Chapter 8
Solution-Focused Financial Therapy

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Introduction

Traditionally, financial therapists begin the process of discovery and analysis by focusing on their client's past behavior. Nearly always, this involves digging into previous negative behaviors that have, in turn, led to the current issues, questions, and concerns facing the client. Through either training or preference, financial therapists have tended to place primary attention on a client's history and how the client developed financial problems and negative behavior rather than promote and build on a client's positive characteristics to develop solutions to financial issues. Recently, researchers have started to question the assumption that the central mechanism to help financially troubled clients begins with a review of negative past behavior. The notion that solution-focused therapy (SFT)—an evidenced-based therapeutic technique—can be applied within the personal finance domain as an alternative to current planning and counseling methodologies is the focus of this chapter.

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vironmental skills, strengths, and assets to focus on future-oriented goals and tasks (de Shazer et al. 2007). The ultimate goal of SFT is to resolve a client's presenting condition by helping the client think or do something different to increase life satisfaction (Nichols & Schwartz 2001). SFT techniques are known to be adaptable to different presenting issues and situations within traditional psychotherapy domains (Lethem 2002). Given the historical use of SFT, and the clinical evidence regarding the method's effectiveness, it seems reasonable to hypothesize that SFT might be an effective tool for practitioners who are helping their clients work through money confusions, maladies, and opportunities. The solution-focused financial therapy (SFFT) model was developed by integrating SFT principles and techniques and general financial counseling practices (e.g., expense tracking, developing a budget). This chapter describes the history of SFT, the core principles, assumptions, and techniques associated with SFT, how the model was created, and how SFFT can be applied to a financial therapy case situation.

> Solution Focused Therapy is a theoretically informed approach traditionally used by mental health practitioners to help clients appreciate and utilize their personal, interpersonal, and environmental skills, strengths, and assets to focus on future oriented goals and tasks (de Shazer et al. 2007).

SFT: A Brief Review

Historical Background

SFT has been described as a therapeutic approach that helps clients work towards their ideal future by building on their strengths and resources (Lethem 2002). It is a brief, future-oriented therapeutic approach that focuses on openness, collaboration, goals, strengths, positivity, and solutions (de Shazer et al. 2007). SFT was developed in the mid-1980s by Insoo Kim Berg, Steve de Shazer, and colleagues at the Brief Family Therapy Center in Milwaukee, WI (Nichols 2010). de Shazer's work stemmed from Bateson's research on communication and Milton Erickson's "pragmatic ideas about how to influence change" (Nichols 2010, p. 320). Erickson believed every person had the ability and strengths to make change, but they need guidance in being reminded of that fact (Cade 2007; O'Hanlon and Weiner-Davis 1989). SFT was developed as a family systems theoretical approach, which takes into account not just the individual (i.e., subsystem of a larger system) but also the influences of larger systems like family, friends, community, and the environment. In short, the family systems theory assumes the sum is greater than its parts. Stated from a family systems perspective, it is important to look at all of the influencing aspects of the system rather than only at the individual system.

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Since its development, SFT has been used in a variety of fields, including business, social work, policy evaluation, education, health care, criminal justice, child welfare, domestic violence, medicine, and substance abuse, to name just a few. According to Murray and Murray (2004), an "important benefit of adopting a solution oriented approach is that the theory is adaptable to diverse populations" (p. 356). For example, solution-focused premarital counseling allows a couple to be the specialist in their own lives. The method allows the counselor to create a space and a framework where the couple's background and culture can be at the forefront of premarital discussions (Murray and Murray 2004).

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SFT has been shown to create positive outcomes in a shorter period of time and create autonomy in clients as compared with other therapeutic approaches (Bannink 2007). Gingerich and Eisengart (2000) reported their outcome review for SFT research. They reported positive support for its use. More recently, Corcoran and Pillai (2009) analyzed experimental and quasi-experimental studies, comparing SFT with alternative treatments or no treatment for a number of presenting issues (e.g., parent–child conflict, marital problems, crisis hotline callers, and teens with school problems). In 50% of the studies included in Corcoran and Pillai's review, SFT was found to show improvement over the alternative treatments or no-treatment groups. Additionally, Corcoran and Pillai stated that SFT is cost-effective because the services can be provided in a short time frame. They concluded that although SFT appeared to be equivocal, additional research with diverse groups needs to be conducted to establish its effectiveness.

Assumptions and Principles

SFT ascribes to a practical set of assumptions and principles, making its applicability to diverse settings both adaptable and reasonable. de Shazer et al. (2007) defined the major assumptions of SFT as believing:

a. “If it’s not broken, don’t fix it” (p. 1)
b. “If it works, do more of it” (p. 2)
c. “If it’s not working, do something different” (p. 2)
d. “Small steps can lead to big changes” (p. 2)
e. “No problems happen all the time; there are always exceptions that can be utilized” (p. 3)

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The SFT approach focuses on clients’ strengths and assumes that clients want to make change and possess the ability to change. SFT is not interested in how a particular “problem” came to be, but rather in developing solutions that work to deal with the outcomes associated with a problem. One way solution-focused therapists help clients develop effective solutions is by looking for, and helping clients search for, solutions that have worked in the past when similar problems have arisen. This is a fundamental difference between typical financial counseling and planning methodologies. Essentially, the SFT approach asks clients to search their history not for problem examples, but rather examples of how past problems were dealt with. When patterns of success are uncovered, these “solutions” are explored in greater detail. When clients are doing well, SFT assumes that what clients have done or are doing will continue to work into the future. The therapeutic recommendation is for the client to continue doing more of the same. In other words, when clients are behaving or thinking in a way that is productive and positive, then clients should utilize the strengths associated with these attitudes and behaviors by doing more of those things that are working well.

