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Editor:

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EDITORIAL POLICY

The *Journal of Solution Focused Practices* is a scholarly journal that aims to support the Solution Focused community

through the publication of high-quality research in outcome, effectiveness or process of the Solution focused approach and the publication of high quality theoretical and/or case-study related material in the area of Solution Focused practice.

The journal invites submissions as follows:

Research reports – We are committed to helping expand the evidence base for Solution Focused Brief Therapy and Solution Focused Practices. The journal seeks scholarly papers that report the process and results of quantitative and/or qualitative research that seeks to explore the effectiveness of Solution Focused Brief Therapy or seeks to explore the aspects of the Solution Focused process. We are also committed to research reports being "user- friendly" and so invite authors submitting research-based papers to address specifically the implications of relevance of their research findings to Solution Focused practitioners.

Theoretical papers – The Solution Focused approach raises many issues relating to psychotherapy theory, to our basic assumptions of working therapeutically and to the philosophical stance adopted by Solution Focused practitioners. The journal welcomes papers that explore these issues and which offer novel arguments or perspectives on these issues.

Case study/Practice-related papers – We are committed to the journal being related to Solution Focused PRACTICE. Therefore, we invite papers that explore the experience and perspective of practitioners. This might be a single case study, with significant analysis and reflection on the therapeutic process and which the distills some principles or insights which might be replicable, or it might be a paper which explores a series of clinical/practical cases and which seeks to draw out overarching principles which might be used by others. Please discuss your ideas with the Editor (sarasmockjordan@gmail.com).

Not just "therapy" – The Journal recognizes that many useful and interesting manifestations of the Solution Focused approach occur in settings that are not to do with therapy. Nonetheless, Solution Focused interventions are all concerned with helping to facilitate change. The journal is called the Journal of Solution Focused Practices, at least in part in homage to our heritage. Nonetheless, the journal welcomes submissions that explore the use of Solution Focused ideas in other settings.

SUBMISSION OF MANUSCRIPTS

Manuscripts

Manuscripts should be sent to the Editor as Microsoft Word or Apple Pages word processing documents. Please do not submit your manuscript elsewhere at the same time. Please send the manuscript double spaced with ample margins and a brief running head. The title of the paper should appear on the first page. Since all manuscripts will be blind

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reviewed, please include names, affiliations, etc. of the author or authors on a SEPARATE first page. Please also include on this (or a next) page details of any grants that have supported the research, and conference presentations relating to the paper, any potential (or even perceived) conflicts of interest.

Solution Focused Brief Therapy and Solution Focused may be abbreviated to SFBT and SF after the first mention.

References should follow the format of the American Psychological Associations (Publication Manual of the American Psychological Association, 6th ed.). Papers should include an abstract of no more than 150 words.

Any tables, figures or illustrations should be supplied on a separate pages (or in separate computer files) in black and white and their position indicated in the main document. For any images or photographs not created by the author, the submission must include written permission to reproduce the material signed by the copyright holder.

We would expect that papers will ordinarily me a maximum of 5,000 words; however, this limit is negotiable if the content of the paper warrants more.

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Clinical/client material

This journal's policy is that any actual clinical details in a paper (including but not limited to, therapy transcripts, client/patient history, descriptions of the therapy process) should have signed consent from the clients/patients for the material to be published. If a paper includes clinical material or descriptions, please include a declaration, signed by the first author, either that signed consent of clients/patients, specifically for the publication of their clinical information in this journal, has been obtained and is available for review OR that clinical material has been altered in such a way as to disguise the identity of any people. Fictional case examples can be used to illustrate techniques/ideas if consent from real clients in your practice can't be obtained.

Peer Review

Manuscripts will be reviewed by at least two members of the Editorial Board or ad hoc reviewers, who will be asked to recommend that the paper be accepted, revised, or rejected for publication; however, a final decision about publication rests with the Editor. Reviewers will also be asked to indicate what kinds of changes might be needed in order for the paper to be published. Where reviewers have indicated that the changes are required or recommended, we are happy to work with authors to address the reviewers' comments. When the reviewers recommend that the paper not be accepted, and the Editor accepts this/these recommendation, a final decision of reject is made by the Editor and no further consideration of the paper will be given. When the reviewers (and the Editor) suggest that your paper, while it may have merit, does not meet the requirements for this journal, we will endeavor to suggest other journals to which the author might submit the paper; however, we are under no obligation to help achieve publication in our journal or in other journals. Where one or more authors of a paper is a member of the Editorial Board, that person will take no part in the review process and the review process will still be anonymous to the author or authors.

