A Solution-Focused Brief Therapy (SFBT) intervention model to facilitate hope and subjective well-being among trauma survivors

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Abstract

There are increasing calls for brief, strength-based trauma interventions. We propose a Solution-Focused Brief Therapy (SFBT) intervention model that may facilitate hope and subjective well-being among trauma survivors. Based on our research among South African trauma survivors, the proposed model, "Journey of Possibilities", focuses on eliciting clients' desired outcome, describing the presence of their desired outcome, and utilising clients' resources to move towards the desired outcome. It is distinct from other SFBT models, as it explicitly identifies the therapeutic relationship and collaborative language process as essential components of building hope and subjective well-being. Strength- and resource-orientated questions, especially relational questions, are also highlighted. We suggest that the model has the potential to facilitate hope and subjective well-being among trauma survivors and may inform psychological practice in the context of trauma.

Keywords: Hope, positive psychology intervention, solution-focused brief therapy (SFBT), subjective well-being, trauma

Introduction

Traumatic events have become pervasive. Globally, more than two-thirds of the population will experience a traumatic event at some point in their lives (Benjet et al., 2016; Froerer et al., 2018). In South Africa, more than 70% of the population is exposed to at least one traumatic event during their lifetime (Atwoli et al., 2013). Exposure to trauma can produce a wide spectrum of adverse psychological responses, ranging from mild and temporary disequilibrium, which abates spontaneously, to severe and chronic distress (American Psychiatric Association [APA], 2013).

Consequently, enormous effort has been invested in the development of intervention strategies to reduce the adverse psychological effects of trauma. Traditional therapeutic approaches utilised to assist trauma survivors include, but are not limited to, psychodynamic therapy, cognitive behavioural therapy (CBT), and exposure therapy. CBT interventions are considered as first–line treatment for PTSD due to the large evidence base supporting their effectiveness (Cusack et al., 2016; Paintain & Cassidy, 2018). Despite its effectiveness and acceptance among trauma therapists, these traditional approaches are often criticized for disregarding the client's natural resiliency and primarily focusing on pathology. Exposure-orientated approaches, in particular, have exceptionally high dropout rates and have been associated with increased anxiety and distress (Cahill et al., 2006; Paintain & Cassidy, 2018). The majority of these approaches are also described as rigid and time-consuming. Hence, clients and clinicians are seeking approaches that are flexible, brief, and effective (Cloitre, 2015).

We propose that strength-based therapeutic approaches, embedded in the paradigm of positive psychology, may offer an adjunct approach to the treatment of psychological trauma. Since the start of the 21st century, positive psychology has shifted the focus of psychotherapy from treating and preventing mental illnesses, to also promoting mental health (Seligman &

Csikszentmihalyi, 2000). Positive psychological interventions thus aim to promote positive emotions, behaviours, and/or thoughts to increase the wellbeing of an individual or group (Parks & Biswas-Diener, 2013). For example, positive psychology interventions have shown to enhance subjective well-being and reduce depressive symptoms in both clinical and nonclinical samples (Bolier et al., 2013; Sin & Lyubomirsky, 2009). Similarly, hope therapy, derived from Snyder's (2000) hope theory, appeared to increase hope and reduce depression and anxiety among various groups (Cheavens et al., 2006; Retnowati et al., 2015; Thornton et al., 2014). However, few studies have specifically explored how positive psychology interventions can instil hope and wellbeing in the context of trauma (Gilman et al., 2012).

Sharing the principles and practices of positive psychology, Solution-Focused Brief Therapy (SFBT) may be an appropriate intervention to facilitate hope and subjective well-being among trauma survivors. This approach is brief, goal-orientated, future-focused, and strength-based (Ratner et al., 2012). Similar to positive psychology interventions, SFBT utilises hope and positive affect as vehicles for positive therapeutic change (Froerer et al., 2018). Evidence-based research supports the effectiveness of SFBT for a variety of mental health problems, including depression, anxiety, perfectionism, substance abuse, and marital and family problems (Gingerich & Peterson, 2012; Schmit et al., 2016; Zhang et al., 2018). Previous studies also suggested that SFBT may facilitate positive characteristics such as hope and subjective well-being in the context of life coaching and brief treatment interventions (Green et al., 2006; Michael et al., 2000).

