

Case Report

Positive contribution of the meeting with only one family member in terms with solution focused brief therapy case report

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Abstract

Effective communication between the family is essential for the permanence of the family, which is the cornerstone of society. Regardless, in the course of this interaction, it is expected to experience some problems and conflicts in the family that need to be solved. It is expected to see family members make an effort to overcome their unpleasant habits and behaviours. Occasionally, the distinction and motion triggered only by one family member can create a positive atmosphere in the entire family. The purpose of this research was to investigate whether solution-focused brief therapy (SFBT) and interviews with only one family member could create a positive atmosphere in the family. Mrs. Ayşe, the interviewed lady, is a 39-year-old primary school graduate housewife. She is married to her husband, whom she lives with in Konya, and has three sons together. While Mr. Ahmet, Mrs. Ayşe's husband, did not attend the interviews which started with Ms Ayşe's application, their 18- and 14-year-old sons attended once. In order to support Mrs. Ayşe in developing problem-solving skills for the difficulties and conflicts in her marriage, six interviews were planned and conducted. In conclusion, the positive distinction that materialized in the client by the Solution-Focused Brief Therapy with the wife had a positive influence on the entire family atmosphere, and it was observed that the interviews contributed positively to the marriage and the family.

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Introduction

The family, which consists of individuals with a marriage bond, is the smallest social unit that makes up society. Interaction types such as husband-wife, mother-father, mother-daughter, mother-son, father-daughter, and father-son are seen in the family. While there are functions in the family, a change in one of the family members affects the other members, the family atmosphere, and the peace. There are family types and durations, and any particular situation or issue in a family member may inevitably affect other members so the family. Solving the problem of any of the family members also affects the whole family in a positive direction. The unique aspect of solution-focused brief therapy is that the clients assume an active role in solving the problem, and the solution is found by the clients, not by the therapist (Kütük et al., 2020).

Solution-Focused Brief Therapy (SFBT) is defined as an approach that produces solutions for the individual's current situation, strengths, future demands, and purposes by focusing on how the individual copes with similar problems in the past (De Shazer et al., 1986; Ağca and Avşar, 2020). SFBT takes its name because it focuses on creating solutions and

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raises awareness of the provision of treatment via brief interviews (Arslan and Gümüŝçağlayan, 2018: 492). The SFBT approach is an approach that was first developed in the 1970s by Steve de Shazer, Insoo Kim Berg, and colleagues, who worked at the therapy centre called "Milwaukee Family Therapy Centre" in the United States (De Shazer et al., 1986; Arslan ve Gümüŝçağlayan, 2018).). While other approaches centre on the past of individuals based on their problems, it is stated that only the successes of individuals in similar issues and the strengths of individuals are crucial in the past of the individuals in the SFBT (De Shazer et al., 1986; Sarıçam, 2014). As the name suggests, the principal purpose of the solution-focused brief therapy approach is centring on the solutions to clients' issues, focusing on the future goals of clients, and focusing on the solution by focusing on the clients' future while not centring on clients' problems. Furthermore, it is one of its most significant superiorities (De Shazer et al., 1986; Ağca ve Aşar, 2020; Yanardağ ve Özmete, 2020).

In SFBT, the counsellor utilizes specific interventions for the client to set and achieve their goals, and this method materializes to encompass concrete techniques of understanding, practice, and behaviour. Moreover, De Jong and Berg (2002) draw attention to the fact that in SFBT techniques, besides developing the client's goals, producing exception-based solutions is a crucial strategic element. In SFBT; there are questions and methods such as pre-session changes, solution-oriented goals, searching for previous solutions, miracle questions, homework assignments, rating scale questions, coping questions, SWOT analysis, exposure, future-oriented questions, praise, observing questions, reframing techniques, questions interrupting the process techniques will lead the client to a solution by setting focused goals are frequently utilized (Bannick, 2007; Bavelas et al., 2013; Doğasal ve Karakartal, 2018:135).

Effective solutions to conflicts and problems between family members, such as amplifying their communication with their children and each other, and making efforts towards the goals they set, are considered important determinants of increasing happiness and quality of life in the family, keystone of society. The implementation process of these parameters comprises the theoretical and experimental infrastructure of the SFBT method. The purpose of this research is to observe whether interviews with only one family member have a positive contribution to family and marital relations with the SFBT technique. In this study, the answer has been sought to the question; "*Do consultations with only one family member using SFBT have a positive contribution to the family?*". It was observed that the positive changes with Mrs. Ayşe had positive contributions to her family and environment. Happy mother has led to a happy family.