Editorial

A Tribute to Jan Bavelas

Sara Smock Jordan

Dear SFBT International Community:

I am dedicating this issue of *JSFP*, my final as editor-in-chief, to my mentor and friend Jan Bavelas. For those of you that don't know Jan and her connection to SFBT, here's a brief backstory. Jan, Insoo, and Steve all studied at the MRI and shared the same mentor, John Weakland. All three shared the value that language, and how one communicates it, is so important.

In 2006, I introduced myself to Jan and asked if I could visit her in Victoria, B.C. Jan graciously and enthusiastically agreed. In January of 2007, I arrived in Victoria one week after Insoo suddenly passed away. During my visit, Jan told me that she had made a promise to Insoo. She had promised to spend the rest of her career using microanalysis, Jan's methodology to study face-to-face dialogue, on SFBT. At the end of my visit, Jan extended me an invitation to begin a project together. I had no idea this trip would change my life, both personally and professionally, shaping my career as an academic.

At first, I was nervous to work with Jan. She was a co-author of *Pragmatics of Human Communication,* a revolutionary text on communication. She worked with founders in the field of Marriage and Family Therapy. She was the inventor of microanalysis. She was brilliant. I couldn't believe she was interested in devoting hours of her week training me to learn her approach. As the weeks, months, and years went by, I learned that Jan was more interested and curious about my research questions than focusing on her past accomplishments.

As the months and years went by, we maintained a two hour a week video call. We worked year-round, analyzing, writing, and preparing presentations with our team. When one project wrapped up another one began. Her commitment to working with me was never taken for granted. I would look forward to seeing her at conferences and seeing her in-person. One of our biggest projects was a special issue on microanalysis. The process was more complicated than expected and we wrote and rewrote the same paper many times. Nevertheless, we never gave up!

As I went through the tenure process, I would ask her for advice and direction. Jan was always supportive, always helpful, always cheering me on, and always present. She always had just the right story to share with me about her experiences in academia to guide me. Jan taught me so much more than microanalysis. She taught me the hard lessons of being a woman in academia. I learned so much from her experiences as a female in a male dominated institution. She taught me to speak up when I faced gender adversity. She taught me to find the strength in my voice and experience. She was my hero and confidante, personally and professionally.

In 2017, I spent my sabbatical in Victoria with Jan. While I had visited other times before, this was a special trip. I was able to spend days with her learning and listening to her ideas as she worked on her new book *Face-to-Face Dialogue* (published in spring of 2022). We spent hours talking about communication research, doing microanalysis together, and spending time with my family.

I will miss her story telling. Her stories always amazed me because with each new story I learned something new and extraordinary about her past. Jan led the most incredible life yet was so humble. Despite her incredible journey, she was always more focused on the future than the past, which makes her interest and commitment to SFBT so clear.

As I step down as editor, my next chapter will be influenced by Jan. I will take her advice, "I'm the boss of me". I will be curious with students, pursue a lifelong love of learning, and be generous with care and concern for those I work alongside.

Life happens in detail – Jan Bavelas (1940-2022)
And the details of her life will never be forgotten!

Sara Smock Jordan
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Editorial

Thank Your Mother for the Rabbits

David Hains
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Former President, Australasian Solution Focused Association

Guest Editorial

Welcome to Volume 6, No 2 – a bumper issue, and in many ways the culmination of 4 years of work from Sara, myself, and the Editorial Board.

My association with the journal started in 2018 when I took over the role of President of the Australasian Solution Focused Association (ASFA). At the time ASFA was the custodian of the Journal of Solution Focused Brief Therapy. Michael Durrant had done a great job getting the journal started (and the work he did here must be acknowledged – he did a fantastic job) but production had stalled after 4 editions and the journal lay dormant.

When ASFA was established there were 3 core aims of the association and publishing a peer-reviewed journal was one of these, but I was worried that we were now like a table with only 2 legs. (One of the other aims was to hold an annual Solution Focused Conference in Australasia, but no one knew that another of the legs was going to fall off with the impact of COVID19).

It was early 2019 when I reached out to the Editorial Board to see if there was interest in continuing the journal. It turns out there was, with a unanimous reply from the EB. There were going to be 2 challenges: first was to find a new Editor, and second was to establish a new sustainable approach to produce the journal.

It turns out that finding an Editor was the easiest job, and in retrospect perhaps one of my best decisions. While I can't take credit for her volunteering, I can say that it has been an absolute joy working with her over the last 4 years. Sara is a wealth of knowledge in both SFBT and academia, an amazingly nice person, and an absolute joy to work with. We didn't always know what to do, but we managed to make it up and it seems to have work.