Despite these findings, only a small number of empirical studies have specifically focused on the use of SFBT with trauma survivors (Froerer et al., 2018). There also seems to be a paucity of research on how SFBT can be utilised as trauma intervention to facilitate hope and subjective well-being. However, we argue that SFBT may be particularly relevant in this context. In accordance with Fredrickson's (2000) broaden-and-build theory, SFBT helps clients find

alternative routes to their desired outcomes and increases positive emotions which subsequently lead to hope and subjective well-being. The tenets of SFBT, the collaborative therapeutic relationship, and solution-focused conversations appear to be particularly valuable in this regard. Additionally, SFBT techniques; such as future-orientated questions, identifying clients' strengths, past successes and exceptions as well as providing compliments may contribute towards hope and subjective well-being (Blundo et al., 2014; Froerer et al., 2018).

Development of intervention model

In a recent study, we found that South African trauma survivors experienced hope and subjective well-being as well as decreased symptoms of depression and post-traumatic stress disorder (PTSD), during and after exposure to SFBT (Authors, 2021). Seven patients at community-based clinics, situated in both urban and semi-rural areas, participated in the study. All participants were black females between the ages of 29 and 54 years. They were exposed to different traumatic events, including the loss of a loved one, physical assault/abuse, or illness/injury. However, most experienced multiple traumas in the past five years. Participants attended one to four therapeutic sessions, conducted by the first author. The sessions lasted approximately 60 minutes each, with most participants attending two or three sessions. Results indicated that participants experienced increased levels of hope, positive affect, and life satisfaction and decreased levels of negative affect. In particular, the therapeutic conversation, empathy and acceptance in therapy, visualising a better future, and focusing on strengths instead of the trauma, facilitated these experiences (Authors, 2021). Based on these findings, we propose an SFBT intervention model aimed at facilitating hope and subjective well-being among trauma survivors. This article presents the intervention model with reference to the theoretical background and practical guidelines.

Theoretical foundation of intervention model

The proposed SFBT intervention model is informed by the basic tenets of SFBT. The model thus assumes that: a.) the solution is not always related to the problem, b.) the future is creatable, c.) solutions are co-constructed between the client and the therapist, during the therapeutic conversation, d.) the language used to build solutions are different from that used to diagnose and treat problems, e.) no problem happens all the time, f.) small change can lead to bigger change, and g.) all clients are motivated towards change and have the resources, skills, and competencies to resolve their own problems (Bavelas et al., 2013; Ratner et al., 2012). The therapist's role is thus merely to help clients identify what they want and elicit the necessary strategies to move closer to that desired outcome.

This model is primarily guided by new directions in SFBT, highlighting the collaborative communication process (Froerer & Connie, 2016; McKergow, 2016). Although various authors have referred to the collaborative SFBT dialogue, the model is specifically inspired by the solution-focused art gallery metaphor outlined by Froerer et al. (2018). These authors compare the SFBT session to a tour through an art gallery, where four different rooms are visited, namely the best hopes room, the resource talk room, the preferred future room, and the closing room. However, our model also strategically incorporates traditional SFBT techniques and questions, such as future-orientated questions, scaling questions, exception-finding questions, compliments, and suggestions (Bavelas et al., 2013; Ratner et al., 2012; Von Cziffra-Bergs, 2018).

Outline of intervention model

The trauma recovery process is often complex and multidimensional; and each trauma survivor follows a unique path, at their own pace. In implementation, the suggested guidelines should thus be applied with sensitivity and good clinical judgement. Although the intervention model

was developed with a specific group of trauma survivors, it may also be useful for various types of trauma and in different contexts. However, the model has not been evaluated in the context of crisis intervention. Clients with an acute presentation of psychosis or suicidality, and mental impairment were also not included during the development of the model.

We refer to the intervention model as the *"Journey of Possibilities"* as it intends to guide trauma survivors towards hope and subjective well-being, which unlocks possibilities. The model thus uses a journey metaphor and focuses on eliciting the client's desired outcome, describing the presence of their desired outcome, and utilising clients' resources to move towards the desired outcome. It serves as a metaphorical map, guiding travellers (the therapist and client) on their journey; instead of being a global positioning system (GPS) that dictates where they should go. Although this model is intended to be used as stand-alone therapeutic intervention, components of the model may be used in conjunction with other therapeutic approaches, depending on the therapist's expertise and judgement. As the intervention model allows the client to decide if and when a follow-up session should be scheduled, the therapeutic process may consist of one or multiple sessions, depending on the needs of the client. Irrespective of the number of sessions, we recommend that the same guidelines are followed for each session. The different components of the SFBT intervention model are depicted in Figure 1 and are discussed below in the context of supporting SFBT literature.