Change is difficult. Because change is hard, SFT encourages clients to go slow and make small changes. When clients are encouraged to make small changes, the likelihood that those changes will be implemented increases. When clients see that the changes they are making are also working, the working assumption, with SFT, is that clients will be encouraged to make more small changes, which, collectively and over time, will result in larger and more substantial changes. In addition, when clients see small changes working, they may be inclined to implement further changes in the future.

Sometimes, clients are not able to make meaningful progress towards their goals. A lack of progress may be due to unproductive thoughts, behaviors, or emotions that lead to poor outcomes. Sometimes, lack of progress is due to resource availability. A key assumption within SFT is that if clients fail to alter their behavior they will continue to obtain the same result. Simply increasing access to or use of resources, for example, will only temporarily change a client’s situation. SFT is designed to create long-term behavioral change that is not linked directly to the acquisition of new resources as the primary determinant of later goal achievement. SFT therapists spend a great deal of time helping clients self-reflect and evaluate the behaviors that are standing in the way of behavior change and goal achievement. Clients are continually asked to look for alternatives to current behavior and to implement techniques that lead to objective completion. Oftentimes, clients get caught in a rut of focusing on a problem. In fact, traditional financial counseling and planning data gathering and analysis techniques promote this type of thinking. The result is that many clients have difficulty recognizing alternatives. SFT assumes that problems do not happen all of the time. Every client has moments of satisfaction and peace. Within the context of SFT, clients are encouraged to seek out times in their life when a particular problem was not present. When clients recognize a time when a problem has not occurred, clients can then identify what they were doing differently at that time or moment and how the environment around them was also different. Once these differences have been identified, clients can work to recreate the experience.

This concept is deceptively simple. It is quite easy for clients to think of times in the past when they faced a problem. A typical management technique asks clients to make a list of their strengths, weakness, opportunities, and threats. This is called a SWOT analysis. The typical SWOT analysis results in a very long list of weaknesses and threats. Getting clients to think of past positive behaviors and situations and opportunities for the future is more difficult. SFT encourages clients to focus intently on good things that happened in the past and then to locate, via memory and discussion, what was happening at the time that made the situation positive. For example, a client who is experiencing a lack of food in the household might recall a time, say 5 or 10 years previously, when a similar situation occurred. The positive aspect from this memory is that the client was able to surmount the obstacle. The client may have volunteered at a food bank and learned that their situation was not as bad as that faced by others in the community. Additionally, they may have gained access to additional resources that helped meet their own shortages. Reflecting on the past, the client is able to identify strategies that they could employ again to overcome the current challenge. SFT helps the client grasp the fundamental truth that they do have skills, abilities, and talents that have served them well in the past. Focusing on replicating the positive, rather than dwelling on the negatives, helps many clients move forward towards goal achievement.

Techniques and Interventions

The key techniques associated with SFT include: (a) recognizing and affirming pre-session change, (b) discussing past attempts, (c) asking the miracle question, (d) developing goals, (e) asking scaling questions, (f) complimenting clients, (h) taking a curious, unassuming stance as the therapist, and (i) developing a collaborative therapeutic relationship. Many times just the step of making the first appointment can help create change for the client; this is referred to as pre-session change (de Shazer et al. 2007). At the beginning of the initial session, the client is asked about any changes, including small changes that have occurred since making the appointment. Identifying pre-session change, even if the change seems to be minor, can lead to increasing the client's belief that change can happen (Lethem 2002). Past attempts to solve or change the problem are also discussed early on in the therapy process. It is important for the therapist to understand what the client has tried, what has worked in the past, and what has not worked. Then, the small things that have worked can be expanded upon to help create solutions (de Shazer et al. 2007). This is a collaborative process driven by the client. In other words, the SFT therapist is tasked with encouraging the client to do more of what works; however, the actual choice of what works is generally client driven.

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The Miracle Question As part of SFT techniques, therapists avoid using directive or interpretative communication and opt for using questions as the primary source of communication (de Shazer et al. 2007). It would be very unusual for an SFT therapist to make a checklist of things to do or for the therapist to describe a particular course of action. Instead, the therapist focuses efforts of questioning, interpretation, encouragement, and providing information about resources that the client may not understand. At the heart of SFT is one influential procedure: the miracle question. This question is designed to help a client paint a picture of what life would be like if an unexpected "miracle" happened during the night that solved all of the client's problems. The miracle question leads to follow-up questions that help the client and therapist understand what differences the miracle would make in the client's life. Additionally, answers to the miracle question provide a guide to how important people (e.g., parents, friends, significant others, children) in the client's life would notice changes in the client (Thomas and Nelson 2007).