Sara was instrumental in taking the journal from a small, printed version, and transferring it onto a free to access online open source through the University of Nevada Las Vegas. We now had a vehicle to deliver the journal to the world. UNLV not only provided this for virtually no money, but they also funded an opportunity for a student to join us as Editor's Assistant. This role was instrumental in building sustainability in the journal production. The JSFP is indebted to UNLV and our 3 assistants Kaitlin Andrewjeski, Rachel Hartshorn, and Rosa Diaz.

The next step for the journal was for ASFA to 'gift' it to the rest of the world. This was a project that did not have to be owned by any one association or region, but needed to be considered a product that belonged to the international solution focused community. ASFA invited other organisations, groups, and individuals from around the world to partner with us in both a financial and a management sense. A new International Management Group was established to not only fund the journal but also to oversee its general management and production. By the time of our official re-launch in July 2020 we had both a bank account and a new international collaboration.

The next chapter …

Time does not permit me to tell you about everything that has happened in the last 4 years, but I want to skip forward to the present day. Volume 6 Number 2 is the last Journal that Sara and I will collaborate on. Sara has recently announced that she will be stepping down as Editor, and I announced earlier this year that I will be stepping down as both President of ASFA and as the 'Manager' of the JSFP. Sara and I would like to say that we have had a great time producing and building up the journal over the last 4 years, but now the time has come to hand over the reigns to others in the international solution focused community. We wish you all well, and we look forward to seeing the Journal of Solution Focused Practices continue to grow. Our desire has always been to promote the solution focused approach, to publish the evidence base behind the approach, to inspire those who use the approach and those who may in the future, and to unite the international solution focused community. We thank you for helping us on the journey.

David Hains   Thank Your Mother for the Rabbits

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Former President, Australasian Solution Focused Association
Proud to be a nurse
PS – if you want to listen to a podcast about the JSFP, have a listen to when Sara and I talked to Elfie and Dominik on the Simply Focus Podcast. https://www.sfontour.com/project/sfp-103-staying-up-to-date-the-journal-of-solution-focused-practices-with-prof-sara-jordan-and-david-hains/

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ARTICLE

What is Helpful: The Client's Perception of the Solution-Focused Brief Therapy Process by Level of Engagement

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Abstract

The current study aimed to explore what elements from the solution-focused brief therapy (SFBT) process clients perceive as helpful and how their perception varies by level of engagement. The replication of the SFBT model from the perspective of clients residing outside the USA was also examined. A mixed-method design was used in a naturalistic setting in Poland. Clients (N = 346; 74% females) aged 18 to 67 attending psychotherapy in private practice were interviewed. Thematic analysis revealed eleven main themes. The SFBT-specific themes replicated the original model, yet a more ordered organization of core elements emerged than currently existing ones. The elements perceived as helpful significantly varied by the level of engagement. The two generic themes identified suggest that allowing the client to talk things out while working toward awareness and understanding is an essential environment in which the solution-focused co-construction process takes place.

Keywords: solution-focused approach, process research, client's perception, therapeutic engagement, Bruges model, mixed methods

Introduction

Solution-focused brief therapy (SFBT) is a co-constructed process that assumes clients are experts in their own lives and possess all abilities and resources needed to solve problems or overcome obstacles, though they may not be aware of this (de Shazer, 1985, 1988; Lipchik, 2011). The model was developed by Steve de Shazer, Insoo Kim Berg, and their colleagues at the Milwaukee Brief Family Therapy Center (BFTC) based on client's feedback regarding what helped them reach their goal (de Shazer, 1985, 1988; de Shazer & Berg, 1997; McKeel, 2012). SFBT is currently applied in a variety of cultures. A higher effectiveness was found for clients not residing in the USA, where it was first built (Neipp & Beyebach, 2022; Stams et al., 2006). Yet, no previous study was concerned with how much clients outside the USA perceived the helpfulness of the SFBT-specific elements.

Clients may perceive different elements as helpful according to their needs and expectations. Some clients may want to change; others may want to change others, while others may not know what they want. In line with client's engagement several types of relationships were identified within the SFBT model with the recommendation to adapt the intervention accordingly (de Shazer, 1988; Isebaert, 2016). Little research was concerned with providing empirical evidence for these recommendations.

The current study aimed to identify how much the elements of the original model were reflected in the feedback of non-USA clients and to explore how the perceived helpfulness of specific solution-focused (SF) elements varied by level of engagement. A naturalistic study was performed on Polish clients attending individual psychotherapy. The replication of the model can provide empirical support for its cross-cultural adequacy.

Studies on the client's perspective provide a different view of the therapeutic process than the one perceived by the therapist (Metcalf & Thomas, 1994), and thus offer additional information on how to shape the therapeutic process and adapt it to the client's real needs (Hodgetts & Wright, 2007). Given that therapy is a cooperative endeavor in which both the therapist and client play an active role (de Shazer, 1985), the identification of which element is more helpful for what client can help practitioners better tailor the intervention. SF trainers can further emphasize not only the method and questions but also their timing.

