

# A Psychoafricalytic Origin of the Proactive Solution Brief Therapy: For Clinical and Forensic Psychological Settings

John Egbeazien Oshodi<sup>1</sup>

## Abstract

This paper seeks to present an African centered therapeutic approach the Proactive solution brief Therapy (PSBT); a form of brief therapy which is a direct head-on type of focused therapeutic process that relies on solution driven assessment, client commitment, and rapid implementation of adjustment strategies. The history of brief therapy is given and explained. The paper presents the Proactive solution brief Therapy which uses an assessment procedure called the Proactive Solution Brief Assessment (PSBA) to demonstrate the therapeutic process. Explanations on therapeutic actions in the practice of the Proactive Solution Brief Therapy (PSBT) are presented in form of five areas of questioning or exploration as it relates to a client's interest in what he or she is already doing that could help achieve the solution. This introductory paper on the practice of a brief type of therapy like the Proactive Solution Brief Therapy (PSBT) shows the need for clinicians and therapists to look for a client's strengths, resources and commenting positively on them help clients manage their lives better.

**Keywords:** Brief Therapy, Scaling, Solution, Proactive, Psychoafricalysis, Complimentary, Brief therapy, Oshodi

## 1. Introduction

Throughout the development of counseling and therapy, there has been an evolution of thought about the way psychologically pressed or challenged people are perceived, assessed and hence treated (Awaritefe, 1997). The practice of psychotherapy, has a long history dating back to the "talking cure" approach as developed by Sigmund Freud (1954). Psychotherapeutic work across psycho-theoretical orientations like psychoanalysis, behaviorism—cognitivism and existential-humanism have always involved some degree of long time orientated counseling

Since the 1970s, other major perspectives have been developed and adopted within the therapeutic field.

One such perspective in therapy is the Solution-Focused Brief Therapy (SFBT), a psychological treatment method that was developed by Steve de Shazer and his colleagues in the late 1970's in Milwaukee, Wisconsin (de Shazer, 1985). The system of brief approach to therapy is about developing ways and means of putting people back together and back into society.

Along this school of thought the Proactive solution brief Therapy (PSBT); was developed in its own mode as a clear, practical, experiential and rapid type of psychotherapy. It is a person-centered brief approach that connects psychology, spirituality and accelerated experiential processes. It is an approach to the practice of individual and group counseling with humanistic and wholistic orientations (Oshodi, 2012, 1999, 1996). The Proactive Solution Brief Therapy as brief therapy aims to bring effective and essential changes in client behavior within a relatively short period of time. On the basis of the theory of psychoafricalysis (Oshodi, 2012); a form of African-centered psychology, an individual's acts and attitudes about life and living are clinically assessed to quickly determine the behavioral or mental health problems, followed then by therapy.

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<sup>1</sup>Department of Psychology, Nasarawa State University, P.M.B. 1020, Keffi, Nasarawa State, Nigeria

Psychoanalytically, the Proactive Solution Brief Therapy (PSBT) is rooted in the belief that no one therapeutic model is the right approach to life's challenges, but rather that there are numerous paths. As a form of short-term therapy it presents as a direct head-on type of focused therapeutic process that relies on a solution-driven assessment, client commitment and rapid implementation of adjustment strategies.

It is not a miracle in the realistic sense, and certainly not a distant, virtual or internet-brief therapy. The PSBT also to be known as the Oshodi Brief Psychotherapy stands out as a cognitively or mindfully, emotionally, behaviorally and adjustment -focused therapy.

The Proactive Solution Brief Therapy as a form of brief therapy places emphasis on (1) a focus on an exact problem and (2) the shortest or straight-on intervention.

In Proactive Solution Brief Therapy, the clinical counselor or therapist takes responsibility for working proactively with the client in order to address clinical, subjective and adjustment conditions faster.

It also emphasizes specific observation, utilization of available resources, and momentary suspension of disbelief to consider new perceptions and several viewpoints.

Like all forms of brief therapy, the Proactive Solution Brief Therapy does not fully involve strict analysis of past causes of distress, as the primary approach of the PSBT is to help the client to view the present from a wider context and to apply more functional understandings.

By becoming aware of these new understandings, positive-oriented clients will internally and externally undergo a spontaneous and generative adjustment.

