VISTAS Online is an innovative publication produced for the American Counseling Association by Dr. Garry R. Walz and Dr. Jeanne C. Bleuer of Counseling Outfitters, LLC. Its purpose is to provide a means of capturing the ideas, information and experiences generated by the annual ACA Conference and selected ACA Division Conferences. Papers on a program or practice that has been validated through research or experience may also be submitted. This digital collection of peer-reviewed articles is authored by counselors, for counselors. VISTAS Online contains the full text of over 500 proprietary counseling articles published from 2004 to present.

VISTAS articles and ACA Digests are located in the ACA Online Library. To access the ACA Online Library, go to http://www.counseling.org/ and scroll down to the LIBRARY tab on the left of the homepage.

- Under the Start Your Search Now box, you may search by author, title and key words.
- The ACA Online Library is a member’s only benefit. You can join today via the web: counseling.org and via the phone: 800-347-6647 x222.

Vistas™ is commissioned by and is property of the American Counseling Association, 5999 Stevenson Avenue, Alexandria, VA 22304. No part of Vistas™ may be reproduced without express permission of the American Counseling Association. All rights reserved.

Join ACA at: http://www.counseling.org/
Suggested APA style reference:


---

Solution-Focused Counseling in Schools

John J. Murphy
University of Central Arkansas

Murphy, John J., is a professor of psychology and counseling at the University of Central Arkansas. Dr. Murphy is an internationally recognized practitioner and trainer in brief, client-directed approaches with children, adolescents, families, and school problems. He trains helping professionals throughout the world, is featured in the Child Therapy with the Experts videotape series (www.Psychotherapy.net), and is the author of the award-winning book, Solution-Focused Counseling in Schools (American Counseling Association, 2008). Website: www.drjohnmurphy.com.

Based on a program presented at the ACA Annual Conference & Exhibition, March 26-30, 2008, Honolulu, HI.

---

Have you ever...

- Tried to convince students that they have a problem when they don’t think they do?
- Felt your clients becoming less and less engaged the harder you tried to engage them?
- Found yourself working a lot harder than the student to change a school problem?
- Felt largely responsible for providing a solution to the school problem?

If you answered “yes” to any of these questions, I hope you will find the ideas of solution-focused counseling as useful in your work as they have been in mine. Following a summary of relevant research, the major assumptions and tasks of solution-focused
counseling are presented.

**Research on What Works: The Change Pie**

Change is the essence of counseling in schools and elsewhere. Students enter counseling because someone, usually a teacher or parent, desires a change in their school performance or behavior. Our usefulness as school-based helping professionals rests largely on our ability to interact with students and others in ways that encourage change and solutions. Empirical research offers valuable hints in this regard.

Based on multiple analyses of research in counseling and psychotherapy, Lambert and colleagues (Asay & Lambert, 1999; Lambert & Ogles, 2004) concluded that effective outcomes result primarily from the operation of four “common factors” of change. These factors, and their percentage of contribution to successful outcomes, are as follows:

- **Client factors** (accounting for 40% of change): Everything that the client brings to counseling—strengths, interests, perceptions, values, social supports, resilience, and other resources
- **Relationship factors** (accounting for 30% of change): The client’s experience of respect, collaboration, acceptance, and validation from the counselor
- **Hope factors** (accounting for 15% of change): The client’s positive expectancy and anticipation of change
- **Model/technique factors** (accounting for 15% of change): The counselor’s theoretical model and intervention techniques

These factors can be viewed as the ingredients of a home-baked pie (Murphy, 2008). In the “change pie” metaphor, client factors represent the main ingredient: the filling. Ignoring the strengths and resources of clients is like baking a pie without the filling. Relationship factors, the second most powerful ingredient, serve as the crust or container that holds other ingredients together in the change pie. Research has consistently indicated that a positive client-counselor bond or “alliance” is the strongest and most reliable predictor of successful outcomes (Wampold, 2001). Continuing with the pie metaphor, hope factors can be thought of as the positive anticipation and motivation for eating one’s favorite pie. Although model/technique factors are important, their 15% contribution to outcomes is modest compared to the collective 85% contribution of client, relationship, and hope factors. Models and methods are like the pie’s topping, which is important to the appearance and taste of the pie but does not stand up well on its own. Without the other ingredients to support them, counseling theories and interventions fall flat and are nothing but fluff.

This article translates these research findings into several assumptions and tasks that drive the process of solution-focused counseling in schools. These assumptions and tasks also borrow from the pioneering work of Milton Erickson (Short, Erickson, & Klein, 2005), the clinicians of the Mental Research Institute (Fisch & Schlanger, 1999), and the
solution-focused brief therapy of de Shazer, Berg, and colleagues (de Shazer, Dolan, Korman, Trepper, McCollum, & Berg, 2007).

**Key Assumptions of Solution-Focused Counseling in Schools**

The following pragmatic assumptions guide the entire counseling process.

