



Behavioral Medicine Briefs

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Brief Therapy in a Medical Setting

George Baboila, MSW, LICSW

Efforts to provide counseling services in a family practice setting is often hampered by time constraints and limited opportunities for patient visits. One opportunity to provide services is to utilize a brief therapy model of care. Practicing with this model allows some patient concerns or issues to be dealt with directly in a helpful and time efficient way.

Brief therapy is not intended to be insight oriented. When meeting with a patient the goal is not to develop an understanding of patients' pasts or to look at the causes of problems. These efforts will often require considerable time and attention by the provider. In using a brief model, attention is shifted to the future.

Brief therapy is brief or time limited. Its focus is action-oriented with a goal of problem solving.

A basic tenet of understanding a brief model is that most patients engage in repeating patterns that maintain dysfunction. Their views of the problems support failure to change. Therefore, one must begin by creating a new reality which in turn creates new patterns of behavior. These new behaviors lead to different outcomes for the patient.

To reach these new outcomes the patient engages in a solution orientation beginning with the assumption that social reality is co-created. Small change is all that's necessary. A ripple effect will impact an individual's thoughts and behaviors. Patients have resources for change, and the

provider's complete knowledge of the problem isn't needed to solve it.

The tasks for providing therapy within this framework are:

- **Joining**
- **Problem definition**
- **Soliciting attempted solutions**
- **Understanding successful change**
- **Reframing the problem**
- **Giving directives and homework**
- **Closing the deal**

The skills involved in *joining* are those used in everyday efforts to connect with patients - being empathic while creating a sense of hope that change is possible.

Problem definition involves speaking of the problem in the past tense as well as speaking as if change is expected to occur. That is, referring to "when" the problem will be resolved as opposed to "if" the situation were to be different (e.g., "When your diabetes is controlled.."). Patients are asked to describe the problem with as much specificity as possible, while the therapist guides them to develop a behavioral sequence of how the problem unfolds.

Critical information is also gained by soliciting information on what *attempted solutions* have been tried. This stage allows the physician to avoid

the same pitfalls that have been problems for the patient. Learning what previous attempts have been made is achieved by asking "difference" questions (e.g., "What do you notice different about the times you struggle vs. the times you feel successful?"). This process fosters identification of potential solution patterns.

Next, it is important to **understand and define successful change by the patient**.

Using questions like: "What would change look like?" and "What's enough change?" can help define success. Asking the "Miracle Question" can also provide a definition for change (e.g., "If you woke up tomorrow and your problem was gone, what would life look like?"). It's also important to notice the first sign of change and encourage patients that they are on the right track. Continue to break goals into small, realistic steps with the patient.

It is then important to **reframe the problem** away from pathology - to depathologize. The parent who complains about his/her teen's stubbornness is encouraged to focus on the teen's great perseverance. Remember that it is important that one compliment desire for change while focusing on solutions/wants, not problems. Solutions should also be suggested when appropriate. These options should come from the patient's world, and when-

ever possible the patient's experience should be normalized (e.g., "Most people who undergo bypass surgery will experience lots of strong feelings about the changes this creates.").

Continuing patients on a course of change may require giving them **directives and homework** based on the solution steps the patient has identified. This may include practicing new behaviors and noticing the change it creates, or even "acting as if" the change has occurred and noticing what that is like.

Finally, it is important to **close the deal** by giving the patient feedback about his or her successes and gaining acceptance that change will continue. However it is also important to anticipate failure and to see these setbacks as a normal part of the process and not a return of the problem. Encourage patients to predict when the failure might occur and how they would like to respond to it. This step alone can prevent the failure from occurring.

Utilizing a brief or solution-focused approach lends itself quite well to a medical setting. It provides an opportunity to engage a patient in a change process without an extensive time commitment. It also provides a method for patients to engage in a partnership with health care providers.

Further Reading

de Shazer, Steven (1985). Keys to solution in brief therapy. New York: Norton.

Walter, John L & Peller, Jane E. (1995). Becoming solution-focused in brief therapy. Philadelphia: Brunner/Mazel.

George Baboila is the coordinator of behavioral medicine at Methodist's Family Practice Residency Program.