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ARTICLE

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Solution-Focus, a 'Value-Free' Approach?

In their discussion of assessing and responding to client risk the BRIEF team Harvey Ratner, Evan George, and Chris Iveson (2012) make the broad claim that that the Solution-Focused Approach is 'value-free':

> The solution-focused approach is a *non-normative approach in the sense that it has within it no idea of right and wrong*, no idea of how the client should live her life. The preferred outcome of the work is determined by the client, and the approach is merely a description of a way of talking with a client that is associated with the client achieving those preferred outcomes. Solution-Focus has no way of assessing or evaluating the client's life, *it is in essence 'value-free'* and the legitimacy of any question that the practitioner asks is determined by whether or not it can be related to the client's preferred outcome; *if it cannot, then that question must certainly be regarded as impertinent, as intrusive but more than that it risks being impositional – the worker asserting his or her own sense of 'rightness' on the client* (Ratner et al., 2012, p. 84).

However, the assertion made in this paragraph that the Solution-Focus Approach is 'in essence value free' poses a dilemma for me as a Solution-Focused practitioner. If it were the case that the Solution-Focus Approach was essentially value free, as the BRIEF authors appear to believe, then it would not matter whether or not the practitioner engaged the client with concerns about her safety. It is because the Solution-Focus Approach is value laden (or value rich) that this 'dilemma' arises. The key value of Ratner and his colleagues is the priority given to the client's goals, of client autonomy, so that anything that is introduced into the therapeutic conversation outside of these is 'impositional'. This value arises from the stance of radical trust and appreciation of the client that one of the authors regards as key to the practice of this 'minimalist' version of Solution-Focused Brief Therapy (Iveson, 2019). This value seems to reflect a high regard for human persons and their resources and insights for their own flourishing (Ratner et al., 2012). I wonder, then, if a concern for the safety of human persons might not be congruent with prioritizing their goals as both flow from the same high regard for human persons. Will not the same practitioner who is concerned for the client's goals for flourishing also be concerned for the welfare of the client. This is especially the case if the practitioner adopted the Solution-Focused Approach for the very reason that it gives a high value to human persons (Lipchik, 2002). So how is it that the Solution-Focused Approach can be at odds with a concern for the client's safety as a human being?

The Dilemma of the Ethical Practitioner

The tension between values that Ranter and his colleagues pose also creates a tension within the practitioner:

> This raises the question of how does the solution-focused approach respond to risk and the short answer is that the solution-focused approach does not! This does not mean however that the same practitioner, using the solution-focused approach in her work, will not find a way of responding to risk, *but to do so she will step outside the model and draw on an external set of values that can distinguish 'right' from 'wrong', safe from dangerous* (Ratner et al., 2012, p. 84).

And a page later after an example in which the therapist asks the client whether her safety is important to her:

> If the client were to respond 'no' to the therapist's question, the therapist is left with a real ethical and moral dilemma. Does she carry on with the work or not? *Solution-focus cannot answer that question but an ethical practitioner has to.* (Ratner et al., 2012, p. 84).

This would seem to suggest that I would need to create a separation in my professional self as Solution-Focused practitioner and then as an ethical practitioner. However, this does not make sense from either direction. As a Solution-Focused practitioner I have a very high regard for human persons and, because of the values that appear to be inherent to the Solution-Focused Approach, I will seek to preserve the life of persons wherever possible. On the other hand, as an 'ethical practitioner' with a high regard for the life of human persons I am attracted to the Solution-Focused Approach for this very reason that it has such a high regard for human persons and their flourishing. Thus, as a Solution-Focused practitioner I also seek to be an ethical practitioner. This raises further doubts in my mind about the coherence of the tension that Ratner and his co-authors posit between goals and safety.

Moreover, as a Solution-Focused practitioner, I would be uncomfortable with either working with an 'unethical' practitioner or referring clients to such a practitioner. It is also unlikely that such a practitioner would be welcomed into a partnership or team of Solution-Focused practitioners.

In the sections that follow I argue that the assertion Ratner and his colleagues that the Solution Focused Approach is 'essentially value free' is mistaken on three grounds. Firstly, it is at odds with the Codes of Practice developed by some Solution-Focused organizations which, including that of which Ratner and his colleagues are members, seek to balance between high respect for client goals and expertise and client well-being. Secondly, the Solution-Focused Approach can be interpreted as a value-rich practice in which respect and care for clients can be brought into an appropriate alignment by a proficient (and virtuous) practitioner. Thirdly, I demonstrate such an alignment through the work of John Hendon who maintains a rigorously Solution-Focused approach while giving full respect the goals of clients contemplating suicide while at the same time demonstrating care for their safety and well-being.

