

Application and prospect of Solution-focused brief therapy in psychiatry

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Abstract. With the development of society, the incidence of mental illness is gradually increasing, and there are higher requirements for the quality of psychiatric diagnosis and treatment. At present, the lack of doctor-patient communication is in place is still the most important factor affecting the satisfaction of psychiatric diagnosis and treatment. An increasing number of studies focus on Solution-focused brief therapy in the diagnosis and treatment of mental illness to improve satisfaction and improve the doctor-patient relationship. Therefore, this paper screened and sorted out the relevant research literature on the Solution-focused brief therapy, and introduced the basic concepts and technologies of focus on Solution-focused brief therapy, so as to explore the practice and application prospects in psychiatry.

Key words: Solution-focused brief therapy; psychiatry department.

1. Foreword

With clinical medication for psychiatric patients, intensive psychotherapy can further reduce the bad mood and improve their treatment compliance[1], Psychological therapy for psychiatric patients can effectively improve the mental symptoms and psychological state, and improve the treatment satisfaction[2]. However, in recent years, the link between psychotherapy and psychiatry has been gradually neglected, and the evolution towards biological psychiatry has led to the marginalization of psychotherapy throughout the psychiatric discipline. Nevertheless, psychotherapy is still the fundamental science in psychiatry and is applicable to all clinical settings[3].

2. Solution-focused brief therapy

2.1. Overview

It originated in the 1980s, Solution-focused brief therapy short-term therapy (SFBT), and has become a popular school in clinical work and psychological counseling for more than 30 years. Harvey Ratner In his book "Focus on 100 Key Points and Tips for Short-range Treatment", focus on short-term treatment is a way for the person to establish change in life in as little time as possible. There are two sources of change: one is to encourage and guide visitors to describe the future they want; the second is to ask them to recall and list the resources and skills they already have, which are the successful and different cases from the past, through which visitors become their experts and know how they should live[4]. SFBT focuses on the orientation of solutions, changing the approach of past schools to the expectations of the service personnel and the desire to become better.

2.2. The basic concepts and meeting stages of SFBT

SFBT focuses on discussing solutions, changing the previous practice of exploring questions to focusing on visitors' expectations and wanting to be better^[5], Value the potential, resilience and initiative, and replace explanation and guidance with questions and questions^[6], Its basic ideas include:

1. Without a certain truth, how the visitor views the world is the most important. SFBT belongs to the social construction theory that the visitors' description language of the world will affect their views on the problem and goals, so subjective interpretation is the most important.

2. Problems and symptoms are sometimes functional, and SFBT does not explore the causes of the visitor's problems, but emphasizes the versatility and functionality of the problem from a constructive perspective and a phased developmental perspective.
3. The client and the consultant have a cooperative relationship, and both parties jointly construct their goals. The task of the consultant is to learn from the client with the attitude of unknown (not knowing) and backward guide (leading from one step behind) under the premise of taking the client as the expert, so as to promote the realization of the client's vision and goals^[30].
4. The visitor is the problem-solving expert and the protagonist of the meeting. SFBT believes that the client has the understanding, advantages and insight of life and problems, and emphasizes respect for the client. The main work of the consultant is to help the client build solutions with the help of his own resources.
5. From a positive perspective of consultation, SFBT is based on advantages, focusing on what the client can, rather than what they can, and valuing the potential of the client, rather than limitations.
6. Reconstruct the visitors' problems and create change. The consultant constructs the problem into a solved connotation, replacing the visitor's original dilemma, focusing on the present goal and vision of the future, rather than the unchangeable past history.
7. Discuss the exception situation of the problem, the solution to the change of shaping (formulation), explore the successful exception experience of the client, make them play their own ability, and strengthen the independent power and change the motivation of the client, encourage the visitor to do more things that are helpful to the goal.
8. Look at the value brought by small and medium-sized changes, and quantitative change leads to qualitative change. SFBT believes that when small changes occur, the environment is different from the original. With the positive feedback brought by small changes bit by bit, the problem is gradually loosened, and finally the snowball effect becomes a big change.

Talks that coincide with the SFBT's basic beliefs can be roughly divided into five stages^[7,8].

1. Focus on the visitor's subjective understanding of the problem and the current response style.
2. Develop and construct goals, or explore a future vision where problems reduce or disappear, to form a follow-up action plan.
3. Explore exceptions or successful experiences related to goals and vision.
4. At the end of the meeting, give visitors feedback and homework, encourage visitors to evaluate and effectively in life, discover visitors' small progress, and expand it so that they can maintain big changes occur.
5. In the follow-up consultation, the above stages are continuously used to cycle and construct the solution.

