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*ARTICLE***The Solution-Focused Circle Technique: A Visual Tool for Discovering Strengths and Facilitating Change in Therapy and Counseling**

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Psychiatrist-psychotherapist, Furman Consulting, Finland**Abstract**

The Circle Technique is a solution-focused tool for discovering clients' resources, competencies and desired changes, essential aspects of solution-focused psychology. Using two concentric circles, the practitioner guides the client to find resources and ideas about what they want to change and solutions they can use within their social context. The visual tool allows the practitioner and the client to act as explorers, like Marco Polo or Columbus, discovering new worlds. The Circle Technique can be applied in diverse settings to empower a wide range of clients to find valuable ideas. The information found with the help of the circles feels meaningful to clients; it creates a strong sense of ownership, increasing their engagement in the therapeutic process and establishing a good working alliance. Feedback from clients and practitioners has confirmed that visualizing the clients' answers within the two concentric circles has essential benefits. It helps clients focus and keep track of the conversation. Visualizing their answers is particularly important for clients with short attention spans or who miss the capacity to give extensive verbalizations. The article shows how practitioners can use the Circle Technique to discover clients' strengths and help them rapidly define well-formed goals for the therapeutic process.

*Keywords:* solution-focused therapy, solution-focused counseling, solution talk, paradigm shift, practitioners' choice

**Introduction****Paradigm Shift within the Helping Profession**

When initiating conversations with clients, practitioners have a choice. They can choose to ask the client about problems (e.g. "What made you want to see a therapist?"), alternatively, they can ask about the client's desired changes (e.g. "Suppose we are having a good meeting about the changes you want to happen in your life, what might they be?"). Conventionally, the problem-focused approach has been the dominant paradigm of the helping professions (De Jong & Berg, 2012). Practitioners who work from within this paradigm ask *problem-focused questions*, the aim of which is to gain insight into the history and background of the client's problems; diagnose the client's condition; discuss and work through painful experiences, and discover patterns and schemas that may explain the client's difficulties.

The solution-focused approach, a postmodern approach, suggests another avenue. After recognizing and validating the client's problems, the practitioner presents solution-focused questions to facilitate desired change. These questions elicit information about the clients' resources; focus on positive aspects of their lives; help clients envision and describe desired changes; discover exceptions, and explore steps they may take to move towards their goals. The solution-focused approach allows the direction of the therapeutic conversation to change *from problem-talk to solution-talk*, revealing a paradigm shift (De Jong & Berg, 2012; De Shazer, 1985; Huibers, 2020).

## Reviewing Clients as Resourceful and Focusing on Desired Changes

One of the cornerstones of the *solution-focused approach* is to review clients as resourceful. Steve de Shazer, Insoo Kim Berg and their fellow therapists discovered that it is an unnecessary need to know the details of the client's problems. They developed a future-focused question known as the miracle question, a tool emblematic of solution-focused practice. By asking the miracle question, they invited clients to envision their future when their problems are gone and discover an unlimited range of possibilities. They also found a therapeutic technique of interviewing clients about *exceptions to the problem*, i.e., when the problem didn't happen, a technique to build on the client's resources and previous successes (Franklin et al., 2012). The miracle question and other solution-focused questions shifted attention away from causal assumptions about the problems. Clients didn't need to struggle to find ways of getting rid of their problems as they focused instead on describing the results they wanted the therapy to bring about. Exploring preferred futures allowed clients to focus on discovering their previous solutions and developing new ones (De Shazer, 1991).

The solution-focused approach offers a different stance. Instead of assuming an expert position, the solution-focused practitioner adopts a *posture of not-knowing*, listening carefully to how the client sees their world and what is essential to them, leading - metaphorically speaking - the conversation from *one step behind* (De Jong and Berg, 2012; Goolishian and Anderson, 1987).

## The Solution-Focused Circle Technique

With the *not-knowing posture* as its foundation, the Circle technique utilizes two essential aspects of the solution-focused approach: *clients' resources and desired changes* (Huibers, 2019).