Codes of Practice

Comparison of Codes of Practice of SF Organizations

In a web search I discovered three codes of practice from Solution-Focused Organizations. My interest in these Codes of Practice here is not to investigate their origins but to compare the balance they strike between the goals and welfare of the client. I consider each in chronological order.

In the oldest of the three Codes of Practice, from the United Kingdom Association for Solution-Focused Practice (UKASFP) (https://ukasfp.org/) which was published in 2012 (UKASFP, 2012) (and is now under review) the Solution-Focused approach is not defined within the document, but reference is made to another document the 'Standards of Proficiency' (pp. 2, 3, 7).

In the UKASFP Code of Ethics itself no direct statement is made concerning the priority of client goals aside from reference to client autonomy with regard to confidentiality on page 2. However, there are four mentions of a 'duty of care' on pages 3 and 4 of the document and one of 'wellbeing' on page 3. As there are no references to goals. Does this mean that this Code of Practice does not reflect the Solution-Focused Approach or that "duty of care" and "wellbeing" are key values for Solutions Focus?

In contrast the 'Standards of Proficiency' (UKASFP, 2008. Graciously provided by Tom Newton in an email correspondence), do define the Solution Focus Approach in terms of enabling the client to develop a description of their 'preferred future' using solution focused methods and questions. (Section 3a 'Knowledge, understanding and skills' pp. 3-4) While client autonomy is not explicitly stated the focus consistently placed on the clients' context and wishes (Section 2a 'Identification and assessment of needs' pp. 2-3) and Section 3a stresses use of the clients' language and respect for their goals within their 'frames of reference' (pp. 3-4). Client wellbeing and safeguarding is flagged as critical in the preamble to the Standards as meeting the standards 'includes seeking advice and support from education providers, employers, colleagues and others to ensure that the wellbeing of service users is safeguarded at all times.' (p. 1.) Section 2 'Critical evaluation of the impact of, or response to, the practitioner's actions' builds on this general commitment by stressing the importance of the safeguarding and wellbeing of clients as part of their ongoing critical

evaluation of their Solution-Focused practice. In this document both clients' goals and wellbeing are integral to the Solution-Focused Approach.

The second Code of Ethics is that of the Association for Solution-Focus in Organisations (ASFIO) (https://www.sfio.org/) (of which I am a reviewed contributor). This minimalist one-page document dates from 2016 (ASFIO, 2016). It identifies the Solution-Focus approach historically from the 'pioneering work of Steve de Shazer, Insoo Kim Berg and their colleagues from the Brief Family Therapy Center.' This Code also gives a high priority to client wellbeing as it states in the second paragraph that members of the Association '…will have due regard for their own health and safety and that of their colleagues and clients.' However, more explicit recognition is given to clients' goals as members are expected to 'Respect their clients' expertise: clients know what they want.' The ASFIO code places the responsibility for wellbeing early in the document and expresses the value given to clients' goals in a uniquely Solution-Focused manner by referring to their 'expertise'.

The third and most comprehensive code of practice is that of the European Brief Therapy Association (EBTA) which dates from 2021. The EBTA Code of Ethics (ETBA 2021) is a more philosophical document as it begins with an interesting preamble about the nature and applicability of ethics that notes that they are both universal and contextual! The Code defines Solution-Focused Brief Therapy as 'a form of interaction where the Practitioner takes responsibility for the *process* of helping the client.' (EBTA 2021, p. 2. Italics added) and refers the reader to the EBTA publication *Theory of Solution of Solution-Focused Practice* (Sunderman et al., 2020). The EBTA code gives a very clear and decisive priority to client wellbeing: 'The SFBT Practitioner favors the Client's well-being as the ultimate value.' (EBTA 2021, p. 2). This is explained further:

Client's well-being is conceptualized as:

- Client's life, which is a necessary premise for an improvement to arise and the ultimate value in itself
- Any improvement that is satisfying or at least acceptable to the Client
- The SFBT Practitioner is able to choose between conflicting values and to help the Client to recognize their life as the ultimate value, especially if the Client is considering a suicidal attempt (EBTA, 2021 p. 2).

