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Solution focused approach An attempt to adapt the method to the process of social rehabilitation

Abstract: In the search for an answer to the main question „what works in social rehabilitation”, the attention of theoreticians and practitioners is directed to the evidence-based practice. Among numerous proposals and research data there is also Solution-Focused Brief Therapy, the modality which has its roots in family systems theory, social constructionism and M. Erickson’s utilization approach. The main purpose of this article is to show general assumptions of SFBT and its potential in social rehabilitation process. The data presented in the article are promising and inspires researchers to further analyses in order to make Polish social rehabilitation practice more evidence-based.

Key words: evidence-based practice, Solution-Focused Brief Therapy, social rehabilitation.

The ideas of the what works movement in social rehabilitation, which has been developing worldwide since the 1980s, also reach Poland and confront theoreticians and practitioners with the reality of social rehabilitation. We seek to determine the extent to which the methods applied in working with criminals are based on evidence, what tools are used to assess the level of risk of recidivism, and what are the theoretical grounds for legislators in shaping regulations on the execution of sentences and penal measures against offenders.

The scientific research of recent decades has necessitated efforts to increase the effectiveness and efficiency of social rehabilitation measures based on the

fundamental principles of evidence-based practice (Clawson, Guevara 2011, pp. 2–3). These principles were arranged hierarchically and, as noted by M. Muskała, “none of them function independently, but are mutually dependent” (Muskała 2016, p.97). The ground for any deliberate action is a diagnosis that should be made using actuarial tools that would allow to capture the factors behind the risk of recidivism and estimate its probability. This should be used as a basis for selecting social rehabilitation measures tailored to the needs and capabilities of a specific perpetrator. However, this element will not be sufficient if the convicted person does not want to make the change, so it is recommended that efforts are made to strengthen (or perhaps first stimulate) the convicted person’s internal motivation. When constructing the measures, it is necessary to select such methods that will allow the introduction and exercise of pro-social behavior both in situations arranged for training purposes and in the natural environment. It is important from the point of view of evidence-based practice to recognize, reinforce and praise any small positive changes that criminals make in their behavior so far. The process of change is also supported by an environment appreciating the offender’s efforts, which is why it is so important to create a network of support consisting of both relatives and members of informal groups or professionals from various fields, with whom the prisoner could maintain a close, satisfactory relationship. The seventh principle refers to carrying out evaluation in a process-like manner so as to be able to assess the quality of conducted activities, their effectiveness in achieving consecutive goals and possibly modify the measures in progress. That is why the feedback provided to all the entities involved in the social rehabilitation process based on the data obtained is so important.

As demonstrated by the Polish social rehabilitation practice, we still do not have tools that would allow us to standardize the criminogenic needs of perpetrators and, on this basis, determine the risk of recidivism. Being still in the first phase of development of these tools we rely on the assessment made by experts based on their knowledge and experience, which makes it difficult to make the results objective. (Wójcik 2013, p. 69). If, in line with the above principles, this is an essential part of creating an evidence-based practice, the construction or adaptation of existing tools should be given priority.

Therefore, there is a doubt whether undertaking any rehabilitation activities, using methods with proven effectiveness may bring measurable results if the first principle cannot be met and the measures cannot be based on a reliable diagnosis. Every day the perpetrators of various crimes are sentenced, every day new convicts enter prisons and society expects their improvement. Is it allowed to suspend social rehabilitation measures due to lack of diagnostic tools? The Executive Penal Code does not provide for such a possibility, imposing, among other things, an obligation on the prison service to apply individualized measures to induce the inmate’s willingness to cooperate in shaping socially desirable attitudes (art. 67 § 1–3 of the Executive Penal Code).

The support for prison officers in carrying out evidence-based measures may be the solution focused approach, which is successfully implemented in various areas of assistance, and although it does not fully address the above mentioned doubt, it is¹ worth a closer look. As S. Moch-Piątek and O. Geisler point out, “in our practice, diagnosis proves to be essential. And how to combine it with TSR? We understand diagnosis as a definition of the needs related to the immediate future of the client. It is the needs of the client that are to set the direction of our work” (Moch-Piątek, Geisler 2017, p.147).

Solution focused approach – main assumptions

The solution focused approach (SFA) is the result of the clinical practice of, among others, S.de Shazer, I.K. Berg et al., who in the 1980s ran the Milwaukee Brief Family Therapy Center. A collaboration with J. Weakland from the Mental Research Institute in Palo Alto led to the creation of a therapeutic model called the Milwaukee Model. The key concept of the model is the SFBT – Solution Focused Brief Therapy. The focus is not on finding the sources of problems, but on finding solutions, goals the client wants to achieve with their skills and resources. Basic assumptions of the SFBT:

1. “Change is constant and inevitable;
2. A small change brings about bigger changes;
3. Since you cannot change the past, focus on the future;
4. People have the resources needed to help themselves, they are the experts;
5. Every individual, relationship and situation is unique;
6. Everything is connected;
7. Every problem has at least one exception;
8. Therapy is not the only way to change a person, there are other things that are therapeutic.”

The Milwaukee Model encourages the therapist to use, for example, goal-setting protocols or feedback during the first and subsequent sessions (DeJong, Berg 2007, pp. 307–332). It is also recommended to use “ready-to-use”² questions to slightly automate the therapist’s work so that they can direct all their attention to the story of the convict.

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¹ This doubt will not be removed by any model of social rehabilitation work, because according to the idea of deliberate approach, the diagnostic process will always be the first and basic step in the process of social rehabilitation, therefore developing a tool for assessing criminogenic needs and assessing the risk of recidivism should be treated as a recommendation for further research efforts.