1. **If it works, do more of it. If it doesn’t work, do something different.** This assumption captures the pragmatic nature of solution-focused counseling. As simple as it sounds, it is not always easy to put into practice. The first part emphasizes the guiding theme of solution-focused practice: Identify what works for clients and encourage them to do more of it. Solution-focused counseling favors interventions constructed from what works and what’s right with clients, encouraging them to build on their strengths, successes, and other resources. Likewise, counselors are advised to do more of what works based on student feedback and other measures of progress. The second half of the assumption suggests doing something different when things are not working. Solution-focused counseling encourages practitioners and clients to hold lightly to theories and techniques, and be willing to let them go and try something else when they are not working. The value of any technique rests on its practical usefulness in promoting change and moving clients closer to their goals.

2. **Every client is unique, resourceful, and capable of changing.** This assumption cautions us against categorizing students and problems based on our previous experiences or favorite theories. Adopting a position of curiosity enables us to approach every client from a fresh perspective that honors his or her unique circumstances, goals, and resources. Given that the client is the key ingredient of change, the success of counseling rests largely on the extent to which we respect and utilize “as much of the client as possible” including their values, ideas, life experiences, strengths, and feedback on the usefulness of our services.

In the midst of a serious problem, especially one that has occurred for a long time, people often become demoralized and adopt a “problem-saturated” story of themselves (e.g., “I’m no good at anything”). Solution-focused counseling encourages a richer and more hopeful story by inviting students and others to recognize and apply their unique strengths and resources toward meaningful goals. People experiencing school problems are viewed as stuck versus sick, and problems are seen as temporary roadblocks rather than symptoms of pathology. Students are enlisted as valuable consultants and partners in the change process instead of being treated as passive players in an “adults only” version of counseling. Viewing clients as capable and resourceful does not deny the seriousness or pain of a problem. It does, however, create solution opportunities that might otherwise be overlooked.

3. **Cooperative relationships enhance solutions.** The quality of the client-practitioner alliance is the best predictor of outcomes in counseling (Wampold, 2001). Effective
counseling relationships are built on mutual respect and common goals. This includes our accommodation of clients’ goals, resources, and feedback, and their trust in our commitment and ability to help them reach their goals. Students, parents, and teachers are more likely to implement interventions that emerge from their input and resources as compared to ideas that are imposed on them. Client participation is the pivotal feature of a strong alliance. Counseling works best when clients are actively involved, when they experience a positive relationship with the counselor, and when counseling addresses what clients see as important.

In counseling students, we can promote cooperative, change-focused relationships by: (a) validating clients’ struggles and perceptions; (b) encouraging their active involvement and collaboration; (c) conveying hope in their ability to change; (d) commenting on any positive changes no matter how small; (e) giving them credit for improvements; (f) focusing on future solutions instead of past problems; and (g) obtaining their feedback and adjusting services accordingly. Speaking of feedback…

4. Client feedback improves outcomes. In addition to creating cooperative and accountable relationships, obtaining formal feedback from clients on outcome and alliance has been shown to double the effectiveness of counseling (Lambert et al., 2003). Two client-based assessment tools can be used for this purpose in every counseling session—the Session Rating Scale (SRS) (Johnson, Miller, & Duncan, 2000) and the Outcome Rating Scale (ORS) (Miller & Duncan, 2000), or their child versions for students under 12 years of age—the Child Outcome Rating Scale (CORS) (Duncan, Miller, & Sparks, 2003) and the Child Session Rating Scale (CSRS) (Duncan, Miller, Sparks, & Johnson, 2003). Each measure contains four items that assess research-identified elements of outcome (ORS) and alliance (SRS), and can be administered in less than a minute in most situations. Changes in the areas assessed on the ORS—personal distress, interpersonal well-being, social relationships, and overall well-being—are widely considered to be valid indicators of successful outcome. The SRS assesses the client’s perception of key aspects of strong alliances and effective counseling sessions—respect and understanding, relevance of goals and topics, and client-counselor fit. All versions of the ORS and SRS are free for individual use and may be downloaded from www.talkingcure.com.

In addition to alerting counselors to the type of relationship the client wants, the SRS provides immediate feedback that allows us to follow up and correct alliance problems right when they occur. For example, when a client rates an SRS item below 9 on the Approach or Method scale, the counselor should follow-up by asking for clarification and direction (e.g., “What can I do differently to make our next meeting better for you?”). Likewise, the ORS prompts the client and counselor to discuss options and try something different when things are not improving (e.g., “Based on your marks on the ORS, it looks like things haven’t changed much the last couple weeks. How willing are you to try something really different to make things better?”). If ORS scores don’t increase after two sessions, we need to openly discuss this with the client along with options for
improving things. No counselor is effective with every client, and the ORS and SRS prompt us to make adjustments instead of plowing forward in our ineffectiveness. Refer to Murphy and Duncan (2007) for more information on using the ORS and SRS in school-based counseling and intervention.