This would suggest that the EBTA places client welfare above any specific goals, especially in cases involving risk of suicide. However, goals still remain at the center of practice. Like the ASFIO Code the EBTA code recognizes that the client is the expert in their life and then goes on to directly address the issues of client goals:

> The SFBT Practitioner aims to maximally reinforce the Client and their sense of agency with their life. Therefore, the SFBT Practitioner strives to minimize their direct participation in the active search for solutions so that the Client can attribute the success in achieving the goals to themselves (EBTA, 2021, p. 3).

This statement tends to reflect the minimalist model favored by Ratner and his colleagues at BRIEF in which the client's goals are paramount and the practitioner supports the process of the client formulating and achieving their goals with as light a touch as possible. However, in the EBTA Code client goals appear to be subordinated to client well-being. Ratner and his co-authors place these values in tension with each other. How does the EBTA Code address this tension? It seems that the authors of the EBTA Code expect the Solution-Focused practitioner to be able to make a balanced judgment between client wellbeing and goals. Neither value is to be abandoned but wellbeing is prioritized. Especially, as I already noted, with regard to suicide.

> The SFBT Practitioner is able to distinguish between the well-being of the Client and Client's health and takes possible conflicts between them into consideration. (EBTA, 2021 p. 2)

> The SFBT Practitioner bases their relation with the Client on the premise of respect for Client's beliefs, autonomy, safety and needs.
> The SFBT Practitioner makes sure their relation with Client is set accordingly to the rules and practices that are helpful to the Client both during the therapeutic process and after it is finished. The Practitioner recognizes the obligation to predict the consequences of their actions towards the Client and their environment. Consequently,

> they carefully consider Client's needs and try to assess whether they might result in long-term negative effects, even if they provide immediate, momentary relief (EBTA, 2021, p. 3).

In the ETBA Code it appears to me that both client wellbeing and the realization of client goals are solution-focused values and rather than being in tension they need to be brought into balance by respectful consideration and assessment. But how is this to be done?

Value and Limitations of Codes of Conduct

Before I attempt to answer that last question, I would like to note the value and limitations of Codes of Conduct. Firstly, it seems that codes of conduct are important for identifying values that are critical for practice and this may be one important aspect of their formulation (Babri et al., 2021; Earl & Moulin-Stozek, 2019; Frezza & Greenly, 2021; Mazzierie & Furlotti, 2017; Schwarz, 2002). (The development of the first Code of Practice of the American Psychological Association from 1948 to 1952 by John C. Flannigan on the basis of practitioner 'critical incidents' could be seen as an example of this. (Flannigan, 1954; Joyce & Rankin, 2010). In the case of client well-being and client goals, the Codes that I have reviewed suggest that both are important values for the Solution-Focused Approach and that client wellbeing, and the risks associated with client safety cannot simply be put aside as part of something else. The Solution-Focus Approach is not 'value-free'! It seems that Solution-Focused practitioners regard client wellbeing as such a critical and integral part of their work, in common with other 'helping professions' that it cannot be put aside and, at times, must be prioritized above client expertise and goals.

Secondly, we see that Codes of Practice are helpful for guidance and accountability. The Solution-Focused Approach entails high respect for human persons and their flourishing. This means that the Solution-Focus practitioner is expected to facilitate a process in which the client is able to recognize and develop their expertise in formulating their own goals for solutions in their lives. At the same time the same high respect for human persons places a responsibility on the practitioner to give high(est) priority to their clients' wellbeing. In the light of the Codes of Practice achieving a creative balance between goals and risks would be evidence of proficiency as a good practitioner.

But how is such proficiency to be obtained? Especially in 'in the moment' when a client may be framing goals that might entail risk to her own wellbeing or that of others. The guidance given in the Codes may be indicative, but it is abstract 'out there' external and perhaps inaccessible to the practitioner in the therapeutic moment (Radden & Sadler, 2010).

This brings me to my third and last question. How is the ethical balance between the values of goals and risks to be achieved in the moment? It would seem that a more grounded basis of ethical judgment (Dean, 1992; Grodzinsky, 1999; Macfarlane, 2002) is required that can inform the Solution-Focused conversation intuitively 'in the moment'. This would need to be integral to the practitioner so that it would flow into the conversation and not be something external that they would need to go and look up! For such engagement at the moment. I believe that we need the virtues to fully understand the Solution-Focused Approach.