² Ready-to-use – understood as certain patterns of questions that can be helpful during the session. When encountering people working with the SFA, one has the impression that they speak the same language, that their way of asking questions is very similar. The emphasis is therefore on developing certain habits that are to be helpful in working with clients.

The SFA is developed in various support contexts, which is why there are various modifications of it, among which the most famous is the Bruges Model (Isebaert 2017), developed, among others, by L. Isebaert at the Korzybski Institute in Belgium.³ In this model, the solution focused approach is treated as a method of thinking about working with a person rather than as a set of ready-made techniques to be used smoothly during each session. The role of the therapist is to search with the convicts for useful meanings and to help them to create helpful maps (hypotheses), while keeping in mind that “a map is not a territory” (Korzybski 1994, p. 58). Raising awareness, changing the perspective of looking at a situation can be an element triggering the process of change of the existing difficult behaviors. This model perceives a person as a carrier of more and less useful habits that determine their daily choices and behavior. Those behaviors that do not support the image of who an individual would like to be can be called pathological (Isebaert 2017, p. 39). Of course, man does not always make conscious choices, most human behaviors stem from entrenched habits. The failures so far related to the change of problematic behaviors may result in their reinforcement, a human has at their disposal a whole arsenal of deviations they can use to justify their actions (Muskala 2016, pp. 111–130). The role of the therapist will be to help discover the resources of the individual, to help them once again believe in their agency, but also to seek new solutions or work with useful exceptions to encourage the convicted person to do more of what has already brought positive results (Isebaert 2017, pp. 39–40). L. Isebaert points out that if the convict practices a new habit in order to choose between the old one and the new one, it is important for the new one to be as different as possible from the old one. This is because when they preserve old elements (e.g. such as controlled drinking for an alcoholic), it is much easier to activate the old habit which results in a so-called relapse. Similarly, if the prisoner uses new skills alternating with the old ones, this does not lead to the strengthening of the new habit and may also lead to a relapse in a stressful situation (Isebaert 2017, p. 52). However, in social rehabilitation work it is helpful to use those moments in which the inmate tries to practice new skills in order to strengthen their sense of agency, self-confidence and to show them that small steps bring them closer to making the desired change.

The third SFBT model presented in the literature is the situation-centered model developed by T. Świtek, which postulates the abandonment of the problem vs. solution dichotomy in favor of the more general term of a situation(s), which is defined as “the way something is situated and connected to its surroundings/environment” (Świtek 2014, p. 47). The situation-focused model can have a significant role in the process of social rehabilitation, as it allows to look at situations as carriers of positives and negatives, benefits and losses, and convicts,

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³ <http://www.korzybski.be/> (access: 29.01.2020).

while making changes in their current way of living, have to face not only the benefits of change, but above all the negative consequences, losses, difficulties, pain, rejection, etc. The Milwaukee Model builds a picture of the “preferred future”, asking the miracle question encourages the prisoner to develop a vision of the world after the change. In social rehabilitation this can be risky, because the visions made by the convict may be so distant in time (the end of the sentence) or so unsuitable for environmental conditions that it is difficult to build small changes that can be made today. Therefore, in the situations focused model, the attention is focused on building a vision of the preferred situation, so that the convict defines how they want to deal with the situation they find themselves in, how they understand it, what is important to them (Świtek 2014, p. 48). The previous experiences of the prisoner, from other completely different areas of functioning, may be useful in new contexts, which is why exceptions are sought that may be helpful in dealing with the situation in which the prisoner believes they have found themselves (Świtek 2009, pp. 54–55).

The models presented above are an invitation to seek solutions together with the prisoner, rather than for them, perceiving them as an autonomous individual who is responsible for themselves and their process of change.

P. DeJong and I. K. Berg point out that the dominating paradigm for care professions, which stems from the medical model, is a problem-solving paradigm, and although the care professions are very diverse and reach different audiences, they have two common features. The first one is a structure based on problem solving, which assumes that the first step is to determine the patient's condition, their problems, before any actions can be planned. The core of this practice is the belief in the cause-and-effect relationship between the problem and its solution. The second common feature is the reliance on scientific expertise, which assumes that since there are different problems and different solutions, the task of practitioners is to select the most appropriate ones, based on scientific knowledge and considered effective (DeJong, Berg 2007, pp. 18–20). The juxtaposition of two paradigms – the problem-focused and solution-focused – mentioned by T. Kosman illustrates obvious differences in the approach to social rehabilitation practice. The first one focuses on exploring problems, deficiencies, dysfunctions both in the individual and in their environment, and the only effective way to prevent recidivism is to create a comprehensive measure program with objectives, methods and techniques determined by an expert-educator. This is because a convict has no chance to change their dysfunctional behavior without specialist support. The solution focused approach explores the convict's internal and external resources that will serve the process of change. The criminal is not only seen through the prism of criminogenic needs and previous criminal behavior, but as a unique individual with skills, knowledge and experience that clearly illustrate moments in life when the undesirable behavior was not present. The objectives of the measures are established on the basis of a consensus between the change expected by the

convicted person and the change expected by the society represented by the court and institutions executing the sanctions (Kosman 2013, p. 13).

The building of solutions in SFBT can be described in five steps. The first one consists in carefully listening to the story of the problem reported by the individual, bearing in mind that a thorough understanding of the essence of the problem and its causes is not necessary to seek solutions. The second step is to usefully rephrase the difficulties in order to help the convicted person to determine the goals they want to achieve. This is the time to work on the consensus so that both the aspirations of the individual and the expectations of society can be realized. The third step is searching for exceptions, i.e. the situations in the life of the convicted person, when the problem was not present or was less intense. Searching for the individual's internal as well as external resources to utilize in this situation what was helpful at that time. The fourth step is giving feedback regarding the prisoner's resources, their efforts so far, but also suggestions for further work. The feedback is based on the information obtained in the course of the interview, taking into account the individual's reference system, in full respect of their situation, reinforcing what they could do more often and what they could do differently to achieve the goal they want. The last element in the building of solutions is the regular evaluation of progress. Each meeting begins with a subjective evaluation by the convict, the aim being to capture the minor changes they have managed to achieve, but also to determine the next steps in the work (DeJong, Berg 2007, pp. 30–31).

