



MASTERING THE ART OF

solution- focused counseling

SECOND EDITION

JEFFREY T. GUTERMAN



AMERICAN COUNSELING
ASSOCIATION

5999 Stevenson Avenue
Alexandria, VA 22304
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solution-focused counseling

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To my son, Julian



table of contents

Foreword to the First Edition		
<i>Allen E. Ivey</i>		vii
Foreword to the Second Edition		
<i>Richard E. Watts</i>		xi
	Preface	xvii
	Acknowledgments	xxix
	About the Author	xxxii
PART ONE • Beginnings		
Chapter 1	Searching for Solutions	3
PART TWO • Theory		
Chapter 2	Postmodern Perspective	15
Chapter 3	Problems and Change	33
Chapter 4	Strategic Approach to Eclecticism	47

PART THREE • Practice		
Chapter 5	Before the First Session	59
	Chapter 6	The First Session 71
Chapter 7	After the First Session	91
PART FOUR • Applications		
	Chapter 8	Depression 109
	Chapter 9	Anxiety 127
Chapter 10	Substance Problems	137
Chapter 11	Eating Disorders	153
	Chapter 12	Suicide 165
Chapter 13	Psychotic Disorders	177
Chapter 14	Grief, Morbid Jealousy, Trichotillomania, and Other Problems	199
PART FIVE • Conclusions		
Chapter 15	The Future of Solution-Focused Counseling	227
	References	241
Appendix A	Solution Identification Form	277
	Appendix B	Scaling Form 279
Appendix C	Outcome Rating Scales and Session Rating Scales	281
	Index	289



foreword to the first edition

In 1995, I received an unexpected telephone call from a counselor by the name of Jeffrey T. Guterman. He called to say that he had resonated to my Developmental Counseling and Therapy (DCT) approach. But right away Guterman began to challenge me. He suggested that my constructivist-developmental perspective did not seem to adequately account for the social constructionist position that he considered integral to our field. Needless to say, I disagreed with him and pointed out the interactive and multicultural dimensions of DCT. This was to be the first of many stimulating conversations that Guterman and I would have about critical issues in counseling.

I did not know it then, but at the time Guterman was about to embark on a later-to-be published debate with Albert Ellis and others in the *Journal of Mental Health Counseling* about social constructionism and postmodernism. The Guterman-Ellis debate led to related workshops at some of the American Counseling Association's annual conventions in the 1990s. I had the pleasure of participating in some of these workshops with Guterman and Ellis, along with other leaders in the field, including Michael D'Andrea, Don C. Locke, and Sandra A. Rigazio-DiGilio. At times, these workshops were controversial; at other times, they were especially rewarding as I saw Ellis develop a broader understanding of development and multiculturalism. Throughout the process, Guterman played an instrumental role in promoting constructive dialogues in our field.

He has certainly led me to a new respect for Ellis's willingness to grow and change—something that I also see in Guterman.

For over a decade, Guterman has explicated his solution-focused counseling model in professional journals and workshops. Building on Steve de Shazer's pioneering work, Guterman presents a new and exciting model for our field by integrating solution-focused principles with several themes that are considered defining features of the counseling profession, including a developmental perspective, an emphasis on multiculturalism and diversity, and an eclectic approach. I am delighted to see Guterman's book, *Mastering the Art of Solution-Focused Counseling*, in print because it presents the principles of solution-focused counseling in comprehensive form. For counselors who are new to solution-focused counseling, it is an invaluable resource. For the more experienced counselor, this book provides theoretical discussions, case examples, and nuances that had not yet been revealed in Guterman's writings.

One of the most basic assumptions informing solution-focused counseling is that clients have existing resources, strengths, and problem-solving skills. If these resources—which solution-focused counselors call *exceptions*—are identified and amplified, then problem resolution and change can be brought about in an effective and efficient manner. This simple idea has powerful implications for counseling. I am reminded, however, that some of the ideas that are considered fundamental to solution-focused counseling are hardly new. Consider, for example, that Leona Tyler (1953) taught us many years ago that our clients have a wide range of capabilities and potentialities. The more I think about it, I have been "solution-focused" for years. The third stage of the five-stage interview focuses on defining client goals, while the postmodern DCT model illustrates multiple approaches to defining goals. Solution-oriented work moves these ideas to the forefront—a point that I now make in a recent version of our microskills text (Ivey & Ivey, 2003). Also, in my DCT, clients are viewed from a developmental, rather than a pathological, perspective.