The Solution-Focused Approach as a Virtuous Practice

In an earlier article (Jennings, 2022) I argued that a moral 'map' for the Solution-Focused Approach as an ethical practice could be developed using the model of a 'practice' developed by the moral philosopher Alasdair MacIntyre (Donozo, 2014; Knight, 2008; MacIntyre, 1985). (While I acknowledge that there are other possible ethical stances that could be deployed to provide such maps, my focus in this article is on MacIntyre's virtue ethics. I do hope that other scholars will complement my contribution with discussions that focus on other approaches, such as Gilligan's ethics of care (Gilligan, 1993) and Rawls ethics of justice (Rawls, 1971). This will promote rich ethical reflection and dialogue.) MacIntyre constructs a 'practice' as a complex cooperative activity, such as a sport or a profession, undertaken to achieve some good or purpose that relates to human flourishing. The practice will have its own history, standards and exemplars. In the course of this practice practitioners develop the skills necessary to achieve the purpose of their practice and in the process achieve good outcomes that are internal to the social interaction of the practice. These goods are of two types: the Practice Good which reflects the purpose or excellence of the practice and the Practitioner Good which reflects the development or excellence of the practitioner.

Korman, De Jong and Jordan's 'Axioms' (Korman et al., 2020) provide a valuable means of identifying the Practice Good and the Practitioner Good of the Solution Focused Approach. The practice good that de Shazer and his colleagues framed in the mature stage of their practice was

> Axiom 5: Brief therapy is about developing solutions with clients. (Korman et al., 2020, p. 21.)

The practice good of the Solution-Focus Approach is to enable clients to construct their own solutions to enable them to have more satisfactory lives. I particularly like the way that Gale Miller phrases this good: 'constructing progressive stories' (Miller, 2004, p. 74).

The practitioner goods are captured in the following Axioms:

> Axiom 4: Client change via therapy occurs through observable interactions in which the therapist finds ways to cooperate with the client.
>
> Axiom 6: Therapy is a visible interactional, dialogic process negotiating the meanings of the client's language. (Korman et al., 2020, p. 21)

These Axioms reflect the excellencies of interaction, cooperation, and dialogue with the client that the practitioner will develop if they are diligent in pursuing expertise in the skills of the Solution-Focused Approach.

Virtues are the interactional qualities that practitioners require to achieve and demonstrate these practitioner goods (Higgens, 2010; Ward, 2017). Virtues are best understood as character traits, strengths or qualities developed through social interaction rather than 'innate' personality traits (Besser-Jones, 2015; Darr, 2020). As virtues are qualities developed through social relationships and interaction, they are dependent upon ethical practices both for their development and for their acquisition by persons (MacIntyre, 1985). Practices are essential schools for virtues (Sellman, 2011; Ward, 2017; Waring, 2016).

MacIntyre argues that all practices entail at least three virtues. Firstly, *justice* to give teachers, colleagues and clients what is properly due to them. Secondly, courage to engage and innovate in practice, especially when this relates to the welfare of clients. Thirdly, *honesty* to acknowledge limitations and to relate truthfully and authentically to clients and colleagues (MacIntyre, 1985).

The excellences of interaction, cooperation and dialogue with the client should serve as the means to achieve a balance between wellbeing and autonomy in the incident we are considering but I contend that it is particular virtues that will provide the 'in the moment' intuition' that will enable to practitioner to achieve a balance between the two. What, if any virtues, emerge and are active in the Solution-Focused Approach that might contribute to this balance?

Risks and Values: The Work of John Henden

Ratner and the other members of the BRIEF team insisted that the Solution-Focus Approach was a 'value-free' (Ratner, et al., 2012, p. 84) approach and that any form of risk assessment would require a different, ethical framework. My argument thus far is that as a human practice the Solution-Focused Approach has a practice good (of 'constructing progressive stories' (Miller, 2004, p. 74) for which it is valued, and virtues or human qualities that facilitate the exercise of the disciplines or skills that serve to realize that good. Insofar as the Solution-Focused Approach involves a human good and human virtues it cannot be said to be a 'value-free' activity.

However, this is not sufficient. To make the claim that the Solution-Focused Approach is 'value-rich'. I believe it is necessary to indicate the virtues that would be necessary to access and respond to the risks that a particular action might expose a client while still remaining Solution-Focused and respecting the clients' goals. It seems to me that the best way to do this would be to consider how a Solution-Focused practitioner might engage with clients who are placing themselves at extreme risk by contemplating suicide. This leads us to the work of John Henden on preventing suicide through Solution-Focused conversations (Henden, 2017). (Interestingly, Henden received his orientation to the Solution-Focus Approach at BRIEF (then the Brief Therapy Centre) in one of de Shazer's workshops in the 1990s).

