# RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY SCHOOL OF SOCIAL WORK

## Advanced Direct Practice Using Brief Solution Focused Therapy 19:910:530 MAIN SYLLABUS

Instructor:
Office:
Email:

Office Hours: By appointment

# I. <u>Catalogue Course Description</u>

In this course, students will learn to apply this strength-based, brief model of treatment to assist adults, children, couples and families to discover their own resilience and problem-solving abilities. Although the focus of this course will be on clinical practice, implications for case management as well as intervening with larger systems, such as agencies and communities will also be addressed.

## II. Course Overview

This course starts with a review of the origins of Solution-Focused Brief Therapy and the shift from problem-solving to a solution building paradigm by Steve de Shazer and Insoo Kim Berg, the work of Milton Erickson et al. at the Mental Research Institute on Pal Alto California to its current form and contributors such as Elliott Connie, Harvey Ratner, Bill O'Hanlon, Johnnie Kim, and many others. The method and process of Solution-Focused Brief Therapy are covered and grounded in the importance of the therapeutic relationship, hope, and the client's preferred future, while acknowledging that the client's problems need not be understood as is traditionally taught for them to find a solution to their struggles. The client's capacity to utilize existing resources, to at least start the process of finding solutions, is reviewed, and put into the proper context of the professional relationship. The course concludes with a review of how this process is appropriately applied to various client populations.

As students read through this syllabus, they should also remember to closely review the School-Wide Syllabus in Canvas or the Student Handbook to find information on the School of Social Work mission statement and learning goals, school-wide policies (including academic integrity policies and the standardized attendance policy), and student resources and supports.

# III. Place Of Course In Program

This course is a Clinical Concentration elective. Clinical Social Work I is a pre or co-requisite for this course.

## IV. Council of Social Work Education's Social Work Competencies

The MSW Program at Rutgers is accredited by the Council on Social Work Education (CSWE). CSWE's accreditation standards can be reviewed at <a href="https://www.cswe.org">www.cswe.org</a>.

In keeping with CSWE standards, the Rutgers School of Social Work has integrated the 2022 CSWE competencies within its curriculum. The competencies assessed in this course include:

## **Competency 1: Demonstrate Ethical and Professional Behavior**

Social workers understand the value base of the profession and its ethical standards, as well as relevant policies, laws, and regulations that may affect practice with individuals, families, groups, organizations, and communities. Social workers understand that ethics are informed by principles of human rights and apply them toward realizing social, racial, economic, and environmental justice in their practice. Social workers understand frameworks of ethical decision making and apply principles of critical thinking to those frameworks in practice, research, and policy arenas. Social workers recognize and manage personal values and the distinction between personal and professional values. Social workers understand how their evolving worldview, personal experiences, and affective reactions influence their professional judgment and behavior. Social workers take measures to care for themselves professionally and personally, understanding that self-care is paramount for competent and ethical social work practice. Social workers use rights-based, anti-racist, and anti-oppressive lenses to understand and critique the profession's history, mission, roles, and responsibilities and recognize historical and current contexts of oppression in shaping institutions and social work. Social workers understand the role of other professionals when engaged in interprofessional practice. Social workers recognize the importance of lifelong learning and are committed to continually updating their skills to ensure relevant and effective practice. Social workers understand digital technology and the ethical use of technology in social work practice.

#### Social workers:

- a. make ethical decisions by applying the standards of the National Association of Social Workers Code of Ethics, relevant laws and regulations, models for ethical decision making, ethical conduct of research, and additional codes of ethics within the profession as appropriate to the context;
- b. demonstrate professional behavior; appearance; and oral, written, and electronic communication;
- c. use technology ethically and appropriately to facilitate practice outcomes; and
- d. use supervision and consultation to guide professional judgment and behavior.

## Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities

Social workers understand that engagement is an ongoing component of the dynamic and interactive process of social work practice with and on behalf of individuals, families, groups, organizations, and communities.