The first author developed the Circle Technique in 2003, and many practitioners have used it in various contexts and settings. It allows the practitioner to capture essential information about the client in just 15 to 20 minutes, information to utilize in the current and subsequent sessions. The information recorded within the circles is meaningful to the client, leading to high engagement and enthusiasm and establishing a good working alliance. The Circle Technique allows the client to feel ownership of their process. It is common for clients to want to take a picture of the recording for later use. The Circle Technique provides a unique way to start a solution-focused interview. Instead of beginning the solution-focused session by acquiring a detailed description of the client's preferred future and best hopes (Ratner et al., 2012), the practitioner starts by eliciting information about strengths, resources and goals. The practitioner takes notes of the client's answers and writes keywords or short sentences into the circles. The discussed topics may concern, for example, relationships, work, studies, well-being, health, children, recovering from traumatic experiences, self-development, self-esteem, sexuality, sexual identity, mourning, housing, finance, domestic duties, traveling, ambitions, desires, dreams, or spirituality – anything that the client finds essential and wants to bring up. As all the themes the client brings up are meaningful to the client, they form a coherent compilation when written down within the circles, and their interconnectedness becomes apparent.

Feedback from practitioners says that drawing the circles on a sheet of paper and writing the client's answers within the circles make a difference when compared to mere verbal descriptions by the client elicited in common solution-focused practice. For several clients, the imaginative and creative thinking needed to answer solution-focused questions is complex, while others miss the capacity to give extensive verbalizations. A visual aid is also helpful for clients with cognitive problems such as a short attention span, a limited vocabulary range or clients who struggle with high levels of uncertainty and anxiety due to psychiatric issues. Also, clients who find it challenging to focus on one topic and tend to change the subject continuously can benefit from having their answers recorded in keywords onto circles. Recording the clients' answers in keywords on a flipchart or some other large sheet of paper allows the clients to focus and keep track; It offers the practitioner to stay close to the client's words and build questions on the clients' previous responses. Many practitioners who work with children use pictures instead of writing keywords.

Feedback from practitioners indicates that the Circle Technique is also suitable for working with groups. The practitioner can use the circles to collect relevant information from the participants into the circles without getting bogged down by arguments and digressions typical for group conversations. Group members can feel heard and become engaged throughout the session. The Circle Technique has been used, amongst others, with groups consisting of school children, high school students, civil servants, medical staff, sports teams, family businesses, and mental health teams.

Initially, the Circle Technique has the function of an information-gathering tool. Later in the session, the group members are coached to choose one or two topics they want to focus on, define their goals and identify small steps toward them.

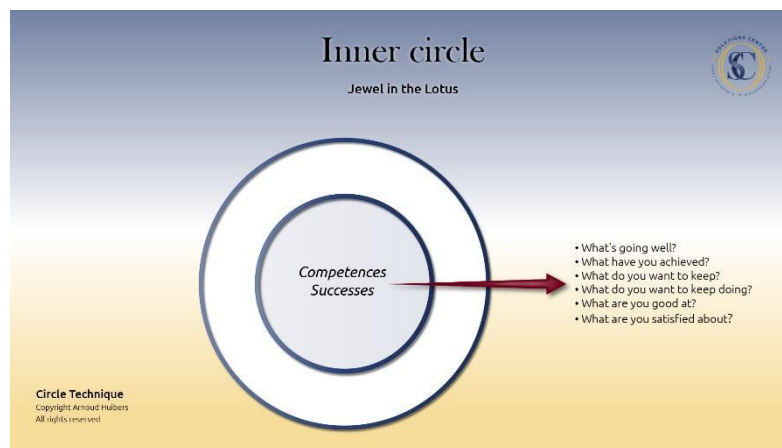
### Instructions for the Use of the Solution-Focused Circle Technique