The Solution-Focused Process

The SF process is based on co-construction during which the therapist influences the way a client constructs his/her view of the problematic situation by choosing what questions to ask and to what responses to comment (de Shazer, 1985, 1988). Questions are directly based on the client's answer. Together they co-construct the aim of therapy, the preferred future, or de-construct exceptions to identify previous solutions or personal resources (de Shazer, 1994).

Specific questions or actions used by the therapist during the session were identified as core elements by the developers of the SFBT model: (1) Miracle question (asking the client to visualize how their life would be if a miracle would solve the problem), (2) Scaling questions (ratings of various aspects from 0 or 1 to 10 often used to identify progress and exceptions), (3) Break (the therapist stops interacting with the client often by leaving the room to prepare the feedback), and (4) End-of-session feedback (ending the session by complementing the client for their strengths and resources and giving suggestions or tasks to do after the session) (de Shazer & Berg, 1997). Suggestions are made in line with the SFBT central philosophy: i.e., repeat what already works, change what doesn't work, and don't fix what isn't broken (de Shazer, 1985). All four elements must be present to say that the SFBT model was used (de Shazer & Berg, 1997).

Later on, Gingerich and Eisengart (2000) added the Pre-session change (asking questions about the progress already happening before the first session) and split the Miracle question from Goal setting (establishing the aim of therapy), respectively the Scaling questions from Search for exceptions (exploring situations where the problem is absent), thus leading to three additional core elements. Yet, the new requirement for an intervention to be considered SFBT became "at least one element included" (Gingerich & Eisengart, 2000). These seven elements became a standard to use in research and practice.

Other authors proposed additional core elements such as Looking for strengths or solutions (identification of already possessed personal resources and strategies) (Kim & Franklin, 2009), Coping questions (investigation of how the client coped to look for strengths and solutions), and Focus on progress (examining what changed for the better between sessions; Trepper et al., 2014).

The core elements are co-constructed through the sessions by presuppositional language, i.e., the therapist assumes their existence (de Shazer, 1985, 1988). The co-construction is successful when the client answers the presuppositions by providing information on the given element. To meet their role in the co-construction clients need to be ready to answer SF questions. Thus, timing is relevant.

To aid practitioners in tailoring their intervention, several types of relationships were described based on the client's engagement with recommendations of what elements to emphasize.

Level of Engagement in SFBT

At the BFTC three types of therapist-client relationships were observed based on the client's attitude towards the problem (de Shazer, 1988): (1) *Visitor* – when clients have no complaint but attend therapy at the others' request; (2) *Complainant* – when clients recognize the existence of a problem but expect others to solve it due to not seeing their role in making a change or, if they do, they are blocked from taking any action; and (3) *Customer* – when clients show readiness to do something to solve their problem, are ready to move from talking to doing.

Despite not being defined in correspondence to readiness to change (de Shazer, 1988), Barbara McFarland (1995) made a parallel with the stages described in the Transtheoretical Model (Prochaska et al., 2008; Prochaska & DiClemente, 1982), assimilating Visitor to precontemplation (when clients do not intend to make the necessary steps to change), Complainant to contemplation (when clients think about the need to make a change but are not ready to commit), and Customer to preparation (when concrete action plans are formed) or action (when the plan is implemented in real life) stages – depending if the client can identify action tasks.

This distinction was also emphasized in the Bruges model developed at the Korzybski Institute, where the therapist-client relationship was defined based on the level of engagement. A fourth type was proposed, i.e., the *Consulting* one, comprising clients who are ready to take action but do not know how to due to not being aware of their resources and strengths (Isebaert, 2016). Additionally, the labels proposed by the BFTC were changed to reflect the relationship and not the individual. Yet, the proposed categories are not identical. The *Uncommitted* level comprises not only involuntary clients but also voluntary ones who do not specifically ask for help. *Searching* refers to clients who ask for help but are

not ready to act not only because they expect change from others but also due to having an unclear aim. At the Expert level clients are aware of their resources and the steps to be taken (Isebaert, 2016).