A client's response to the miracle question can help lead to the development of short-, intermediate-, and long-term goals. Within SFT, goals must be important to the client. This simply means that goals must be shaped in such a manner that the client is continually focused on the changes he or she wants to make now and in the future. Client goals should be "concrete, achievable, and measurable" (Thomas and Nelson 2007, p. 18). By continually refocusing on client goals, rather than past or current problems, clients can maintain a higher degree of motivation. Quite simply, rather than focusing on problems that seem insurmountable, clients who use SFT principles seem to exhibit a higher level of motivation to achieve goals.

Scaling Questions The use of scaling questions is one of the most popular SFT techniques because it can be used in a variety of ways. A scaling question is an approach used to establish the relevancy of goals and to gauge progress towards goals through the client's eyes or from the client's perspective (Thomas and Nelson 2007). For example, a client may be asked, "On a scale from 0 to 10, where 0 is that you are not managing your money at all and 10 being that you are managing your money very well, how would you rate the job you are doing managing your money?" In general, these types of queries help clients and therapists to visualize the client's progression towards one or multiple goals (Thomas and Nelson 2007). Scaling questions can also be used as follow-up inquiry to the miracle question. For example, a therapist may ask "On a scale from 0 to 10, where 0 indicates the anxiety you were feeling when you made the first appointment to meet with me and 10 indicates how you will feel if the miracle occurred, how would you rate your anxiety right now?" When these questions are used, the scale typically ranges from 0 to 10, with higher numbers indicating more success in the area being scaled. Some therapists prefer to use a scale that ranges from 1 to 10. In the end, the choice is a therapist's preference.

Scaling is a beneficial way to track progress towards goals where an increase in numbering should be highlighted and explored as to what brought upon the improvement (Lethem 2002). When a client responds with a lower number on the scale, regression should also be explored; however, it is very important to keep in mind the client's positive attributes. For instance, a therapist may ask a client how they would rate their progress in terms of developing a budget, using a scale from 0 to 10 where 0 indicates that the client is not working on a budget and 10 indicates the client has developed a budget and is successfully using it. In a previous meeting, the client may have reported budget use as 5, but during the next meeting the client may report 3. This gives the therapist an opportunity to help the client discover why the client has regressed. One way to do this is to ask questions like, "Why did you move down on the scale?" or "What kept you from moving up on the scale this week?" Caution should be used when exploring regression. The way these two example questions have been framed may highlight past negative behaviors and attitudes, which runs counter to a solution-focused approach. Clinical studies have shown that asking the following type of question is both effective and solution oriented: "If you are a 3 on the scale, what kept you from being, say, 1 or 2 on the scale?" If clients report the lowest number on a scale, like 0 or 1, then focus should be turned to what the client can do to make slight movement up on the scale. An example question could be, "What could you do to move up a half a point on the scale?" Rather than turning the client's attention to negative events, these types of questions force the client to acknowledge that their situation could be worse or to utilize their strengths to make a little progress. Additionally, the client's answer, by definition, will include positive aspects of behavior. It is this very behavior that holds the promise of a "solution."

Complimenting Clients Compliments can and should be used when highlighting client progress. A compliment can also be used to provide encouragement when a client faces a difficult task or assignment. Compliments should be meaningful, appropriate to the situation, and sincere and can be used at any stage of therapy. It is important to conceptualize a compliment within SFT. A therapist would not necessarily say, "You have nice shoes." Instead, the therapist might say, "Wow! It is pretty incredible that you were able to complete a big task at work even though you were feeling very anxious." This gives the therapist a chance to further explore, with the client, how the task was completed while feeling anxious and exactly what the client was doing differently that helped them achieve a particular task.

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Compliments can also be used when clients appear to regress. If a client who responds they are at a 3 on the scale rather than a 5, the therapist can explore how the client managed to keep from being a 1 or a 2 on the scale. That is, the therapist should attempt to reframe a defeat into a positive takeaway. One way to do this is to compliment a client for basically "hanging in there" in the face of adversity. Once the client notices ways they have refrained from being a 1 on the scale, the therapist can compliment the client on the skills and abilities that kept them from being even lower on the scale. Compliments should always "help to punctuate what the client is doing that is working" (de Shazer et al. 2007, p. 5).

Curiosity An important aspect of SFT is the curious, unassuming, and collaborative stance the therapist takes with a client. Curiosity of the therapist helps show they are interested in learning more about the client (Thomas and Nelson 2007). The unassuming therapist does not judge nor try to hypothesize about underlying issues or what could be happening with the client (de Shazer et al. 2007). This stance helps to create an atmosphere of genuine interest in the client, as well as positivity and support with compliments and encouragement. The notion that "getting people to talk positively will help them think positively and ultimately to act positively" is part of the role a counselor plays with a client (Nichols 2010, p. 323).

It is worth noting that for many financial therapists the notion of honest curiosity is the most difficult aspect of SFT. Nearly all financial service professionals have been trained to gather relevant client data, analyze the data, and create recommendations that can be implemented. This methodology assumes that the adviser, more often than not, knows the solution to any given problem or question. Those who follow an SFT approach dismiss the idea that the financial therapist always (or almost always) knows the correct path for a client. Of course, the adviser may have ideas or product solutions in mind for a client, but within an SFT framework these become suggestions rather than recommendations. Curiosity instead allows clients to formulate solutions that are unique and proven to work for a particular client. Often, the client and adviser arrive at a similar solution; however, the likelihood of client implementation is enhanced because the solution is almost always perceived as being originated by the client. Clients are more likely to implement a solution when it is their idea.