Focusing on clients' resources is an outgrowth of my own theoretical orientation, originally founded on Tyler's thought and going all the way back to 1966. Positive psychology would also do well to realize that its movement is not new. We all build on the work of others. What *is* new, however, is the original way in which Guterman combines solution-focused elements with principles that are unique to counseling. Guterman presents the material with a curi-

ous blend of irreverence and zeal. He frequently reminds us of the limitations of his model. I am also inspired by how he invites readers to bring their own creativity to the mix.

This is a book that shows us how to use positive exceptions to the “problem.” I commend this exceptional book by an equally challenging and exceptional author. Keep this book close by your side. It is a valuable resource and a significant contribution to the field.

—Allen E. Ivey, EdD, ABPP
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foreword to the second edition

In January 2013, I was pleasantly surprised and honored to receive an e-mail from Carolyn C. Baker, Director of Publications for the American Counseling Association (ACA), stating that Jeff Guterman had requested I write a foreword to the second edition of his book, *Mastering the Art of Solution-Focused Counseling*. I had read the first edition of Guterman's book and recommended it to my students. Thus, I agreed to Ms. Baker's request. Shortly thereafter, I received an e-mail from Guterman thanking me for agreeing to do the foreword. He said, "It seemed only fitting for you to write the foreword after you had suggested to me at ACA conferences that I include in my second edition Alfred Adler's pioneering influences on solution-focused counseling." Let me provide a bit of context for Guterman's e-mail comment.

After the first edition was published in 2006, I saw Guterman at an ACA conference and told him that I recommend his book to my students. Being an Adlerian, and conceptualizing Adlerian counseling as a relational constructivist approach (see Carlson, Watts, & Maniaci, 2006; Watts, 2003), I mentioned to him that significant ideas within solution-focused counseling go back to Alfred Adler and Adlerian counseling theory and practice, albeit using different nomenclature. Guterman and I began discussing Adlerian and constructive counseling approaches (constructivist and social constructionist perspectives, including solution-focused counseling). In his e-mail thanking me for agreeing to do the foreword, Guterman asked me to address areas where he may have not thoroughly or clearly pointed out Adler's

influences. Below are some of the ideas from Adlerian counseling I shared with him that clearly resonate with constructive approaches in general, and solution-focused counseling, specifically.

- Adlerian theory and practice, like both solution-focused counseling and positive psychology, emphasizes prevention, optimism and hope, resilience and growth, competence, creativity and resourcefulness, social consciousness, and finding meaning and a sense of community in relationships (Carlson et al., 2006; Watts, 2012; Watts & Pietrzak, 2000).
- Hoyt (1994) identified three clinical–practical characteristics that constructive approaches, including solution-focused counseling, share: (a) an emphasis on a strong client–counselor relationship; (b) an emphasis on clients’ strengths, resources, and abilities; and (c) a present–future orientation. These three characteristics mirror what Adlerians call *encouragement*, or the interpersonal modeling of community feeling/social interest (Carlson et al., 2006; Watts, 1999, 2012; Watts & Pietrzak, 2000).
- Both the Adlerian and solution-focused counseling approaches disdain the “medical model” orientation to maladjustment and embrace a nonpathological perspective. Clients are not sick (as in having a disease) and are not identified or labeled by their diagnoses. Because Adlerians believe the growth model of personality makes more sense than the sickness model, they see clients as discouraged rather than sick. Thus, Adlerians are not about “curing” anything; therapy is a *process of encouragement*. Dreikurs (1967) noted the essential necessity of encouragement in counseling. He stated that presenting problems are “based on discouragement” and without “encouragement, without having faith in himself [herself] restored, [the client] cannot see the possibility of doing or functioning better” (p. 62). Stressing the importance of encouragement in therapy, Adler (1956) stated, “Altogether, in every step of the treatment, we must not deviate from the path of encouragement” (p. 342). Dreikurs (1967) agreed: “What is most important in every treatment is encouragement” (p. 35). In addition, Dreikurs stated that therapeutic success was largely dependent on “[the therapist’s] ability to provide encouragement” and failure generally occurred “due to the inability of the therapist to encourage” (pp. 12–13).
- Encouragement is more than a technique. Rather, *encouragement is both an attitude and a way of being with others, especially clients*. The attitudes and skills of encouragement help build hope and

the expectancy of success in clients by (a) valuing clients as they are; (b) demonstrating concern and caring for clients through active listening and communicating empathy and respect; (c) focusing on clients' strengths, assets, abilities, and resources, including communicating confidence in clients and identifying past successes; (d) helping clients generate perceptual alternatives for discouraging fictional beliefs and oppressive narrative as well as behavioral alternatives to problematic actions and interactions; (e) helping clients distinguish between what they do (the problem) and who they are (the person)—deed versus doer; (f) focusing on clients' efforts and progress; (g) helping clients view successful movement or progress incrementally rather than only in terms of an end-goal or final outcome; (h) communicating affirmation and appreciation to clients; and (i) helping clients see the humor in life experiences (Adler, 1956; Carlson et al., 2006; Dinkmeyer, 1972; Dreikurs, 1967; Sweeney, 1998; Watts, 1998, 1999, 2012; Watts & Pietrzak, 2000).