The practitioner draws two concentric circles on a flipchart or any large piece of paper. They ask the client: "To get to know you better, can we look at some of the things that are going well in your life (pointing at the inner circle) and also some of the things that you would like to see changed (pointing at the outer circle)?" The practitioner and the client are like two explorers who work together to discover a new world. The practitioner takes a posture of *not-knowing*. They write the client's answers in keywords using their words and expressions. Language matching helps build rapport and establish a good working alliance with the client. It also gives the client ownership of the circles. Because the Circle Technique is an inventory of all sorts of information relevant to the client, the practitioner stays "on the surface" and asks only one or two questions about each topic. The practitioner often repeats the question "What else?" This question helps keep pace in the session and helps gather as many keywords onto the paper as time permits. The practitioner can ask questions alternating between the inner and the outer circle.

### The Inner Circle: Jewel in the Lotus

The inner circle displays keywords related to competencies, capabilities, strengths, beneficial relationships, resilience, skills, and talents. The practitioner may also ask about recent successes, positive character traits, and things going well for the client. Competence is the ability to perform a task with skills and the right attitude. A skill is an acquired ability to perform a specific task or activity. Resource-activating questions tend to switch on clients' competencies, capabilities, and strengths within the session.

The practitioner may ask questions like: "Tell me about recent successes you had", "What are you good at in your work?" or "What have you achieved recently that you are satisfied with?". They may also ask: "What is going well in your relationships with your family members and friends that you are happy about?" or "What is happening in your life that you want to continue to happen?". If the client is a child, the practitioner may ask, "What do you like to do in your free time that you are good at?" or "What is your best subject in school?"



Here are some examples of answers that clients may give to questions concerning competencies: "I was able to concentrate well when I studied for my last exam recently", "I have learned to speak Spanish fluently", "I stay calm when things are turbulent around me", "I have noticed that I am rather resilient now that I have gone through this challenging time", "I take care of my turtle well", "I am a pretty good skier". Examples of answers that clients may give to questions concerning their positive character traits include: "I am a helpful person", "I am loyal to my friends", "I am a fighter, I never give up", "I am patient with my colleagues", and "I am very committed to my children". Examples of successes that clients might report include: "I have finished my calligraphy course with a good result", "We completed the renovation

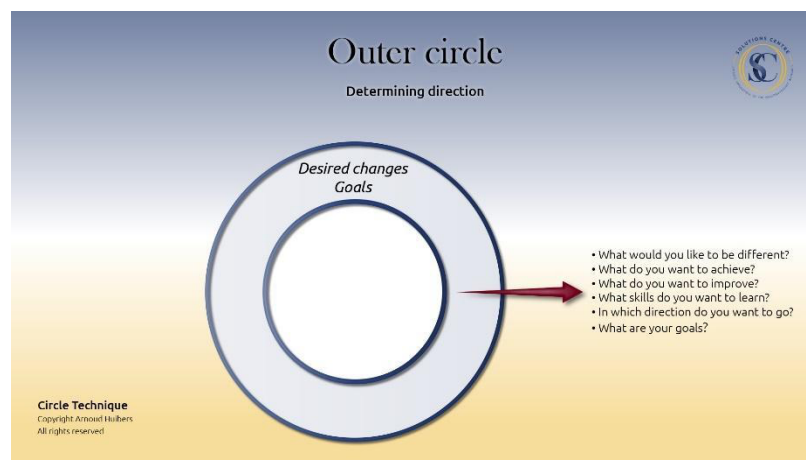
of our house", or "I have quit smoking". When asked about strengths, the client might say: "I am persistent", "I am disciplined", or "Trustworthiness is one of my strengths".

About every topic that the client reports, the practitioner asks one or two follow-up questions such as: "How have you managed that?", "Great, who did you learn that from?" or "That is impressive. What does your partner think of that?" This way, the practitioner validates the client's answers and shows that they are listening carefully. Again, the practitioner only writes down keywords in the circles.

