make your life better?*

Diane: *I guess I took a chance by going to rehab. I guess I take chances, like learning to fix hair. I just did it and the more I do the better I get.*

Worker: *So, even if you are unsure or maybe afraid, you can just do it. You took a chance and tried it out. That is courageous and shows the strengths that you have to be able to take a chance and go for it. You can also work hard when you decide to. How would that help now with this first step of checking out the cosmetology school and talking with Clarisse?*

Diane: [laughs] *You always do this, look at the bright side of things. Yes, I have done it before and this wouldn't be as hard as rehab. I just need to find out what it would take to get accepted.*

Worker: *You have made a lot of changes in your life. This would be another first step like the others you have taken. Do you think this would be the first step on the ladder, checking to see what is required for cosmetology school?*

Diane: *Yes, that would be a first step. Maybe talk with Clarisse and then the school. She probably knows the people there and what is expected too. Then I will have a better idea of what I need to do after that.*

Worker: *Remember the scale we have used; let's think about your confidence in making this happen. Remember on a scale of 1 to 10; with 1 equals if it happens, it happens, very little confidence and 10 equals I know I will make this happen, very confident in my ability to make it happen. Where would you say you are right now?*

Diane: *Probably a 9. I know I can check things out with Clarisse and from what she says make contact with the school. I feel good about it and know I can take these steps.*

Worker: *9 is pretty confident. What gives you this confidence?*

Diane: *I guess our talk and I realized that I have done a lot in the past in school and I can take this step if I want to own my own shop. It is something that I need to do now.*

Worker: *Sounds like a good first step. Do you need anything from me at this time?*

This dialogue is an example of how collaboration can work to coconstruct a desired outcome and explore possibilities for taking first small steps to make it possible. The Ladder Diagram is just a tool that reflects possibilities. It also is based on what people and others recognize as abilities, resources, and strengths that individuals possess but often are not aware that they possess these resources. In this case, the worker could have chosen to emphasize Diane's life of problems. The worker chooses instead to coconstruct Diane's experiences in a very different and more useful way. Diane comes to realize that she is a young woman who has overcome considerable challenges and has been successful in school. She has talents, friends, and realistic hopes for the future. Through their work together, she becomes clearer about what could bring the future closer.

Exercise

When the client answers a worker's questions, they usually provide opportunities for follow-up questions. For example, Diane responds to the worker

saying, “Yeah, I don’t want her to have the kind of life I have had. Don’t get me wrong, the last family was good to me and my grandma has always been there for me.” Within that simple statement, there are several possible opportunities for responses:

- I don’t want her to have the kind of life I have had.
- The last family was good to me.
- My grandma has always been there for me.

Each one of those statements invites at least one—and possibly more—solution-building responses. Look back over this interview and take notice of the specific questions the worker asks that elicit solution-building responses. Think about what other solution-building questions could have been asked as well.

Diane has a lot going for her; she has already accomplished a great deal: getting through the foster care system, finishing a lot of her 10th-grade course work, entering and completing an addiction program, helping care for her child, and having a supportive grandmother. She has developed useful skills and has made some helpful friends. Without goals, she, like most of us, can become mired in the illusion of being “stuck.” “Those who feel powerless, oppressed or limited can find strength in empowering relationships, which are rooted in shared control, commitment, and challenge” (Scioli & Biller, 2009, p. 270). In Diane’s case, there is a lot that needs to be done to make her dream become a reality, but as the Zen saying goes, “A journey of a thousand miles begins with the first step.”

When we focus on the enormity and complexity of a problem, the end result is the sense that the future is hopeless. Contrariwise, when we focus on the small possibilities for change, we begin to believe in the possibilities inherent in a better future. Diane has faced the foster care system, addiction, and single parenthood. These can be coconstructed as problems to be explored or as challenges that have been met with the same perseverance, resources, and strengths that will carry her into the future. Maddi (2004) has described the ability to meet challenges as *hardiness*: “a set of attitudes and beliefs that provide courage and motivation to do the hard work of turning stressful changes . . . into opportunities” (p. 295).