Regardless of the SFA model, the therapists use special techniques to build effective communication with the convict and support them in finding solutions, making changes, practicing new habits and maintaining the already developed ones. At different stages of the work, the therapist can use techniques such as listening, phrasing, goal-setting, reframing, complimenting and self-complimenting, asking questions (exception questions, about details, relationship questions, the miracle question, coping questions, scaling questions, about small steps), imaging techniques, as well as homework (DeJong, Berg 1996, p. 377; Krasiejko 2009, pp. 274–275).

Proficiency in the use of SFA techniques facilitates contact with the convicted person, but L. Isebaert stresses that this is the last level of the therapeutic relationship – a technical level, important but not the most important in the process of assistance (Isebaert 2017, pp. 84–85). More important are the other levels of intervention, i.e. first and foremost the epistemological and ethical one, where the aim is to understand the conceptual map of the prisoner in order to start the process of social rehabilitation from where they are at that time. The ethical dimension of the relationship is also important, because the role of the therapist is to help the convicted person change what they want to change and accept what they cannot change. The second level serves to obtain authorization. Both the therapist must obtain the consent of the convict and the convict

should take responsibility for the process of change. This is the time for building a relationship even with those who might be called involuntary clients. The third level is strategic in nature and this is where it is considered whether to focus on the problem or on finding solutions. The therapist gives up on pushing their ideas in favor of searching for exceptions in previous experiences of the convict, for resources indicating how this change could look like. This is precisely when the techniques that are specific to SFA become useful (Isebaert 2017, pp. 73–83).

Effectiveness of the Solution Focused Approach

The question arises as to what extent the social rehabilitation efforts based on the solution-focused approach are effective and efficient. The results of meta-analyses conducted in the 1990s and in the first decade of the 21st century indicate that the effectiveness of SFA varies between 66% and 86% (Gingerich et al. 2012, p. 96). Higher effectiveness of these measures was observed in the case of participants exhibiting problematic (also criminal) behaviors than in people with mental disorders or family problems, the measures were more effective in stationary facilities (also for the socially maladjusted) than in outpatient facilities, and adults benefited from them more than children (Gingerich et al. 2012, p. 99). These results are not confirmed by the meta-analysis carried out by J.S. Kim, which indicates that the minor positive effect was recorded only in those participants who asked for support in connection with their internal difficulties (anxiety, depression, etc.), and moreover, among people with behavioral disorders no significant positive effect was recorded in comparison with the group that did not receive the support based on the SFA (Franklin 2015, p. 74). The result of the Danish meta-analysis indicates that SFA is more effective than no measures at all, but not more effective than other forms of measures (Gingerich et al. 2012, pp. 99–101). This claim seems to be confirmed by research by P. Knekt and O. Lindfors comparing three approaches to working with people suffering from depression – SFA, short-term psychodynamic therapy and long-term psychodynamic therapy. All three approaches produced positive results, which lasted three years after the measures had been completed, only that the short-term approaches allowed to achieve the intended results faster, while the long-term ones produced more positive results especially in the third year. The subsequent research extended by another two years indicated a further more positive trend for long-term measures (Knekt et al. 2013, pp. 60, 66). The results of the meta-analyses include studies conducted in various areas of assistance, directed at various groups of people, because the SFA is not specific only for social rehabilitation. However, in the literature on the subject one can find research on working with people engaging in criminal behavior. The most popular is the Swedish experiment carried out in the 1990s in a prison facility aimed at determining the effectiveness

of SFA-based rehabilitation measures on the convicts addicted to psychoactive substances. The prisoners who volunteered to participate in the study were divided into two groups – an experimental and a control group. The first group was subjected to the SFA-based measures, the control group was not subjected to any measures. The indicator of the effectiveness of the implemented measures was the return to crime and the seriousness of the prohibited acts, the analyses were carried out 12 and 16 months after release from prison. After 12 months 53% of the participants in the experimental group committed a criminal act resulting in criminal sanctions, while in the control group this percentage was higher, as 76% returned to crime. After 16 months this rate increased in both groups, but still better results were achieved by the experimental group (60% vs. 86% in the control group) (Lindforss, Magnusson 1997, pp. 99–100). In the control group, the prohibited acts were more serious, there were twice as many drug offenses, and the participants committed more prohibited acts in general (153 compared to 86 in the experimental group). Moreover, the respondents in the control group were sentenced to a total of 136 months' imprisonment, while the participants in the experimental group – a total of 86 months (Lindforss, Magnusson 1997, p. 100). The results of the above mentioned research indicate that the SFA may increase the effectiveness and efficiency of social rehabilitation measures, supporting convicts in changing their criminal behavior. This is confirmed by a study by M.Y. Lee and colleagues, which analyzed the impact of the goals to which the convict has agreed and with which they identify themselves (self-determined goals) on reducing recidivism among perpetrators of domestic violence. Group measures based on the SFA were addressed to the perpetrators of violence who were obliged to participate by a court order. The study was conducted on 127 people who participated in the measures between 1996 and 2004, but due to the lack of documentation the final population was 88 people, both women and men. Based on E. Locke's and G. Latham's Goal Setting Theory, the study analyzed such aspects as commitment to the goal, approval of the goals and the detail of the goal. The researchers assumed that a well-constructed goal of social rehabilitation measures will influence the belief of the perpetrator in their ability to achieve this goal, which will ultimately affect the level of recidivism understood as committing another violent behavior. The data obtained in the course of the research indicate a positive relationship between the detailed objectives and approval for them and the perpetrator's belief in the possibility of achieving the objectives, which in turn reduces the likelihood of recidivism. The rate of return to crime among participants who completed the program was 10.2% (Lee et al. 2007, p. 38). As indicated by the authors of the conducted research, there is a need to develop social rehabilitation measures for convicts using violence which are based on goals set together with the perpetrator, and which must be SMART. The work with perpetrators of violence is still dominated by psycho-educational programs that focus on deficits, so it is worthwhile, as