Talking about success, competencies and positive character traits is gratifying. It makes clients feel content and proud. Neuroscientists have shown that conversations revolving around positive aspects of our lives reduce stress and anxiety and stimulate the production of neurotransmitters such as dopamine and endorphins that contribute to the generation of a sense of well-being (Sapolsky, 2017). A wealth of research indicates that positive affect promotes creative problem-solving and improves cognitive flexibility (Fredrickson, 2001; Wang et al., 2017). Research shows that clients report heightened self-confidence after solution-focused conversations (Wehr, 2010). Some researchers argue that resource activation predicts successful psychotherapy outcomes (Gassmann & Grawe, 2006).

### The Outer Circle: Determining Direction

The outer circle displays information related to desires for change, goals, skills that clients want to master, ambitions, and things that clients want to improve, achieve or learn. The practitioner may ask questions like: "Thinking about the near future, what are things you would like to be different?"; "Suppose tomorrow morning you wake up and realize that you have mastered a useful skill; what would that skill be?"; "What would you like to improve?"; "Suppose your relationship with person \_\_\_ improves; how would you know? What could you do to make it happen?" "What are your long-term goals?"; "In which direction do you want to go concerning your professional development?". The practitioner may ask young clients: "What would you like to become better at?"; "If I were to ask your best friend what skill he or she thinks you might benefit from improving, would you think they would say?"



The practitioner *validates* the client's answers and writes down relevant keywords. If the client's response refers to the absence of a problem or a complaint, the practitioner asks, "What would you want instead?" For example, if the client says: "I don't want to procrastinate anymore", and the practitioner asks, "What would you want to do instead of procrastinating?" allowing the client to rephrase their answer, "I want to tackle tasks right away". With the help of additional questions, the practitioner helps the client to formulate their goals in positive language. For successfully applying the Circle Technique, negatively framed goals must be turned into positively formulated ones before the practitioner writes them down. Doing so prevents the practitioner from writing down negative statements or problems in the outer circle. For a well-running solution-focused session, it is necessary to set well-formed goals.

An essential characteristic of well-formed goals is their importance to clients. A worthwhile goal should be personally meaningful and rewarding. A goal chosen by the client is more motivating than a goal imposed upon the client by someone else, such as a manager, teacher or parent. Whether the practitioner believes a goal is worthwhile for the client

(or not) is of less importance. In other words, the practitioner accepts any goal the client presents and records it into the outer circle. The practitioner may suggest a particular goal, but clients must agree that it is worthwhile for them before writing it down.

Setting goals helps clients to channel their energy into action. Researchers say that people who strive for something personally significant are far happier than people who do not have dreams or aspirations. Find a happy person, and you will find a clear objective. Pursuing a goal provides us with increased self-esteem and confidence, an increased ability to cope with problems and opportunities to engage with others (Lyubomirsky, 2008). Clear goals that are attainable and align appropriately with the person's skills and abilities are components of creating a flow-state experience (Csikszentmihalyi, 2014).

The second author has developed a solution-focused program known as KidsSkills aimed at teachers and pedagogues to help them help children overcome emotional and behavioral challenges. The program is based on the observation that it is easier for professionals to establish a working alliance with parents and children if one doesn't talk about problems but skills that children would benefit from learning (Furman, 2004). The legendary late family therapy pioneer Jay Haley argued that if therapists decline to define goals for therapy, they are bound to fail (Haley, 2010). According to various researchers, setting clear goals in therapy predicts an increase in success (Beyebach et al., 2000).

### **Follow-up: Scaling**

Once the practitioner has completed recording information on the two concentric circles, they highlight one or two goals on the outer circle and formulate a scaling question to address them. The practitioner asks the client to choose one or two of his goals from the outer circle he prefers to start working on. For example, if the client wishes to improve their "self-confidence at work", the practitioner asks, "On a scale from 0 to 10, where 10 stands for good self-confidence at work and 0 for the opposite, where would you say you are now?". If the client picks the goal "good communication with my partner", the practitioner may ask, "On a scale from 0 to 10, where 10 stands for good communication with your partner and 0 for the opposite, where would you say you are at the present moment?". Before asking the scaling question, the practitioner may ask for a more detailed description of the goal, "What does good communication mean to you in practice?" or "How will you know that your communication has improved?". The scaling question yields more information if the practitioner elicits a detailed description of the goal before presenting it.

