

A QUICK COMPARISON OF SESSION FORMATS AND FOCUS BETWEEN AUTHENTIC HAPPINESS COACHING, SOLUTION-FOCUSED THERAPY, AND SOLUTION-ORIENTED COUNSELLING

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AUTHENTIC HAPPINESS COACHING (AHC)

An intervention sequence or protocol for AHC is presented in the course offered by the University of Pennsylvania by Seligman and associates. A very brief summary goes like this:

In session 1, rapport building is developed through finding the underlying strengths starting with a positive introduction and strengths displayed (note, not merely talents or skills or accomplishments but strengths that are virtues or ends in themselves). Explain that happiness skills are not merely the absence of problems or depressive underbrush, but a whole different approach to the full life. Have your client do the baseline tests, the VIA, Approaches to Happiness at outset and completion, and the Steen and CESD weekly.

In session 2, review and amplify their written intro, and assess their results for the Pleasant Life, the Engaged Life, and the Meaningful Life. Ask which one they would primarily like to expand, assigning more tests and assignments to further investigate and promote their area of interest and development. For example:

- Pleasant Life: savoring, gratitude visit, 3 blessings, ending grudges and negatives
- Engaged Life: building Flow, long cuts, gift of time, friendship, sig. strengths
- Meaningful Life: acts of kindness, volunteering, mentoring.

In subsequent sessions, monitor and expand their growth and depth with appreciative inquiry until they are noticeably happier. At that point you could expand to other areas or agree to end your coaching for now. At completion, do a follow up measurement to establish and ratify the positive changes that have occurred.

SOLUTION-FOCUSED THERAPY (SFT)

For an outline of Solution-Focused Therapies, I recommend the website of Bill O'Hanlon for sources. My modification of this approach, again stated briefly, would go like this:

In session one, engage by asking about the concern of the client, and what he would like to accomplish in our collaboration together. What does the end state look like, and how will we know when we have reached our goal? What are the contexts in which the presenting problem or concern is embedded? What have been the attempted solutions applied thus far? What are the client system's strengths and resources; what are the perceived constraints that prevent the client from using those resources in solutions? Where are there exceptions to the problem pattern? What are the islands of safety, security, and competence in the seemingly endless sea of anxiety, depression, or other misery the client is experiencing? How would their lives be different when the problem is solved? Who will be most affected and in what way? What is the smallest significant movement they can initiate in the next week that would be a step toward solution (leads to design of homework in week 1). What will be our respective roles in the therapeutic alliance to diminish the scope or influence of the presenting problem, and expand the scope of enjoyment? The therapist usually outlines a provisional map of therapy, and, as usual each session, asks what the experience of the session was like for the client, and any suggestions for improvement of the process.

Session 2 would involve a review of the homework, with modifications for continuance or expansion of the positive changes. The emphasis is on the amplification of positive change, and dealing with feedback loops in the client system that may react against change. All further assignments are given with a research application rationale from the literature of effective change, including cognitive strategies, reframing, and positive skill and habit development. By session 3 I often involve the client's family or significant others to enlist their support and collaboration in the desired outcomes, also preparing them for adjustments among each other as the process of systemic change evolves. We endeavor to break up or disrupt dysfunctional patterns of thinking and behaving, and instilling positive practices, skills, and habits to move on to more full, successful, and fulfilling lives. Sessions proceed until the targeted goals are reached or well launched towards their attainment, with tapering of consultation support over time. The last phase includes consolidation of gains, relapse prevention, and extension of positive habits to increase the likelihood of future progress in desired directions.

SOLUTION-ORIENTED COUNSELLING (SOC)

In Solution-Oriented Counselling (so far my unique term), similar tools are used, but the focus is promoted from initial solution-finding in problem contexts to enhanced performance and functioning. Going beyond problem patterns that are the primary concerns of my client, we broaden the field to enquire about a happier and more enriched life. I use coach-assisted client exploration of fulfillment, enjoyment, and personal passion, using some of the structure of Steven Covey's ideas around mission statement and conducting life in positive habits of personal resource management (especially time, strength, synergy, and energy). In many cases, we also use principles of centering and focusing, as well as ideas about Flow, acceptance, non-attachment, and other Zen principles that border on transpersonal spirituality. We end each phase of the consultation when proximate goals have been attained, with the understanding that further resumption of such coaching can occur at any time in the future when it is desired.

Perhaps a difference in emphasis between AHC and SOC is that the structure of AHC starts more from a theory of happiness, inviting the client to proceed down its well-researched pathways, with a greater emphasis on testing and empirical measurement of results throughout the process. In contrast, SOC typically starts with engagement around specific client concerns and goals, gradually expanding to larger domains of enhanced functioning and skills and perspectives about happiness and meaning. I prefer the latter approach for its client-centered method.