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Collaboration A solution-focused financial therapist must be collaborative, refrain from explicitly being the expert, and utilize a client-centered approach. This requires that the financial therapist believe the client is an expert in and on his or her own life, attitudes, and behaviors. The financial therapist serves as a guide, rather than a person whose job it is to tell the client what should be done (de Shazer et al. 2007). Although the solution-focused approach does view the client as the expert, education and tools that can benefit the client are *never* withheld when needed. The client-centered approach helps the financial therapist adapt to the client's individual situation, wants, and needs rather than utilizing a "one size fits all" plan or product approach (Nichols 2010). Tuning into the client's needs and wants allows the financial therapist to listen and understand the client's problem and then move towards working on solutions together. Part of being able to "tune into" the client involves actively listening and understanding the client's unique voice as a mechanism to facilitate building a strong client–therapist relationship. This aspect of SFT is often referred to as "joining" in the mental health fields.

Applying SFT to Financial Therapy

The adaptability of SFT within the context of financial therapy was tested by a team of researchers at Kansas State University (KSU). This team developed an approach called SFFT that integrates SFT principles and techniques and financial counseling techniques (Archuleta et al. 2013a). A manual, *Solution Focused Financial Therapy (SFFT) Training Manual* (Archuleta et al. 2013b), was developed to train practitioners in the approach and provide consistency of implementation of SFFT techniques. The manual was based on the *Solution Focused Therapy Treatment Manual for Working with Individuals* (Trepper et al. 2010). The manual approach was designed to be implemented by a practitioner over the course of three phases, with the entire process consisting of 3–5 sessions, depending on the client's situation. The approach, as outlined in the manual, allows for time and flexibility based on the needs of individual clients.

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Eight college students, ranging in ages from 18 to 34 years, volunteered to participate as clients in a clinic-based study. Clients were engaged in the process for 3–5 sessions, depending on the client's needs. Presenting problems ranged from wanting to learn more about investments to finding enough money to pay bills. Clients were given a pretest, a posttest at the end of the final session, and a follow-up evaluation after 3 months. On average, clients reported that their clinical distress and depressive symptoms decreased, while their financial well-being, financial behaviors, and financial knowledge improved. Because of the small sample size used in the pilot study, statistical significance cannot be determined. More research is needed to validate the use of SFFT with diverse samples (Archuleta et al. 2013a). The following discussion provides an outline of the SFFT approach.

Phase One

The first phase of SFFT encompasses the client engagement meeting (first session), which is used to build rapport with the client, establish goals, identify possible solutions, and encourage client identification of personal strengths. During this phase, SFT techniques include: (a) joining, (b) discussing historical accounts of solutions, (c) defining pre-session change, (d) use of the miracle question, (f) scaling, (g) goal setting, and (h) complimenting. Joining is another term for building a trusting relationship with client. Joining can take many forms (i), but often the process of joining begins with the practitioner learning about the client and what has prompted the client's help-seeking behavior. The practitioner usually begins the session by introducing himself/herself by stating, "Thank you for coming in today. You don't know me, so I appreciate you seeing me today." Here, the practitioner often introduces the use of observation (if applicable) to the client. Other questions that may be asked to facilitate joining include, "What brings you in today?" "What do you hope to accomplish in our meeting today?" and "What should I know about you that will be useful in our work together?" Another useful question that can be asked is "So, how will we know if today's meeting is a successful one?" Joining is an ongoing and continuing task throughout the session as the practitioner continues with a curious stance, described earlier, and using reflective listening skills.

Once the process of joining has been started, the practitioner can move towards assessing historical accounts of solutions, in which past attempts to solve similar situations are reviewed. The practitioner may ask, "Is there anything that you have done in the past that might be useful for you now?" Other questions that can be used include, "Have you experienced a similar problem in the past?" and "Is there anything else I need to know that has been helpful to you in the past so that I can best help you now?" These questions allow the client to reflect on how they can use past solutions to remedy the current problem or issue without focusing too intently on the problem itself.

Pre-session change refers to the behavioral or cognitive changes that clients often experience as a result of making the first appointment. Pre-session changes can include slight differences in which clients manage or perceive their circumstances before financial therapy begins. A practitioner may simply ask, "What changes have you noticed since you first called to make an appointment?" The SFFT manual suggests asking a scaling question as a follow-up, such as "If 0 represents where you were when you made the first appointment and 10 represents the successful completion of our work, where would you say you are now?" The scaling question should then be followed by “What number would mean that you have met your goals?” and “Why are you a (insert client’s number) on the scale rather than a (identify a number below the client’s stated number)?” Again, the practitioner’s role is to urge the client to think about what they have already done to create change by further encouraging the client to continue to make more similar changes as a way to reach the client’s goals.