The Proactive Solution Brief Therapy as a form of brief therapy is markedly exploratory, strategic, and solution-brief rather than problem-oriented.

It dwells less on how a problem arose and more with the present-day factors sustaining it and preventing adjustment.

- **Assessment Process**

The Proactive Solution Brief Therapy, using the what is termed the Proactive Solution Brief Assessment (PSBA) focuses on an interview pattern that allows the clinician to help the client explore current resources and present hope rather than past or present problems or causes. And the entire therapeutic process typically involves only about thirty to sixty minutes followed by immediate therapeutic engagement and three to four other sessions of therapy.

As in all other forms of brief therapy, Proactive Solution Brief Therapy's preliminary revelations can to an extent prove sufficient for a workable intervention and as an adjunct to other treatments in the shortest amount of time.

- **The Therapeutic Process**

In line with available research, a client is best off when any form of brief therapy focuses less on the 'problem' during the interviewing process as such environment gives ground to the quick development of a picture of solutions and the discovery of the resources to achieve them (George et al, 1999; Birdsall & Miller, 2002; Sklare, 2005; Shazer, 1985; Iveson, 2002; Lee, 1997; Stalker et al, 1999; Watkins & Kurtz, 2001; Winship, 2007; Miller, & Rollnick, 1991).

The Proactive Solution Brief Therapy works well with all age groups and problems, including school behavioral problems, family breakdown, drug or substance abuse, relationship problems, work stress, child abuse and depression. The PSBT is a simple all-purpose tactic with a realizable result that could be used in clients from sessions ranging a single to four sessions.

- **Therapeutic Actions**

Like all forms of brief therapy, the Proactive Solution Brief Therapy (PSBT) typically consists of five areas of questioning or exploration as it relates to a client's interest in what he or she is already doing that

could help achieve the solution. All clients are generally perceived as motivated (Miller & Rollnick, 1991); however, a client's attitude to the problem is worth the notation.

Like all forms of brief therapy, the Proactive Solution Brief Therapy (PSBT) using the Miracle question. The Miracle aims at a hypothetical solution which involves encouraging the client to imagine that a miracle has occurred and the difficulties and problems that have brought the client to the present therapy have somehow been resolved. In other words, Miracle Question is future-oriented and requires clients to inspirationally think about possibilities. The goal here is for the clinician to guide the client to in solution and goal talk rather than focusing on talking about problems. The miracle question is typically asked in a manner similar to the following: 'Consider the possibility that to night while sleeping, the problem you talked about today is solved during your sleep. When you wake up, how will you know that a miracle has happened and that your problem is solved?' This type of questioning encourages goal setting in that the answer to the question helps client identify modifications that they desire to occur. The possible solution also forces clients to focus on a positive future and help him or her to move the focus away from current and past problems to a future-oriented solution. In situation where a client drift back to problem talk; the clinician would then redirect the focus to the difference that will occur in clients' lives when the miracle takes place. This form of questioning or approach shows that a client is looking to the future; as such, the client views the problem as secondary to the therapy, especially when every client just needs hope for something different.

The Scaling question as a therapeutic tool used to assess the effects of a problem on a client's state of function (Sklare, 2005). Scaling as it relates to scaling, the PSBT, following the framework for a solution-focused interview, utilizes the 1 to 10 scale, where 10 equals the achievement of all goals and 1 is the worst possible consequence. The client is requested to identify his or her current position and the point of sufficient satisfaction. Within this framework, it is possible to define definitive objectives, what the client is already undertaking to achieve them and what the next step might be. If a client is experiencing multiple problems, each problem can be addressed with its own scale. For example, clients are asked to select a number of where they are on a scale of 1 to 10, where at 1 the problem fully controls the client and at 10, the client generally controls the problem. A client is then asked where they would like to be by the next session. Once that question is answered, the clinician asks clients what would have to take place, for example, to get from a 3 to a 5 on the scale by the next session. It should be noted rarely does a client respond to a scaling question with a 0 rating. In situations where a client responds with a rate of 0 the client counselor should complement the client's presence in the clinician's office as reflecting expectation that things will get better.