It is known that the SFBT approach is suitable for the treatment of externalizing and internalizing behavioural problems. SFBT, since it was first developed, has become one of the most popular methods in brief therapy worldwide and has been used in a wide range of areas. In foreign-sourced studies, it is proven that the SFBT techniques are highly functional, especially in marital problems, respect in the family, and relationship problems. In our country, although the studies carried out in the field of SFBT are quite limited; marital relationship and marital adjustment; depression, coping with test anxiety, communication skills and anger control, women's ability to look to the future with hope, and their submissive behaviour, reducing social phobia, coping with peer bullying, rumination, increasing empathy, although experimental studies are showing that it is effective on no research has been found in which an SFBT is used to reveal whether interviews with a family member have a positive contribution to the family. In this context, this study has a high added value in terms of seeing the effectiveness of the SFBT-based practices that will be carried out, especially on families.

The conclusions obtained in the study is that SFBTs are limited to the fact that only a family member who is a wife, not the couple, and this wife's truthful answers, comments, and counsellor observations during the interviews.

Method

In this study, as a result of observing and analysing the content of the interviews with a family member using the SFBT method, a case was reached, and this case was revealed by examining the principles of the SFBT and the intervention stages of social work.

Identification of Family Characteristics

Mrs. Ayşe (Female): 39 years old, housewife, primary school graduate, first marriage, and married for about 20 years. Mr. Ahmet (Male, wife): 58 years old, tradesman, high school graduate, first marriage, and married for nearly 20 years. Our couple has three children from this marriage. The eldest child is 18 (Male) in the senior year of high school, the middle child is 17 (Male) in the 11th grade of high school, and the youngest child is 14 (Male) in the eighth grade. It was learned that they lived together in Konya.

Designing the Consultation Process

Mrs. Ayşe was interviewed every two weeks, with the first meeting as the first session, 6 sessions in total, and a case study was started by giving individual psychosocial counselling. The customer came to the meeting with or without an appointment as needed in the later processes. Although she and her husband were asked to initiate regular family counselling, her husband did not participate in this study. Although she and her husband were asked to initiate regular family counselling, her husband did not participate in this study. Although it was deemed necessary in this case, the family counselling process could not be initiated as a couple. Her son (18, male) and younger son (14, male) attended the interviews with Mrs. Ayşe once. Mrs. Ayşe's signature was obtained for informed consent and necessary information was given. An intervention plan for the problem or need has been prepared within the scope of the SFBT understanding and principles. This plan was designed in line with the stages of "meeting/connecting, pre-assessment, planning, implementation, evaluation, termination, follow-up/follow-up" and was expressed in the case report.

Case Report

Sessions

In the first session, Mrs. Ayşe, who consulted, began to talk alone. The first impression is essential for the client and the counsellor. Therefore, the first session was administered as an introductory session. For understanding the problem client was asked "What are the factors that brought you here?". Mrs. Ayşe stated that she was constantly arguing with her husband, and as a result of the arguments, her husband talked about breaking up with her, she could not leave because she had no income and was afraid of it. The counsellor made the necessary eye contact to express her understanding and gave empathetic responses with the necessary gestures and facial expressions.

Their marriage history was taken, and she was asked to speak of their marital problems. Mrs. Ayşe talked about the pre-marriage process, beginning stages, and further phases in a chronological way with emotional intensity. She stated that it was their first marriage, they were married in an arranged manner, her husband was 17 years older than him, she was a housewife, and she did not have any income.

It was asked that "What changes do you think should occur in your life that is worth coming here and meeting with me?" by the counsellor and it was tried to help the client set goals. The client stated that she wanted to be happy, and she wanted her husband to take care of her, but nothing that she did was functioning and she was very tired and fed up. When asked what she did to solve his problems, she stated that they did not want to experience the same things again, so she could not talk to her husband, and they even stayed away from each other. She was asked about her husband's relationship and interaction with the children. The client stated that her husband constantly blames her and worries about her children.

When asked if there is anyone in the family who can evaluate these issues objectively from the outside; she stated that "her husband's family also blamed her and there was no one to give objective information about the family". It was suggested to interview her husband and children in order to help the family and observe the family relations in their natural environment. Mrs. Ayşe accepted the offer but stated that she was not sure that they would attend the meeting. The counsellor thought that Mr. Ahmet's constant accusations made the client, Mrs. Ayşe, feel guilty.