The miracle question is the hallmark of SFT techniques. The miracle question offers a way to help clients formulate goals. The question helps prevent the client from being bogged down by a particular problem or set of problems and instead asks the client to imagine what life would be like without the challenge. The miracle question can be difficult or awkward for solution-focused newcomers. Stith et al. (2012) provide best practices to implement the miracle question. In SFFT, the practitioner will set up the question scenario by using the following description or some variation of this description, which was adapted from de Shazer et al. (2007):

> Let’s suppose that after we talk here today you leave and you go do whatever you usually do on a day like this. Then as the day goes by you continue doing whatever you usually do. Then you come home, you have dinner, perhaps watch TV, and do whatever else you would normally do as the evening goes on. Then it gets late, you get tired, and you get into bed. You are comfortable and you eventually drift off to sleep. I don’t know if you notice or not, but you’ve fallen asleep and you are sleeping well. You are not too warm or too cool. In the middle of the night you feel at peace. Somehow something deep inside you shifts a bit. I’m not sure if it is wisdom or confidence, or what, but something shifts. A miracle has happened. It is not just any miracle. It’s a miracle that changes your financial behavior or attitude that brought you here today go away…just like that. But since the miracle happens while you are sleeping you won’t know it happened. [Pause] So, you wake up in the morning. During the night a miracle happened. The problems that brought you here are gone, just like that. You eventually wake up. You are refreshed. You get out of bed and start your routine.

Once the miracle situation is described, the practitioner should then ask: “How will you know that the miracle occurred?” Answers to the miracle question should be framed to move away from *content* (e.g., I had no bills to pay) to *process* or dynamics related to the financial issue(s) (e.g., emotions, thinking, relationships, such as: “I would think about purchases before I make them” or “I would feel relieved”). The practitioner’s role is to encourage clients to be as specific as possible in their descriptions by asking questions like “What would if look like if you thought about purchases before you made them?” or “What else would you notice is different?” Answers to the miracle question often point to exact and meaningful solutions that a client can implement to help address their financial concerns immediately. Potential follow-up questions include the following:

- What is the very first thing you notice after you wake up?
- What would you be doing differently with your money?
- How will you know that things are improving?
- How do you discover that things are different?
- What would your family notice about you that was different?
- How do other people in your life notice that something was different about you?
- What other things would be different?

The miracle question can be difficult to ask for those who are new to SFFT. This difficulty arises because the practitioner must trust that the client will “go along with” the exercise. Additionally, to be effective, the practitioner must believe that the exercise will be useful. Interestingly, much of the clinical work suggests that clients, regardless of demographic background or presenting problem, are open to exploring solutions in this manner. Difficulties also sometimes arise because the question must be set up appropriately so that the client can picture a miracle actually occurring in his/her life. The question should not be asked too abruptly. Clients could find it quite odd to be talking about an issue and then be asked to answer the miracle question without an appropriate conversational transition.

When asking the question, timing is of crucial importance. The appropriate pacing is to ask the miracle question so that the session is not rushed (for more detail, see Stith et al. 2012). Stith et al. (2012) offered several useful tips on how to ask the miracle question appropriately. In addition to introducing the exercise at the appropriate time, they suggested (a) framing the miracle question so that the practitioner does not anticipate or prescribe the way the miracle could be or should be identified; (b) asking the question in a slow, deliberate, and dramatic manner; (c) asking follow-up questions; (d) avoiding problem solving if the client brings up a problem during the middle of the miracle question and instead making a note to revisit the issue after the client has finished addressing the miracle; and (e) making the miracle question interactional. The last suggestion refers to having a couple or family come up with a miracle together as way to unify the family, rather than focusing on individual miracles.

Phase One also involves the assignment of financial homework to the client. Financial homework is assigned to each client based on their situation. Examples include accessing credit reports, tracking expenses, and documenting feelings associated with shopping. The SFFT manual suggests asking clients to track expenses over the course of 4 weeks, beginning after the first session. The manual also recommends that clients begin to gather their financial information, starting with accessing their credit reports. The number of weeks between each appointment determines how much homework is reasonable to assign and how many times a particular exercise or assignment is assigned. For example, if client meetings are scheduled 2 weeks apart, then tracking expenses can be assigned at the first and second session so that expenses are tracked for a total of 4 weeks. Financial homework should be reasonable and doable. Assigning too much homework can be overwhelming for clients, and if too much is assigned, then clients are likely to give up. It is important for practitioners to remember that homework is a tool not a graded assignment.

A technique that traditional SFT therapists often employ is observation, where a third person (the observer) views the practitioner working with the client via a live video stream or behind a one-way mirror. Near the end of the session, the practitioner takes a break from the session to meet with the observer. This is, of course, fully disclosed to the client. The observer helps the practitioner look for client strengths as a means to identify ways to compliment the client. The role of the observer can be very important as the observer may notice patterns and dynamics that are not easily recognized by the practitioner. This is not due to a lack of skill by the practitioner, but rather because the observer is not affected by the interpersonal dynamics in the client–practitioner relationship. SFFT encourages the use of an observer in which the observer is trained in the opposite field from the practitioner, allowing the professional to collaborate in a more holistic manner. Unfortunately, the use of an observer is not always possible. In these cases, alternative collaboration efforts may be implemented. For example, two professionals in opposite fields may meet together with the client. Another possibility is that the professional working with the client consults with a professional from the other field by discussing the case. Regardless of the approach, ethical standards should be followed.