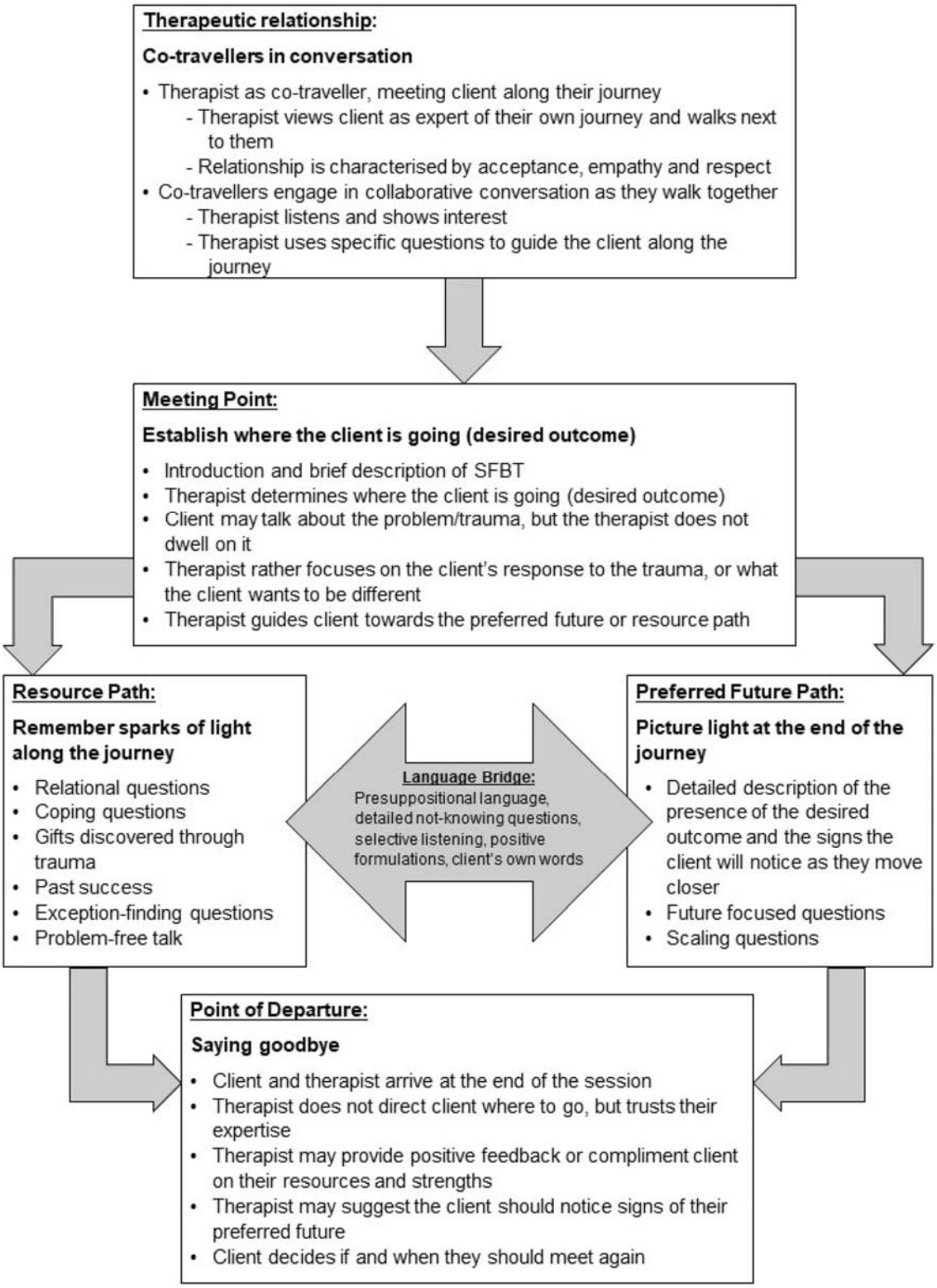

Figure 1. Outline of proposed SFBT model: "Journey of Possibilities"

Therapeutic relationship: Co-travellers in conversation

The collaborative language process is a key component of SFBT. This process is often considered synonymous with the therapeutic alliance, which is fostered by the respectful and curious stance SFBT therapists take (Franklin et al., 2017; Froerer & Connie, 2016). Collaboratively involving clients during the therapeutic process also empowers them and helps them find solutions within themselves (Carr et al., 2014). In the context of trauma, a supportive and containing therapeutic relationship has furthermore been identified as an important component of therapy (Kaminer & Eagle, 2017; Paintain & Cassidy, 2018). Although SFBT literature acknowledges the importance of the therapeutic relationship, other SFBT models have not explicitly included this as part of their conceptualisation.