ASSESSMENTS AS INTERVENTIONS³

Rapp (1998), Rapp and Goscha (2006), Cowger et al. (2006), and Kisthardt (1997) have created detailed descriptions of strengths-based assessments. Too often, assessments are viewed as cumbersome requirements without function—just required paperwork. The assessment needs to be a living document that is created in collaboration with the client and that coconstructs a client’s

³Earlier in the chapter, we explained how we view the term *assessment* as a misnomer. The authors have not figured out a better term to use. We hope that the reader will understand our caution and make meaning of the term accordingly.

resources and goals. It needs to be kept in mind that assessments are in fact interventions; they are part of coconstructive processes that affect how the client (and worker) thinks, feels, and acts. The process of learning from clients what they want for themselves, what they have tried, what they have done successfully, and about their personal and community resources provides a rich resource for inspiration and ideas. Rapp and Goscha (2006) have provided an in-depth definition that we need to keep in mind:

The Strengths Assessment is a tool that allows us to organize and make use of the multiple strengths people possess. Few of us have good enough memories to be able to hold all the information we learn about people we work [with] within our heads. . . . Case management often tends to be reactive as we respond to the crisis of the day or help people access resources as events arise. We may recall information about a client that relates the specific task at hand, but rarely do we stop to think more reflectively about what we know about a particular client, what we do not know yet, and how this information could be useful in the client's recovery. (p. 98)

Solution-focused practice takes this stance as it builds upon previous contacts. Over time, even in crisis situations, every situation can be construed as an opportunity to coconstruct meaningful outcomes and steps to achieve those outcomes. Recall that to focus on the problem only creates greater problems and complexity. It is not unusual that situations become coconstructed as crises and, as a result, everyone's energy is directed toward fixing the problem rather than looking beyond it.

In child protective services, for example, safety is always a priority and that is always the focus of work at each session. If the worker spends the time anticipating crises, then the focus cannot be on helping the client to create a more hopeful future. If the conversation with the client and family is about anticipating crises, then this is what their reality becomes. In a case presented by Weick and Chamberlain (1997), a client's safety due to severe psychological challenges became the sole focus of the worker; nothing else was done as if there was no time. When this was recognized, a plan was made to take care of the crisis. A protocol was established with the client about who would do what and what would happen when they had a crisis. The worker then stayed focused on establishing a collaborative partnership that included the protocol and how to get on with the search for what this client wanted for her life.

Families are often defined as so dysfunctional with such a complexity of problems that a worker can easily become overwhelmed and confused about where to begin. The worker views his or her task as putting the proverbial finger in the proverbial dike hole hoping to stem the flood rather than engage the family in a useful conversation around its best hopes for the future. At these times, it is useful to remember two solution-focused assumptions: (a) It does not matter where change begins, and (b) change begets change. The first priority is helping the family develop its safety plan (rather than having it imposed upon the family). Then help the family coconstruct a useful goal and realize the resources available to make the goal realistic. In the following conversation,

notice how the worker helps Karen develop her own safety plan. Karen is a 21-year-old, African American, single mother of a 5- and a 7-year-old living in public housing. She was referred because a neighbor had contacted child protective services, concerned that Karen had left the children unsupervised.