You might be asking, "What is your point?" in my listing the common ground between Adler's theory and solution-focused counseling. Over the past 15 years, when I have mentioned these (and other) significant points of resonance to well-known solution-focused counseling authors, they either became defensive or said they would investigate the ideas, but I never found any mention of Adler or Adlerian ideas in their subsequent writings. This has not been the case with Jeff Guterman. At several ACA conferences since the publication of the first edition, Guterman and I have talked about these ideas and, as usual, he examined the literature to discover for himself if my ideas about Adler's theory and solution-focused counseling were valid. Guterman's openness to, as well as scholarly pursuit of, foundational ideas, along with his willingness to go beyond merely an "orthodox" understanding of solution-focused counseling, is impressive.

Guterman's aforementioned openness, flexibility, and astute scholarship are evident in this new edition of *Mastering the Art of Solution-Focused Counseling*. Consequently, he has made an excellent book even better. The following are some (but certainly not all) of the useful changes he has included in the new edition.

- The philosophical and theoretical foundations of his understanding of solution-focused counseling are expanded, giving greater attention to precursory ideas and making the methods of his approach more easily integrated into other counseling perspectives.

- The theory and practice material from the first edition has been revised and updated, including more attention to evidence-based practice issues.
- There are additional case examples helping to demonstrate the application of solution-focused counseling procedures.
- There are several new chapters. Chapter 4 addresses “strategic eclecticism.” In this chapter, Guterman argues for being an integrative solution-focused counselor; for example, he discusses integrating rational emotive behavioral therapy (REBT) methods into a solution-focused framework. Furthermore, there is a clear implication that one can work from another orientation (e.g., Adlerian, cognitive therapy, REBT, reality therapy, etc.) and easily integrate the solution-focused principles and procedures presented in the book.
- Other new chapters (or chapter sections) include solution-focused applications when working with clients who struggle with anxiety, eating disorders, suicide, psychotic disorders, and migraine headache. In addition, there are several useful forms (solution identification form, scaling form, outcome rating scales, and session rating scales) included as appendices.
- The chapters (or chapter sections) on working clients who struggle with depression, substance abuse, grief, trichotillomania, and other problems are revised and updated.

Jeff Guterman’s new edition of *Mastering the Art of Solution-Focused Counseling* contains a wealth of information. The book is both thorough and accessible. His understanding and conceptualization of solution-focused counseling is much more flexible than most other solution-focused books I have read. If you use solution-focused counseling in your work with clients, this book may help you become more integrative with clients. If you work from another primary guiding theory, there are many excellent principles and procedures in this book that can be easily integrated into your approach. In sum, this book is a valuable resource for almost all counselors, regardless of their primary theoretical orientation, and I recommend it highly.

—Richard E. Watts, PhD
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Distinguished Professor of Counseling
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preface

It can be said that my journey began before it started. I say this to underscore that everything we do is connected. Solution-focused counseling has been influenced by various clinical models, especially the solution-focused therapy model developed by Steve de Shazer (1985, 1988, 1991, 1994) and his colleagues (de Shazer et al., 1986) at the Brief Family Therapy Center in Milwaukee, Wisconsin. Solution-focused therapy was influenced by the Palo Alto, California based Mental Research Institute's interactional therapy (also referred to as *communicational/interactional therapy*, *problem-focused therapy*, *strategic therapy*, *MRI model*, and other variations; Fisch, Weakland, & Segal, 1982; Watzlawick, Weakland, & Fisch, 1974). And the Mental Research Institute's interactional therapy was influenced by cybernetics (and so forth). If we look at any model, we can trace it back in terms of its influences. So the road that has led me to develop solution-focused counseling has been a shared journey. At the same time, what follows is a self-reflective account of events and ideas that contributed to the development of solution-focused counseling.

A Shared Journey

A starting point for understanding my journey begins with an incident when I was a child. At a young age, I began seeing a psychologist. I was referred to Dr. Daniels because it was determined after some observations by my second-grade teacher that I was unhappy. Back then I was the class clown. But inside I was sad. I don't think

Dr. Daniels helped me much. Fortunately, he did not do me harm. Looking back, I suppose he seemed to be psychodynamic.

“Why did you do that?” he would always ask after I would tell him about something I did in class.