Practical guidelines

The proposed SFBT intervention model compares the therapeutic relationship to co-travellers who meet each other along a life journey and start a deep, meaningful conversation as they walk alongside each other. We propose that the therapist views clients as experts of their life and thus walks next to the client along the journey, allowing them to lead the way. As the therapist trusts the client's ability to find the right path, they accept and respect the client, without trying to change them. The therapist therefore actively involves the client throughout the journey and uses strategic questions to guide the way. Furthermore, the therapist ought to show empathy by taking on a kind, friendly, and welcoming stance. We believe that by following these guidelines the therapeutic relationship can be utilised to facilitate hope and subjective well-being.

Meeting point: Where the client is going

SFBT therapists assume the client's problem is not necessarily related to the solution, and the therapist therefore does not analyse traumatic experiences in detail (Bavelas et al., 2013). They

rather focus on the client's desired outcome and communicate that, although the traumatic past cannot be changed, the future can still be filled with success and satisfaction. This engenders feelings of hope and empowerment in the aftermath of trauma (Bannink, 2008; Froerer et al., 2018). SFBT therapists thus empathically validate and acknowledge client's problems, while shifting the client's focus to future possibilities and solutions (Froerer et al., 2018). In terms of Froerer et al.'s (2018) art gallery metaphor, determining the client's desired outcome is the first question that should be asked in an SFBT session as it serves as a contract between the client and the therapist and guides the conversation for the rest of the session.

Practical guidelines

In agreement with Froerer et al.'s (2018) art gallery metaphor, the SFBT intervention model suggests that the client's desired outcome should be established at the onset of therapy. This is viewed as the point along the journey where the client and therapist meet and the therapist inquire about the client's end destination. Because of trauma, clients may have difficulty envisioning their end destination and are more likely to describe the darkness they find themselves in. Nevertheless, the role of the therapist is to respectfully determine what the client wants (their desired outcome), despite the trauma they encountered.

In order to facilitate hope and subjective well-being along the journey, we propose that the therapist immediately establishes the client's desired outcome for the session by asking a *direction question* (e.g. What do you hope to achieve from the session? What do you want to be different after the session? What do you want to talk about, so that the conversation is useful? What do you want to feel/do instead of [the problem]?). At this point, the therapist allows the client to talk about the trauma or problem, if they have the need, but does not dwell on it. Instead, the therapist empathically validates and acknowledges the client's trauma or problem, and listens with an attentive ear for the details that contribute towards the client's desired

outcome. The therapist therefore focuses on the client's strength and resilience related to the trauma and how the client wants the trauma journey to end. Once the client's desired outcome for the journey is determined (e.g. "I just want to feel happy", "I hope to be my old self again" or "I need to become better"), the therapist either directs the client towards the preferred future, or the resource path. However, throughout the journey, they will continuously cross between these two paths using a language bridge.

Preferred future path: Picture light at the end of the journey

Future-focused questions assist clients to set clear goals, shift their focus towards a hopeful future, and help clients to reach their goals (Carr et al., 2014; Ogunsakin, 2015). Visualising one's desired outcome/preferred future in detail also leads to conversations characterised by possibility, change, hope, and self-efficacy (Lloyd & Dallos, 2008). By assisting clients to describe their goal and envision steps towards that goal, SFBT furthermore elicits positive emotions (Kim & Franklin, 2015). Additionally, the wider attentional focus and attentional flexibility required to visualise one's preferred future may lead to higher levels of subjective well-being (Compton et al., 2004). The art gallery metaphor of Froerer et al. (2018) thus considers the description of the client's preferred future as the most important component of therapy. According to Connie and Froerer (2020), different questions can be used to describe the client's desired outcome.

Practical guidelines

The SFBT intervention model incorporates future-focused questions to describe the client's desired outcome/preferred future. This is illustrated by the client and therapist collaboratively walking along a preferred future path, picturing the light at the end of the client's journey. On this path, the therapist's role is thus to guide clients towards describing their desired outcome and moving closer to it.