The Exception question takes the client to a time in his or her life when things functioned better or times when a problem was not as severe. A typical exception question could be as simple as, 'think of a time when the problem did not happen or was less severe, and think or state what you were doing differently at these times'. These 'exceptional' times will be the basis of a potential solution. Once an exception is identified, the clinician would then focus on the exceptions rather than the problem.

The Coping questions assist clients to focus on what they have done so far to survive difficult circumstances. Coping questions draws away the attention from clients' fear of problems to helping them find inner power and adaptive strengths. This technique helps clients take their minds off of worries and puts the attention on what has worked for them. Clients reframe their negative views to more positive ones. An example of a coping question 'is what have you found helpful so far'.

The Task Development questions assist the clients in setting small, specific objectives that can be achieved and that will allow them to see that new behaviors will aid them solve future problems (Birdsall & Miller, 2002). Finding solutions that can be implemented in practical, step-by-step ways may lead to successful outcomes. This approach, could enable clients to manage their lives in achievable measures rather than believing they must achieve everything immediately. The use of small steps to achieve success allows the formation of a stable basis upon which to build success.

In the practice of a brief therapy like the Proactive Solution Brief Therapy (PSBT) Compliments are essential. The complimentary angle involves looking for the client's strengths and resources and commenting positively. It is essential that a therapist recognize the extent of the client's problem and compliment the client

for his or her courage and perseverance. It is also important to always let the client understand that if one thing doesn't work, try something else!

- **An Illustrative Example**

A case example of a typical session: A late- time client at work

What follows are sections of a transcript from a single-session therapy with Modi, a 43-year-old 'Accountant' with a late-coming record at work and currently subject to a probation sanction at work requiring him to attend therapy to enhance his time management and personal responsibility skills.

The therapist and Modi meet at the therapist's office for only one session.

Here are the ways questions are asked and their closeness to the client's answers could lead to the uncovering of an underlying, but so far concealed, motivation.

Therapist: So Modi, what are your hopes for this session?

Modi: I don't know.

Therapist: What do you think?

Modi: I suppose it will be useful.

Therapist: In what way do you hope it will be useful?

Modi: I don't know.

Therapist: What do you think?

Modi: Stop me from coming late to work.

Therapist: So if this meeting helps you stop your lateness, it will have been worth your while?

Modi: Yes.

Therapist: So can I ask you some unusual questions?

Modi: Yes

Therapist: Okay, here's an unusual one – let's imagine that tonight while you're asleep a miracle happens and your lateness problem is resolved. But because you're asleep you don't know of the miracle. What will you notice is different in the morning that begins to tell you that lateness is no longer an issue for you?

Modi: I am not sure, I can't imagine that.

Therapist: Have a go at it!

Modi: I don't believe in miracles.

Therapist: No, neither do I, but it's very helpful for me to have an idea about how you want your life to be so we can move in the right direction. So what time would you be waking up?

Modi: About six.

Therapist: And what's the first thing you'll notice yourself doing differently that begins to tell you a miracle has happened?

Modi: Not certain.

Therapist: Not sure?

Modi: Not sure

Therapist: So let's say the miracle stops you from going to work late. What will be different when you go to work?

Modi: Look, what you have to realize is that 90% of my friends come to work late.

Therapist: No, it's certainly not easy – so what might you do if lateness is no longer a problem?

Modi: I don't know, there's all sorts of things.

Therapist: So what might one of them be?

Modi: My life at work will be better off!

Therapist: Where would you place your current mindset?

Modi: A seven, as I feel I am a changed man!

Therapist: [Gives compliments to Modi.]

## **2. Conclusion**

The Proactive Solution Brief Therapy as a solution-focused therapy is like all other talking therapies that values the creative power of the spoken word as noticed in the above example.

As noticed in the case example, at any time a possible block arises, the therapist invokes the 'miracle', not to remove the block but to ask how Modi how he would deal with it if lateness was no longer a problem.

Like all forms of brief therapy, the Proactive Solution Brief Therapy does not fully involve a strict analysis of past causes of distress. The PSBT is inconsistent with addressing serious, long-standing or chronic problems where a non-brief-type of therapy works best. The primary approach of the Proactive Solution Brief Therapy is to help clients or consumers in various clinical settings and forensic psychological workups to view the present from a wider context and to apply more functional understandings of an imaginative and realistic therapy like the Proactive Solution Brief Therapy.

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