shown by the cited studies, to develop alternative measures that place greater emphasis on the autonomy and involvement of the perpetrator, as well as on the search for useful resources necessary to change the problematic behavior (Lee et al. 2007, p. 40). These assumptions seem to be confirmed by further studies conducted within the same program for perpetrators of domestic violence as before – “The Plumas Project”. The research was conducted among a group of 90 participants of the social rehabilitation measures, who took part in group meetings based on the principles of the SFA in the years 1996–2002, as well as their relatives with whom they maintained relations (40 people agreed to participate in the research). The research was based on a pre and post-test, the perpetrators filled in a questionnaire evaluating their self-esteem before the beginning of the measures, at the end of the program and six months after its completion. The close ones filled in a questionnaire intended to assess the relational competence of the perpetrators of violence in the same way in three time intervals. The researchers also analyzed the data concerning the recidivism, considering each reported incident and formal charges as its display. After six months after the completion of the program both the perpetrators and their close ones were asked questions about the scale of the violence, including how they assessed its level before the program began and how they currently assess it, and each reported display of violent behavior was also analyzed. An increase in self-esteem among the convicts was noted, which also lasted 6 months after the completion of the measures, and according to the close ones in the course of group meetings there was a development in the relational competence. The rate of recidivism amounted to 16.7%, in the opinion of the perpetrators there was a decrease in the level of violent behavior (the average result before the beginning of the program was 4.6, six months after its end – 0), which was supported by answers given by their close ones, which showed that the average pre-measure score of 5.0 fell to 0 (Lee et al. 2004, pp. 468–472). The authors of the research emphasize that the obtained data do not allow concluding that SFA is more effective in social rehabilitation work than any other approach, because no comparative analyses have been conducted, but since the above mentioned results indicate that SFA-based measures enable convicts to successfully make changes in their lives, it can be concluded that first of all SFA is an effective approach to social rehabilitation work, secondly it is an evidence-based practice.

Similar results were achieved in the program “The Domestic Violence Focused Couples Treatment” which is aimed at persons using domestic violence and their partners. The basis for the measures is the SFA, and the program is implemented in an individual and group format. Research carried out by E. E. McCollum and colleagues indicate that participation in the proposed measures produced tangible results in the form of a reduction in physical and mental aggression in male perpetrators of domestic violence and a significant reduction in physical violence in the case of female perpetrators (McCollum et al. 2012, pp. 183–195).

The SFA was also used in a Canadian juvenile offenders facility. The participants were residents from the Brookside Youth Center in Cobourg, Canada, aged 16 to 19, who were divided into two groups – an experimental and a control group. The first one consisted of 21 participants, the second – of 19. Interestingly, only 10% of the participants were first-time convicts, and the results obtained in the study with the LSI tool (Level of Service Inventory) indicated that most of the convicts demonstrated a high and very high level of risk of recidivism (a total of 33 participants were at this level) (Seagram 1997, p. 168). The results of the research indicate a positive change in several areas of functioning in those juveniles who took part in the program. They stated that they are better at solving problems, they are convinced that they will handle the changes, which is also associated with a positive development of the sense of internal control over their lives. Compared to the control group, the participants declared that they were better able to cope with their anger (the average result for the control group in the third measurement was 11.27 and was higher than in the first survey, for the experimental group – 9.77 and was lower than in the first measurement – 11.65). The data obtained from the teachers did not differ specifically between the control and the experimental group, and the data from the analysis of the records, where any behavior in violation of the regulations was registered, also did not indicate significant differences between the two groups (Seagram 1997, pp. 179–183). According to B. C. Seagram, the SFA can be applied in working with juvenile offenders, yet not all criminogenic factors have been reduced, which prompts the search for other model solutions that could be more effective in working with this group of recipients (Seagram 1997, pp. 198–203).

Solution Focused Approach in the Polish social rehabilitation practice

The Solution Focused Approach is not new to the Polish social rehabilitation practice and although for the time being it is much more frequently used by social workers, it can be found in local and national social rehabilitation measures.

Thanks to the Norwegian funding mechanism and cooperation of the Prison Service with Stowarzyszenie Niebieska Linia, since 2014 Polish prison facilities have been implementing a program of working with persons using violence – „Stop Violence – Second Chance” – which is based on two pillars – the solution focused approach and nonviolent communication. The first step was to develop a program and train the personnel working with convicts and the management staff. 170 prison officers, both educators and psychologists, and 100 management staff officers underwent the training in the first year of implementation of the project (2014–2015). What is important is that the project includes supervisions, which allow the therapists to discuss the results of their work, consult possible

doubts and thus systematically improve their competences. In the first year of the project the work of 90 officers was subject to supervision. The Program was implemented in 80 penitentiary units, in 2015 over 100 editions were carried out, involving more than 1000 convicts. The program is of a short-term nature (it lasts about 3 months), is carried out by two officers of both genders and its aim is to work on the one hand on the objectives of the prisoner using their resources, and on the other hand to develop communication skills that will serve as a prevention against violent behavior. What is important about the program is that the convicted person does not have to confess to using violence and acknowledge their guilt, the measures are adapted to convicts with diverse cognitive and intellectual abilities, and the flexibility of the activities allows for its implementation in various penitentiary units, with diversified groups of recipients. The authors of the program provided the implementers with access to the handbook and created a self-assessment questionnaire for the participants of the program. Both the handbook and the questionnaires are the property of the prison service and unauthorized persons have no access to them. The data collected by the implementers has not yet been published, so it is difficult to draw conclusions regarding the effectiveness of the program. One can only read that „it has met with positive comments from both the instructors conducting the sessions and the convicts.” (Lizińczyk 2016, p. 37). Similar conclusions came from the prison in Nowogard, where the evaluation of the convicts participating in the program was positive.

