

Three Approaches to Psychotherapy in MS

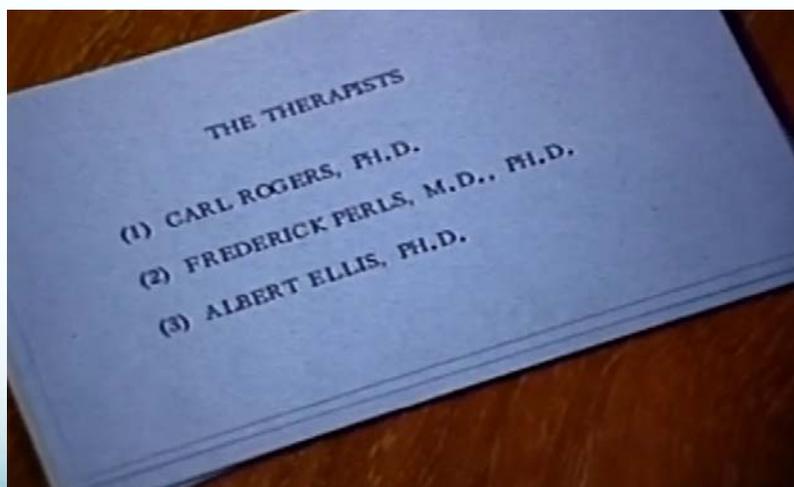
Consortium of MS Centers, 2015, Indianapolis, IN

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Solution Focused Brief Therapy in MS

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Psychosocial Intervention In MS



Solution Focused Brief Therapy

Momentum Winter 2014

Solutions for holiday stress

During the holidays and all year long, sometimes asking the right question is the best way to listen.

by Sarah Markel

The holiday season can be an especially stressful time for people living with multiple sclerosis—juggling all the usual holiday expectations of gift buying, cooking and entertaining, on top of the reality of living with an unpredictable disease.

One common tip for coping with holiday stress, especially as it affects couples and families, is to communicate. Sometimes letting off steam, or venting, is helpful—up to a point. But research published in 2011 in the journal *Anxiety, Stress & Coping* has shown that unchecked complaining can actually make problems seem larger, increasing stress and creating a vicious cycle.

Solution-focused conversations can help. These types of interactions emphasize the idea that people are capable of solving their own problems, even when stress is mounting, and can help keep things in perspective. The role of the counselor, partner or friend is to listen compassionately, help people recall times when they were successful and use the memories of past successes to solve problems in the present. The technique is so effective that the National MS Society teaches its MS Navigators and Peer Connections volunteers to use it.

Asking the right questions

Solution-focused conversations start by shifting the focus from the problem to the individual's strengths and resources, explains Brian Nauman, a manager at the Society's Information Resource Center (IRC). There are times, Nauman says, when a listener can turn the conversation around—and perhaps soften the stress of the current situation—by asking what has worked well in the past to solve a similar problem. Nauman likes to ask:

- How did you cope in that situation?
- What actions have you taken in the past in a similar situation?
- What strengths have you relied on in similar situations?
- How can you use these same strengths in this situation?

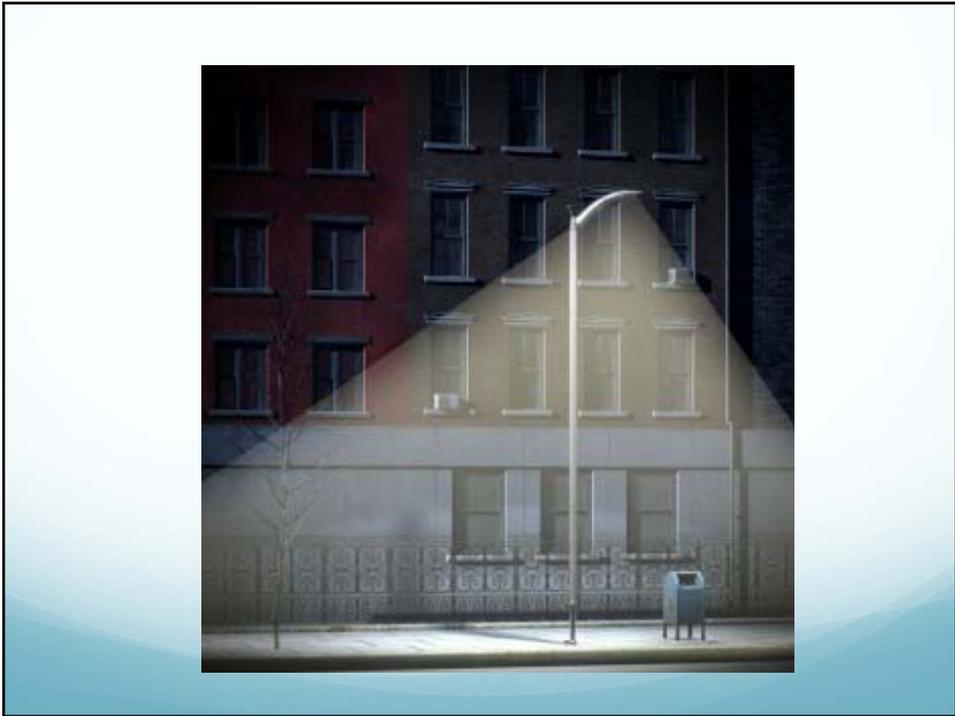
Adrian Dargatzis, senior director of the IRC, says this questioning technique can be particularly useful in helping to identify solutions when people feel that they have limited options, which is exactly what can happen when the "to-do" list starts to grow during the holiday season. "When people feel like they don't have options, they get stuck," notes Dargatzis.