In the SFBT talks, similar to the general consultation, having the basic elements and basic skills are essential. If these basic elements and skills cannot function, the question of SFBT representativeness cannot be properly raised, and the talks are difficult to proceed smoothly^[11]. However, because SFBT is influenced by various ideological trends and theories, such as postmodernism, social constructivism, MR system view, Erickson hypnotic school, and Oriental Buddhism and Taoism, SFBT still has its unique focus when using general counseling techniques to achieve specific purposes.

2.3. SFBT Formulation skills

An important technique in SFBT is Formulation^[9], Formulation is the selective translation, explanation, description, elaboration, summary of the speech content of the parties, or the summary and characterization of the content. It usually occurs after statements such as "what you just mean, what you mean, in other words, so". The formulation response is not a general natural communication

response, but an option that wants to push or make "change". The formulation will transform the expression of the original speaker, and may retain or omit some content, or revise or add new words and meanings[9]. The combination of language, will have the ability to hint, put the other side in a specific position[10]. In other words, the formulation of the therapist will retain and delete a part of the parties' speech, which can then change the form of the content, and broaden the cognition of the parties. The author believes that the technology is more "transformative" and "selective" . In order to show the process and intention of formulation, we hereby introduce the two representative techniques of generalization and reconstruction .

(1) Generalization

When visitors talk about negative emotions and distress, SFBT counselors sometimes respond with generalizing techniques to make the visitors realize that the dilemmas they experience (especially emotional reactions) are a common phenomenon rather than isolated or specific[11]. By generalizing their responses, visitors can view their problems or negative emotions as a common challenge in the life course, which helps them develop a "de-pathological" way of thinking in the face of difficulties[11]. The counselor will change the negative fact to "subjective", using expressions such as "seem", "what you say", "look", "become", "feel", rather than directly using "you are" to reduce the absolutism of the sentence. In addition, generic words would imply that the visitor's current problems and negative feelings are in the past, temporary, and are likely to change in the future. At the same time, the consultant will also change the broad, strong and absolute expression used by the client into words and expressions with less proportion and less severity. For example, a consultant might say that "Seeing a partner cheating has a big impact on most people's emotions and lives" rather than "it is hard to calm down with your partner" or "something" scares you."

When faced with the strong emotions of the clients, SFBT consultants will use generalization skills to help the clients reduce their fear of being too independent without over amplifying the impact of their emotions. Of course, when using generalization skills, consultants must respond according to the story line and personal emotional context of the parties, and also express the understanding of the strong emotions of the parties. In other words, generalization techniques convey an understanding of the parties' negative feelings, suggesting that these feelings are understandable, temporary rather than permanent, and can still be changed, and are only for a specific situation rather than the entire life.

Consultants often use words such as "natural, of course", "typical, most, no wonder" in conversations, and also respond to visitors in "phased", "past", "temporary" expressions, such as:

"It is not easy to survive at this stage of recent retirement."

""Temporary' and 'not yet' have found a solution to the learning pressure."

""Once' upset by the death of my family."

(2) Reconstruction

Reconstruction is a process of reexamining and interpreting the same problem with another new positive context and viewpoint. This process involves reimagining the individual traits, traits, strengths, abilities, resources, motivation, intentions, effort, or intentions, or the meaning and function of something. In the reconstruction process of the focus solution, the consultant will reinterpret the events described by the parties, or especially emphasize and reflect some positive values and personal goals, and give the new positive meaning to the parties, so as to encourage the parties to realize what they really care about and care about, and thus form a new solution. For example, a person who is prone to anxiety and impatience may also be a very planned and strict person, while a child beginning to protest against his parents may begin to have his own ideas and opinions. Of course, the reconstructed statements must be recognized by the parties concerned, and must conform to the requirements of mental health and social norms[11,12].

Reconstruction common language constructs:

"I'm not sure..., but I'm sure..." "I'm not sure your child is going to be what you want, but I'm sure you want a good future".

"Although (negative), but (positive, valuable, rare)"; for example: "Although you are not ideal in this exam, but we all found that you are working hard this time", "although you have been blaming your child, but also from here you are very concerned about the child's performance of the child, and feel that his strength is beyond this".

It is believed that "there must be an important reason" is that the consultant exploring "the motivation behind some misconduct" is a direct response to the parties, but also an attitude in the process of reconstruction.