We suggest that the therapist elicits a detailed description of the presence of the client's desired outcome (preferred future) by using specific *future-focused questions*, such as a *personalised miracle question* (e.g. Suppose that one night, while you were asleep, a miracle happened [the client's desired outcome is present]. How would you know? What is the first sign that will tell you something is different?) or *scaling questions* (e.g. On a scale *from 0 to 10*, where *10* resembles your desired outcome and *0* the exact opposite, where are you today? How would you know when you move one step higher on this scale?). *Presuppositional questions* (e.g. Suppose this session is useful and within the next few days you start to move closer to [presence of the client's desired outcome], what will be different?) may also be used to build hope and subjective well-being. The therapist thus focuses on the small signs and the difference the client will notice once they have reached or have moved closer to their preferred future. In order to further expand hope and subjective well-being, the therapist strategically incorporates the client's resources and strengths along the journey.

Resource path: Remember sparks of light along the journey

Strength- and resource-orientated SFBT techniques (e.g. problem-free talk, exception-finding, and coping questions) direct clients to look for positive change, personal strengths, and resources which facilitate therapeutic change (Franklin et al., 2017; Froerer et al., 2018). Coping and exception-finding questions, in particular, engender a sense of hope and empowerment in the aftermath of trauma because these questions remind clients of previous successes. Identifying personal strengths and resources also generates positive feelings and assists clients to view themselves as trauma survivors, instead of victims (Bannink, 2008; Froerer et al., 2018; Ogunsakin, 2015). Contemporary SFBT models therefore utilise resource talk as a means to expand the client's desired outcome (Connie & Froerer, 2020; Froerer et al., 2018). Relational questions may furthermore be useful in the context of trauma as these questions give clients perspective and hope (Froerer et al., 2018). Relational questions may

play a particular important role among individuals from collectivistic cultures, such as African cultures, as they tend to value interconnectedness, social support, and interpersonal relationships when describing hope and subjective well-being (Bernardo, 2010; Lu & Gilmour, 2004).

Practical guidelines

The SFBT intervention model proposes that the resource path, and specifically relational questions, is used to expand the client's preferred future. This is compared to the client and therapist collaboratively walking along a resource path, remembering sparks of light along the client's journey. On this path, the therapist's role is thus to remind the client of their relevant resources in order to empower them to achieve their desired outcome.

In order to facilitate hope and subjective well-being, we suggest that the therapist assists clients to step away from their trauma for a moment and to remember the best version of themselves. The client's resources and strengths are elicited by using specific *resource-orientated questions*, such as *relational questions* (e.g. Who are the most important people in your life? Who supports or motivates you in life? What will they notice as you move closer to your desired outcome? How would they respond to this?), *coping questions* (e.g. How have you coped until now? How did you overcome obstacles in the past? What skills have helped you to survive?), or *exception-finding questions* (e.g. What signs of your preferred future are already visible? What steps have you already taken towards your preferred future? How did you do that? What qualities did you use?). Questions concerning the *gifts they discovered through their trauma* (e.g. What strengths or skills did you discover through your trauma? What did you learn as a result of your trauma? How did your trauma equip you for the future?) or *past success* (e.g. When in the past was your preferred future present? What are your biggest achievements or proudest moments in your life? How did you achieve that? Which skills did you use?) may

also be useful. Furthermore, *problem-free talk* (e.g. What is important to you in life? What are your special talents? What makes you happy? What are your best qualities?) can be used to elicit hope and subjective well-being. We recommend that these resource-orientated questions be used strategically, as relevant to the desired outcome, and not in a formulaic way. The therapist thus skilfully uses the client's resources to expand the description of their preferred future.

Language bridge

Recent developments in SFBT shifted the focus from asking questions to gather information and devise interventions, to strategically using the collaborative communication process to expand the description of the client's desired outcome/preferred future. Through a process of listening, selecting, and building, the therapist thus guides the client to construct new versions of reality and ultimately creates change (Froerer & Connie, 2016; McKergow, 2016). Froerer et al. (2018) suggest that language components such as lexical choice, grounding, positive formulations, 'not knowing' questions and presuppositional language should be used with deliberation and precision in SFBT sessions. In the South African context, Von Cziffra-Bergs (2018) noted that SFBT therapists listen to their clients with *soulution* ears and speak with solution-focused tongues as they strive to emphatically listen for and reflect clients' strengths and resilience. This not only empowers clients, but also creates hope and possibility.