Do try this at home

According to Bill O'Hanlon, a licensed marriage and family therapist and the author of *On One Thing Different: Ten Simple Ways to Change Your Life* (Quill, 2000), solution-focused conversations can be used at home as a communication tool during times of stress. "When people are under stress, they forget they have these things that have worked before because now they are so focused on having too much to do," he says.



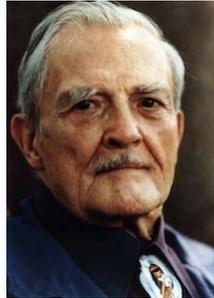
Bill O'Hanlon, a licensed marriage and family therapist



SFBT: History



History



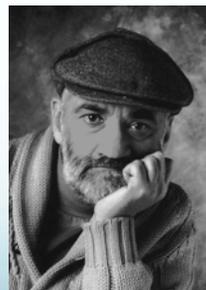
“Change will lead to insight far more often than insight will lead to change.”

Milton Erickson

Solution Focused Brief Therapy

Insoo Kim Berg, Steve DeShazer:

Milwaukee Brief Therapy Center.



Solution Oriented Therapy

- **Bill O’Hanlon, Michelle Weiner-Davis: Blend of Behavioral, Systemic, and Ericksonian methods**



History

- **Strengths-Based Models – Dennis Saleeby**
- All individuals and families possess strengths which can help them improve their quality of life
- Discovering strengths comes from collaboration between patient provider
- The Strengths perspective changes provider focus from the problem to appreciation for how well the patient has done despite hardships

(Saleeby, 1996; DeJong and Miller, 1995)



'Not Knowing'

"Knowing – the delusion of understanding or the security of methodology – can keep us deaf to the unexpected, the unsaid. If we always see and hear things we are accustomed to, we will miss and not see and hear what is different and unique.... It means never understanding too quickly."

Harlene Anderson

Collaborative Therapy



(Anderson 1996, DeJong & Berg 2013)

The Death of Resistance



Patients who do not follow through on therapeutic tasks are telling the clinician that the tasks don't fit their way of doing things.

(de Shazer, 1984)

Assumptions of Traditional Therapy

- **Problems are symptoms of a deep underlying cause. “Iceberg” theory**
- **Awareness or insight is necessary for change or symptom resolution**
- **Amelioration of symptoms is useless or harmful**
- **Symptoms serve an important function**
- **Patients are ambivalent about change and resistant to therapy**
- **Real change takes time**

(O'Hanlon & Weiner-Davis 2003)

Assumptions of Solution Focused Therapy

- **Patients have resources and strengths to resolve complaints. They are experts re: their own lives**
- **Change is constant**
- **The therapist's job is to identify and amplify change**
- **It is unnecessary to know much about the complaint in order to resolve it**
- **It is unnecessary to know much about the cause of the complaint in order to resolve it**

(O'Hanlon & Weiner-Davis 2003; DeJong & Berg 2013)

Principles

- **Core belief: It is easier to repeat successful behavior patterns than to stop or change problematic behavior patterns**
- **“Repeating these small but successful behaviors forms the basis for solutions.”**
- **Connect the present to the future but ignore the past**

(Berg 1994, DeShazer,1985)

Insoo Kim Berg: 3 Rules

1. **If it ain't broke don't fix it.**
2. **Once you know what works, do more of it.**
3. **If it doesn't work, don't do it again; do something different.**

(Berg, 1994; Saggese & Foley 2000)

Problem-Focused vs. Solution-Focused

Problem-Focused	Solution-Focused
How can I help you?	How will you know that coming here today has been helpful?
Could you tell me about the problem?	What would you like to change?
Is the problem a symptom of an underlying issue?	Can we dig deep to discover solutions?
Can you tell me more about the problem?	Can we discover exceptions to the problem?
How are we to understand the problem in the light of the past?	What will with future look like without the problem?
What defense mechanisms are operating?	How can we use the skills and strengths of the patient?
How many sessions will we need?	Have we achieved enough to end?