It was asked, "Is there a time when you don't have these problems?". The client stated that they were more comfortable during Ramadan. When it was asked "What is different from other times in Ramadan?", the client said that because her husband is a tradesman, they slept together until noon and stayed together until Sahur. She explained that in other months, her husband slept early at night, she stayed awake, and the children were awake until 2-3 a.m. When the

counsellor asked about the school grades of the children; She stated that “they do not like school and their academic achievement is low.” However, the client does not see this situation as a problem.

It was stated that “self-confidence, revealing strengths and weaknesses, and her strengths and weaknesses were emphasized” with Mrs. Ayşe. Her strengths were emphasized by the counsellor telling Mrs. Ayşe that “it is a very important step for her to continue a long-lasting marriage and to come to the counsellor for the continuation of this marriage”. About Mrs. Ayşe's marriage, which has lasted for nearly 20 years, the questions, “How did you deal with this problem before? What is it that allows you to continue under these conditions?” questions were asked. It was observed that Mrs. Ayşe could not answer the questions and waited silently for a while and thought. In this way, the client was given the opportunity to remember their past successes. The strengths and weaknesses of the client were determined together in detail. It was investigated with Mrs. Ayşe about what she could do with her strengths and how she could strengthen her weaknesses. The importance of this study was emphasized by requesting the client to work on revealing and using her strengths and weaknesses. Mrs. Ayşe was asked to take notes on what time she slept and woke up daily, and what she did during the day. This request was accepted positively by the client. The client was referred to psychiatry because of sleep problems, not enjoying life, and weight problems.

Impression Notes

It was noted that it was essential for Mrs. Ayşe to feel comfortable and ready to meet at the first session. Before starting the individual study with Mrs. Ayşe, the point where the client is: Exhausted from life, with no expectations for the future, lacks confidence in herself and others and blames herself, who is in a life that even she does not approve of and has developed an addiction to her marriage, although they live in the same house with their spouse and children, they do not interact with them, with several psychiatric complaints, not enjoying anything (psychological problem), It was determined that there were problems with her husband and children, weight problem (physical), and sleep problem. In the first interview, when the client felt ready to talk about their problems, questions about problems were asked. At this step, a preliminary evaluation was made by focusing on observation as a consultant. It was restated by summarizing how long the problem has been going on, the current status and intensity of the problem, what the client has done in the past to solve such problems, and what she said individually about the solution. And then it was studied the emergence of the communication problem between the client, his wife, and children.

At the beginning of the meeting, it was noted that;

- Mrs. Ayşe is affected by the problems in her family and this case negatively affects her mental health
- Mrs. Ayşe is terrified of breaking up with her husband and is often nervous about divorce.
- Mrs. Ayşe is a woman who can do everything on her own, but she feels culpable, worthless, and hurt because of her husband's, Mr. Ahmet, accusatory mindset,
- Mrs. Ayşe and Mr. Ahmet estranged themselves from each other, avoided each other,
- This conflict in the family negatively affects children,
- The social functionality necessary for Mrs. Ayşe to lead a satisfactory life has decreased,
- Mrs. Ayşe's adaptation capacity and social functionality have decreased.

As a result of these observations, the counsellor started planning and focused on how to indicate the client's need for psychiatric assistance for mental health and how to draw attention to the solution of problems rather than what she defined as a problem.

Session II

When the client, Mrs. Ayşe, came to the session two weeks later; She talked about “how she uses which strengths and how she determines which weak sides she can strengthen”. It was observed that Mrs. Ayşe did the task given in the last session. It was observed that the partners are influenced by the gender roles existing in their own families and root families, and by talking about these problems, it was tried to make Mrs. Ayşe understand her husband. Mrs. Ayşe, as a result of her husband's accusing behaviour; stated that she did not try to communicate, that her husband's behaviour upsets her,

and that she was afraid of her husband leaving when she talked to her husband. When she was suggested to "*start communicating with her husband little by little to solve this communication breakdown problem in her marriage*", the client stated that she "*could do it*".

For the next session with Mrs. Ayşe; the task was given on the subject of "talking to her husband, explaining her disappointment, emotions, and feelings in the face of her husband's behaviour, and trying to learn about her husband's expectations and feelings". It was emphasized with the client what she did to achieve the goals she set in the previous session and how close she came. The counselee was asked to consider the subjects of "weight and self-confidence" and "how much she loves herself, why she loves herself if she loves herself and why she does not like herself, her sleep habit, and the effect of these on his relationship with her husband". Information was given about the importance of physical activity. As a physical activity, it was suggested to do a sport suitable for herself and her budget. She was referred to a dietitian because of the weight problem.