“The convicts found the sessions useful and helpful. Some have already noticed the first changes in themselves (...) According to the therapists, this program is valuable and needed because it teaches how to meet one’s needs using non-violent methods.”⁴ The program is certainly a good practice, but it is necessary to carry out reliable evaluation studies to draw conclusions whether and to what extent it is effective in social rehabilitation practice with people who use violence.

Positive results regarding the use of SFA in working with youth addicted to psychoactive substances are provided by the study conducted by J. Szczepkowski. The author together with the employees of Całodobowy Młodzieżowy Oddział Leczenia Uzależnień (Eng. *24-hour Youth Addiction Treatment Unit*) in Toruń modified the therapeutic program, placing emphasis on potential-based social rehabilitation work and inviting close ones and families of the wards to cooperation (Szczepkowski 2016). The longitudinal studies are still being carried out and their aim is to collect information on the lives of the charges after leaving the center in order to assess, among other things, the permanence of the changes initiated during the therapy. Nevertheless, in the course of work on modifying

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⁴ <https://www.sw.gov.pl/aktualnosc/zaklad-karny-w-nowogardzie-stop-przemocy> (access: 21.01.2020).

the program, data on the evaluation of the effects of the conducted measures were also collected. Individual consultants, using a scale (where at one end – marked with 1⁵ – there was a multi-problematic life situation of the charge, difficulties in functioning, at the other end – marked with 10 – good functioning, no problems), made the first measurement of the situation of the youth on arrival at the ward, and the second one just before they left. The pre- and post-test allowed to capture changes in the examined group. The results of the pre-test indicated that the majority of the charges were in the low value range, their functioning in the emotional, interpersonal and social sphere was assessed as problematic (Szczepkowski 2016, p. 163). Only 3.3% did not display significant difficulties in these areas. The results achieved in the post-test were higher (e.g. average values at the beginning were obtained by 29% of clients, at the end – by 48.6%). The shift on the scale between the two measurements meant that the young person introduced some changes to their behavior, a 1–3 point change meant moderate progress, 4 and more – significant progress, remaining in the same place meant that there was no progress. The results indicate that 70% of the wards achieved any changes, but there was also a significant group whose situation did not improve or even worsen, which could result from the so-called second life of the unit, among others. The changes achieved by the participants of the study manifested themselves in all three analyzed spheres, the greatest progress was made in the relational sphere, which is in line with the program's assumptions to involve close ones in the social rehabilitation measures, but also to create a network of support for young people (Szczepkowski 2016, pp. 285–288).

In the work with people who use violence, SFA appears as an alternative to the already conventional Aggression Replacement Training and the Duluth Model, which are psychoeducational programs aimed at changing violent behavior. Measures based on SFA aimed at people who use violence can be found both in large cities (e.g. the „Chcę to zmienić” (Eng. *I want to change this*) program ran by Stowarzyszenie Niebieska Linia in Warsaw⁶, in Poznań the offer of Fundacja PCPS – Poznańskie Centrum Profilaktyki Społecznej (Eng. *PCPS Foundation – Poznań Centre for Social Prevention*) includes solution focused brief therapy, and these activities are part of the Municipal Programme for Preventing Domestic Violence and Protecting Victims of Domestic Violence in the City of Poznań in the years 2011–2020), as well as in smaller ones (e.g. in Częstochowa, Miejski Ośrodek Pomocy Społecznej (Eng. *Municipal Social Welfare Centre*) carries out SFA-based measures for people using domestic violence⁷, meetings for people

⁵ After the research, the scale was modified, with the end of the scale moved to “0”, cf. Szczepkowski 2016, p. 163.

⁶ <http://www.niebieskalinia.info/index.php/sprawcy-przemocy/30-chce-to-zmienic/49-sprawcy-przemocy-chce-to-zmienic-program-stowarzyszenie-niebieska-linia-zalozenia> (accessed: 22.01.2020).

⁷ <http://mops.czestochowa.pl/mops2/formy-pomocy/przeciwdzialanie-przemocy/> (access: 21.01.2020).

using violence and experiencing violence also took place in Krosno Odrzańskie, Myszków, Kielce⁸). The reports on the implementation of domestic violence prevention programs usually contain data on the number of conducted meetings, the number of participants, but there are no results of evaluation, hence it is not possible to determine whether the conducted measures are effective and whether the changes initiated in the course of work last after the programme has ended (according to the guidelines, the behavior of the participants should be monitored during the measures and up to three years after their completion⁹).

The SFA is also used in the work of probation officers, as noted by S. Moch-Piątek and O. Geisler, who successfully employ this modality when working with juveniles, families and addicts. Using the techniques characteristic for SFA they seek to set „paths: of needs, solutions, goals, changes and time” (Moch-Piątek, Geisler 2017, p. 141) for their charges, helping them to regain a sense of agency. The conducted measures have not been subjected to evaluation, and the positive changes achieved by the charges are not registered. The authors point out that keeping a log of observations, as a formal tool for measuring the effects of measures, could be useful, but there are no such requirements for probation officers (Moch-Piątek, Geisler 2017, p. 161).