Phase Two

Sessions two through four are similar in format where the counselor asks questions to elicit client's strengths and increase accountability. The purpose of these meetings is to help the client begin taking responsibility for making changes in his/her life, even if minor changes are made. Examples of questions asked during these sessions include:

- What is different about this week than last week?
- What did you do differently?
- How did you manage to do this?
- What would be the signs that you were doing more of the things that are good for you?

Scaling questions can and should also be used to assess commitment to change, confidence to change, and motivation to change. For example, the manual encourages practitioners to ask, "On a scale from 0 to 10, with 0 representing that you are not willing to do anything differently to resolve this situation and 10 being that you are willing do whatever it takes to sort things out, where do you see yourself right now?" A scaling question, such as this, can then be followed up with questions like:

- What number on the scale from 0 to 10 will let you know that you are willing to be committed to the change process?
- How will you know that you are willing to be committed to the change process?
- What about yourself or what will you be doing that indicates that you are committed to the change process?

Then, the financial therapist follows these questions with a review of previously assigned homework. Mandatory homework assignments for the second session include creating a net worth statement. This helps a client value their assets and identify their financial liabilities. For session three, the homework involves identifying income sources and evaluating all debts. Finally, homework for session four involves developing a budget. Of course, these homework assignments are designed for situations in which the presenting problem is remedial in nature. Clients who present with what would be considered traditional financial planning questions and concerns should be given different homework assignments. For example, someone who is concerned that they are not saving enough for retirement may be asked to obtain information about their retirement plan from current and past employers.

Phase Three

The goal of the third phase is termination or the conclusion of treatment. Session five, or the final session (determined by the client and practitioner), includes: (a) reviewing the client's previously assigned homework; (b) evaluating previously established client goals by conducting scaling questions, in addition to complimenting the client for his/her achievements; and (c) focusing on the progress the client is making and recording what they learned about themselves throughout the process. In addition, the manual encourages practitioners to ask questions to help clients develop a maintenance plan and identify potential setbacks in the future and brainstorm ways to deal with those setbacks.

To implement the SFFT approach, a practitioner should have a strong working knowledge of personal finance topics, tools, techniques, and SFT. The practitioner's financial training will impact the type of financial situation that is best treated with SFFT. For example, a practitioner with a financial counseling background will likely be prepared to work with issues, such as bankruptcy, budgeting, and debt repayment. A practitioner with a financial planning background should be prepared to deal with more complex situations, including portfolio management issues, retirement and estate planning, and family asset transfer concerns. A mental health clinician may also implement this approach, assuming they have a fundamental background in personal finance and are equipped to work with broad financial issues, such as money management, money scripts, or conflicts over money. Due to the differences in skill sets, a practitioner may find it helpful to collaborate with a professional from the opposite field. In other words, a financial professional might find it helpful to collaborate with a mental health practitioner who is proficient in SFT. A mental health clinician may find it equally helpful to work with a financial practitioner who has in-depth expertise on financial topics.

Case Study

This section describes the basic use of the SFFT manual with a traditional financial planning presenting issue. The SFFT approach can also be used with multiple financial issues, whether in a traditional financial counseling, psychotherapy, or coaching setting.

Background Information

Terrance is a 44-year-old married man with two teenage children. Unlike some clients, Terrance's presenting problem is less of a crisis and more of an opportunity. Terrance was recently promoted to a junior vice-president position at the firm. Along with extra responsibilities, his pay was increased dramatically. This means that his wife can now quit her part-time job in order to spend more time with their children before and after school, which is the fulfillment of a long-term family goal.

Presenting Issue

For the first time in his life, Terrance has decided to seek the help of a financial professional. Terrance was skeptical of advisers in the traditional marketplace so he began to search the Internet for other financial help options. He ran across the website of the Financial Therapy Association and found a local provider and made an appointment. It just so happens that the practitioner uses the SFFT approach.

Case Conceptualization

Terrance has worked long hours for many years and his hard work has finally paid off with receiving a job promotion. Terrance's salary increase was more than enough to compensate for the loss of his wife's income when she quit her job. However, the family's expenses have also increased and Terrance has found himself having a difficult time beginning to save for retirement. In addition to retirement, he would like to build up enough in savings so that if he were to lose his job that he and his family would be able to pay their expenses for at least 6 months. He has found himself worrying about his and his wife's financial future; however, he is unsure what he should do about it. The following discussion highlights how the financial therapist and Terrance worked through his retirement questions, using the SFFT approach.

Intervention

The following transcript excerpt is between the SFFT practitioner and Terrance and showcases some of the interventions of SFFT. The case opens right after the financial therapist and Terrance meet and sit down together.

PRACTITIONER: It is so nice to meet you Terrance. Let's get started. We only have a short time together today, so I want to make our meeting as useful and enjoyable as possible. Tell me, when we finish working together how will we both know that today's meeting was useful?

TERRANCE: That is an easy one. I was recently promoted at work. I met with my benefits administrator at work to learn about my retirement options. You see, I finally am making enough money to start planning for retirement. If you can give me some ideas on how to start a retirement plan that would be huge outcome.

PRACTITIONER: Congratulations on your promotion! Your firm must really appreciate your service.

TERRANCE: Yes, I guess they do.

PRACTITIONER: Okay, so you would like to develop a retirement plan, correct?