Social workers value the importance of human relationships. Social workers understand theories of human behavior and person-in-environment and critically evaluate and apply this knowledge to facilitate engagement with clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers are self-reflective and understand how bias, power, and privilege as well as their personal values and personal experiences may affect their ability to engage effectively with diverse clients and constituencies. Social workers use the principles of interprofessional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate.

#### Social workers:

- a. apply knowledge of human behavior and person-in-environment, as well as interprofessional conceptual frameworks, to engage with clients and constituencies; and
- b. use empathy, reflection, and interpersonal skills to engage in culturally responsive practice with clients and constituencies.

## Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities

Social workers understand that assessment is an ongoing component of the dynamic and interactive process of social work practice. Social workers understand theories of human behavior and person-inenvironment, as well as interprofessional conceptual frameworks, and they critically evaluate and apply this knowledge in culturally responsive assessment with clients and constituencies, including individuals, families, groups, organizations, and communities. Assessment involves a collaborative process of defining presenting challenges and identifying strengths with individuals, families, groups, organizations, and communities to develop a mutually agreed-upon plan. Social workers recognize the implications of the larger practice context in the assessment process and use interprofessional collaboration in this process. Social workers are self- reflective and understand how bias, power, privilege, and their personal values and experiences may affect their assessment and decision making.

#### Social workers:

- a. apply theories of human behavior and person-in-environment, as well as other culturally responsive and interprofessional conceptual frameworks, when assessing clients and constituencies; and
- b. demonstrate respect for client self-determination during the assessment process by collaborating with clients and constituencies in developing a mutually agreed-upon plan.

## Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities

Social workers understand that intervention is an ongoing component of the dynamic and interactive process of social work practice. Social workers understand theories of human behavior, person-inenvironment, and other interprofessional conceptual frameworks, and they critically evaluate and apply this knowledge in selecting culturally responsive interventions with clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers understand methods of identifying, analyzing, and implementing evidence-informed interventions and participate in interprofessional collaboration to achieve client and constituency goals. Social workers facilitate effective transitions and endings.

#### Social workers:

- a. engage with clients and constituencies to critically choose and implement culturally responsive, evidence-informed interventions to achieve client and constituency goals; and
- b. incorporate culturally responsive methods to negotiate, mediate, and advocate with and on behalf of clients and constituencies.

# Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities

Social workers understand that evaluation is an ongoing component of the dynamic and interactive process of social work practice with and on behalf of diverse individuals, families, groups, organizations, and communities. Social workers evaluate processes and outcomes to increase practice, policy, and service delivery effectiveness. Social workers apply anti-racist and anti-oppressive perspectives in evaluating outcomes. Social workers understand theories of human behavior and person-in-environment, as well as interprofessional conceptual frameworks, and critically evaluate and apply this knowledge in evaluating outcomes. Social workers use qualitative and quantitative methods for evaluating outcomes and practice effectiveness.

#### Social workers:

- a. select and use culturally responsive methods for evaluation of outcomes; and
- b. critically analyze outcomes and apply evaluation findings to improve practice effectiveness with individuals, families, groups, organizations, and communities.

## Click on the link below to view the entire set of 2022 CSWE competencies:

https://www.cswe.org/getmedia/bb5d8afe-7680-42dc-a332-a6e6103f4998/2022-EPAS.pdf

## V. <u>Course Learning Goals</u>

Course level learning goals primarily relate to the aforementioned competencies/program level learning goals as the course addresses policy analysis skills and competencies as well as addresses human rights and social, economic and environmental justice through the study of the evolution of the US welfare state and the emergence of the social work profession.

Solution focused therapy is a treatment model, designed by a social worker, that prioritizes the viewpoints and strengths of the client or client group. It relates to competencies around engagement, assessment, intervention, and evaluation, of course with an emphasis on ethical and professional behavior.