Karen: *That old woman across the street must have called you people. She is always causing trouble. I don't know why she is trying to get me into trouble.*

Worker: *I take it this has happened before?*

Karen: *Yeah, she is always sticking her nose into my business.*

Worker: *Well, what is your understanding about why the report I have was taken by child protective services? The report says that you have often been absent from the house and leaving your two children home alone. It says they are 5 and 7.*

Karen: *I don't have money for a babysitter and I don't have a car. Did you ever try to take two kids on the bus around here? They can take care of themselves just fine.*

Worker: *It is not easy to keep up with two young kids and try waiting for the bus with the schedules they have. Well, that is the reason I am here though. Child Protective Services want to find a way with your help that the kids can be taken care of when you need to be away. At their age, the rules are that they must have supervision.*

Karen: *I don't have enough money to pay for someone to stay with them so what am I supposed to do? Their father doesn't send any money. I can't afford day care. I don't have a job. You tell me!*

Worker: *It is a very tough situation for you and the kids and you really have thought about the problem. With all that is going on, how have you managed to take care of the kids and get things done?*

Karen: *It is not easy. I am mad at their father and at the old lady across the street for getting into my business. I am a good mother and I am doing the best I can and now you show up.*

Worker: *Yeah, another thing to deal with. But it seems like you have been able to keep going even with all the problems and now me. How have you done that, take care of yourself and the kids?*

Karen: *There is nothing I can do about the payments. I went through all the channels and he is still not paying. Now, I am not sure where he is. I do take care of the kids the best I can. Most of the time I take them with me and sometimes I have had a friend stay with them. But, that always doesn't work out.*

Worker: *So, you have found ways to take care of the kids even though it is not always easy. What else have you tried to make sure the kids are supervised when you have to be away?*

Karen: *Well, in the summer, there are sometimes older kids on the block who like the kids and can take care of them while I take care of stuff. Of course, when they are in school it is harder. Sometimes on the weekends it is easier. I have tried to get things done then when they are around to watch the kids.*

Worker: *So you have been creative and made some tough choices to try and take care of things only when the older kids are available. That is not easy to do all the time. So, how are you able to say, "Well, I need to take care of this but it will have to wait?" Most of us are always anxious to get stuff done and want it done now.*

Karen: *I guess I know the kids need me and I have just learned that I can't do what other people do. I have to wait most of the time until I can make sure the kids are taken care of or they go with me.*

Worker: *That is not easy and takes a lot of sacrifice on your part. But, you said that you are a good mother and that you want to take care of them as best as you can. It seems that you are doing that most of the time and it is not easy.*

Karen: *No it's not!*

Worker: *I am impressed with all that you are trying to take care of with two young kids. You have found ways most of the time to make sure they are supervised and safe. What would it take for you to do more of what you found that works and keep the kids safe?*

Karen: *I guess just try to keep doing what I have done and if I had a job or day care that would help a lot. Can you help with that?*

Worker: *That is something you and I can talk about as soon as we have a plan in place for you to keep doing things to keep the kids safe.*

Although Karen is mandated and it would seem like she did not appreciate Child Protective Services' intervention, the worker was still able to cocreate a cooperative relationship by respecting the client, recognizing the challenges that the client faces and her efforts to provide for the safety of her children. These are the start of a desired outcome and the establishment of a plan containing steps that will lead to safety for her children.

This is an example of how assessment is intervention: a process that emerges out of the work. Of special note for two reasons are the meanings of Karen's final request for help: (a) Rather than viewing the worker as an intrusion, she now sees the worker as a possible resource; and (b) it demonstrates how the worker's first objective is to find out what Karen knows and what resources she has and then what additional resources might be available that Karen is not aware of.

Exercise

What did the worker learn about Karen and her resources? How might this information help in the work needed to be done in the eyes of Child Protective Services? How might it enable the worker to assist in Karen taking more steps to create the type of life she might want?

The next dialogue is another example of how a worker in a mandated case skillfully coconstructs a cooperative relationship. Darlene is 17 years old and lives with her grandmother. She dropped out of school and was involved with a group selling marijuana. She is on probation for that charge.