Establishing Relationship

Henden considers that there are serious limitations to received approaches to accessing and responding to the risks of any particular client committing suicide, especially those based on the 'medical model' (Henden 2017, pp. 44-48). Such approaches may be too time consuming, cumbersome, subjective, and disrespectful to the client. All these factors may actually contribute to the client proceeding with their intented suicide. Rather, Henden argues the client needs to be treated with respect and have a conversation with a (Solution-Focused) practitioner as soon as possible with engagement commencing from the appointment with the client being given the 'First Session Formula Task' to consider before the appointment (Henden, 2017, pp. 72, 79, 99, 113).

Based upon his therapeutic experience Henden argues that a good relationship needs to be established with the client within the first ten minutes of the interview for the client to cooperate with the practitioner in considering alternatives to suicide (Henden, 2017 pp. 112-122). He argues, drawing on Karl Rogers, that three qualities or virtues are necessary to establish such a therapeutic partnership and these are *acceptance* of the client and their choices, *genuineness* by relating to them in an open and transparent manner and *empathy* in understanding and comprehending their situation. These are expressed in the initial stages of the interview through *acknowledging* the client's dire circumstances and emotions, *validating* the legitimacy of their feelings and contemplated actions in the light of their situation and *normalizing* them as something that anyone would do when faced with a similar situation. This sets the scene for the therapeutic relationship.

The Process of The Therapeutic Relationship

Henden records that he begins interviews with clients contemplating suicide by listening to their concerns and, if appropriate, asking if, despite everything, anything is better (First Session Formular Task) which might lead to other alternatives than self-harm (Henden, 2017, pp. 113-115.) Often, to test how serious the client is about taking suicidal action he will ask them how they intend to kill themselves (Henden, 2017 p 131). If he finds that his client is serious about suicidal action then he might ask questions about timing or go on to ask the 'funeral/grave side question'. 'Who might be at your funeral and what else might they think you could have done rather than take your life?'

> "Just suppose you decided to take this last resort option before considering all the other possibilities. You are in the grave but your spirit is hovering three meters above looking down on the assembled crowd below."
>
> - Who is there?
> - Who is most upset?
> - What advice would they have liked to have given you before you took the 'last resort' option?
> - What would you be thinking of in terms of other options you could have tried?
> - Who would throw some soil in first? What might they be thinking as the soil hits the lid?
> - As the guests walk away from the graveside/crematorium, who might say what to whom about how you might have sorted things differently?" (Henden, 2017 p. 145-146).

Henden's purpose in asking such questions is to explore alternatives by 'opening the client's blinkers' (Henden, 2017, p. 51, 61, 147, 205). Clients contemplating suicide he argues, are so entrenched in their problem and its emotional weight that they cannot see alternatives. Their vision is constricted by the problem. For them to see better solution the 'blinkers need to be spread' and this is done by asking the right questions, even while suicide is left on the table as an option (Henden, 2017, p. 148).

Henden's safeguarding process here is not to recommend institutionalization or pharmaceutical treatment but questions to extend the client's choices. In following this path Henden builds his clients' *autonomy* by extending their choice (Henden, 2017, p. 169). In doing this he also communicates *hope* for them in their situation and empowers them to take different actions in their situation. Through the sensitive and skilful use of questions Henden can create a situation in which he is able, as practitioner, to co-construct solutions with his client (Henden, 2017, p. 109).

Points and Axioms

It seems to me that Henden's practice, as he describes, is truly Solution-Focused as his practice reflects Korman et al. (2020). Axioms that I considered above. He sees the therapist and the client as part of the same system so that building a relationship of *trust* and *appreciation* is essential for the system to work well. This reflects Korman et al. (2020). Axioms 2 and 4:

> Axiom 2: The minimum unit of analysis is the therapist interacting with the client in the therapy setting. This unit cannot be subdivided further.
> Axiom 4: Client change via therapy occurs through observable interactions in which the therapist finds ways to cooperate with the client (Korman et al., 2020 p. 21).