Upon completion of this course, students will be able to:

- 1. Identify strengths in client and client systems that can assist in resolving problems.
- 2. Help clients identify and capitalize on their own strengths through various interventions including the miracle question, exception questions, pre-session change questions, etc.
- 3. Successfully apply this model of practice to various client groups including child welfare clients, mental health clients, clients struggling with substance abuse, clients in crisis and involuntary clients.
- 4. Select, apply and critically evaluate interventions in solution focused practice with various client systems including individuals, couples, families, groups, organizations and communities using client feedback, theory, and empirical literature.
- 5. Apply the model in a flexible manner that incorporates the clients' diversity, cultural backgrounds and environmental constraints
- 6. Apply the model in a manner which is in compliance with social work values and ethics.
- 7. Apply solution-focused principles to strengthen environmental interventions such as advocacy, brokerage, and community practice.

## VI. Required Texts and Readings

#### Required

- Berg, I. K. & Steiner, T. (2003). *Children's solution work*. New York: WW. Norton. (ISBN: 0-393-70387-8)
- De Jong, P. & Berg, I. K. (2013). *Interviewing for solutions (4<sup>th</sup>ed.)*. Pacific Grove, CA: Brooks/Cole. (Companion DVD is optional). (ISBN: 13-978-111-72220-3)
- O'Hanlon, B. & Rowan, T. (2003). Solution oriented therapy for chronic and severe mental illness. NY: W.W. Norton. (ISBN: 0-393-70423-8)
- Connie, E. (2013). Solution building in couples therapy. NY: Springer (ISBN: 978-0-8261-0959-0)

## **Supplemental Texts**

Berg, I. K. & Miller, S. D. (1992). Working with the problem drinker: A solution-focused approach. NY: W. W. Norton. (ISBN: 0393701344)

Lipchik, E. (2002). *Beyond technique in solution focused therapy*. New York: Guilford Press. (ISBN: 1-572230-764-1)

Other required readings (separate from textbook) are available through the Rutgers University Library "Reading List" that is integrated into your Canvas course. To find your readings:

Click on the "Reading List" tab in the Canvas navigation bar to the left hand side of the course. Please note: this list contains links to articles and other required readings separate from the textbook (if applicable). Please follow the syllabus and/or Canvas Readings and Resources page in each module for more specific required readings and resources for each week (including textbook/media). For further instructions please click here for a video tutorial

## VII. Course Attendance and Participation Policies

#### Attendance

Please refer to the school-wide syllabus for the standard attendance policy for classes in on-the-ground (traditional) program, intensive weekend program (IWP), and asynchronous online program.

Attendance is required. One point will be deducted from a student's class participation score for each unexcused absence. Absence, early departure, or lateness to class is acceptable only for compelling reasons, such as illness but not for vacations, outside employment or field work obligations as field work is not to interfere with class. Five or more absences (excused or otherwise) will result in course failure. Multiple unexcused departures or late arrivals will also result in course failure.

### **Late Assignments**

Late assignments will <u>not</u> be accepted, unless the student has made arrangements prior to the assignment due date. The instructor reserves the right to reduce the letter grade for late assignments.

# VIII. Assignments and Grading

Classes will consist of a combination of lecture, discussion, videotapes, and skill-building exercises. All assignments for this class must reflect social work values and ethics including awareness of issues of diversity and economic and social injustice.

All written assignments <u>must</u> follow APA format. The professor reserves the right to reduce the letter grade for any assignment that does not confirm to APA format.

#### **Brief Discussion Papers**

Students will complete 3 reaction/discussion papers 2-3 pages in length (not including bibliography and optional title page) double-spaced and answering specific questions related to the readings. You will use these papers to prepare for class discussions so bring a hard copy to class for your own use. Brief papers should refer to all of the readings assigned for the topic. Written assignments are due at the beginning of class on the due date. Papers must be cited and referenced properly (APA style). Papers not submitted by the due date and time will receive a 0. Please submit them under "Assignments" on the Canvas website.

## **Final Paper**

The final assignment is an expository paper in which the student is asked to present a case study that incorporates solution focused therapy. More specific information about assignments will be forthcoming.

Final papers are due at the beginning of Class 15. Late final papers will be penalized ½ a letter grade for each day they are overdue. Papers not received in the first 60 minutes of class on their due date but submitted before the end of class will be considered a full day late and will be penalized accordingly. Papers overdue by five days or more will not be accepted and will result in a "0" grade. Students are urged not to wait until the night before the due date to write the paper as personal emergencies occurring two days or less before the due date will not be considered grounds for an extension.