Darlene: *I don't know why I have to see you; I don't want to talk to you or about my problems. [Silence]*

Worker: *I appreciate your honesty and being straight with me. Is that something your friends say about you; that you are up-front with what you think?*

Darlene: *Yeah . . . and I don't want to be here.*

Worker: *I can see that you really don't want to be here and don't want to talk about your problems. I do need your help in filling out this report for the probation officer. I would like to do that with you so that you know what it says and also find out what we can say that would explain your position.*

Darlene: *What do you mean?*

Worker: *Well, I am required to complete this report to the probation officer and I would like for you to help me explain your not wanting to talk about your problems and not wanting to come here. I am wondering what you think would be helpful to say on the report? For example, you have come here on time for the session and you were honest about what you wanted. You could have just blown it off and not come or just strung me along but you didn't.*

Darlene: *I really don't want to get into all stuff about my life. I have done that before too many times.*

Worker: *So, first, your coming to the meeting is something we could put down. Then, could we write down that you have spent a lot of time in the past talking about things and you don't want to do that anymore? We can say that and is there something we can say that you want instead?*

Darlene: *Yeah, for them to get off my back and let me get on with my own life. I am tired of everyone telling me what to do and when to do it.*

Worker: *What would that look like, if you were free of all these people telling you what to do?*

Darlene: *I wouldn't have to be here and I could do what I want when I want.*

Worker: *What would you be doing if you could get all these people and me out of your life?*

Darlene: *I would be free. I might go to school or get a job and my own place.*

Worker: *You really want to be free of all this so you can do what you want for your life. But you would need to get them and me out of your life in some way. What do you think you would need to do to get all these people out of your life so that you could be free to work or go to school or have your own place?*

Darlene: *Get off probation so I don't have to do all the things they tell me to do like see you and the rehabilitation group home.*

Worker: *What do you need to do to make that happen?*

Darlene: *I am not sure. I guess I need to do what they say so that they recommend that I can get off probation.*

Worker: *So, making sure you know exactly what probation expects so that you can get them off your back would be a first step to getting your life back. Is that correct?*

Darlene: *Yeah, I never thought about it. . . . It always seems to just go on and on.*

Worker: *So, you really want to get this probation over and get on with your life and you don't want to be in therapy or talk about your problems with me or have to stay in the group home. Do you think I have got the idea?*

Darlene: *Yeah!*

Worker: *Let me write down some things you have said and let's see if you think they would be important to tell probation on the report we have to send them. Is that okay with you? Also, if you want, could you think of anything we haven't talked about that would help in writing this report?*

Darlene: *Okay.*

Worker: [after looking over notes] *Have you thought of anything else we could tell them?*

Darlene: *You said that I had come here even though I didn't want to.*

Worker: *Yes, that is very important. Anything else?*

Darlene: *Not sure.*

Worker: *Well let's see what you have already said. You came to the session with me and were on time. You shared with me your desire to get off probation and you will be finding out from the probation officer what you will need to do to get it shortened. You*

want to get on with your life with a job and possibly school. You want to live in your own place. You have been very up-front and clear with me about what you want and don't want. You have goals for your life and you want to move on to make them to happen. A first step that you identified is making sure you are clear about what is expected from probation to have it shortened or ended so that you are very clear of what you need to do to meet your goal. What do you think about saying that on our report?

Darlene: *That sounds good. I hadn't thought about it that way.*

Worker: *It is what we came up with together. Now let me ask a strange question, a scaling question, if that is okay? [Nods yes.] Let's suppose there's a scale of 1 to 10, with 1 meaning "If I get around to it I will ask about the conditions of my parole" and 10 meaning "I am going to ask as soon as possible. I will call and do it right away." Where are you in terms of how confident you are that you will take that first step and talk with the probation officer?*

Darlene: *I am a 10. I want to get off this thing!*

Worker: *That is the most confident you could expect to be. You are very determined to be off probation! Will you let me know what you find out and let me know if you want to meet again to work on your goal?*

This is an example of how the desired outcome and planning emerge through the actual work and are inseparable processes.

The authors have created a form (see Appendix B) as a guide for establishing a solution-focused/assessment. It is intended as a demonstration and provides brief descriptions of each section. Remember that even though it is written in a linear form, it is not intended to be linear. Relationships, strengths, goals, exceptions, motivation, confidence, and resources are added as they arise throughout the conversation.