The BFTC and Bruges models are currently the only two distinct descriptions of the client's level of engagement in use in SFBT. Both models agree that the intervention should be different for each level. At the Visitor or Uncommitted level, identifying a working aim is difficult, thus the therapist should look for strengths and resources, give compliments, and increase the client's awareness of the situation by exploring disaster scenarios (de Shazer, 1988; Isebaert, 2016; McFarland, 1995). At the Complainant or Searching level, the miracle question, scaling questions, and search for pre-session change and exceptions can be used to help clients see their role in solving the problem and increase hope and motivation (Isebaert, 2016; McFarland, 1995). At the Customer or Consulting level, a workable aim can be defined alongside the search and reinforcement of strengths and solutions to increase client awareness (Isebaert, 2016; McFarland, 1995). Finally, at the Expert level, reinforcement of the client's strengths and abilities used to reach the aim is sufficient (Isebaert, 2016).

As evidence of the relationship between the intervention and level of engagement Phillip Ziegler (2010) added to the BFTC model labels describing the therapist's corresponding role: Visitor/Host, Complainant/Sympathizer, and Customer/Consultant. By overlooking the client's engagement, the therapist risks co-constructing elements for which the client is not ready.

Previous Studies on What Clients Find Helpful in SFBT

Overall little research was concerned with the client's view of the psychotherapeutic process (Hodgetts & Wright, 2007). Results indicated that clients perceive as helpful SF-specific elements, such as problem-free talk, hopes for the future, analyzing progress, and central philosophy (Northcott et al., 2021; Quick & Gizzo, 2007). They also appreciated the same generic aspects as clients attending other approaches (Elliott & Williams, 2003; Hodgetts & Wright, 2007; Timulak, 2007), such as the therapeutic relationship, the therapist's characteristics, and the possibility to talk about their life or feelings while being understood (Metcalf & Thomas, 1994; Northcott et al., 2021; Shilts et al., 1997). Yet, not all clients appreciated the same elements. For example, talking about feelings was perceived as helpful only by those patients with aphasia who experienced emotional distress (Northcott et al., 2021).

Variability in the perceived helpfulness of specific SF questions was observed, which also reflected in answering. Clients more easily answered to scaling than miracle questions (McKeel, 2012). The former was perceived as a helpful element to see progress and that their situation is not that bad, while the latter made them feel uncomfortable, despite giving them hope and clarifying the aim. Similarly, clients were more likely to identify changes between sessions, than before the start of therapy, yet the percentage of clients able to give answers varied across studies from 30% to 62.2% for the latter (Allgood et al., 1995; Johnson et al., 1998; Lawson, 1994), respectively from 56% to 80% for the former (Herrero de Vega & Beyebach, 2004; Reuterlov et al., 2000).

Thus, a question arises concerning what generates these differences. What makes a specific element or question helpful for one client and not for the other? While various explanations were put forward concerning the particular words used by the therapist (Allgood et al., 1995; Herrero de Vega & Beyebach, 2004; Johnson et al., 1998), the timing of asking the question in line with the client's level of engagement was seldom taken into account. The few available studies showed that at the Complainant level clients are not ready to define therapeutic goals, more effective being the investigation of pre-session change (Beyebach, 2014; Beyebach et al., 1996). Moreover, clients with no clear therapeutic aim appreciated more the possibility to talk things out; if the therapist was not in line with the clients' needs dissatisfaction was expressed (Northcott et al., 2021).

Objective

The current study aimed to answer two questions:

1. How much does the original SFBT model replicate in the feedback given by non-USA clients, and which elements are more frequently mentioned, in line with the existence of a core?

2. How does the perceived helpfulness of specific elements vary with the client's level of engagement? Both the BFTC and Bruges models were examined separately to provide useful insight for SF practitioners and trainers regardless of their preferred model.

By examining the empirical evidence, the current study can strengthen the observations made by practitioners and theoreticians (de Shazer, 1988; Isebaert, 2016; Lipchik, 2011; McFarland, 1995) and add to the existing guidelines for adjusting the intervention to the client's level of engagement. Overlooking clients' needs can lead to a longer rather than briefer process or even dropouts (Beyebach, 2014; Lipchik, 2011). Thus, despite being a brief intervention, the general recommendation in SFBT is to go slow (Fiske, 2008; Lipchik, 2011) and lead from behind (De Jong & Berg, 2012). Knowing what elements are helpful for what client can help practitioners better tailor the intervention by respecting the client's pace in the co-construction process.

Methods

Participants and Procedure

The study was conducted in a naturalistic setting. Data were collected from adult clients attending individual SF psychotherapy in private practice.

Initially, three psychotherapists with similar training in SFBT participated in the data collection. Later on, two of them withdrew to focus on other personal or professional projects, which left the third psychotherapist, i.e., the author, to continue the data collection. Considering the mixed-method design, to reach the theoretical saturation of responses (Giacomini et al., 2000) and ensure sufficient power for statistical analyses, data were collected over a period of two years, from 2019 to 2021.