Henden seeks to build the client's expertise through his questions to enable the client to realize their resources and options so that they are able to construct more positive solutions for themselves. Henden's aim is to frame, with the client, solutions that the client owns there is no issue of resistance, which is the only thing that dies! This is why Henden keeps the option of suicide on the table but invites his clients to try out other things first (Henden 2017, p. 169), which may prove to be better. This also reflects the fifth axiom presented by Korman et al., 2020: 'Brief therapy is about developing solutions with clients.' (Korman et al., 2020, p. 21). This Axiom, of course, incorporates the Practice Good.

Virtues Revisited

Henden stresses the necessity of the three 'Rogerian' qualities or virtues of *acceptance* (Henden, 2017, pp. 09, 51, 116-118, 202), *genuineness* (Henden, 2017, pp. 9, 21, 33, 50, 116, 117, 119, 125, 197, 203), and *empathy* (Henden, 2017, pp. 12, 40, 116, 117, 119, 124-125, 150, 153, 202,). He later adds the quality of *hope* (56-57, 120-122, 140-142). How do we see these working out in the therapeutic or helping relationship? *Acceptance*, it seems to me, is directed towards the *person of the client* while *genuineness* concerns the person and *stance of the practitioner*, *empathy*, I suggest, concerns the therapeutic or helping *process* as it focuses on understanding the perspectives and responses of the client in their situation. Lastly, *hope* concerns the client's *realization of the client's outcomes* from the helping relationship. As I read Henden's case studies of his engagement with his clients (Henden, 2017, pp. 152-184). I find that he actually goes beyond or expands the four virtues he formally identifies. He goes beyond merely '*accepting*' his clients by regarding them with *esteem* and having the resources and imagination to develop and realize a far wider range of outcomes than they have demonstrated and having *respect* for their *autonomy* to do so. Henden's personal stance as a practitioner goes beyond being merely genuine to being proactively supportive of the client to be the best kind of helper or ally possible. This goes beyond being not being manipulative in the formal sense but actually interacting from a position of *care* and *compassion* in a considered manner. Henden himself notes the need to go beyond empathy for engagement in the helping process. He stresses the need for *deep empathy* to gain an adequate insight of the client's experience of their situation so has to engage in the process of co-construction (Henden 2017, pp. 116-117, 124-125, 202-203). Yet I feel there is more than this. *Imaginative empathy* (and perhaps *curious imaginative empathy*) is necessary to have a sense of what the client's experience and the situation might be so as to ask the questions that might spread the 'blinkers' (Henden, 2017, p. 121) to enable the client to see the full range of resources and opportunities that they have as capable and autonomous individuals. Lastly, *hope* concerns the successful framing and realization of outcomes by the client. It is *optimism* (Henden, 2008, pp. 74, 89, 120-121, 140-141) that as a capable and resourceful individual the client is able to succeed on their own terms for a flourishing life and that the helping process and relationship will be successful. It is these virtues that enable Henden to intuitively establish the balance between wellbeing and autonomy 'in the moment' in the therapeutic conversation.

Earlier I mentioned MacIntyre's 'essential' virtues of justice, honesty, and courage (MacIntyre, 1985, p. 191). I would now like to consider how these are realized in Henden's practice. Firstly, Henden seeks to do *justice* to clients by giving them what is due to them as autonomous capable persons. This he does by showing them respect, esteem and challenging them, through questions, to realize their capacities as human persons. Secondly, Henden displays *honesty* in his stance as a practitioner by being genuine and transparent with his clients. Thirdly, he displays *courage* both in his interaction with his clients – to accept the challenge of working with them, discovering their possibilities, which is no easy task, and to have the hope to seek 'progressive' outcomes.

I think that this study of Henden's work demonstrated that Henden engages with both client goals and risks related to those goals in a Solution-Focused manner. He does not go outside of the approach to engage with risks but asks Solution-Focused questions to widen the client's perspective so that they are able to see alternatives to the risky choice of suicide that they already possess. (This is not a case of the practitioner proposing such alternatives which might constitute an 'imposition'(Ranter at al., 2012, p. 84)). I have also shown, in line with the proposition that the Solution-Focus Approach is a practice that entails internal goods and enabling virtues, that Henden's practice, as he applies different Solution-Focused disciplines and skills, is enabled by the 'Rogerian' virtues of acceptance, genuineness and empathy, that Henden himself identifies, but also by esteem, respect, care, compassion, empathy, imagination, justice, honesty and courage which are demonstrated in his examples and case studies.