Impression Notes

In the second session, Mrs. Ayşe stated that "because her husband (Mr. Ahmet) is the eldest of his root family, so he behaves as the people around him want and asks her to take on the roles in the family" and is evaluated that Mr. Ahmet brings gender inequality to the fore. In this session, it was worked on setting goals and making efforts to reach these goals. Firstly, Mrs. Ayşe was asked to describe a day of their goals, and the client stated that she "drank excessive amounts of tea and coffee late at night". It was noted that Mrs. Ayşe was awake at night while she slept during the day and that she had behaviours and habits that would affect her sleep. During the interview, it was learned that the psychiatrist started treatment for depression.

Notes were taken about Mrs. Ayşe's physical health and how to raise her need for help for her weight problem, and the counselee was directed with some coping questions. Evaluations were made on subjects such as "*The tendency of Mrs. Ayşe and her husband to run away from each other, avoiding arguing, the source of the problems between the spouse and their children, the reasons for the client's fear of divorce*" and it was planned to follow up with homework.

Session III

In this interview, firstly, the issues determined in the previous interview and which Mrs. Ayşe was asked to think about were evaluated. Especially, weight and self-confidence, the effect of sleep habits on the relationship with spouse and children, and his likes and dislikes were emphasized. In the previous interview, the counselee was advised to "*give up on night eating habits related to nutrition and sleep habits and avoid excessive consumption of tea and coffee*". It was observed that Mrs. Ayşe did her task given in the previous interview. Mrs. Ayşe; stated that "she started walking for an hour a day with her neighbour".

The aspect that Mrs. Ayşe likes about herself is "*the power to organize*", the aspects that she dislikes; she stated that there is "*a lack of internal discipline, inability to set boundaries, to protect boundaries in interpersonal communication, to say no to anyone*". A short piece of information was shared with Mrs. Ayşe about communication and the importance of boundaries.

The client expressed it as "*not being able to accomplish the decisions made when she started a diet every Monday and then was offered a food that she liked or when she made it, saying that I would start after eating it*". It was focused on the issue of "*reflecting on the behaviours and decisions that she wanted to do but could not do and setting new goals for what can be done and executed*". To increase the communication of Mrs. Ayşe with her husband and children; It was informed that "*there are children at home during adolescence, that young people of this age are sensitive, the characteristics of adolescence period and the presence of children in their relations with their spouses should be taken into account in terms of being negative role models for children*".

Impression Notes

The counselee's taking a walk with her friend was evaluated as positive growth in terms of stepping into a warm friendship, being social support for her, and pioneering her in other social sites. In addition, it was observed that she started to lose weight, and the walks she took with her neighbour had a positive effect on the client. This observation was reinforced by the client's statements that "my self-confidence and belief have increased". It was evaluated that quitting night eating habits related to nutrition and sleep habits and avoiding excessive tea and coffee consumption contributes positively to the quality of life. In this session, it was planned to increase the communication between Mrs. Ayşe and her husband.

Session IV

Mrs. Ayşe talked about how well she complied with the decisions she made in the previous session, and the client was given the opportunity to evaluate what she did. Mrs. Ayşe was asked, "Is there any change in your problems since the previous session?". The client stated that her life is in better shape than before. She stated that "she started to have small conversations with her husband, Mr. Ahmet, and now she can encourage the children in the exam process". In this session, Mrs. Ayşe stated that "talking and even for someone to listen to her is very important and relaxes her". Mrs. Ayşe's eldest son came to pick up his mother at the end of the session and was asked: "what he thought about his mother's situation". It was understood that the child said: "My mother is happier now." with a smile and seemed satisfied.

Impression Notes

It was observed that Mrs. Ayşe did the task given in the last session. It was determined that the client fully complies with the subject of internal discipline, cannot do anything about not restricting herself, and is not bad at complying with the decisions she made. The husband, Mr. Ahmet, was invited to this session again, but Mr. Ahmet stated that "there was no problem with him" and the client's offer was not accepted. Even if the client did not say it, it was felt that the change with Mrs. Ayşe, albeit small, satisfied her husband. From the statements of Mrs. Ayşe's eldest son and other impressions, it was evaluated that "the change in one of the family members also affected the other family members".

Session V

It was discussed with the client, Mrs. Ayşe, about how close she is to the goals she set in the previous session. She stated that to put her life in order she would go to bed at 00.00 at the latest, get up at 08:00 in the morning at the latest, have breakfast with her family, and insist again to bring her husband to the session. It was reminded that the next session will be the last one.