“I don’t know,” I would say.

“There’s always a reason,” Dr. Daniels would come back.

We never figured out the reason. After 2 years of treatment, Dr. Daniels told my parents that I didn’t need to come anymore. And I am thankful for this; it was costing my parents a bundle. As a result of the process, however, I announced to my family and friends at the tender age of 9 that I wanted to be a psychologist when I grew up. It was 1967, and I was in third grade. I offered my services to classmates during recess period. I would actually practice doing psychotherapy with some of my classmates on the playground. And I am forever grateful to my maternal grandmother—my *Nana*—for role-playing as my very first client during her frequent weekend visits.

During my adolescence, my interest in psychology gave way to The Beatles, baseball, and girls. I obtained a bachelor’s degree in psychology at Boston University in 1976. But at that time I had no intention of pursuing the field. After graduating, I began working as an assistant manager of a movie theatre in Boston. I continued doing this for some time and felt as if my life was aimless. And then a concession attendant working at the theatre asked me a question that changed my life. It was the spring of 1983 and Ellen, a 15-year-old concession attendant—“candy girls” is what we called them—asked me, “Jeff, are you going to be a movie theatre manager for the rest of your life?” I don’t recall how I responded to her question in the moment. But I pondered her query through the spring of 1983 and realized that I needed to make a change. I needed to do something different.

My parents had moved from New York, where I grew up, to South Florida in 1978 when I was still enrolled at Boston University. In 1983, I called my mother and told her that I was considering enrolling in a master’s program in psychology. She was thrilled and she then suggested I apply to the counseling psychology program at Nova Southeastern University in Fort Lauderdale. I flew to Fort Lauderdale on July 3, 1983, and started taking courses in September.

Despite a near fatal car accident in May 1984, I graduated with a master’s in counseling psychology in February 1985. Shortly after graduating, I began working on a psychiatric unit in Fort Lauderdale where I acquired a great deal of clinical experience in a short period of time. Almost immediately, I was required to conduct in-

takes, individual counseling, and group counseling on a daily basis. My most significant experience at that time occurred when I took a vacation in January 1986. I had a week off and chose to go to New York City. While I was there, I scheduled three personal psychotherapy sessions with the founder of rational emotive behavior therapy (REBT), Albert Ellis. This way I could do a number of things all at once. I could meet the pioneer of the model that I had resonated to during my master's program. I could experience Ellis doing REBT firsthand. And I could also work on some of my personal issues.

Albert Ellis

My first encounter with Albert Ellis was almost surreal. When I walked into Ellis's office, I found him comfortably reclined in his easy chair waiting for me to arrive. He began our first session by asking, "What problem would you like to start with?" I chose shyness with women. What follows is a verbatim transcript from that first session.

Ellis: What are you telling yourself to *not* approach?

Guterman: I'm not telling myself anything.

Ellis: No. It's never a matter of you're not telling yourself anything. You're telling yourself horseshit and then you don't approach. Now what are you telling yourself to not approach?

Guterman: Is that all it comes down to?

Ellis: Yes! It does come down to that.

Guterman: You see, this is strange for me. I came here and I didn't expect this.

Ellis: You didn't expect what?

Guterman: I didn't expect for you to get right to it so quickly. To get to my *B* so quickly.

REBT's ABC theory explains quite simply the processes whereby humans become emotionally and behaviorally disturbed (Ellis, 1991). *A* stands for Activating events. *B* stands for Beliefs. *C* stands for emotional and behavioral Consequences. REBT holds that Activating events (*A*) do not directly cause emotional and behavioral Consequences (*C*). Instead, it is one's Beliefs (*B*) about Activating events (*A*) that contribute most to emotional and behavioral Consequences (*C*). REBT's ABC theory posits that appropriate emotional and behavioral Consequences (*C*) are largely caused by rational

Beliefs (B) about Activating events (A). Conversely, inappropriate emotional and behavioral Consequences (C) are mainly caused by irrational Beliefs (B) about Activating events (A).

Ellis: Yeah, because you don't want to deal with it. You're bright, you're attractive, and you're farting around with women. Now, what are you telling yourself to *not* approach? That's the important thing. Are you telling yourself you'll be rejected and be a shit or what?

Guterman: I don't think it's a matter of if I were rejected.

Ellis: Okay. Then if you were *what*? If I approached a woman, *what*? Finish that sentence.

Guterman: I think I feel that I am not good enough.

Ellis: Well, anyone is good enough to try. Even a heathen is good enough to try.

