<table>
<thead>
<tr>
<th>Assumptions</th>
<th>Methods/Techniques</th>
<th>Targeted Outcomes</th>
<th>Position of Therapist</th>
<th>Multicultural Issues</th>
<th>Faith Consistency/Conflict</th>
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</thead>
<tbody>
<tr>
<td>Change is occurring all the time</td>
<td>Speak the client’s language /Affirming, Presuppose change and use questions that presuppose change...i.e., “When this change occurs...” Use open ended and multiple choice questions Use of therapeutic interruption to focus on goals Normalize the problem Summarize with a twist, turning the previous conversation toward solutions Utilization or the acceptance of the client exactly where he is, assuming that he is already oriented toward a goal Provide obvious solutions or suggest alternative behaviors that are grounded in commonsense Introduce doubt concerning the client’s assumptions that house his problem Future focus or focusing on the achievement of the goals outlined by the client / Being curious with Recognize the client’s</td>
<td>Therapeutic relationship Communication that creates new outcomes Instilling hope for change A different story and/or a different telling of the client’s story Resolve presenting complaints Set clear and attainable goals Identify behavior patterns that existed before the problem Collaborative construction of solution oriented narratives Empowered clients have the information they need to design and achieve a desired outcome Client has a changed view of problems and what they can do Client and therapist collaborate to lead to increased positive change Client feels a sense of self-identity grounded in competence and resourcefulness so they can continue to resolve future concerns Clients begin to view their lives in positive ways, rather than being</td>
<td>The client is the expert Peer Consultant: Therapist is there to facilitate the client’s own power to change Encourager Does not push for change Waits for client to become a customer for change Accepts there is a hierarchy, but tends to be more egalitarian and democratic Avoid making any interpretations about the meanings behind their wants, needs, or behaviors Role is viewed as trying to expand rather than limit options Leads session in a gentle way from one step behind Instead of interpreting, cajoling, admonishing, or pushing, therapist taps on the shoulder</td>
<td>Focus on social and cultural context of behavior Stories authored in the therapy room need to be anchored in the social work of the client Therapists do not make assumptions about people and they honor each client’s unique story and cultural background Therapists take an active role in challenging social and cultural injustices that lead to oppression of certain groups Therapy becomes a process of liberation from oppressive cultural values and enables clients to become active agents of their destinies For marginalized groups, power-sharing is important; this is helped by moving the therapist out of the role of superiority and into the role of collaboration.</td>
<td>SFBT is in keeping with the Christian stand on looking toward solutions and toward the future. Jesus said, “Go and sin no more” (John 8:11). His focus was not on the past but on the future. The actual standpoint of intervention is congruent with Christianity, but the underpinnings of constructivism might be interpreted to be contrary to God’s Word. (Although there are Christian constructivists.) SFBT is congruent with seeing people as God’s image bears, possessing all they need for change. The future is now. “The Kingdom of God is within you” (Luke 10: 9b).</td>
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<td>Complex problems do not require complex solutions</td>
<td>Define goals Focusing on the positive or the solution, and the future, facilitates change in the desired direction Origin and cause of the problem are not as important as future orientation Sees emotional states as intimately connected with actions that take place in an external context</td>
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<td>Finding exceptions helps create solutions</td>
<td>Meaning and experience are inter-actionally constructed Language creates reality Meaning of message is the response you receive If it isn’t broke, don’t fix it</td>
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<td>The counselee is always changing</td>
<td>Change is generative; small change leads to larger change Actions and their descriptions are circular rather than linear</td>
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<td>The counselee is the expert and defines goals</td>
<td>People have within them all that they need to solve their problems Telling clients what to do is disrespectful and demeaning to their dignity</td>
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<td><strong>Solutions are co-created</strong></td>
<td><strong>problem saturated</strong></td>
<td><strong>Faith Conflicts:</strong></td>
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| ● Treatment group membership is fluid and open to those who state that there is a need for change and they want to part of that change.  
● As clients change their language of goals and their actions they change the entire system that has been interacting with that solution | ● The idea that clients are doing their best to remedy their problems is somewhat contrary to the doctrine of the sin nature (Romans 7:15-20). | ● The counselor’s focus is on solutions  
| | ● Elicits examples of the client’s experience  
● Looks for exceptions and progress  
● Focus on exceptions and progress /Sign Language  
● Distribution of the credit and avoid blame  
● Rename the problem or reframe the situation  
● Give alternate explanation /Inquiring of differences  
● View the past in a different light  
● Share personal experiences as a peer consultant /Reflecting  
● Miracle question /Significance of change  
● Compliments /Encouragement  
● Crystal ball technique /Visualization, story metaphor  
● Formula task: formula first session task  
● Scaling questions  
● Do more of what works  
● Do something different or the opposite  
● Go slowly  
● Prediction task  
● Solution and change-talk/Signs after setback  
● Preferencing  
● Focus on the client, pointing out a different direction to consider  
● Feels relaxed connection with client, since therapist doesn’t feel burdened with the responsibility for their change  
● Feels comfortable with model, and reports a decrease in burnout  
● Utilizes clients ideas and vision to maintain safety, regardless of the nature of the problems presented  
● Elicits examples of the client’s experience  
● Attends to external indicators of emotional change  
● Where the expert stance is expected from the “expert” the shift to consultant will be difficult unless the person is acculturated.  
● Certain clients may doubt the helpfulness of a therapist who assumes a not-knowing position  
● Because Hispanic families are close-knit, treatment groups may be large and more difficult for the therapist to attend to  
● For the Asian culture there may run a risk of the client setting goals to please the therapist and not for himself. There may also be a risk of the client being not honest to keep the peace in the therapy session  
● In those cultures which are based on strong respect and authoritateness, such as Islam/Indian culture, the client may not have the liberty to live out his own preferencing when he leaves the therapy room and this may cause real conflict within the family system  
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References
The Holy Bible (King James Version). Grand Rapids, Michigan: World Publishing