"At least your mentor will criticize you directly and tell you about your shortcomings and the direction of improvement, rather than ignore you at all." and "Although your girlfriend does not do housework at present, at least she will try hard to learn to cook, which is very important." "At least", "at least (no worse)" statements, it will be easy to see the positive value:

The most important thing is to explore the positive meaning and real concerns of the parties from the complaints and strong emotions of the parties.

Generalizing and reconstruction often bring new perspectives to the parties and help to reduce their negative emotions. When the consultant understands and accepts the emotions of the parties, these negative emotions can be transformed into effective motivation for change; especially, when the consultant can reconstruct the real concerns of the parties, or consider the positive nature behind the negative reaction of the parties, the goal setting and problem solution of the parties will be more flexible and diversified[10].

2.4. Focus on solving the application of short-term therapy in psychiatry

Over the past 30 years, Solution-focused brief Therapy, (SFBT) has become a very popular school among clinical workers and professional psychological counseling. SFBT's strengths and concise and quick-acting features make it a common treatment in many mental health professions[13].

At present, the focus has been applied to the clinical practice of mental diseases and the joint intervention of other somatic diseases. In the study by Ma JianYing et al[14] SFBT was added to the traditional drug treatment of OCD, and the study conclusion confirmed that the focus of short-term therapy can improve the efficacy and quality of life in the clinical treatment of OCD; Wan Qirong et al[15]. confirmed that the treatment scheme of SFBT combined with antidepressant sertraline could improve the degree of depression of patients with post-stroke depression more rapidly and significantly, promote the recovery of neurological function and improve the ability of daily living activities compared with single antidepressant treatment; Zhang Yuwen[16] Studies have confirmed that focus resolution still has positive effects in patients with severe psychosis.

It can be found that the clinical practice of SFBT in psychiatry in China mainly focuses on the improvement of the efficacy of combined drugs in psychiatric patients, and the initiation mechanism in the process of diagnosis and treatment is rarely studied. However, foreign studies have proved that SFBT's unique resource value orientation, communication methods, and humanistic care reflected in the process can change the perspective of psychiatrists[17]. After paying attention to the "defects" of patients and their obstacles, a resource-oriented diagnosis and treatment model should be carried out[18], Establish a cooperative doctor-patient relationship, effectively establish therapeutic alliances, and guide health outcomes[19].

3. Prospects

Limited by the length of diagnosis and treatment and the environment of psychiatric clinics, it is unrealistic to directly solve problems quickly for patients. But by learning focus to solve short-term therapy technology, the penetration into the diagnosis and treatment process, before scale evaluation,

diagnosis actively listen, establish a good doctor-patient relationship, objective assessment of patients, clear patient expectations and appropriate adjustment, provide feasible diagnosis and treatment plan is the current psychiatrists can take effective strategy.

Pre-diagnosis scale assessment is a key step that can help doctors to have a preliminary understanding of the patient's mental condition in a short period of time. These scales often include a range of questions designed to assess aspects of emotional status, cognitive function, social ability, etc. Through the patient's answer, the doctor can initially judge whether the patient has a mental health problem, and the severity of the problem. SFBT respects the parties as an expert in their own problems[20], Doctors in the patient consent to the scale evaluation feedback, showing full respect for patients, SFBT pathological thinking and take "unknown" (not-knowing) curiosity, sincere, open attitude, help at the beginning of the diagnosis and treatment with patients to establish a good doctor-patient relationship, help to improve patient satisfaction and treatment compliance. The psychiatric diagnosis and treatment process of SFBT immersion is carried out after respecting patients and obtaining permission, and also encouraging patients to participate in the diagnosis and treatment process. This is completely different from the traditional biomedical diagnosis and treatment model, which reflects the humanistic care for patients and is in line with the current "bio-psychological-social medicine" model[21].

In short, in the face of the challenges of psychiatric outpatient clinics, psychiatrists need to adopt various strategies to improve the efficiency and quality of diagnosis and treatment. Doctors can better understand the patients, evaluate their condition, formulate treatment plans and meet the needs of patients through the means of pre-diagnosis evaluation, pre-diagnosis scale, active listening, clear patients' expectations, appropriate adjustment and follow-up assessment of patients. This will help to improve the diagnosis and treatment effect and service quality of psychiatric outpatient clinics, and provide a better medical experience for patients.

In the process of diagnosis and treatment, psychiatrists should reasonably use focus solution techniques, such as active listening, positive feedback, generalization, reconstruction, etc., to reasonably adjust patients' psychological treatment expectations, establish a good doctor-patient relationship, which is conducive to helping patients accept more suitable diagnosis and treatment plans.

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