After my sessions with Ellis, I overcame my shyness toward women in social situations and realized that treatment, especially REBT, does work—if you use it! I also learned many of the nuances of REBT by being Ellis's client. Through the years, Ellis's relationship with me would evolve from therapist to supervisor to trainer to mentor to colleague (and always friend). Ellis and I went on to participate in a published exchange in the *Journal of Mental Health Counseling (JMHC)* and several workshops at the American Counseling Association's (ACA) annual conventions, which would contribute to my articulation of solution-focused counseling. Meanwhile, toward the end of the 1980s I continued practicing REBT on the psychiatric unit, and I also began conducting well-attended emotional education workshops at the Broward County public library system in an effort to develop referrals for my small but growing private practice. These workshops resulted in my developing a reputation in the community as an effective REBT counselor. In 1989, however, I chose a new path.

Systemic Perspectives

There is an old adage that says, "If the only tool you have is a hammer, you tend to see every problem as a nail." Everywhere I looked, I saw irrational beliefs. And I was good at identifying and disputing irrational beliefs. But I wanted to try something different. So when I heard about the new doctoral program in family therapy at Nova Southeastern University, I became interested. My paternal grandfather had always encouraged me to go for my doctorate. And when I

asked Albert Ellis about it, he suggested, "If you intend to remain in the field, then you might as well obtain the highest union card you can get." In September 1989, I applied to the program.

Just prior to applying to the program, I read an interesting article in the *JMHC* entitled, "Adding a Systemic Touch to Rational-Emotive Therapy for Families" (T. T. Russell & Morrill, 1989). In this article, the authors proposed an integration of Ellis's REBT and systemic family therapy. I would later publish two responses to Russell and Morrill's paper during my doctoral studies (Guterman, 1991, 1992a), but prior to starting the program, I could only begin to comprehend what the authors were proposing. So I took their article to my admission interview prior to being accepted into the program and brought it to the attention of the faculty. The faculty was hardly receptive to the prospect of an integration of REBT and systemic family therapy. The program was quite cutting edge insofar as it emphasized the narrative and solution-focused models that were so new at the time. I recall one faculty member commenting that attempting such an integration was like trying to combine apples and oranges. At the time, I knew little, if anything, about systemic family therapy. Something told me, though, that an apples-and-oranges analogy might be too simple to address the literature that was emerging regarding the feasibility of combining, integrating, or otherwise considering simultaneously REBT and systemic family therapy. But I kept quiet and was respectful of my faculty's insights.

I was not certain of it at the time, but looking back I can now see that when I started the doctoral program I already had the basic idea for my dissertation insofar as it comprised a contrast of REBT and the MRI model, a systemic family therapy approach. But I needed a lot of course work and experience in order to get to a place where I could even begin to formulate the research problem. In 1990, I submitted a brief response to T. T. Russell and Morrill's (1989) proposed integration of REBT and systemic family therapy and was surprised when the *JMHC*'s editor at the time (Lawrence Gerstein) informed me that it was accepted for publication (Guterman, 1991). This was my first scholarly publication, and to this day I will never forget the excitement of being notified that I was being published in a professional journal. I recall that in the 1980s I would read the professional journals, such as the *JMHC* and the *Journal of Counseling & Development*, and I would think to myself, "I want to get published in one of these journals some day!" When I received Lawrence Gerstein's acceptance letter, it became a reality. In 1991, I submitted an expanded response to T. T. Russell and Morrill's (1989) paper, which was also accepted in the *JMHC* (Guterman, 1992a). This paper was a

revised and improved version of a qualifying paper—a requirement for my doctoral program—that served as a foundation for my dissertation and, to this day, continues to set forth what I consider to be salient distinctions between REBT's disputation and the reframing method used by many of the systemic family therapy models.

Similar to how Steve de Shazer and his colleagues were influenced by the interactional therapy model developed at the Mental Research Institute, I was first introduced to the Institute's approach during my doctoral studies. Shortly thereafter, I shifted to a solution-focused orientation. Nevertheless, my dissertation (Guterman, 1992b) focused on the interface between REBT and the MRI model. Although a thorough explication of my dissertation is beyond the scope of this book, it is important to mention briefly here in order to create a context for the ensuing description of my development of solution-focused counseling.

My dissertation showed how Huber and Baruth (1989), in proposing to integrate REBT and the MRI model in a manner that remains faithful to each approach, had compromised the integrity of each model. A bonus of my work, however, lay in the end product. Following Barbara Held's (1984, 1986, 1991, 1992, 1995) work in the area of the process/content distinction and strategic eclecticism, I showed how one might use REBT theories and techniques within the MRI model and in such a manner that retains the integrity of the MRI model (see Chapter 3 for a discussion of the theoretical principles of the MRI model). For now, suffice it to say that like Held, I showed how in some cases, if REBT principles fit with a client's worldview, then the counselor might find REBT to be a fitting metaphor from which to facilitate the goals of the MRI model. Held's strategic eclecticism has served as a theoretical foundation for the eclectic approach that I would later develop for solution-focused counseling.