Impression Notes

It was observed that Mrs. Ayşe did the task given in the last session. In this session, it was noted that Mrs. Ayşe started to become aware of the behaviours that disrupt her sleep habit, and a healthier sleep habit was formed thanks to the new healthy behaviour she acquired. It was observed that the ways of establishing healthy communication with her children have increased, and now she has healthier communication with her husband, Mr. Ahmet. It was evaluated that Mrs. Ayşe started to overcome her fear of divorce.

Session VI

In the last session, evaluations were made about the expectations and the results of the change with Mrs. Ayşe. When it was asked to Mrs. Ayşe "*Imagine that you had a bad nightmare while you were sleeping tonight. All the problems that brought you here in this nightmare suddenly turn for the worse. What do you notice about the nightmare when you wake up the next morning?*" the client replied by saying that she is not afraid of divorcing Mr. Ahmet anymore, that anything can happen in life, even waking up in good health in the morning is very important. It was felt that the client has the power to control her own life. When Mrs. Ayşe's younger son came to his mother after school, his happiness and satisfaction were also observed. When the child was asked: "How is his relationship with his mother", he stated with a smile that "it is fine". Mrs. Ayşe was asked to "*rate her current situation between 0-10 at the first meeting*", and the client shared the statement: "I was in a state of weariness at the first session, I was at 0 points, but as a result of these sessions, I gave my current situation 9 points".

During the "Termination" process, Mrs. Ayşe was asked: "What kind of changes have occurred in your issue from the moment you made the first appointment, and what did you do?" and it was stated that the sessions were terminated after the client stated that she is "in good condition now". Subsequently, she was informed that she could arrange an appointment and come to the session whenever needed. It was tried to create awareness (insight) by summarizing what Mrs. Ayşe told and occasionally by drawing attention to the times when there were no problems with open-ended questions. Thereupon, she came to the session twice at intervals when she needed it. In the "Tracing and Follow-up" process, it was observed that Mrs. Ayşe was in a good condition when she visited three times for follow-up visits at intervals of two months and three months. A year later, she was met again at a friend visit, and Mrs. Ayşe stated that she "gained some weight, started exercising and pays attention to her nutrition". It was determined that her condition was good again.

Final Evaluation and Impression Notes According to the SFBT Approach

An SFBT was preferred, as individual sessions were continued with Mrs. Ayşe, the client in therapy. If Mrs. Ayşe had come to the session with her husband and children, it was envisaged to use Virginia Satir's communication model. Since Mrs. Ayşe's husband argued that the reason for not coming to the meeting was that "It's your problem, I have no problem." and this situation recurs in the mind of the client occasionally, the counsellor thought, "I wonder if I had not taken one of the spouses unilaterally?". However, the transformation and positive developments in Mrs. Ayşe dissuaded the client from this thought. In SFBTs with Mrs. Ayşe, only the counselee was supported, and attention was paid to ensuring that the client was the director of her own life. It was always taken into account that it is important for the client to be here and now, rather than in her past life. At this stage, the task helped the client focus more on situations going well. The client's past successes are brought to the agenda and the same feeling is felt again, thus contributing to the increase of self-confidence and belief and overcoming the problem more easily. Past achievements of the client were taken into consideration, so the same feeling is felt again, thus contributing to the increase of self-confidence and belief and overcoming the problem. In the first interviews, Mrs. Ayşe, the counselee whose self-confidence was shaken, who went through a difficult period in her marriage, and who was depressed, has progressed to the point of becoming a person, who is self-confident, knows what she wants, can make plans for the future to put her life in order, can control her own life and make her own choices. She has no complaints of depression, enjoys life, can spend quality time with her children and spouse, has a normal weight, is pleasant and well-groomed, and there is an observable change between her first and current situation.

A therapeutic relationship was established with Mrs. Ayşe, the client, with three principal elements that make up the philosophy of SFBT. Within the scope of these rules;

Do Not Interfere If It Is Not a Problem: The counsellor did not intervene because Mrs. Ayşe did not see the academic failure of the children as a problem.

Continue with the Solution that Works: During the sessions, Mrs. Ayşe was helped to reveal the circumstances, and durations, i.e. exceptions when the problems did not ensue, and she was given the opportunity to encounter suitable solutions and take action.