TERRANCE: That is correct. I love my company. But, here is the problem. I am now making a bit more than $ 200,000 per year, but according to the benefits person I am not saving enough money to even start thinking about a retirement plan.

PRACTITIONER: So, let me make sure that I have this correct. With your promotion you are now making more money and you are still finding it hard to save enough for retirement. Is that about right?

TERRANCE: Exactly; what makes things worse is that a few years ago I was making just a fraction of my current income.

PRACTITIONER: About how much was that?

TERRANCE: It is a bit sad, but I was making about $ 45,000 five years ago.

PRACTITIONER: That is nothing to be sad about. You have more than quadrupled your income in five years. That says a lot about your skills, abilities, and willingness to work hard to make your dreams come true.

TERRANCE: I never thought about it that way. But even so, that doesn't help me get past the fact that I just don't have enough income to even start a retirement plan. I've got to tell you that I am getting kind of depressed about this issue. I am not sure how much more I can work and earn. If $ 200,000 isn't enough to get going on a retirement plan, I just don't know what to do. Maybe I should give up on planning for the future and just live for today.

PRACTITIONER: Help me better understand this issue. Can I ask you what may seem to be a strange question?

TERRANCE: Sure.

PRACTITIONER: Okay. Let's say that on a scale of 0–10, 0 means that developing a retirement plan is totally not important and 10 represents that developing a plan is extremely important to you. How would you score the importance of you and your wife developing a retirement plan?

TERRANCE: I would say about an 8.

PRACTITIONER: An 8! It sounds like developing a retirement plan is very important to you. Now I am going to ask you a follow up question. Why not a 7?

TERRANCE: My wife and I have about 20 years before retirement. If we don't start saving now, we will only have Social Security to live on, and quite frankly that scares me. If I put my score lower it would mean that I am avowing reality. Yes, 8 is about where I am right now.

PRACTITIONER: That really does help. Are you up for answering another strange question?

TERRANCE: I suppose.

At this point, the practitioner described the miracle question situation and asked Terrance to express the miracle that occurred overnight. In this case, Terrance's response was as follows: "The miracle is an easy one. My entire retirement plan would be magically funded and I would have no more worries."

Because it is common for clients to jump to an unrealistic answer like Terrance's response or say they would win the lottery, a practitioner can respond with silence and wait for clients to answer with a more realistic answer or state, "This is a difficult question, so please take your time responding" or "We can only deal with possibilities." Then, help the client focus on process rather than content. In this case, the practitioner responds with the latter statement.

PRACTITIONER: We can only deal with possibilities. As someone who deals with financial issues every day I can tell you that very few people win the lottery or wake up to find their pension fully funded.

TERRANCE: Well, you did ask for a miracle, right?

PRACTITIONER: I did and you said you would have no more worries. How would people who know you well realize that these worries were gone? What would you be doing differently?

TERRANCE: I'm not sure that people except for my wife would know that I had any worries.

PRACTITIONER: How would your wife know that your worries were gone?

TERRANCE: Well, I would probably be sleeping better at night and I would be less tense.

PRACTITIONER: Okay. How else would your wife know that your worries are gone?

TERRANCE: Hmmm. Well, I would probably not be as grumpy or short with her.

PRACTITIONER: Okay. So, if I understand you correctly, you would be getting more sleep, be less tense, and not be as grumpy towards your wife? [Terrance nodded his head to affirm the practitioner's reflection of what he said.] Can I ask you another scaling question?

TERRANCE: Sure.

PRACTITIONER: On a scale from 0 to 10, 0 being the miracle has not occurred and 10 being the miracle has been fulfilled, how much of the miracle has occurred for you?

TERRANCE: That is tough. I guess I would say a 1.

PRACTITIONER: A 1. Really? Why not a 0?

TERRANCE: Well, I have thought about a plan and I am here to get help with making a plan.

PRACTITIONER: Yes. That is true. Those are all good things that have helped you move towards your goal of developing a retirement plan. Now, what kinds of things do you need to do in order to move up one-half point or one point up on that same scale?

TERRANCE: Hmmm…Let me think. [Pause] Well, I guess we could save some money, at least a little. I would like to have enough extra savings that my wife and

I could start funding our retirement plan without sacrificing everything else in our lives.

PRACTITIONER: Okay. What other kinds of things could do to in order to move one-half point or one point up on the scale.

TERRANCE: I could open a savings account to begin an emergency fund. I think if we had a cushion then we could start contributing towards a retirement plan.

PRACTITIONER: Those are all good things that will help you move one-half point or one point up on the scale. Do you think that you could do one of those things between now and the next time we meet?

TERRANCE: Yes, I think I can do that. Opening a savings account would be something I can easily do.

PRACTITIONER: Great! So, you will open a savings account between now and the next time we meet. Now, let's think back to the scale again. What number on the scale would mean that you were in control of your situation?

TERRANCE: I would say an 8.

PRACTITIONER: Okay. Well, what would an 8 look like?

TERRANCE: I would love to go back to the benefits administrator and sit there comfortably and say that I can afford to put aside big dollars for retirement.