The possibility of using the solution focused approach in working with people leaving social rehabilitation centers and their families is pointed out by A. Kacprzak and I. Kudlińska, who emphasize that as an evidence-based method it provides practical guidance for working with convicts, focusing on strengthening resources and achieving the goals set together with the participant of the measures, which may support the process of social reintegration and serve crime prevention (Kacprzak, Kudlińska 2014, p. 106).

Implementation limitations of the Solution Focused Approach

However, it is important to bear in mind certain limitations that exist for social rehabilitation practice based on this approach.

The basic difficulty is a conflict of some sort – the role of the penitentiary and therapeutic division is to make a reliable diagnosis, thanks to which, on the one hand, the roots of criminal behavior will be identified and, on the other hand, these factors will constitute a field of social rehabilitation practice

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⁸ Cf. Report on the implementation of the National Program for Counteracting Domestic Violence, <https://archiwum.mpips.gov.pl/przeciwdzialanie-przemocy-w-rodzinie-nowa/ogolne/sprawozdania-z-realizacji-krajowego-programu-przeciwdzialania-przemocy-w-rodzinie/sprawozdanie-z-krajowego-programu-przeciwdzialania-przemocy-w-rodzinie-za-2009-r/> (access: 30.01.2020).

⁹ <https://www.niebieskalinia.pl/attachments/article/4132/zalacznik2-do-kppwr.pdf> (access: 22.01.2020).

(Andrews, Bond 2010). The aim of the process of social rehabilitation is to reduce the influence of criminogenic factors on an individual's life so that they can live in accordance with legal norms. The SFA, proposing work focused on building the desired future, on strengthening the individual's potentials, seems to forget about criminogenic factors, which, it seems, stands in opposition to the measures proposed in contemporary social rehabilitation practice. This conflict leads to skepticism towards the solution focused approach and consequently to reluctance to implement the SFA into Polish social rehabilitation practice. Apparently, however, the source of this conflict is not real antagonism, but rather superficial understanding of the SFA. This is because working on resources does not exclude the development of new skills, replacing old, disadaptive habits with adaptive ones, and what is more, it does not require the rehabilitation work to focus only on the desired future, but suggests the possibilities of working on accepting the current situation (e.g., penitentiary isolation and related restrictions, hardships and formal requirements), or preparing for the difficulties that will occur (another sentence, new family situation, etc.) (Świtek 2014, pp. 47–48). Perhaps the key to opening social rehabilitation institutions to the SFA is a better understanding of this modality, as well as drawing attention to different work models based on the SFA.

Another issue that presents a challenge for the SFA conducted at social rehabilitation institutions is the process of assistance. Apart from the corrective purpose, prisons also serve other functions, including retaliation, elimination and deterrence functions (Ciosek 2008, pp. 322–323), and thus the work of prison staff does not boil down solely to the implementation of social readaptation programs for convicts. The work of an educator is often reduced to collecting data, preparing individual programs of measures and controlling their implementation, but also to a number of administrative activities, which determine whether the convicted person will be brought to court, whether they will be granted a pass, whether they will use this pass, whether they will receive various applications, etc. Moreover, each educator supervises several dozen convicts for whom they perform all these activities, and this means that there is little time left for individual work with a convict. The SFA, despite being a short-term approach, requires space and sufficient time for the meeting of the educator with the convict. In Polish prisons, with shortages of staff and a constant high population rate, time is a scarce commodity (Raś 2016, p. 237), hence it is no wonder that educators are more willing to use proven, quick methods, allowing them to obtain the necessary information and to bring order to the ward.

The constraint, inextricably linked with the imprisonment sentence, which translates into involuntary participation in the proposed measures, is a factor that hinders the social rehabilitation process based on SFA (Muskala 2016, pp. 86–87). This approach presupposes that the convicted person accepts responsibility for the change process, as without their involvement and inner motivation it will not be possible to achieve the desired results. This process is further undermined

by the total character of penitentiary institutions, where the level of restrictions and control over the prisoner's life is so high that it deprives them of the sense of agency leading to either passivity or learned helplessness. Isolation in a total institution "suspends" one's life back outside, leaving the prison "releases" it, and the convicted person often returns to the past situation, to familiar patterns, to an environment in which seemingly (!) nothing has changed (Raś 2016, p. 235).

An indisputable barrier in the process of social rehabilitation is the prison subculture. Its negative impact on the social climate of the institution also affects the functioning of individual detainees. These difficulties concern all social rehabilitation programs, not only those based on the SFA. The reluctance of the inmates to the officers and the proposed measures, as well as the code of conduct preventing them from establishing close relations with an educator, pose a challenge to the implementors. It is difficult to trigger the process of change without a properly functioning therapeutic relationship. Therefore, for many theorists and practitioners the SFA is not suitable for work in the conditions of penitentiary isolation. (Opolska 2008, pp. 59–64)

The complaints concerning the implementation of the SFA in social rehabilitation practice concern also the possibility of supporting the convicts after they are released from the penitentiary units. It is clear that the role of the educator ends as the sentence ends, but does this mean that they cannot use the SFA? All short-term approaches assume that the primary goal of the conducted measures is to initiate the process of change, not to complete it. The words referring to social therapy seem to be relevant: "Despite various reservations, it allows for the development of conditions for the future readaptation of those convicts who will be able and willing to do so. (...) For these instruments only accompanied by other tools allow for the initiation of the process of social re-adaptation of the convicted person, and they do not guarantee that the effect of the measures will remain unchanged for the rest of their lives" (Janiszewski 1995, p. 47).