The collaborative partnership is more informal and personal as the conversation shifts to what the client desires for his or her future. This is different from the typical diagnostic information and history gathering that problem-focused practice adopts. The purpose here is to engage the client in a useful coconstructive conversation rather than complete the requisite forms. The focus is not on pathology but on possibilities:

If we scrutinize a person selectively to discover his [*sic*] weaknesses, his faults, or the ways in which he is deficient, we can always find some, although in varying degrees of obviousness. If, on the other hand, we look to ways in which that person is whole or healthy, we will discover many things. So it will appear [that] the point of reference determines the characteristics we will find. Seek and ye shall find. (Beisser, 1990, p. 181)

Rapp and Goscha (2006) note:

Current deficit-oriented assessment protocols do this in part by amplifying the sick or weak part of the individual. The message once again is one of ineptness. It is like “painting by numbers.” Ask these questions and explore these areas and the portrait that emerges is of a weak and helpless person. (p. 92)

The authors have devised an assessment focused on resources and goals for people with psychiatric disabilities, described in the following text.

STRENGTHS-BASED ASSESSMENTS

1. *Personal attributes* or qualities such as humor, street smarts, intelligence, and social intelligence
2. *Talents and skills* such as the ability to do something such as take care of a child, shop, stay on task, be on time, maintain the home, use transportation, and so on
3. *Environmental strengths* such as support groups, family, members, friends, organizations, faith communities, and human service agencies
4. *Interests and aspirations* such as wanting to have a job, go to school, have own home, live in a particular place, have own TV, be able to walk again, be off probation, be drug-free, die at home, have a relationship, have a pet or plant, not be dependent on others, and so on
5. *Exceptions* are an additional concept. Solution-focused questions concerning exceptions lead to uncovering strengths that are particularly significant since they represent actions already taken by the client and/or others to make things better. If you discover something that already helps, it is important to recognize this attribute or skill that is already a part of a resource

Life domains: This is organizing information around specific life domains or content areas of life:

1. *Daily living situation:* such as the history of their [clients] living situation past, present, and future, as well as the quality of these
2. *Financial/insurance:* such as monies available past, present, and future, as well as financial resources to maintain themselves and services needed
3. *Vocational/educational:* such as past, present, future education, skills training, and abilities for work and education
4. *Social support:* such as all those with whom they may rely on and share intimacies
5. *Health:* such as general health like weight, blood pressure, heart disease, diabetes, or any other health issue if they exist, as well as healthy aspects
6. *Leisure/recreational:* such as any activity that they do for fun and enjoyment
7. *Spiritual/cultural:* such as how important a form of religion or spiritual practice is to the client and the access to this expression past, present, and future. (Rapp & Goscha, 2006, pp. 101–102)

During the conversation with the client, the worker should be curious about clients' resources; however, it needs to be kept in mind that the purpose of the conversation is always about the clients' goals and how those resources will be utilized toward those ends. The authors need to insert a word of caution here; it is tempting to create an elaborate intake system that requires the client to go through this entire list as if filling out a questionnaire. This is not meant to be another laundry list of data. It should be the result of and a testament to a coconstructive conversation.

One of the authors (RB) recalls a client with whom he had worked. Marie was an elderly client who was a congregant in a charismatic Catholic church where it was expected for members to speak in tongues and go into spiritual trances. Marie was from a southern, rural area of Italy. She had been raised in an Italian community with very traditional beliefs and faith in the Catholic saints and the power of the Virgin Mary.

Marie knew she was dying from cancer and, although she was receiving conventional medical treatment, she sought out the solace of her church and harbored hopes for a miracle cure. Marie's family was very upset that she was attending these services and requested the author's intervention. His strategy was to learn about and help support her desires and hopes. In addition to working with Marie, he also worked with her children in the hope of helping them respect their mother's spiritual and cultural beliefs. Marie ultimately died, but to the surprise of her doctors, she had inexplicably lived 15 months longer than they had predicted.