### **Penalties**

#### Class Discussion

As this class will be seminar style, each of you will be called upon to give your impressions of the readings and to engage in class discussions. Please note that if you are called upon and it becomes clear that you have not done the reading assignment, you will lose points for class participation. If this happens three times, your final grade will be reduced one letter grade.

#### Use of PDAs

All cell phones, iPads, iPhones, and laptops must be silenced and stored out-of-sight before class begins. Use of cell phones is prohibited in the classroom. Texting during class will NOT be allowed. Failure to comply with these rules (along with any rude behavior) will result in point deductions in grade for class participation and you may be asked to leave class at the instructor's discretion.

Students are urged not to wait until the night before the due dates to write their assignments as personal emergencies occurring two days or less before they are due will not be considered grounds for an extension.

Professional social workers keep case records, write treatment reports for referral sources and managed care companies, correspond with judges and other professionals, develop policy, and advocate for their clients. Each of these tasks requires excellent writing skills. Therefore, proper grammar, syntax, spelling, and appropriate referencing are expected for all assignments. You **must** adhere to the style guidelines of the *Publication Manual of the American Psychological Association (7<sup>th</sup> Edition)*. **Failure to do so will result in substantial deductions from your paper's grade.** 

Furthermore, as graduating professional social workers, you are expected to practice in compliance with the NASW Code of Ethics. Papers that reflect egregious violations of social work values and ethics will result in course failure and will impede graduation.

## Grading

Grades for the class will be calculated based on the following breakdown:

- Brief Papers: 30 points (10 points each)

- Final Paper: 60 points

- Attendance and Class Participation: 10 points

- Total: 100 points.

## IX. Course Evaluation

Rutgers University issues a survey that evaluates both the course and instructor. This survey is completed by students toward the end of the semester, and all answers are confidential and anonymous. The instructor may also choose to conduct a mid-point evaluation.

## X. Course Outline

## Module 1: Introduction to the course (Date)

Eads, R., & Lee, M. Y. (2019). Solution Focused Therapy for trauma survivors: A review of the outcome literature. *Journal of Solution Focused Practices*, 3(1), 9.

Kim, J., Jordan, S. S., Franklin, C., & Froerer, A. (2019). Is solution-focused brief therapy evidence-based? An update 10 years later. *Families in Society*, 100(2), 127-138.

## Module 2: Introduction continue (Date)

De Jong, P. & Berg, I. K. (2013). *Interviewing for solutions (4<sup>th</sup> ed)*. Pacific Grove, CA: Brooks/Cole.

Chapter 1: From problem solving to solution building. pp. 1-12.

Chapter 2: Solution building: The basics. pp. 13-19.

Chapter 3: Skills for not knowing. pp. 20-58

Chapter 4: Getting started: How to pay attention to what the client wants. pp. 59-81

## Module 3: Interventions (Date)

De Jong, P. & Berg, I. K. (2013). *Interviewing for solutions (4<sup>th</sup> ed)*. Pacific Grove, CA: Brooks/Cole.

Chapter 5: How to amplify what clients want: The miracle question. pp. 84-108 Chapter 6: Exploring for exceptions; Building on client strengths and successes. pp. 109-121.

Chapter 7: Formulating feedback for clients. pp. 122-146.

## Module 4: Beyond the First Session (Date)

De Jong, P. & Berg, I. K. (2013). *Interviewing for solutions (4<sup>th</sup> ed)*. Pacific Grove, CA: Brooks/Cole.

Chapter 8: Later sessions: Finding, amplifying, and measuring client progress. pp. 147-177

Chapter 11: Evidence Base. pp. 242-254

Yakup, I. M. E. (2019). Solution-focused brief therapy and spirituality. *Spiritual Psychology and Counseling*, 4(2), 143-161.

## Module 5: Emotions in Solution-Focused Therapy: A Kinder, Gentler Approach? (Date)

Lipchik, E. (2002). *Beyond technique in solution focused therapy*. New York: Guilford Press.