Undoubtedly, social rehabilitation institutions and their detainees pose a challenge to the solution focused approach, and implementation barriers result both from the nature of these institutions, their regulations and the functions they perform. The multiple problems of prisoners (Kacprzak, Kudlińska 2014, pp. 78, 81–83, 105–112), the multitasking nature of the job of the prison staff and the infrastructural constraints are not conducive to changes in the existing repertoire of measures.

The role of the Solution Focused Approach in social rehabilitation practice – summary

The solution focused approach can play an important role in social rehabilitation practice for several reasons. First of all, it protects the therapist from

the impulse to „fix” (Miller, Rollnick 2010, pp. 25–28), because in the SFA it is assumed that it is the individual who is the expert and has sufficient capabilities to make the desired changes in their life. Moreover, the convicted person is an autonomous individual, and knowing the consequences they can decide what is better for them, thus becoming a voluntary participant of the measures. The SFA assumes that the convicted person can and usually does solve their problems on their own, if they encounter difficulties they actively seek solutions, which protects the prisoner from the learned helplessness, but also takes the burden off the shoulders of the educator, who does not have to seek solutions for the convict. The task of an educator working with the SFA is to retrieve the prisoner's past experiences in order to show them those situations in which the problem did not occur or was less severe or better handled by them. „If something works, do more of it” is one of the theses of the central philosophy of the SFA. The feedback, which is an important part of the work on finding solutions, enables the prisoner to draw conclusions on whether or not their behavior helps them achieve their goals and to look for those which are more effective on the basis of their skills, but the feedback also comes from the prisoner, so that the educator can find out if the techniques they use help the prisoner, and if not, they can modify them during the meeting, but also invite the participant to do other, new things, according to the theory „if something does not work, do not do it – do something else” (Kosman 2013, p. 16). The process of adapting to the conditions of a total institution can lead to the formation of habits that will be dysfunctional after leaving the prison, which is why it is also worth working on dealing with a more difficult situation, which is undoubtedly living in isolation, so that the convicted person can be protected from the far-reaching negative consequences of imprisonment (Listwan et al. 2013, p. 148).

The solution focused approach is gaining more and more interest among the theorists and practitioners of social rehabilitation, the cited research results present a rather positive impact of SFA-based measures on the process of changing criminal behavior. Undoubtedly, further research on the effectiveness and efficiency of this modality in social rehabilitation work with criminals is necessary. It is also advisable to standardize the measurement criteria so as to be able to carry out meta-analyses of the conducted research and create an evidence-based social rehabilitation practice.

References

- [1] Andrews D.A., Bonta J., 2010, *The Psychology of Criminal Conduct*, New Providence.
- [2] Berg I.K., De Jong P., 1996, *Solution-Building Conversations: Co-Constructing a Sense of Competence with Clients*, „Families in Society”, Vol. 77, nr 6.
- [3] Ciosek M., 2008, *Zakład karny jako instytucja resocjalizacyjna*, [w:] *Resocjalizacja*, t. 1, (red.) B. Urban, J.M. Stanik, Warszawa, s. 326–345.

- [4] DeJong P., Berg I.K., 2007, *Rozmowy o rozwiązaniach – podręcznik*, Księgarnia Akademicka, Kraków.
- [5] Franklin C., 2015, *An Update on Strengths-Based, Solution-Focused Brief Therapy*, „Health & Social Work”, Vol. 40, nr 2.
- [6] Gingerich W.J. i in., 2012, *Solution-Focused Brief Therapy Outcome Research*, [w:] *Solution-Focused Brief Therapy. A Handbook of Evidence-Based Practice*, (red.) C. Franklin i in., Oxford University Press, New York.
- [7] Isebaert L., 2017, *Solution-Focused Cognitive and Systemic Therapy: the Bruges model*, Routledge Taylor & Francis Group, New York–London.
- [8] Isebaert L., Cabie M.X., O jednej z terapii krótkoterminowych, Wolny wybór klienta jako etyka w psychoterapii, materiał przeznaczony dla uczestników szkoleń Centrum Podejścia Skoncentrowanego na Rozwiązaniach, praca niepublikowana.
- [9] Janiszewski B., 1995, *Funkcje społeczno-terapeutyczne systemu penitencjarnego oraz sugestie de lege ferenda*, „Ruch Prawniczy, Ekonomiczny i Socjologiczny”, R. 57, z. 1.
- [10] Kacprzak A., Kudlińska I., 2014, *Praca socjalna z osobami opuszczającymi placówki resocjalizacyjne i ich rodzinami*, Centrum Rozwoju Zasobów Ludzkich, Warszawa.
- [11] Knekt P., i in., 2013, *Randomized trial on the effectiveness of long- and short-term psychotherapy on psychiatric symptoms and working ability during a 5-year follow-up*, „Nordic Journal of Psychiatry”, Vol. 67, nr 1.
- [12] Korzybski A., 1994, *Science and Sanity, An introduction to non-aristotelian systems and general semantics*, 5th Edition, Englewood, New Jersey.
- [13] Kosman T., 2013, *Założenia terapii skoncentrowanej na rozwiązaniach (TSR)*, „Warmińsko-Mazurski Kwartalnik Naukowy, Nauki Społeczne”, nr 1.
- [14] Krasiejko I., 2009, *Podejście Skoncentrowane na Rozwiązaniach w edukacji*, „Podstawy Edukacji”, nr 2.
- [15] Lee M.Y. i in., 2004, *Accountability for Change: Solution-Focused Treatment With Domestic Violence Offenders*, „Families in Society: The Journal of Contemporary Social Services”, Vol. 85, nr 4.
- [16] Lee M.Y., i in., 2007, *Role of Self-Determined Goals in Predicting Recidivism in Domestic Violence Offenders*, „Research on Social Work Practice”, Vol. 17, nr 1.
- [17] Lindfors L., Magnusson D., 1997, *Solution-Focused Therapy in Prison*, „Contemporary Family Therapy”, 19(1).
- [18] Listwan S.J. i in., 2013, *The Pains of Imprisonment Revisited: The Impact of Strain on Inmate Recidivism*, „Justice Quarterly”, Vol. 30, nr 1.
- [19] Lizińczyk S., 2016, *Praca ze sprawcami przemocy domowej Stop przemocy – druga szansa*, „Forum Penitencjarne”, nr 3(214).
- [20] McCollum E.E. i in., 2012, *Solution-Focused Brief Therapy In the Conjoint Couples Treatment of Intimate Partner Violence*, [w:] *Solution-Focused Brief Therapy, A Handbook of Evidence-Based Practice*, (red.) C. Franklin i in., Oxford University Press, New York.
- [21] Miller W.R., Rollnick S., 2010, *Wywiad motywacyjny. Jak przygotować ludzi do zmiany*, Wydawnictwo Uniwersytetu Jagiellońskiego, Kraków.
- [22] Moch-Piątek S., Geisler O., 2017, *Terapia Skoncentrowana na Rozwiązaniach (TSR) jako alternatywna forma pracy kuratora sądowego z nieletnimi, rodzinami i osobami uzależnionymi*, [w:] *Wybrane programy resocjalizacyjne w praktyce kuratorów sądowych*, (red.) Ł. Wirkus, Wydawnictwo Adam Marszałek, Toruń.
- [23] Muskała M., 2016, *„Odstąpienie od przestępczości” w teorii i praktyce resocjalizacyjnej*, Wydawnictwo Uniwersytetu im. A. Mickiewicza, Poznań.

