

**Integrative Theories Paper**

Tiffany Cobb

The University of Texas at San Antonio

COU 5213: Counseling Theories

Dr. Madelyn Duffey

May 8, 2025

**Abstract**

This paper covers the integration of Solution-Focused Brief Therapy (SFBT) and Narrative Therapy as an approach to the counseling practice. It explores the basic philosophies, key concepts, role of the counselor, goals, scholarly research, techniques, cultural considerations, my perspective, strengths, and limitations of each model. I demonstrate this integration through a case study I've created on Lenae Cortez, a single Latina mother of three children facing family stress, addiction, and systemic barriers. This paper illustrates how counselors can utilize the combination of SFBT's goal-oriented, positive approach alongside Narrative Therapy's focus on re-authoring the client's story to allow clients to become the expert in cultivating meaningful change in their own lives.

## **Integrative Theories Paper**

### **Basic Philosophy of Human Nature**

Before I began my graduate studies in Clinical Mental Health Counseling, I thought that humans had the capacity to change negative thought patterns and redirect the trajectory of their lives when supported by someone who offered acceptance and validation. Initially, I resonated closely with Cognitive Behavioral Therapy (CBT) and found it to be a highly effective modality for addressing various issues and disorders. After I learned more about the different therapeutic models, I was drawn to the principles of Solution-Focused Brief Therapy (SFBT) and Narrative Therapy.

I've always believed that people can heal and change in ways that can surprise even themselves. Dysfunction develops from overwhelming life circumstances, cultural narratives, and internalized beliefs, limiting an individual's sense of agency. SFBT suggests that people already possess the inner strengths required to solve their problems. Narrative Therapy views problems as constructs through societal influences, language, and cultural messaging, and people have the power to re-author their stories to reflect their values and preferred identities. I truly believe that clients are capable of envisioning and creating new possibilities for their future.

### **Key Concepts**

My integrative approach combines key concepts from SFBT and Narrative Therapy to create a strengths-based, future-focused counseling approach. From SFBT, I subscribe to the belief that counseling should be goal-oriented, helping the client envision how they want their lives to look rather than dwelling on their problems. SFBT places focus on identifying client strengths and emphasizing exceptions to problems by highlighting moments when the issue was

less predominant. This encourages clients to explore possibilities and build on positive psychology principles like asking, “What’s right?” and “What’s Working?” (Corey, 2023).

Narrative Therapy possesses the understanding that problems are manufactured within social, political, and cultural contexts, and that human beings construct meaning and conduct identity through the stories they tell about themselves. Individuals can internalize dominant discourses, or widely accepted societal narratives, which negatively affect their sense of self. Narrative Therapy emphasizes separating the person from their problem through techniques like externalization and personification. Both approaches empower the client by helping them re-author their stories in ways that better align with their values and preferred identities (Corey, 2023).

### **Role of Counselor and Client**

According to Corey (2023), for SFBT, we assume that clients are doing the best they can, and when given the right conditions, if they want change, they can and will change. The counselor’s role is to actively collaborate with the client by asking genuine questions, helping them identify their challenges, and working together to create achievable goals to overcome their challenges. In addition, the counselor provides summaries, feedback, words of encouragement, and suggestions while using techniques such as scaling questions to help the client evaluate their progress and sustain motivation (Corey, 2023).

Corey (2023) suggests using the integration of openness, respect, and curiosity when practicing Narrative Therapy. In collaboration with the client, the technique of externalization and naming their problems is essential, separating them from the individual’s identity. The counselor approaches the client without judgment, working together to deconstruct unhelpful narratives and re-author more favorable stories. The client is the expert of their own lives, and

the counselor's role is to cultivate a respectful space where they can retrieve their inner resources and build a positive future (Corey, 2023).