Chapter 3: Understanding Clients. pp. 44-61.

Chapter 4: Emotions in Solution-Focused Therapy. pp. 62-77.

Magaña, V., & Tadros, E. (2022). Solution-Focused Brief Therapy with Hispanic Families. *Journal of Solution Focused Practices*, 6(2), 7.

#### **Crisis Intervention**

Lipchik, E. (2002). Beyond technique in solution focused therapy. New York: Guilford Press.

Chapter 12: The solution focused approach to crisis. pp. 198-212.

De Jong, P. & Berg, I. K. (2013). *Interviewing for solutions (4<sup>th</sup> ed)*. Pacific Grove, CA: Brooks/Cole.

Chapter 10: Interviewing in crisis situations. pp. 221-241.

## Module 6: Involuntary Clients (Date)

## \*\*\*Brief Discussion Paper 1 Due

# Describe a brief example of how to use solution-focused therapy to work with involuntary (mandated) clients?

De Jong, P. & Berg, I. K. (2013). *Interviewing for solutions (4<sup>th</sup> ed)*. Pacific Grove, CA: Brooks/Cole.

Chapter 9: Interviewing the involuntary: Children, dyads, and mandated clients. pp. 178-220.

Lipchik, E. (2002). Beyond technique in solution focused therapy. New York: Guilford Press.

Chapter 10: Working with involuntary clients. pp. 158-175.

## Module 7: Agency and Community Solution-Focused Practice (Date)

De Jong, P. & Berg, I. K. (2013). *Interviewing for solutions (4<sup>th</sup> ed)*. Pacific Grove, CA: Brooks/Cole.

Chapter 13: Agency, group, and community practice. pp. 263-274.

#### Module 8: Use of the Model with Children (Date)

## \*\*Brief Discussion Paper 2 Due

# Describe a brief case example demonstrating how to apply solution-focused therapy to working with children?

Berg, I. K. & Steiner, T. (2003). Children's Solution Work. New York: WW. Norton.

Chapter 2. Solution-Focused brief therapy and children: A natural fit. pp. 13-

19

Chapter 3: It's a Matter of technique. pp. 20-31.

Chapter 4: Assessing your clients, agreeing on goals. pp. 31-47.

Chapter 5: Let's get to it! . pp. 48-67.

## Chapter 6: Communicating with children on their own terms. 68-116.

### Module 9: Use of the Model with Children (cont.) (Date)

Berg, I. K. & Steiner, T. (2003). Children's Solution Work. New York: WW. Norton.

Chapter 7: Treating children with uncommon needs. pp. 117-182

Chapter 8: Making a difference with teenagers. pp. 183-229.

Chapter 9: Looking from the therapist's chair. pp. 230-242.

Rottnek, J. P. (2020). Affirming solutions: Using solution-focused brief therapy with transgender, gender nonconforming, and gender questioning youth. *Journal of Systemic Therapies*, 39(4), 13-28.

#### Module 10: Applying the Model to Persons with Severe and Persistent Mental Illness (Date)

## \*\*\*Brief Paper Discussion Paper 3 Due

# Describe a brief example demonstrating how to apply solution-focused therapy when working with persons with severe mental illnesses?

O'Hanlon, B. & Rowan, T. (2003). Solution oriented therapy for chronic and severe mental illness.

Chapter 1: A hopeful approach to chronic and severe mental illness. pp. 3-18.

Chapter 2: Riding the wave. pp. 19-31.

Chapter 3: Rewriting spoiled identity stories. pp. 35-51.

Chapter 4: Revaluating people's experiences. pp. 55-64.

Chapter 5: Collaborating with clients, their families and others in their environments. pp. 67-84

#### Module 11: Applying the Model to Persons with Severe and Persistent Mental Illness (cont.) (Date)

O'Hanlon, B. & Rowan, T. (2003). Solution oriented therapy for chronic and severe mental illness.

Chapter 6: Creating a new vision of the future. pp. 87-94.

Chapter 7: Handling dangerous and violent situations. pp. 97-110.