Scaling questions are a well-established tool in solution-focused practice. They allow the client to evaluate their current position on an imaginary stretch expanding from the undesired state of affairs to the desired state while simultaneously providing a platform for exploring positive development and creating mental images of positive future outcomes. The practitioner can also use scaling questions to assess clients' perceptions of other things, such as their self-confidence or motivation to work hard to accomplish desired changes. They can also use scaling questions to evaluate progress and to help clients discover small steps that they can take to move towards their goals.

### **Outline of a Session using the Solution-Focused Circle Technique**

A session with the Solution Focused Circle Technique consists of five stages:

*First stage:* making acquaintance, clarifying the context, and establishing a connection with the client (not the problem).

*Second stage:* recognizing the client's difficulties that bring them to therapy or counseling and asking the client about the changes they are hoping for to happen.

*Third stage:* introducing the Circle Technique to gather information about competencies, strengths (the inner circle), goals, and desired changes (the outer circle).

*Fourth stage:* presenting the scaling question regarding one or two items recorded on the outer circle.

*Fifth stage:* giving feedback to the client, summarizing highlights of the conversation, complimenting the client and possibly suggesting a homework assignment founded on the client's ideas about what might help them make progress in terms of the goals listed in the outer circle.

## Frequently Asked Questions about the Solution-Focused Circle Technique

*Q: Are there benefits of asking the client to write the keywords on the circles?*

A: We usually recommend that the practitioner write the client's answers on the circles, allowing the client to focus on thinking about their answers and helping the practitioner to ensure that goals are well-formed before recording them on the paper. When working with families with children, it makes sense to occasionally give the marker to a child if the child enjoys writing words or drawing pictures in their circles.

*Q: Do clients get to keep the sheet of paper with circles?*

A: Yes, clients often ask if they can take a picture of the paper with the circles indicating that the circles are meaningful to them. When the practitioner uses a flip chart during the session, clients sometimes tear the paper with the circles and roll it up to take it home under their arms. This, too, indicates that clients tend to feel engaged with the process.

*Q: What role do the circles have in subsequent sessions?*

A: It is not uncommon for clients to refer to the circles during the next session. Some clients say they have thought about the circles at home and would like to add something to the inner or the outer circle. Sometimes children make drawings on the circles and wish to continue working on them when they return. A seven-year-old boy who had lost both of his parents to drug addiction used the circles to reminisce by drawing pictures of good memories with his parents. The circles offered him a visual platform for his grieving process. In the outer circle the boy drew pictures about his wishes regarding his foster family. The young client was proud of his artwork.

*Q: Can the Circle Technique be combined with the Miracle Question?*

A: Yes. The practitioner can record bits and pieces of the client's answer to the Miracle Question – or any other "suppose questions" – onto the outer circle with keywords. They can use "What else" questions to collect additional information about goals and desired outcomes to record on the outer circle.

*Q: The competencies and goals that emerge in the conversation steered by the circle technique seem more random than in a more conventional solution-focused interview. How does this work?*

A: An interview using the Circle Technique is like a brainstorming session to uncover competencies and strengths for the inner circle and desired outcomes for the outer circle. The information may seem scattered, but they are meaningful to the client and form a coherent collection of interconnected perceptions and thoughts when they appear in the circles.

*Q: Once the circles have been completed, what is the next step in the conversation?*

A: One possibility is to do what we have proposed above, construct scaling questions based on the designated goals noted in the outer circle. Solution-focused practitioners use scaling questions to elicit information about past and future progress. Another option is to carry on the conversation employing customary solution-questions such as, "What similar goals have you succeeded in achieving before?"; "From all people that you know well, who do you think could help you to achieve your goal? In what way could they do that?"; "Who will be the first to notice that you have made progress towards your goal? What will they see that tells them that you have made some headway?"; "Imagine that when we meet next time, you tell me about the progress towards your goal that you have made, and you explain how you did it; What would you tell me.