Hope, optimism, determination, and faith were powerful forces in Marie's case.

USEFUL SOLUTION-BUILDING PLANNING QUESTIONS

The best questions are always those motivated by curiosity about clients: their resources, their goals, and exceptions. We offer these questions as possible springboards for coconstructing useful conversations with clients. Follow-up questions should always be responsive to the clients' responses. We need to emphasize (as we have previously) that these questions are not intended to be part of formal assessments since such assessments are static instruments that views the client as two-dimensional. The result of using these questions as part of a creative process is not what the "expert" worker thinks he or she knows about the client but what the client knows about himself or herself. It can be another tool to be used with the client and particularly with other agency resources that you are coordinating services with.

Solution-focused practice skills are focused primarily on clients' stated goals and, secondarily, reflect clients' personal and social resources. O'Connell (2005) suggests potential questions that can be asked that reflect this perspective:

1. How will you know that coming here has been worthwhile for you?
2. What are your best hopes for this session?
3. How do you think coming here might help you?

4. How will you know when things are getting better?
5. What will be the first signs for you?
6. If you were able to make some changes soon, which would be most helpful?
(p. 7)

Any of the questions mentioned in the preceding text by O'Connell can be inserted or used at the start or throughout the session. This is intended to be a guide and not a directive. As stated previously, it is a tool to be used over time and provides a means of using solution-focused questions and processes to develop a goal and resources form (see Appendix B).

Yet, recognizing client or patient resources is important when working with complex cases, particularly when a comorbidity is present. This is particularly significant when confronting complex health issues and illnesses. It is not unusual for workers to underestimate the total number of co-occurring health and behavioral health challenges faced by a client (Williams, 2004). This is particularly true in the case of elderly clients. In many cases of complex illness, the worker brings his or her own expertise to the issue and is focused on the "problem" without recognition of the clients' own theories and expertise on managing their acute or chronic illness. The following are suggestions for how the worker might engage the client:

1. In situations where conditions continue and are not able to be cured, the [conversation] needs to emphasize adaptation and optimism.
2. Emphasize the person's strengths and resources. He or she is living with a health care challenge and has found many ways to remain resilient.
3. The client is unlikely to maintain motivation and hope unless he or she is able to feel good about himself or herself and positive about his or her ability to create change.
4. Even in situations where there are no technical or medical solutions, the human connection remains powerful. (Gardner & Gardner, 2007, p. 151)

Working With Clients and Other Agencies

The one unchangeable certainty is that nothing is certain.

—John F. Kennedy

Recovery is a process, a way of life, an attitude, and a way of approaching the day's challenges. It is not a perfectly linear process. At times our course is erratic and we falter, slide back, regroup and start again.

—Pat Deegan

Collaborative implementation is a process of coordinating resources with various interagencies¹: their purposes and functions and their goals for the client. At the same time, there are the parallel processes of establishing and maintaining a collaborative partnership with the client. From a solution-focused brief practice perspective, it is a process that is completed when the client decides that he or she has made a good-enough beginning and can continue making progress on his or her own. Progress is driven by the client's hope, optimism, and (most of all) goal(s). Depending on the circumstances, worker's context, and client motivation, this process will proceed at different rates. The client's perspective takes priority over the worker's theories and assumptions. There is no line drawn that sets a limit except on what is possible.

FURTHER THOUGHTS ABOUT PROBLEM TALK

Traditional problem-solving approaches assume the expertise of the worker, the necessity for "discovering" the details of the problem, the assumption that there is a cause-and-effect connection between problem and solution, and the theoretical assumption that problems represent "deeper" issues that must be uncovered and resolved. The result is a setting of limits on the client's frame

¹The term *interagency* refers to those outside agencies that interface with clients. Resources within the same agency are referred to as the *intra-agency*.