### **Therapeutic Goals**

Therapeutic goals are collaboratively created with the client and rooted in their values and desires. SFBT utilizes setting SMART goals while emphasizing the client's strengths as the foundation. Goals must feel meaningful to the client and will be tracked regularly through techniques like scaling, where the client rates their progress on a scale of 1-10. For Narrative Therapy, clients are asked to describe their experiences in a new language, helping them develop meanings for problems shaped by cultural and societal influences. Ultimately, goals are centered around resilience, growth, and re-authoring preferred narratives surrounding their issues (Corey, 2023).

### **Relevant Scholarly Research**

SFBT is strongly supported in substance use treatment research, specifically for clients who are facing barriers to care and a time-sensitive crisis. Multiple studies demonstrate SFBT's efficacy in reducing substance use while addressing comorbid stressors like depression, trauma, and parenting challenges. A randomized controlled trial with child welfare-involved parents showed that SFBT significantly decreased substance use severity scores and improved trauma-related outcomes (Kim et al., 2021). Most importantly, SFBT is recognized as a culturally sensitive approach for multicultural clients as it enables them to become experts of their own lives, respects family structures, and adapts interventions to the client's values and language (Magana & Tadros, 2022).

Narrative Therapy is also well supported as a client-centered approach in counseling, especially for clients who experience stigmatization and identity confusion. Weegmann (2010)

describes addiction as a form of “biographical disruption,” suggesting that narrative practices like externalization and re-authoring help clients reclaim agency and create a more empowering life story. Similarly, Ermann et al. (2017) found that storytelling in AA mirrors narrative therapy’s stages of despondency, recovery, and re-authoring, which allows clients to reshape their shame-filled narratives into positive identities rooted in hope and strength. While critics attack narrative therapy’s subjective nature, Weegmann (2010) argues that it works well by complementing more structured approaches.

### **Central Techniques**

SFBT focuses on collaboratively setting SMART goals with the client that are both meaningful and attainable for them. Specific interventions include exception-finding questions to spotlight times when they were able to resist negative coping and manage their issues more effectively, scaling questions to monitor their progress, and the miracle question to help them envision a problem-free future. Homework tasks will be assigned in between sessions so that the client can experiment with new coping strategies, and then during sessions, the counselor provides summaries and feedback to reinforce hope (Corey, 2023).

Narrative Therapy utilizes externalizing conversations to separate the client’s identity from their problems, asking questions like, “What does your addiction look like? How can you tell when it’s trying to take over?” This process could also include giving their problem a name, which helps them view it as an outside force rather than a personal trait. This approach engages in storytelling exercises to explore the root causes and helps them identify how past experiences could be related to their struggles. The counselor then assists in identifying times when the client coped more effectively to build structure for re-authoring their story based on resilience (Corey, 2023).

### **Cultural Diversity Considerations**

Both theories consider cultural diversity by respecting the client's values, language, and worldview within the context of their issues. SFBT is a client-driven approach that supports clients in becoming experts in their own lives by ensuring all aspects of their lives guide the therapeutic process. This approach builds on their current strengths and constructs solutions that reflect their cultural context, making it a culturally sensitive option (Corey, 2023). Narrative Therapy acknowledges that the human experience is shaped by cultural viewpoints and assumes that identity and problems are rooted in a sociocultural context. This model effectively addresses cultural aspects by embracing the client's language and exploring how cultural forces have influenced their stories. Together, these models invite clients to explore how family roles, community expectations, and cultural experiences may have influenced their challenges.

### **Personal Reflection and Theoretical Alignment**

My integrative approach to counseling is constructed by both what I've learned in class and through my lived experiences. I believe that individuals are inherently capable of initiating change and that dysfunction arises from overwhelming circumstances and/or internalized negative beliefs, aligning with SFBT and Narrative Therapy. I've personally benefited from narrative techniques like the process of externalizing my addiction by giving it a name and separating it from my identity. This allowed me to see myself as more than just my struggles, which fostered a sense of hope and self-compassion. I also value the practicality of goal-oriented work that has a termination date, which is my connection to SFBT. My chosen integration of theories emphasizes client-centered goals, positivity, and strengths, reflecting my values of respect, optimism, and social justice. This integration will enable me to foster a therapeutic environment where my clients feel seen holistically as a whole person and not just their issues.