At this point, the first session came to an end with the practitioner assigning Terrance homework. One of the homework assignments included opening a savings account for an emergency fund, which was something that Terrance said that he would do between the first and second meetings. The practitioner may assign other homework as well. For example, Terrance might be asked to bring back to the second session specific financial details regarding his family's cash-flow situation and estimates of retirement savings requirements from the benefits administrator. The following narrative captures dialog that occurs during the second session.

PRACTITIONER: I have been wondering if you and your family have always had trouble saving money.

TERRANCE: No; that is the crazy thing about all of this. Do you remember the last time we met? Well, I told you I made about $45,000 per year. That got me thinking when I was driving home how we ever made ends meet back then.

PRACTITIONER: That is the same question I had. Five years was not really that long ago. Were you able to save money when you were making $ 45,000?

TERRANCE: As strange as it sound, yes, we were actually saving more money than now. That makes things today even more frustrating. Where is all the money going?

At this point, the practitioner and Terrance would likely review the cash-flow statement from the homework assignment. The practitioner would use his or her skills to point out that taxes and other withholdings have gone up, as would other expenses, including those associated with the new job. This exploratory exercise opens a unique SFFT opportunity, as illustrated below.

PRACTITIONER: Let's go back five years. You've already indicated that you were saving money, even though you were earning less. What were you doing back then that helped you save money?

TERRANCE: In some ways, that is an easy question to answer. Because we didn't have as much, we simply didn't spend as much.

PRACTITIONER: Can you be more specific?

TERRANCE: For example, we had basic cable television.

PRACTITIONER: What do you have now?

TERRANCE: When I got the promotion I upgraded my television to a 54-inch screen. We now how upgraded cable throughout the house.

Practitioner: That sounds fantastic. What does that cost per month?

TERRANCE: Oh, about $ 200 or so.

PRACTITIONER: This is a tough question to ask, and to answer, so take your time. Thinking back five years compared to today, would you say that you are more or less happy in terms of your television viewing.

TERRANCE: No doubt, today is much better.

PRACTITIONER: Are you $ 150 per month happier? By the way, that is $ 1800 per year.

TERRANCE: When you put it that way, I am not so sure.

PRACTITIONER: What else was different five years ago?

TERRANCE: Well, we certainly did not eat out as much.

PRACTITIONER: What else?

TERRANCE: When I got the promotion, I joined the local club. We didn't have that expense before.

PRACTITIONER: Do you need a club membership for your job?

TERRANCE: Not really; I just though the family deserved a little luxury now that I am making some real money.

PRACTITIONER: Do you remember our first meeting?

TERRANCE: Of course.

PRACTITIONER: During that meeting I asked how we would know if our working together would be a success. Do you remember what you said?

TERRANCE: I think I said something like helping me generate ideas on how to start a retirement plan. Is that right?

PRACTITIONER: You've got it. In fact, you have already solved your question.

TERRANCE: What do you mean?

PRACTITIONER: The last time we met you were stressed about not having enough cash flow to begin funding your retirement plan. I have been sitting here listening to you describe specific ways that you could find anywhere from $ 200 to $ 500 per month in savings.

TERRANCE: I guess you are right.

PRACTITIONER: I am really impressed.

TERRANCE: You are? What do you mean?

PRACTITIONER: What I have been hearing is that five years ago you were making less money, but you were happy. Today you are making a lot more money, but are more stressed. How about taking what you were doing when you were happy and applying the same behavior now?

TERRANCE: Do you mean spend like we did five years ago?

PRACTITIONER: Why not give it a try. If you could be sleeping better, less tense, and be more in control of your financial situation, would you be willing to take some spending cuts now? By the way, you are making enough money that you can splurge once in a while too. You just need to take it easy.

One of the recommendations of this approach is for mental health and financial practitioners to work together.

Outcomes

Depending on the type of practice, Terrance and his adviser might continue to meet to deal with specific ways to cut spending, save money, and allocate retirement savings. The relationship might also blossom into an opportunity to address other financial questions. It is also possible that once Terrance confirms his solution, the relationship could end. Either way, use of the SFFT manual approach, as illustrated here, has achieved the following outcomes: (a) a reduction in Terrance's financial stress level, (b) the identification of specific ways to cut current spending, and (c) the implementation of goal-based behavior.

Ethical Considerations

One of the recommendations of this approach is for mental health and financial practitioners to work together, but it can be used by one professional. It is important to note that financial professionals and mental health professionals often have different ethical codes; however, the fiduciary standard is a benchmark standard when SFFT is used. This means that confidentiality is of upmost importance. Due to health-care privacy laws, mental health practitioners must abide by very strict confidentiality rules. In most cases, waivers to discuss information with another professional will need to be signed by the client.

Future Directions

SFFT is unique within the new field of financial therapy. SFFT is among the first clinically developed and tested financial therapy techniques that have shown evidence of effectiveness for a wide range of financial issues and concerns. SFFT provides financial therapists, psychotherapists, financial planners, and financial counselors with a step-by-step procedure that can be incorporated into nearly any financial therapy practice today.

Future clinical studies are needed to confirm the basic tenets of SFFT. Much of the developmental work in SFFT has been conducted using individuals and families living in the Midwestern USA. Researchers interested in financial therapy topics are encouraged to begin clinical assessments of SFFT with different clinical samples on a multitude of presenting problems. These clinical studies need to be published and disseminated among researchers and practitioners.

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