## Case Vignettes

### Case Vignette #1

Jack, a 12-year-old boy, recently told his father that he did not want to see him again. The father, Ron, a 50-year-old sales manager, decided to call a family therapist to arrange a meeting together with his son. When Jack enters the family therapist's office with his father, he looks pale. He is not very talkative but responds politely and thoughtfully to the therapist's questions. Ron explains that he is shocked by his son's announcement. He thinks that his ex-wife, Jack's mother, Jacqueline, has influenced his decision. Ron has stopped talking to Jacqueline and believes she is still angry about the divorce and jealous of his new partner. He also admits to having the bad habit of quickly losing his patience with Jack, his only son, and other people. The family therapist says he understands that the situation is not easy for Ron and not for Jack either. Jack nods and agrees.

The therapist introduces the Circle Technique and asks Jack and his father about their strengths and successes. Jack says he is "a very loyal friend" and "good at hockey". He is a hockey goalkeeper who has to carry a massive bag of gear to the hockey field twice a week. His father adds, "Jack is a very artistic boy. He can make beautiful drawings. He is also

an amicable and sociable person". Ron continues, "I am a persistent person, and I am crazy about sports". Both Jack and his father actively complete the inner circle with their competencies and memories of shared experiences. They both seem to enjoy the conversation, and Jack appears at ease.

Moving on to the outer circle, the therapist asks Jack and his father what they wish to be different in the future. Jack is reluctant to answer, but his father encourages him. He then says he would like his father to be less critical of him at the dining table. Jack explains that he always feels awkward having dinner with his father and the father's new girlfriend because his father "always disproves about almost everything". The therapist asks Jack what he would like to see his father doing instead of being critical of him. "Good atmosphere at the dining table," he says, and "Dad being more friendly and supportive". The therapist records these sentences on the outer circle. The father says that he often finds his son closed off and inaccessible. The therapist converts the complaints into wishes and writes the words "open and talkative" inside the outer circle. Jack agrees with these words and adds that it would be helpful if his father would be supportive instead of judgmental towards him. Ron agrees and thanks his son for his frankness. When the therapist presents the scaling question, Jack and Ron have useful ideas about how they could move up on the scale of "good communication between father and son". They both seem motivated to work on their relationship and to make things better between the two of them.

During the follow-up session three weeks later, things have become better. Father and son agree that they have moved up on the progress scale. Jack feels they are at seven, and Ron feels they are currently at eight. They informed the therapist that they had traveled abroad for a weekend fishing and had had many good talks while on the fishing boat.

Jack's mother, Jacqueline, contacted the therapist and wanted to talk with him. She was skeptical about her ex-husband's ability to change, but she had noticed that Jack had seemed more relaxed about visiting his father. She expressed her hope that Jack and Ron would continue therapy a few more times which they did.

### Case Vignette #2

The local authority referred a family for therapy because of a problematic relationship between a 17-year-old girl and her father. Previous treatment had been unsuccessful. Father and daughter had hardly spoken to each other for nearly two years. The father, a 45-year-old mathematics teacher and the mother, a 47-year-old court clerk, were disheartened about the situation. They felt their daughter Liza was disrespectful and selfish; she often yelled at home, did what she wanted without keeping to the house rules, had a big mouth and was rude to her two younger brothers. In particular, Liza insulted her father. At home, she acted as if he didn't exist. During one of the many arguments, father squeezed Liza in the arm, making her angry for a long time. At school and also socially, things were going on well. Liza gets good marks and has several friends. She has recently been promoted to team leader at the restaurant where she works during weekends.