Practical guidelines

With this model, we view the resource- and preferred future paths as equally important for creating hope and subjective well-being. The client and therapist thus continuously cross between these paths using a language bridge. Utilising this bridge, we propose that the therapist listens with an attentive and selective ear for the client's desired outcome, resources, and strengths. When asking questions or paraphrasing, the therapist should empathically

acknowledge and validate the client's trauma or problem, but also amplify the preferred future and resources. This may be accomplished by showing interest in and *asking detailed questions* about the client's preferred future and resources or making use of *presuppositional language* (e.g. suppose, different, yet, however, at the moment, currently, despite). *Not knowing questions* (e.g. What do you hope to achieve from this session? What will be different once your desired outcome is present?) that lead clients towards a description of their preferred future, instead of their trauma may also be useful. Furthermore, the client's *own words* (e.g. metaphors, descriptions, slang words) should be incorporated during the conversation in order to build hope and subjective well-being.

Point of departure: Saying goodbye

Positive reflections and compliments concerning clients' competent behaviours generate positive feelings (Kim & Franklin, 2015). In the context of trauma, positive reflections and compliments assist clients to alter the perspective they have of their trauma, and to recognise their own strengths (Bannink, 2008; Ogunsakin, 2015). Compliments may specifically be valuable in resource-poor countries, as it validates and acknowledges clients' efforts, and empowers them to find answers within themselves (Diale, 2014; Von Cziffra-Bergs, 2018). However, new directions in SFBT place less emphasis on providing compliments and homework tasks or suggestions (McKergow, 2016). For example, Froerer et al.'s (2018) art gallery metaphor merely suggests that clients notice the signs of their preferred future being present, leaving clients with authority.

Practical guidelines

In order to build hope and subjective well-being, the SFBT intervention model incorporates aspects from both classic SFBT and more contemporary models when closing a session. After eliciting a clear description of the client's preferred future (along the preferred future path),

amplifying their resources (along the resource path), and strategically connecting these two paths (via the language bridge), the therapist announces that the session has come to an end. This is described as the point where the client's and therapist's paths depart. In order to facilitate hope and subjective well-being at this point, we suggest that the therapist do not direct the client where to go, but trust their ability to find the way towards their end destination. Being careful not to ruin the work that was done in the session, the therapist may end the session by providing *positive feedback or complimenting* the client (based on what the client shared during the session) or asking the client what *compliments significant others* (or they themselves) would give them. The therapist may also suggest that the client *notice signs of their preferred future* being present (paying specific attention to how they made it happen) or encourage the client to *do more of what works*. At this point, the therapist also asks the client if and when they should meet again and schedule a follow-up meeting, as indicated.

Conclusion

The aim of this article was to describe a proposed SFBT intervention model, *"Journey of Possibilities"*, that may facilitate hope and subjective well-being among trauma survivors. This model provides practical guidelines that focus on eliciting clients' desired outcome, describing the presence of their desired outcome, and utilising clients' resources to move towards the desired outcome. It is distinct from other SFBT models, as it explicitly identifies the therapeutic relationship and collaborative language process as essential components of building hope and subjective well-being. The value of strength- and resource-orientated questions, especially relational questions, as well as positive reflections and compliments in therapy are also highlighted. This model may contribute to psychological practice as it has the potential to not only promote well-being among trauma survivors, but also offer an adjunct approach to the traditional treatment of psychological trauma. Although there is preliminary support for implementing the model among a group of black South African females (Author, 2021), it

should further be examined among other groups and in different contexts. Longitudinal studies investigating the long-term effect of the model are also warranted. The personal experience of clients and therapists utilising the model may furthermore be explored as it appears to promote vicarious growth and resilience.

Acknowledgements

We thank Dr Jacqui von Cziffra-Bergs for her contribution towards the development of this model.

Declarations

Funding: The first author received a bursary from the University of Pretoria.

Conflict of interests: The author(s) declare(s) that there is no conflict of interest.

Ethics approval: Before commencement of this study, approval was obtained from the University of Pretoria's Research Ethics Committee (GW20180913HS) and the Ekurhuleni Health District Research Committee (EHDRC) (GP_201810_082). The researchers also adhered to the ethical code of conduct for psychologists, as outlined by the Health Professions Council of South Africa (HPCSA).

Consent to participate: Written informed consent was obtained from all participants before their involvement in the study.

Consent for publication: All participants involved in this study provided written informed consent for publication of research findings.

Availability of data and material: The data that support the findings of this study are available from the corresponding author, upon reasonable request.

Code availability: Not applicable

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