A total of 317 clients were recruited by the author from the Lesser Poland province, with a lower proportion of answers obtained from a male (N = 17) and female (N = 12) therapist from Lodz, respectively Silesian provinces in Poland. The majority was females and paying clients, whose age ranged between 18 and 67 (see Table 1). Twenty-seven clients did not provide their ages. The number of visits attended ranged between 1 and 29, the median was 2 (1, 4). Some clients attending more than one session gave more than one answer at different moments.

Intervention

All three psychotherapists use SFBT in their private practice as their main approach in line with the SFBT treatment manual (Trepper et al., 2014) and the requirements defined by the European Brief Therapy Association Research Task Group (Beyebach, 2000). At the moment of data collection, their practical experience ranged from three to five years. All were attending the third of the four-year psychotherapeutic training representing level three of three in SFBT in Poland. The training was conducted by the Center for Brief Therapy in Lodz in collaboration with experienced therapists and supervisors of the European Brief Therapy Association. The program was in line with the national requirements to obtain certified qualification as a psychotherapist. During the four-year training, participants accumulate about 370 hours of training and supervision in SFBT, in addition to 900 hours in psychotherapy methods, clinical practice, and own psychotherapy.

Ethical Considerations

At the beginning of therapy, clients were informed of the possibility to use in research the information concerning the process aiming at its improvement. No incentives were given. Clients had no objections. Participants could object to data collection throughout the entire duration of the therapy. No identification data were collected. Initially, the ethical review was waived for this study due to its specificity, i.e., non-experimental, non-invasive, and with no effect on the subjects. Later on, the study protocol was submitted for evaluation and received a positive opinion from the Ethical Committee of the Polish Association for Solution-Focused Psychotherapy (no. 2/ 04.11.2022).

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Data Collection

Both qualitative and quantitative data were collected simultaneously according to the concurrent mixed-method design. The qualitative data were collected by asking clients a standard question at the end of the session: "What from what happened here today was most helpful for you?". The therapists asked the question randomly, not to all clients, and regardless of the complaint, the number of sessions, type of therapeutic relationship, or level of satisfaction observed. The question was asked as a part of the therapeutic process. Clients attending SFBT are often asked to evaluate the helpfulness of the intervention so that they can use their expert point of view in guiding the treatment (Fiske, 2008; Metcalf & Thomas, 1994).

The quantitative data represented by the level of engagement was identified by the therapist leading the session. All therapists were trained to identify the therapist-client relationship defined in the BFTC model (de Shazer, 1988) at the Center for Brief Therapy in Lodz. For the Bruges model, each therapist used the Bruges flowchart completed with the description of each level of engagement (Isebaert, 2016).

Data Analysis

A three-stage data-transformation design was used. In the first stage, a thematic analysis was performed on the qualitative data to identify what elements of the SFBT process clients perceived as helpful. Thematic analysis was chosen as an adequate method to identify an individual's beliefs and experiences. Raw data were coded manually in the Excel spreadsheet. A coding framework was developed and continuously adapted to capture all answers. Codes, categories, and themes were inductively built, following current guidelines (Guest et al., 2012; Nowell et al., 2017). Codes and categories were labeled using participants' language. The themes were only finally named in line with current terminology to show a relation while not influencing the coding process.

In the second stage, the themes were quantified to identify which elements of the SFBT process were more frequently identified as helpful. Lastly, at the mixed method stage, odds ratios were computed to identify in what way the themes were connected to the quantitative data represented by the type of relationship. Fisher's exact test for count data was used to test the significance level when the distribution of themes by type of relationship was too low. All statistical analyses were performed in the R and R Studio program (R Core Team, 2021; RStudio Team, 2022). The "tidyverse" (Wickham et al., 2019), "psych" (Revelle, 2022), and "stats" (R Core Team, 2021) packages were used.

Data Trustworthiness

The trustworthiness of the qualitative analysis was ensured as follows. For credibility three persons were involved in data collection. When two withdrew, the data collected from the remaining therapist was prolonged for two years to avoid moderator bias. Also, to avoid the influence of therapists' knowledge of the SFBT process over the client's answers, no in-depth investigation was used to extrapolate more meaning. In this regard, the audio recording was not considered due to the short answers given by the clients, which allowed a direct transcription. Furthermore, coding and categories were based on the client's language. The prolonged engagement was used to obtain information at different moments of the process, by asking the same question at the end of various sessions to long-term clients.

The similarities observed in the client's responses collected by the author vs the two other therapists indicated replicability of the data in various settings, i.e., when sessions are performed by different practitioners. The objectivity of the data analysis was ensured by extending Guest et al.'s (2012) recommendation for when a second coder is not available through coding the entire data three instead of two times at a distance of two months between coding. Few inconsistencies were observed, with each coding leading to more precise labeling and categorization of participants' answers.