- [24] Opolska A., 2008, *Zastosowanie Solution Focused Approach (SFA) – Podejścia Skoncentrowanego na Rozwiązaniach w pracy z indywidualnym przypadkiem w ośrodkach pomocy społecznej*, [w:] *Praca socjalna skoncentrowana na rozwiązaniach. Zeszyty Pracy Socjalnej*, (red.) L. Miś, Uniwersytet Jagielloński, Instytut Socjologii, Kraków.
- [25] Raś D., 2016, *Dorośli przestępcy traktowani jak dzieci versus zmiana w traktowaniu osadzonych w instytucji penitencjarnej*, „Chowanna”, nr 2.
- [26] Seagram B.C., 1997, *The efficacy of Solution-Focused Therapy with Young Offenders*, rozprawa doktorska, North York.
- [27] Szczepkowski J., 2016, *Resocjalizacja młodzieży uzależnionej oparta na potencjałach: w poszukiwaniu rozwiązań instytucjonalnych*, Wydawnictwo Naukowe Uniwersytetu Mikołaja Kopernika, Toruń.
- [28] Świtek T., 2009, *Ścieżki rozwiązań*, Księgarnia Akademicka, Kraków.
- [29] Świtek T., 2014, *The Situations Focused Model: A Map of Solution-Focused Brief Therapy used as an Open Systems Approach With Clients and in Human Services*, „International Journal of Solution-Focused Practices”, Vol. 2, nr 2.
- [30] Wójcik D., 2013, *Stosowanie w postępowaniu karnym narzędzi diagnostyczno-prognostycznych służących oszacowaniu ryzyka powrotności do przestępstwa*, „Prawo w Działaniu – sprawy karne”, nr 16.

Internet sources

- [31] Clawson E., Guevara M., *Putting the pieces together, Practical Strategies for Implementing Evidence-Based Practices*, https://www.crj.org/assets/2017/07/34_Putting_Pieces_Together_ImpManual508_033011.pdf (access: 19.12.2019).
- [32] Simon J.K., Berg I.K., *Solution-Focused Brief Therapy With Long-Term Problems*, <https://www.Oto10.net/sflong.pdf> (access: 29.01.2020).
- [33] Instytut Korzybskiego: <http://www.korzybski.be/> (access: 29.01.2020)
- [34] Kodeks karny wykonawczy: <http://prawo.sejm.gov.pl/isap.nsf/download.xsp/WDU19970900557/U/D19970557Lj.pdf> (access: 29.01.2020).
- [35] MOPS Częstochowa: <http://mops.czystochowa.pl/mops2/formy-pomocy/przeciwdzialanie-przemocy/> (access: 21.01.2020).
- [36] Niebieska linia: <http://www.niebieskalinia.info/index.php/sprawcy-przemocy/30-chce-to-zmienic/49-sprawcy-przemocy-chce-to-zmienic-program-stowarzyszenie-niebieska-linia-zalozenia> (access: 22.01.2020).
- [37] Sprawozdanie z realizacji Krajowego Programu Przeciwdziałania Przemocy w Rodzinie, <https://archiwum.mpips.gov.pl/przeciwdzialanie-przemocy-w-rodzinie-nowa/ogolne/sprawozdania-z-realizacji-krajowego-programu-przeciwdzialania-przemocy-w-rodzinie/sprawozdanie-z-krajowego-programu-przeciwdzialania-przemocy-w-rodzinie-za-2009-r/> (access: 30.01.2020).
- [38] Stop przemocy w Nowogardzie: <https://www.sw.gov.pl/aktualnosc/zaklad-karny-w-nowogardzie-stop-przemocy> (access: 21.01.2020).
- [39] Wytyczne do tworzenia modelowych programów <https://www.niebieskalinia.pl/attachments/article/4132/zalacznik2-do-kpppw.pdf> (access: 22.01.2020).