After getting my doctorate in 1992, I was practicing solution-focused therapy, and I also began considering ways that I might incorporate in a systematic way traditional theories and techniques, especially REBT, within that model. I was betwixt and between, in a liminal stage, and often referred to myself as a "recovering REBT counselor" because while I was trying to follow a straightforward solution-focused approach, I occasionally slipped back to using REBT techniques. I strived to discover a way to justify these REBT "relapses."

Social Constructionism

In the early 1990s, I was working in a managed care setting, I had a small private practice, and I was teaching in the graduate counsel-

ing program at the New York Institute of Technology, Florida Center. In 1993, I also became interested in how social constructionism, an epistemological formulation that has influenced and informed various clinical models, might inform my work. Social constructionism is a theory of knowledge that I understood to be in keeping with the vision of counseling. Basically, social constructionism asserts that knowledge is not an objective representation of nature but, rather, a linguistic creation that arises in the domain of social interchange (Berger & Luckmann, 1967; Gergen, 1985). In 1994, my article, "A Social Constructionist Position for Mental Health Counseling" set forth social constructionism as an epistemological lens from which to clarify the identity of mental health counseling and thereby distinguish our field from the objectivist assumptions inherent in the clinical theories of other disciplines (Guterman, 1994). This article described the history of social constructionism and identified various clinical implications that this framework has for counseling. Toward the end of that article, I suggested that "it is worth considering precisely how social constructionism would inform the 'doing' of . . . [counseling]" (p. 240). This created an impetus for my article, "*Doing* Mental Health Counseling: A Social Constructionist Re-Vision" (Guterman, 1996a), in which I explicated for the first time the solution-focused counseling model. This article included the theoretical basis for strategic eclecticism. It offered a systematic rationale from which to use the theories and techniques from any clinical model—including REBT—within solution-focused counseling.

At this time, I think it is important for me to point out that it is no accident that I make frequent mentions of REBT and Albert Ellis throughout this book. How could I not? The numerous case examples, anecdotes, and references to Ellis and his model are purposeful. Ellis was my first mentor. REBT was my first model. And although I have moved away from REBT, I still find it to be useful at times. Independent of my own leanings, Ellis has been among the most prominent psychotherapists in the world. Consider, for example, that Ellis was ranked the second most influential psychotherapist (behind Carl Rogers) in an American Psychological Survey and, further, was found to be the most cited author of works published since 1957 (D. Smith, 1982).

In 1994, I sent a copy of my article "A Social Constructionist Position for Mental Health Counseling" (Guterman, 1994) to Albert Ellis. My intent was merely to seek personal feedback from him. Little did I know that he would submit a reply to the *JMHC* that would launch a

published exchange between numerous writers over the course of the next decade and live workshops at the ACA's annual conventions. The opportunity to debate and exchange ideas—in print and on stage—with leaders in counseling such as Albert Ellis, Allen E. Ivey, Sandra A. Rigazio-DiGilio, Don C. Locke, Michael D'Andrea, Derald Wing Sue, Earl Ginter, and others has been one of the highlights of my career. The numerous details of this postmodern debate are beyond the scope of this book, so I refer readers to this large body of work (D'Andrea, 2000; Ellis, 1996b, 1996c, 1997a, 1997b, 2000; Ginter, 1997; Ginter et al., 1996; Guterman, 1994, 1996a, 1996b, 1996c; Guterman et al., 1997; Ivey, Locke, & Rigazio-DiGilio, 1996; Rigazio-DiGilio, 2001; Rigazio-DiGilio, Ellis, D'Andrea, Guterman, & Ivey, 1999; Rigazio-DiGilio, Ivey, & Locke, 1997). But let me share a few of my experiences from this exchange that were memorable for me and served to shape my thinking about counseling and solution-focused counseling.