## **Application, Limitations, and Strengths**

### **Client Group Applicability**

SFBT and Narrative Therapy are both adaptable and effective across a wide range of presenting issues and client groups. Both theories are beneficial for clients experiencing complex issues such as trauma, substance misuse, anxiety, depression, relationship problems, schizophrenia, and family concerns (Corey, 2023). Both models are also highly effective for multicultural clients, as they recognize that identity and problems are shaped by social, cultural, and political contexts, empowering them to re-author their stories in ways that respect their unique backgrounds and lived experiences.

### **Counseling Setting Applicability**

SFBT is applicable in a variety of settings that appreciate brief, solution-focused interventions, including individual, group, school, and outpatient clinics (Corey, 2023). Its short-term structure makes it the ideal model for clients who may have limited access to long-term therapy or require culturally sensitive care. Narrative Therapy is also versatile and works well in individual, family, and group counseling settings such as private practice, community health centers, and agencies working to address complex issues (Corey, 2023). Both approaches are well-suited for environments that seek collaboration, cultural sensitivity, and client empowerment.

### **Challenges**

Applying SFBT can be challenging when clients are facing complex issues without quick solutions, or when goal setting remains surface-level and avoids underlying concerns. To address this, I would ensure a space for clients to explore and process difficult emotions and integrate other therapeutic techniques when needed. With Narrative Therapy, challenges may arise for

clients who expect the therapist to be the expert or who want direction, specifically those from cultures who elevate the professional as the expert (Corey, 2023). In these cases, I would clarify the collaborative nature of our relationship by affirming the client's expertise in their own life. I would also implement a more structured approach, if necessary, while empowering clients to shape their own outcomes and stories.

### **Strengths**

SFBT is time-bound and the ideal therapy for clients who prefer not to explore their feelings or the past, instead focusing on client-driven goals and solutions. Its positive, future-focused approach allows clients to set their objectives and actively participate in their care, which research shows increases engagement and satisfaction (Corey, 2023). Narrative Therapy's strengths include its ability to separate the person from their problem, making it empowering for clients struggling with internalized negative self-views. It has imaginative and age-appropriate techniques that work well with children and adults alike, helping clients challenge their limiting narratives and re-author their stories without requiring them to revisit painful memories (Corey, 2023). Both approaches are strengths-based and culturally responsive, which makes them highly effective for a wide range of presenting concerns and client groups.

### **Case Study Application**

My client, Lenae Cortez, is a 34-year-old Latina single mother of three (Luke, 12; Sofia, 9; Gabe, 5) living in San Antonio, TX. She works long hours as a waitress and struggles with opioid dependency and alcohol use following a surgical prescription two years ago. As the main provider, financial strain, stress, and loneliness have deepened her reliance on substances, affecting her health, work performance, and emotional availability as a parent. Lenae's support system is limited, including her mother, Teresa, who offers occasional childcare but is critical,

her children's father is largely absent, and while some coworkers like her longtime friend Maria encourage her to seek help, others enable her substance use. She feels trapped in a cycle of addiction, exhaustion, and isolation, while fearing judgment, financial barriers, and potential custody risks if she seeks treatment.

When working with Lenae Cortez, I would integrate SFBT and Narrative Therapy to address her substance use, familial stressors, and cultural challenges. In our first session, I would begin by asking questions based on genuine curiosity to get to know her, which will help establish trust and bring out her strengths. Using the SFBT pretherapy change technique, I would ask, "What changes have you noticed since you scheduled this appointment with me?" This will affirm her agency and reinforce the positive steps she's already achieved. In the first session, I would introduce the miracle question, asking her, "If a miracle happened tonight and your struggles with substances were gone, what would be the first thing you would notice?" This will help her envision a preferred future and set the tone for collaboration in developing SMART goals that are meaningful to her (Corey, 2023).