The atmosphere in the family therapy session with the father, mother and Liza is tense. After a brief social phase, the therapist introduces the circles and emphasizes that he will only record information on the circles when everyone agrees. After a while, the inner circle is populated with sentences such as "Liza is independent and energetic", "good school results", "enjoying our Labrador at home", "participates in cooking", and "enjoys watching Netflix movies with the family". The therapist presents the following question to elicit information for the outer circle, "Suppose each of you woke up tomorrow morning and found out that you mastered a skill that you do not master right now, a useful skill for family life. What skill do you think it would be?" Father was the first to answer. "I would have Alzheimer's disease", he said, triggering the other family members to laugh. "Would you care to explain?" asked the therapist. "When I have Alzheimer's disease, I will have forgotten everything, including our terrible fights". Mother said her skill would be to "keep things in perspective". She explained that by mastering that skill, she would be able to respond to things by saying something along the lines of "this is just part of growing up", "I used to be a difficult teenager myself", and "this too will soon pass". Liza's skill was "forgiveness", which she had recently read much about in social media. She wanted to call her skill "the forgiveness skill" to write in the outer circle. Both parents were impressed by her answer. They didn't expect their daughter to be that cooperative during the family therapy session.

The meeting was like a brainstorming session producing many creative ideas. The tension subsided, and collaborative creative thinking was there instead. More useful answers appeared in the outer circle: "Liza taking the initiative to talk



at the dining table", "Everyone minds their language", "Father asks open questions", and "Everyone following house rules".

The therapist asked the scaling question: "On a scale of 0 to 10, where 10 indicates that you are confident that practicing your skill will improve the atmosphere at home, where would you say you are now?" Liza said that she was not very confident. She had read about forgiveness, but she had never practiced it. Nevertheless, she wanted to give it a try. That put her on five. Father replied that he was not sure that pretending to have Alzheimer's would be helpful, but he would do his best. He thought he was currently at four. Mother said it would make a difference to her if she learned to put quarreling into perspective. She felt that she was presently on seven on the scale. The therapist then asked all three of them how they would know they had moved on the scale. All three of them gave a detailed answer. Liza said that she would know by just doing it. Father said he would use the skills he had learned during his undergraduate acting class to pretend he had forgotten about the past fights with his daughter. Mother said she would practice keeping things in perspective whenever she felt a tension in the family. The therapist thanked the family members for their openness, courage and creativity and wished them good luck practicing their skills and continuing the experiment at home.

During the follow-up session, the family reported significant improvements. Liza and her father had once gone shopping together. They had not spoken much with each other in the car, but they felt it was an improvement because it was a long time since they had done anything together. The whole family, all five of them, had searched together for a vacation destination without ending up arguing with each other. Father had shown interest in his daughter by asking open questions, and Liza had responded. It meant a lot to her. There had been no high-intensity quarrels since the previous session. The therapist reinforced the positive changes with exploratory questions such as "How did you do that?" and "How were you able to practice your skill?". During subsequent sessions, the therapist used common solution-focused questions (e.g. scaling-, relationship-, circular-, and progress questions) to assess and amplify positive changes in the family atmosphere. After five sessions, the family members were confident they could maintain a good atmosphere, mutual respect and good relations without further sessions.

### Using the Solution-Focused Circle Technique in Various Settings

Practitioners have used the Circle Technique in diverse settings. It has been used successfully with individual clients and in *couple and family therapy*, where both partners or family members must find agreement about which strengths and goals will appear in the circles. School counselors have also used it when working with *schoolchildren* in a classroom setting. Pupils are typically full of ideas about what words they would like written on the circles. Collecting their ideas and helping them define their goals motivates them to work on them – more so than if the teacher imposes goals and instructions to reach them.

The Circle Technique is also suitable for *performance management* or development-focused conversations between managers and staff members. Coaches have reported using it successfully in organizational development and *team building*. Nurses, carers and other professionals working with *intellectually disabled* clients have noted that the tool helps them to have successful conversations with the clients as it allows them to visualize the clients' answers with pictograms and drawings in addition to words (Huibers, 2019).

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