5. No problem is constant. Regardless of how constant a problem seems, there are always fluctuations in its rate and intensity. Solution-focused counselors seek out these fluctuations or “exceptions” to the problem by directly asking for them (e.g., “Tell me about a recent time when the problem did not occur, or wasn’t as bad as usual”), exploring the conditions under which they occur (e.g., “What was different about that time than usual?”), and encouraging students and others to do more of whatever they have done to bring them about (e.g., “What will it take to make that happen more often?”). In addition to providing clues to solutions, discussing exceptions may increase people’s hope in the possibility of solutions and in their ability to bring them about.

6. Big problems do not always require big solutions. Solution-focused counseling is based on the practical notion that one small change in any part of the problem system can ripple into larger and more significant changes. This is encouraging to busy school practitioners who have neither the time nor resources to conduct elaborate, time-consuming interventions for every school problem.

**Major Tasks of Solution-Focused Counseling in Schools**

The major tasks of solution-focused counseling are summarized below. The term “clients” is used throughout because these strategies apply to students, parents, teachers, or anyone else with whom we work to resolve school problems.

**Establish Cooperative, Change-Focused Relationships**

- Adopt a position of curiosity (a “beginner’s mind”) and approach clients with humility and respect (e.g., “How is this a problem for you?”; “I wonder what would happen if you tried something really different the next time the student acts up in class.”)
- Look, listen, and learn from clients
- Validate clients’ struggles and perceptions (e.g., “No wonder you’re so upset about this.”)
- Compliment clients to boost their self-efficacy (e.g., “How do you manage to hang in there instead of giving up?”)
- Use future-focused language to empower hope (e.g., “Who will be the first person to notice when things start getting a little better in school?”)
- Obtain client feedback on outcome and alliance by using the ORS, SRS, and related questions (e.g., “How did this meeting work for you?”), discuss the feedback (e.g., “What can I do differently to make the meeting more useful?”),
and adjust services accordingly

**Clarify the Problem and Related Details**

- Define a changeable problem in clear, behavioral terms (“If I videotaped you ‘acting up’ in class, what would you be doing?”; “What does ‘irresponsibility’ look like?”)
- Explore related details including prior solution attempts, the client’s theory on the problem and solution, and how counseling might help (e.g., “What have you already tried and how did it work?”; “What needs to happen to make things better at school?”)

**Develop Clear and Meaningful Goals**

- Invite clients to focus on a better future, and to describe the first few steps in that direction (e.g., “Let’s pretend it is one month from now and school is much better, and that you made some changes to make that happen. Tell me the first couple small steps or changes you made to turn things around at school.”)
- Formulate goals that are personally meaningful, specific, and positive (e.g., “What do you want your life to stand for?”; “What small action can you take at school tomorrow to move a little closer to that goal?”)

**Build on Exceptions and Other Resources**

- Identify and build on exceptions (e.g., “Tell me about a time this week when the problem did not happen or was less intense. What was different about that situation than usual?; How could you make that happen more often?”)
- Identify and build on other client resources such as special interests and talents, influential people, coping skills, and ideas for resolving the problem, (e.g., “I wonder how that same toughness and courage that helped you not give up on skateboarding can help you handle this school problem”; “Who do you respect the most, and what would he or she advise you to do about this problem?”; “How have you kept things from getting worse?”; “What do you think would help turn things around at school?”)

**Change the Doing or Viewing of the Problem**

- Change the doing of the problem by suggesting behavioral experiments or encouraging other changes in the performance of the problem (e.g., “This doesn’t seem to be working for you, but I don’t have any better ideas. I’m going to suggest the Do Something Different Experiment, where you try something really different and observe the results”)
- Change the viewing of the problem by suggesting alternative interpretations or explanations (e.g., for a student who says his teacher is mean because she gets on
his case about not doing homework, the counselor might say, “Could it be that your teacher gets on your case about homework because she cares about you and wants you to learn instead of ignoring it and letting you fall further behind?”

**Evaluate and Empower Progress**

- Evaluate progress on an ongoing basis using the ORS and other measures of change based on the goals of counseling (e.g., ask teachers to complete the same behavior rating scale prior to and following counseling services; examine discipline referrals, classroom work samples, and grades)
- Empower progress whenever it occurs by giving students credit for success, exploring the personal/social impact of improvements, and requesting their advice for others (e.g., “How did you manage to make these improvements?”; “How do your teachers treat you differently now that you’ve made these changes?”; “What has this taught you about yourself?”; “What advice would have for another 4th grader who is struggling with this problem?”)

To summarize solution-focused counseling in one phrase, *it’s all about the client.* Students, parents, and teachers know themselves and their circumstances better than we ever will. Effective solutions are most likely to occur when clients are viewed as the heroes of change, and their goals, resources, and perceptions occupy center stage throughout the counseling process.

There is much to be optimistic about. We know more now than we ever have about what works in helping people change. Hopefully, the small taste of the change pie and solution-focused counseling in this article will whet your appetite for more. If so, detailed examples of solution-focused counseling for a variety of school problems can be found in Murphy (2008).

**References**


---

**VISTAS 2008 Online**

*As an online only acceptance, this paper is presented as submitted by the author(s). Authors bear responsibility for missing or incorrect information.*