Throughout therapy, I would employ exception questions to identify times when Lenae was able to resist using substances and cope with stressors more effectively, exploring how those moments were different and building upon them. Scaling questions would be incorporated regularly, like asking her to rate her stress level from 1-10, so that she can monitor her progress. Between the first and second session, I would assign a formula first session task, such as observing moments at home or work she would like to continue happening, to foster self-awareness and reinforce her role as the expert. Near the end of each session, I would take a 5-10 minute break to compose feedback, summarizing her strengths, signs of hope, and offering compliments to support her accomplishments (Corey, 2023)

To incorporate Narrative Therapy, I would use externalizing conversations to separate Lenae's identity from her depression and addiction, as well as explore how it influences her thoughts and actions. We would deconstruct cultural and familial discourses, such as the expectation that Latina mothers should handle everything alone or the stigma surrounding seeking professional help, and explore how these beliefs influenced her story. Through double-listening, I would carefully listen to Lenae's problem-saturated story and signs of resilience, helping her cultivate a counter-story based on strength and hope. Together, we will search for unique outcomes and times when she overcame urges and use letter writing to document these moments. We will collaboratively re-author her story to reflect a loving, resilient mother who was able to change despite her setbacks (Corey, 2023).

As counseling progresses, I will remain attentive to Lenae's cultural context by using her language and definition of success while integrating her values into her therapy. In the termination phase, we will revisit her initial goals and miracle question, using scaling questions to reflect on her growth and readiness for handling future challenges. I will encourage her to write a letter to herself, documenting her journey and the new story she has authored, and discuss a plan for maintaining progress or how to seek support if setbacks occur. By blending SFBT's practical, strengths-based strategies with Narrative Therapy's focus on identity and cultural context, I will empower Lenae to break the cycle of addiction, isolation, and stressors by reclaiming agency in her life and fostering lasting change for herself and her children (Corey, 2023).

### **Conclusion**

In summary, I realized that integrating Solution-Focused Brief Therapy and Narrative Therapy just feels right for me. It's not just about what I've learned in class but also about what

I've seen work in real-life scenarios, especially in my own life. By combining the strengths-based, future-focused techniques of SFBT and the identity-affirming techniques of Narrative Therapy, I feel confident in my ability to respect the unique values and needs of each client, as I have with my client Lenae Cortez.

The integration of these theories will support my future clients in envisioning, setting, and achieving practical goals while empowering them to re-author their stories previously shaped by societal and personal narratives. My clients will be equipped with valuable tools for change and feel validated in their lived experiences and personal identities. The integration of techniques will enable me to foster hope and resilience in my future clients, guiding them towards a life of sustained growth and transformation.

### References

- Corey, G. (2023). *Theory and Practice of Counseling and Psychotherapy* (11th ed.). Cengage Learning US. <https://mbsdirect.vitalsource.com/books/9798214354910>
- Ermann, L., Lawson, G., & Burge, P. (2017). The intersection of narrative therapy and AA through the eyes of older women. *The International Journal of Reminiscence and Life Review*, 4(1), 14–23. <https://journals.radford.edu/index.php/IJRLR/article/view/184>
- Kim, J., Brook, J., & Akin, B. (2021). Randomized controlled trial of solution-focused brief therapy for substance-use-disorder-affected parents involved in the child welfare system. *Journal of the Society for Social Work and Research*, 12(1), 1–21. <https://doi.org/10.1086/715892>
- Magana, V., & Tadros, E. (2022). Solution-Focused Brief Therapy with Hispanic Families. *Journal of Solution Focused Practices*, 6(2), Article 7. <https://digitalscholarship.unlv.edu/journalsfp/vol6/iss2/7>
- Weegmann, M. (2010). Just a story? Narrative approaches to addiction and recovery. *Drugs and Alcohol Today*, 10(3), 29–36. <https://doi.org/10.5042/daat.2010.0468>