One of my most memorable experiences was what many counselors have come to refer to as Albert Ellis's "Hitler remark" at the ACA's 1996 annual convention in Pittsburgh. After Ellis and I exchanged articles in the *JMHC* regarding the role of social constructionism in counseling (Ellis, 1996b; Guterman, 1994, 1996b), we presented in a debate format in Pittsburgh at the most well-attended workshop at ACA's 1996 annual convention (Ginter et al., 1996). Earl Ginter, then *JMHC*'s editor, chaired the workshop and invited three guests on the panel: Allen E. Ivey, Sandra A. Rigazio-DiGilio, and Don C. Locke. The workshop was progressing fine, but it was unremarkable until the end when Ellis and I were asked to comment on the presentations made by the three guests. Ellis chose to comment on the Yakima Nation Proverb that Allen Ivey had cited during his presentation. Ivey had recited the following Yakima Nation Proverb in an effort to illustrate social constructionism:

Progression from childhood to maturity
is the work of the young.
But it requires the guidance and support
of the family and society.
Education of each boy and girl is the
gradual revelation of a culture.
When thoughts and actions become
one with culture,
maturity is the result and respect is
the reward.

Referring to Ivey's citation, Ellis then stated:

The only thing that puzzled me was that Allen Ivey had up on the screen, “When thoughts and actions become one with culture, maturity is the result and respect is the reward.” Now the problem is, as Jeffrey Guterman said originally, it’s our interpretation of these things. And one interpretation occurred to me immediately: Well, that’s great but then the other was Hitlerism! Hitler was a culture and consequently you have to watch it!

About twenty people in the audience of over 500 broke into spontaneous applause in response to Ellis’s remark. Then the applause abruptly ceased. A heated and passionate exchange ensued between the presenters and attendees. Ivey, Rigazio-DiGilio, and Locke objected to Ellis’s remark. In a response to Ellis in *Counseling Today* that followed the workshop, Ivey et al. (1996) stated:

The three of us were perplexed by Ellis’ comments. Certainly, the Yakima tradition is not about social control. Rather, Native American Indian proverbs serve to teach children holistically. . . .

Our Jewish students have reminded us that any use of the words Hitler or Nazi out of context trivializes the Holocaust. Words such as “feminazi” or calling an authoritarian teacher “Hitler” are viewed by many people as failing to see the significance of reality. . . .

Pairing the word “Hitler” with a precious Yakima proverb presents us all with a challenge. Although Ellis modified his comments by speaking of the problems of labeling, he never explained why he made this particular pairing of ideas or used that particular language to discuss reality. The fact that a substantial number of people applauded his words suggest that they, too, might support the ideas and pairing he presented. This, of course, needs further explication. (p. 33)

Let me attempt to explicate. I imagine that a large number of attendees at the workshop understood and agreed with Ellis’s remark, but only a small number applauded. As I sat there on the stage as the discussion following Ellis’s remark escalated, a few thoughts ran through my mind. One thought was, “What’s all the fuss?” One attendee put it very well, and Ellis agreed. That attendee stated that Ellis was simply noting that just because a group of people agree to call something true, it doesn’t make it right. Ellis was reminding us of the insanity of Hitler. He was simply heeding a warning. Another thought that ran through my mind was how ironic it seemed that the only two Jewish people on the stage—Ellis and me—were the only ones who did not seem to be bothered by the Hitler metaphor. What impressed me most about Ellis’s Hitler remark, however, was the passion that people felt. It occurred to me that so long as people felt something about what was said, then it

was a worthwhile endeavor. At the end of the workshop, a woman approached me. She thanked me for the workshop and said, "I just want you to know that for me this workshop was a life-changing experience." That woman's comment meant a lot to me. That day changed my life, too.

The controversy over Ellis's Hitler remark had legs. It would be discussed on the Internet through mailing lists and message boards for months to come. And people still ask me about it today. The postmodern workshop series continued in 1999 at the ACA's annual convention in San Diego, and this time it would be Albert Ellis who would do the changing. During the workshop in San Diego, Sandra Rigazio-DiGilio, Michael D'Andrea, and Allen Ivey had advocated for the role of social justice in counseling. Toward the end of the workshop, Ivey acknowledged the efforts that Ellis had made in his long career in the area of social advocacy and he asked if Ellis would specifically add an *S* to REBT to put a name to the emphasis that he places on social context. Ellis said that he would put a great deal of thought to the role of social justice in counseling and agreed to consider reformulating his theory of REBT accordingly. It was astonishing to observe a master of Ellis's stature willing to accommodate an alternative view live on stage. Allen Ivey closed the workshop by way of a tribute to Albert Ellis. Ivey stated, "Let's remember the moment when we saw a great man become even greater." The workshop concluded with the audience giving Ellis a standing ovation.

Solution-Focused Counseling

A bonus of these two experiences at the ACA workshops as well as the printed exchange in the *JMHC* was that it exemplified the socially constructed nature of reality in dramatic forms. For me, this was quite fitting with the postmodern and solution-focused approach that I had embraced at the time. Participating in the postmodern debate during the 1990s had a positive influence on me. For example, Ellis helped me to clarify my thinking about knowledge and reality and thereby endorse a less radical form of social constructionism (cf. Ellis, 1996b, 1996c; Guterman, 1996b).