The author of this study is a licensed psychologist, with a doctoral degree in social sciences in the discipline of psychology, having seven years of experience in using the SF approach in the therapeutic setting. Since 2020 is a certified psychotherapist in accordance with the requirements of the Polish Psychotherapy Council. The author adheres to the SF philosophy and acknowledges the client to be the expert of their own experience, and thus considers that her views did not significantly influence the analysis or the results.

Results

Descriptive Statistics

The descriptive statistics by level of engagement are presented in Table 1.

Table 1

Descriptive Statistics by Level of Engagement

		N	BFTC Model			Bruges model			
			Visitor	Complainant	Customer	Uncommitted	Searching	Consulting	Expert
Total		346	38	198	110	66	177	95	8
Gender									
	Female	256	26	151	79	51	131	69	5
	Male	90	12	47	31	15	46	26	3
Age									
	Mean	32.14	34.18	31.84	31.98	32.60	32.11	32.02	30.63
	SD	8.68	9.03	8.82	8.31	9.60	8.59	8.64	2.26
Type of therapy									
	Payed	301	36	172	93	62	152	79	8
	Free	45	2	26	17	4	25	16	0
No of sessions									
	1	167	20	120	27	38	104	25	0
	2-4	116	13	56	47	21	52	41	2
	>5	63	5	22	36	7	21	29	6

Note. BFTC – Brief Family Therapy Center.

 * *p* < .05; ** *p* < .01; *** *p* < .001.

No significant difference was found in clients' age by level of engagement neither as defined in the BFTC or Bruges models, $Fs(317,1) = .79$ and $.29$, $ps = .375$ and $.588$. Similarly, no significant difference was found in the distribution of the levels of engagement by gender or free vs. payed treatment neither when considering the BFTC, $\chi^2s(2) = 1.41$ and 2.60, $ps = .493$ and $.293$, or Bruges, $\chi^2s(3) = 1.01$ and 5.44, $ps = .760$ and $.154$, models. Yet, significant differences were found by number of sessions in both BFTC, $\chi^2(4) = 42.37$, $p < .001$ and Bruges, $\chi^2(6) = 50.43$, $p <.001$, models.

Customer rather than Visitor, $ORs = 2.68$ [1.52; 6.23] and 5.33 [1.78; 16.02], $zs = 2.29$ and 2.98, $ps =.022$ and .003, or Complainant, $ORs = 3.73$ [2.11; 6.59] and 7.27 [3.70; 14.28], $zs = 4.53$ and 5.76, $ps <. 001$, was significantly more likely to be identified when the assessment was made in the second to fourth or fifth and further session compared to the first one. No significant difference was found in the distribution of Complainant vs. Visitor by number of sessions. Similarly, Expert rather than Searching was significantly more likely found in the fifth or further session compared to both first and second to forth ones, $ORs = 63.19$ [3.43; 1164.19] and 7.43 [1.39; 39.80], $zs = 2.79$ and 2.34, $ps = .005$ and .019. Also, Expert rather than Uncommitted was significantly more likely identified in the fifth or further session compared to the first one, $ORs = 66.73$ [3.39; 1315.11]. Additionally, Consulting was significantly more likely identified than Uncommitted or Searching, $ORs = 6.30$ [2.39; 16.57] and 5.78 [2.82; 11.70], $zs = 3.73$ and 4.82, all $ps < .001$, in the fifth or further than first session. No significant difference in the distribution of neither Expert vs. Consultant, nor Uncommitted vs. Searching levels by number of sessions was found.

Thus, a similar tendency to identify clients with a higher level of engagement the more sessions they attend was observed when using both models. Yet it cannot be said in what way the movement from one level to another occurred, as it was not monitored longitudinally, this being beyond the scope of this research.

Thematic Analysis

Eleven main themes emerged additional to the one containing categories with a low frequency that did not fit in other themes. The frequencies per each theme, category, and subcategory are presented in Table 2 ordered chronologically by their use during the session and not traditionally based on their frequency. Nine themes were related to aspects specific to the SFBT process as previously described by other authors (de Shazer & Berg, 1997; Gingerich & Eisengart, 2000; Trepper et al., 2014). Themes 10 and 11 contained elements common to other therapeutic approaches, not previously mentioned in literature as SF core or characteristic elements, and thus I labeled them "generic". The themes with example quotes highlighted in italics are described below starting with the ones specific to the SFBT process.