All of this is in line with MacIntyre's model and provides some confirmation of the validity of this model for understanding the ethics of the Solution-Focused Practice. However, I have only established this with regard to Henden's practice and not to that of others.

Self-Harm Episode Revisited

One way in which I could cross-check to indicate the possible validity of my findings from my review of Henden is to revisit the example with which I began this article. The authors presented an incident in which a client was seeking to be more assertive in her violent marriage (Ratner et al., 2012, pp. 84ff.). From a stance of *care* the practitioner is concerned about that greater assertiveness might provoke a more violent response from her partner and so asks the following question:

> *Therapist*: Okay – so can I ask you a question? I imagine that your safety is important to you too?
>
> *Client*: Of course it is.
>
> *Therapist*: Well then, let's imagine that your assertiveness is growing in a way that is good for you, good for your relationship and good for your safety – how will you know? (Ratner et al., 2012, p. 85)

In the light of my review of Henden's practice I would regard the question here as a legitimate Solution-Focused question as it seeks to clarify the client's desired goal or outcome. If the client had responded negatively then the practitioner could have followed Henden's example by exploring alternatives to self-harm or vulnerability while keeping the possibility of vulnerability on the table out of respect for the client's autonomy. The practitioner is co-constructing the solution with the client with respect and esteem. I would argue that the practitioner here has not stepped out of the Solution-Focused Approach.

Part of the difficulty in this case is that the authors seem to be working from a very narrow deontological understanding of ethics in which there are abstract (and absolute) standards of right and wrong that exist outside the Solution-Focused interaction (Ratner et al., 2012, p. 84). Henden, however, has a more relational view which emphasizes the character of practitioners as they engage with the helping relationship (Henden, 2017, pp. 117-122). Viewed from the perspective of virtue ethics, which appears to be implicit in Henden's approach, the practitioner in the example above is demonstrating the virtue of *care* for the client which is one of the qualities that appear to be important to the stance of the practitioner in the Solution-Focused Approach. Furthermore, this virtue is exercised in a manner that is congruent with respect and esteem for the client as the process of construction continues. This is entirely consistent with the Solution-Focused Approach and so there is no dilemma. This conclusion, I would suggest, provides a further indication of the validity of MacIntyre's model of virtuous practice as a better way of understanding the ethics of the Solution-Focused Approach.

Conclusion

Solution-Focus Approach as 'Virtue-Rich'

In this article I believe that I have demonstrated that the Solution-Focus Approach provides a value rich rather than value neutral model in three ways. Firstly, by exploring the balance between respect and care for the client in the Codes of Practice of Solution-Focused organizations. Secondly, by establishing that the Solution-Focused Approach can be understood as a virtuous practice with an internal practice good of 'constructing progressive stories' (Miller, 2004 p. 74) which are achieved by the exercise of practitioner goods or excellences of interaction, cooperation and dialogue, sustained by virtues such as acceptance, genuineness, empathy, esteem, respect, care, compassion, empathy, imagination, justice, honesty and courage. Thirdly, I believe that I have established the credibility of this second claim through a review of John Henden's work in applying the Solution-Focused Approach to the prevention of suicide by identifying the virtues that are demonstrated in his practice. These virtues, paradoxically, are also demonstrated by the therapist in the example given by the BRIEF team (Ratner, et al., 2012).

Moreover, I consider that I have added some specific detail to the 'moral map' of Solution-Focused engagement (Jennings, 2022; Walsh, 2010) by identifying specific virtues demonstrated by John Henden in his practice with clients considering suicide. It is likely that many of his learners would have cultivated similar qualities or virtues with their clients following his inspiration and example. This present article further demonstrates the validity and promise of a virtue ethics approach to mapping moral practice in the Solution-Focused Approach. Greater detail would require a wider study involving more practitioners.

A further way of mapping virtues common to the Solution-Focus Approach also emerges from the discussion in this article. The virtues central to a practice are often indicated in its code of ethics (Brien, 1996; Hamilton, 2017; Sellman, 2011), especially where this might have been developed from the 'bottom up' (Joyce & Rankin, 2010; van Vuuren & Crous, 2005). It may be that a code of ethics for a practice might provide a window on to its virtues. A study of the EBTA Code (2021) in the light of its *Theory of solution-focused practice* (Sunderman et al., 2020) might provide such a window to understand the construction and formation of the critical virtues of the Solution-Focused Approach.

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