There have been many changes since 2006 when the first edition of this book was published. Steve de Shazer died on September 11, 2005, about 6 months before the first edition of this book was released. On July 24, 2007, Albert Ellis died. Insoo Kim Berg died on July 10, 2007. After Insoo Kim Berg's death, her sisters CJ Kim and

Sarah Berg gave the rights to the Brief Family Therapy Center's training materials, including many audio and video resources, to the Solution-Focused Brief Therapy Association (SFBTA), a group that Steve de Shazer and Insoo Kim Berg helped to found in 2002. Obtaining the rights to the center's teaching training materials has helped the SFBTA support individuals who wish to develop knowledge and skills in solution-focused work.

Ellis's (2010) autobiography was published posthumously, and it offers readers a unique understanding of REBT. In his autobiography, Ellis shamelessly discloses some of his own disturbed behaviors, including teenage frotteurism. I learned that Ellis fathered three illegitimate children with a married woman while her husband had no clue. Initially, I felt more than disappointed in my first mentor. But I quickly used the REBT on myself to dispute the irrational belief that Ellis *should not* have done such acts and that he was a bad person for doing them. I also gave up the idea that people—especially people who I admire—absolutely must always live up to my expectations. People are human and fallible, yet to be held accountable. Too bad! As a result of using REBT on myself, I then felt only sorry and disappointed in Ellis's poor behavior, but not damning of him as a total human being. I could almost hear the late, great Albert Ellis saying to me, "That's rational!" Albert Ellis, as well as Steve de Shazer and Insoo Kim Berg, left great legacies for counselors. Since their deaths, I have continued developing solution-focused counseling (e.g., Guterman, 2007a, 2007b, 2009, 2010; Guterman & Martin, 2012; Martin, Guterman, & Shatz, 2012).

In July 2012, my colleague Lisa Bailey informed me that she was reading the best-selling trilogy of novels *Fifty Shades of Grey* (James, 2012a, 2012b, 2012c). Lisa was intrigued to learn that solution-focused therapy is referred to by name throughout the trilogy. The leading character Christian Grey receives solution-focused therapy for help regarding his personal problems and relationship issues with his girlfriend Anastasia. During a session attended by Christian and Anastasia, the counselor Dr. John Flynn describes solution-focused therapy to a T:

Essentially, it's goal-oriented. We concentrate on where Christian wants to be and how to get him there. . . . There's no point breast-beating about the past—all that's been picked over by every physician, psychologist, and psychiatrist Christian's ever seen. . . . It's the future that's important. Where Christian envisages himself, where he wants to be. (James, 2012a, p. 412)

Reading about solution-focused therapy in the *Fifty Shades of Grey* trilogy struck a chord for Lisa. Being both an artist and a counselor, she reminded me of the confluence between art and counseling (Gladding, 2011). She said that art is not to be considered a separate entity from life merely reflective of culture but, rather, art *is* a part of culture. Oscar Wilde (2004) described a similar perspective regarding the relationship between art and life:

Life imitates Art far more than Art imitates Life. This results not merely from Life's imitative instinct, but from the fact that the self-conscious aim of Life is to find expression, and that Art offers it certain beautiful forms through which it may realise that energy. (p. 26)

Lisa and I agreed it was a significant development for solution-focused therapy to be named in a best-selling novel. We felt as if solution-focused therapy had finally come of age! That evening Lisa and I established a meaningful rationale for a solution-focused analysis of the *Fifty Shades of Grey* trilogy (L. B. Bailey & Guterman, 2013). We both feel that this analysis will offer the field a better understanding of solution-focused principles and an appreciation for the confluence between art and counseling.

What follows is a thorough explication of solution-focused counseling to date. A caveat is offered, namely, that the solution-focused approach set forth in this book is one model of counseling—it is not the only one. This is not a cookbook of counseling techniques. Even if its principles, theories, and methods are followed as described, counselors will inevitably be required to detour from its map at times in everyday clinical practice (cf. W. H. O'Hanlon & Weiner-Davis, 1989). Moreover, mastering the art of solution-focused counseling requires an essential ingredient that is not included in this book—*you!* Like any book, this book is unfinished. Although the text on the pages of this book appears to be fixed, the ideas are fluid; hence, I invite you to interact with and bring your own creativity to them.

Protecting Confidentiality

It is certified that standards of the ACA's (2005) *Code of Ethics* were followed as a precondition of publishing the case examples in this book. For each case example in this book, client confidentiality was maintained by disguising aspects of the case material so that the client and third parties (e.g., family members) are not identifiable.



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