Don't Insist on Solutions That Don't Work, Try Different Solutions: Mrs. Ayşe's differences were unceasingly taken into account, and the most creative and beneficial solutions were conceived for each difference. Recurrence of formerly tried and useless solutions were avoided. Upon Ms. Ayşe's statement that her problems decreased during Ramadan, "exceptions" were found, and it was ensured that she comprehended various ways of solving problems by underscoring them.

Discussion and Conclusion

This study was conducted to determine whether interviewing only one family member with the SFBT method had a positive effect on the family, interviews were conducted with a married woman with three sons. Despite the social

pressure on women and families in the region where Mrs. Ayşe lives, and the patriarchal family structure, the client's strength was that she came to the interviews and did her homeworks on time. The client's desire for a solution rather than a problem played a role in the use of this method in the client. It was determined that SFBTs have a positive contribution to the family and the couple's relations as a result of the sessions. The conclusions that were obtained are supported by various findings from the literature. In a meta-analysis study analysing the conclusions of twenty-two studies, it was stated that the SFBT method has a positive effect on relationships in "family and relationship" behaviours (Kim, 2008). Moreover, in the study, the client tried to cope with the existing depression problem after the first session and took steps to reduce the depressive disorder with the aid of treatment, and it was observed in the last session that the client's depressive disorder decreased (Reddy et al., 2015). Baygül and Avcı (2016) determined that the marital compatibility scores of the couples who participated in the marriage program they developed based on the SFBT family counselling theory increased remarkably compared to the control group. Likewise, Zimmerman et al. (1997), Nelson and Kelley (2001), and Stewart (2011) reported in their family counselling studies with SFBT has positive effects on married individuals' marital rapport, relationship, and satisfaction. Within the scope of the study, it was determined that the miracle question asked in the first session also had a crucial effect on the concretization of the client's expectations and the structuring of the family's future. Based on the given answers, it was easier for the client to focus on potential solutions during the sessions and the process. Doğasal and Karakartal (2021) stated that the miracle question paves the way for the client to see the problems the client experience from a wider perspective and contributes to moving towards a solution.

With its theoretical structure and implementation techniques, SFBT offers substantial advantages to family counsellors and therapists in terms of being economical, practical, and time-saving (Arslan and Gümüşçağlayan, 2018: 500). In conclusion, the finding in the study that SFBT sessions, even if only one family member has a positive contribution to family relations, reveals that these therapies should be evaluated as a crucial preventive and therapeutic intervention for the solution of problems experienced in family and marital relations. In addition, our findings suggest that it would be appropriate and beneficial to use solution-focused therapies in psychological counselling in our country.

There are some restrictions on incorporating SFBT into practice. In this technique focusing on solutions rather than problems may cause the therapist to miss important information that can help them reach their clients, cause the client to think that they are not dealt with because the problem is not discussed, and fail to solve long-term basic social and environmental problems by focusing on specific individual and family problems. Besides, this study focused on a single case in a therapeutic area, and interviews were conducted with only one family member. Considering these restrictions, it is recommended to conduct qualitative and quantitative studies on different cases, in different therapeutic and non-therapeutic areas, and with different sample groups to obtain more determinations on the effectiveness of SFBT.

Limitations

There are some limitations to incorporating Solution Focused Brief Therapy into practice.

Solution-Focused Brief Therapy focuses on solutions to problems rather than the problems themselves may cause the therapist to miss valuable information that can help them reach clients (Walsh, 2010). Some clients may want to discuss their problems and believe they will benefit from it. Since the problem is not discussed, it may cause the counselor to think that they are not interested in the problem.

The Solution-Focused Brief Therapy approach generally focuses on individual and family solutions, which may prevent clients from reaching their goals. Solution Focused Brief Therapy has the capacity to provide clients with solutions to their problems; this may not always be possible for everyone (Teater, 2010). Solution Focused Brief Therapy is designed for use with individuals or families and in group settings and is intended to be a short-term approach that focuses on specific problems or challenges. It may not be suitable for clients who may benefit from longer-term treatment to resolve underlying issues.

Specifically, Solution-Focused Brief Therapy is effective in treating depression, anxiety, self-concept, and self-esteem, but less effective in depression. It treats hyperactivity, behavioral problems, or family and relationship problems (Kim, 2008, p.114). The application of SFBT to a depressed client makes the study different and important. It can contribute to science by applying it to similar clients. However, there is a need for further research and studies on the positive effects of Solution Focused Brief Therapy on the family. However, there is a need for further research and studies on the positive effects of Solution Focused Brief Therapy on the family.

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