(O'Connell, 2005)

Interviewing Techniques

- **Joining**
 - Show non-judgmental interest (see Anderson 1996)
 - Echo patient's key words
- **Brief description of the problem**
- **Finding exceptions to the problem**

(O'Hanlon & Weiner-Davis 2003, Berg 1994, Dejong & Berg 2013)

Interviewing Techniques

- **Joining**
- **Normalizing**
- **Summarizing**
- **Goal-Setting**
- **Compliments**
- **Feedback**

(O'Hanlon & Weiner-Davis 2003, Berg 1994, Dejong & Berg 2013)

Elicit Details

- **Patients tend to make general statements**
- **Detail questions: “wh” and “how”**
 - **Who What When Where & How**
- **No “Why” questions**
- **“Why” questions elicit patients’ analysis of underlying causes**
- **Not useful in finding solutions**

(DeJong & Berg 2013)

Questioning

- **Exception Questions**
 - Patient has already been finding solutions without knowing it. There is almost always an exception to the problem
- **Miracle Question**
 - Creates a vivid image of what the future would be like if the problem were solved.
- **Scaling Questions**
 - Helps patient see how far she has come, where she is going, and how close she is to her goal

(Berg 1994)

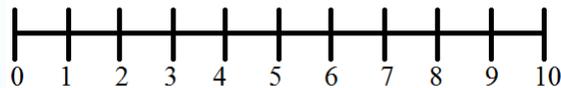
Exceptions

- **Exceptions are those periods in the recent past when the expected problem does not occur.**
 - Creates a vivid image of what the future would be like if the problem were solved.
- **Exception Questions**
 - Patient has already been finding solutions without knowing it. There is almost always an exception to the problem.

(Berg 1994)

Scaling

- **Scaling Questions**
 - Helps patient see how far she has come, where she is going, and how close she is to her goal



Miracle Question

“Suppose that one night there is a miracle and while you are sleeping the problem that brought you into therapy is solved: How would you know? What would be different?”

‘If you woke up tomorrow and somehow things were better, what would be the first things you would notice?’

(de Shazer 1988 p5)

“Carl Rodgers with A Twist” Paraphrasing with Possibility-Laced Acknowledgment

- Reflect in the past tense
 - “So you’ve really been down”
- Reflect global statements as partial statements
 - “Most days are difficult for you”
- Reflect truth or reality as perception
 - “You have the sense that your boss doesn’t like you”

(O’Hanlon & Beadle 1997)

Escalator Language

- Reflect the client’s goal
- Ex: “I’m hopeless”
 - “You’d really like to get a sense of hope back in your life”

(O’Hanlon & Beadle 1997)

Acknowledgement and Validation

- **Begin by acknowledging the patient's experience and perceptions, without trying to change it.**
- **But, be careful not to appear to take sides, particularly if more than one family member present**
- **Validation: It is human to think/feel/react that way.**

(Hudson & O'Hanlon 1991)

Our Gloria

- Gloria is a 30 year old single woman with relapsing remitting MS, diagnosed 3 yrs ago. She has been on a disease modifying medication since shortly after diagnosis, her adherence is good, and her disease has been stable.
- She has taken a holistic approach to her MS, so in addition to her taking her DMT as directed, she has prided herself on living healthy and well, exercising, attending to her nutrition, and taking some supplements like vitamin D3. She had believed that her lifestyle choices, together with her DMT, were working to keep her "in remission."
- Gloria comes to this meeting after experiencing a recent relapse. She was referred by neurologist, who states that on a recent visit, Gloria "seemed quiet and down, discouraged, and demoralized."
- Although the numbness and tingling that occurred during her attack has almost faded away, she has been left with significantly more fatigue than before the relapse.
- Gloria is wondering what she "did wrong." She had thought she was doing everything right, and she should have been able to prevent another relapse. She wonders if she was working too much, having too much stress ... She is also angry at her health care providers, thinking that it was their job to prevent attacks and they failed her. And, she is experiencing low mood, reduced interest in activities, and she does not at the moment feel that she is enjoying anything at all.

Demonstration of Solution Focused Brief Therapy



Goal Setting

Exception Question

Compliment

Miracle Question

Scaling

Feedback

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