Chapter 8: Effective and respectful treatment of "Borderline" clients. pp. 113-124

Chapter 9: Relapse recovery and relapse prevention. pp. 127-137.

Chapter 10: General principles for working with chronic and severe mental illness. pp. 141-145.

## Module 12: Applying the Model to Persons with Addictions (Date)

Berg, I. K. & Miller, S. D. (1992). Working with the problem drinker: A solution-focused approach. NY: W. W. Norton.

Introduction: A sobering dilemma. pp. xiii-xxii.

Chapter 4: Negotiating and cooperating goals and the client-therapist relationship. pp. 45-67.

Chapter 7: Strategies for maintaining and enhancing progress, pp. 128-148.

De Jong, P. & Berg, I. K. (2013). *Interviewing for solutions (4<sup>th</sup> ed)*. Pacific Grove, CA: Brooks/Cole.

Reading 5: It's a Matter of Choice (de Shazer, S. & Isebaert, L.) 328-333.

## Module 13: Applying the Model to Couples (Date)

Connie, E. (2013). Solution building in couples therapy. NY: Springer

Step 1: Establishing a Destination. pp. 15-23

Step 2: Connecting with the Couple. pp. 25-32

Step 3: Honeymoon Talk: Reviewing a Couple's Successful Past. pp. 33-47

Step 4: The Preferred Future: Envisioning the Best Tomorrow. pp. 49-64

## Module 14: Applying the Model to Couples (cont.) (Date)

Connie, E. (2013). Solution building in couples therapy. NY: Springer

Step 5: Scaling Toward the Preferred Future. 75-82

Step 6: Wrapping Up: 65-73

Follow-Up Sessions: What to Do After the First Meeting. 83-94

The Questions: Building Questions That Lead to Meaningful Reponses

## Module 15: Applying the Model to Trauma FINAL PAPER DUE (Date)

Froerer, A., Von Cziffra-Bergs, J., Kim, J., Connie. E., (2018). Solution-focused brief therapy with clients managing trauma, Oxford Press. (ISBN 978-0-19-067878-4)

## XI. Bibliography

- Berg, I. K. (1994). Family based services: A solution-focused approach. New York: Norton.
- Berg, I. K. & De Jong, P. (1996). Solution building conversations: Co-constructing a sense of competence with clients. *Families in Society: The Journal of Contemporary Human Services*, 77, 376-391.
- Berg, I. K. & Dolan, Y. (2001). *Tales of solutions: A collection of hope inspiring stories*. New York: Norton.
- Berg, I. K. & Kelly, S. (2000). *Building solutions in child protective service*. New York: Norton.
- De Jong, P. & Berg, I. K. (2001a). Co-constructing cooperation with mandated clients. *Social Work, 46,* 361-374.
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- Franklin, C., Trepper, T. S., Gingerich, W. J., & McCollum, E. E. (Eds.) (2012), Solution-focused brief therapy: A handbook of evidence-based practice. New York: Oxford University Press.
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- Metcalf, L. (1998). Solution-focused group therapy: Ideas for groups in private practice, schools, agencies, and treatment programs. New York: Free Press.
- Miller, S. D., Hubble, M. A., & Duncan, B. I. (Eds.). (1996). *Handbook of solution-focused brief therapy*. San Francisco: Jossey Bass.
- O'Hanlon, W.H., & Weiner-Davis, M. (1989). *In search of solutions*. New York: Norton.
- Saleeby, C. (Ed.) (1997). *The strengths perspective in social work practice (2<sup>nd</sup> ed.)* New York: Longman.
- Stith, S., Miller, M. S., Boyle, J., Swinton, J., Ratcliffe, G., & McCollum, E. (2012).

  Making a difference in making miracles: Common roadblocks to miracle question effectiveness. *Journal of marital and family therapy*, 38, 380-393.
- Weiner-Davis, M., De Shazer, S., & Gingerich, W. J. (1987). Building on pre-treatment change to construct the therapeutic solution: An exploratory study. *Journal of Marital and Family Therapy*, 13, 359-363.
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