Theme 1: Aim

Among the SFBT-specific themes, the highest frequency was reached by Aim comprising clients' answers related to the co-construction of the therapy goal. Within this theme, three categories and six subcategories were identified. Clients perceived as helpful (a) the definition of the aim by *having a clear formulation* of what they want, (b) the *realization of what they need* to achieve it, and (c) the analysis of the differences between the various *options* they have of living their life. The helpfulness of visualizing their preferred future was not always associated with the miracle question. Participants also appreciated their attitude toward change as they realized they could actively influence it, that change is *not that difficult,* and they *could do it.*

> "*All the questions you gave me regarding the concrete change in my behavior were helpful; to know how is it going to look like. Thanks to your questions now it is clear to me what I want and it doesn't look that difficult*" (female client, age not reported).

Theme 2: Exceptions

The theme comprising aspects related to the co-construction of exceptions had a lower relevancy, probably because clients may see past events not as a source for solutions, but rather for the problem. Three categories were identified: (a) *focusing on what works in their life* despite the problem, (b) analyzing the exceptions by looking into *the differences between situations in which they managed or not to cope* to identify *how* they did that, and (c) reaching the *awareness that their situation is not that bad*. The latter was often mentioned with the scaling questions (e.g., "*I realized I am not at zero!*"), in line with the purpose for which they were built (de Shazer & Berg, 1997).

> "*It was helpful to see the time perspective, to see how I was previously able to function despite having the same problem*" (female client, 27 years old).

Theme 3: Progress

This theme contained clients' answers related to the co-construction of progress toward the aim. Clients appreciated the talk about *what changed for the better* from one session to another. They perceived three aspects related to progress as helpful: (a) being able to see *improvements, how much they've managed to change* already, (2) *seeing that things are going in the right direction*, and (3) *realizing* that they've already reached their aim by being able to do those things which they were *only dreaming at the beginning of therapy*. These aspects were sometimes associated with scaling questions.

> "*It was helpful to make the list, to summarize all the positive things which happened since the last session, to see what went well and how*" (male client, 32 years old).

Table 2

What Clients Perceived as Helpful from the Therapeutic Process (N = 346)

Themes and categories (subcategories)	Frequency, n(%)
SFBT-specific themes	
Theme 1: Aim	**54 (15.61%)**
Defining what they want	27 (7.80%)
- clear definition of the aim	17 (4.91%)
- knowing what they need	7 (2.02%)
- analyzing differences in options	4 (1.16%)
Future-talk	18 (5.20%)
Attitude towards change	13 (3.76%)
- starts with them	7 (2.02%)
- easy	5 (1.45%)
- realistic	2 (0.58%)
Theme 2: Exceptions	**21 (6.07%)**
Focus on what already works	9 (2.60%)
Analyzing exceptions (the how)	7 (2.02%)
Awareness is not that bad	6 (1.73%)
Theme 3: Progress	**38 (10.98%)**
Seeing change	25 (7.23%)
Going in the right direction	11 (3.18%)
Reaching the aim	4 (1.16%)
Theme 4: Empowerment	**34 (9.83%)**
Awareness of personal strength	15(4.35%)
Confirmation of doing the right thing	11 (3.18%)
Complements	11 (3.18%)
Theme 5: Action	**49 (14.17%)**
Knowing what to do next	26 (7.51%)
Having a plan	12 (3.47%)
Having a direction	6 (1.73%)
Setting small steps	9 (2.60%)
- importance of small steps	5 (1.45%)
- setting first/next step	4 (1.16%)
Theme 6: Central philosophy	**37 (10.69%)**
Change what doesn't work	24 (6.94%)
- do something different	12 (3.47%)
- awareness of what is not helpful	8 (2.31%)
- differentiation between what is and is not helpful	4 (1.16%)
Do more of what works	9 (2.60%)
- repeat what already works	6 (1.73%)
- generalize what works	3 (0.87%)
If it isn't broken, don't fix it	4 (1.16%)
Theme 7: Hope and readiness to change	**29 (8.38%)**
Feeling hopeful	22 (6.36%)
Feeling motivated to act	9 (2.60%)
Theme 8: End-of-session feedback	**30 (8.67%)**
Suggestions	26 (7.51%)
Summarization	5 (1.45%)

Theme 9: Therapist's SF attitude	**18 (5.20%)**
Being listened to and understood	7 (2.02%)
Non judgmental	3 (0.87%)
Not giving advice	2 (0.58%)
Directedness	2 (0.58%)
Curiosity	2 (0.58%)
Positivity	2 (0.58%)
Faith in the client	1 (0.29%)
Not analyzing the past	1 (0.29%)
Generic themes	
Theme 10: Talking things out	**87 (25.14%)**
Talking it out	82 (23.70%)
Feeling better	10 (2.89%)
Theme 11: Awareness and understanding	**83 (23.99%)**
About self	31 (8.96%)
- understanding oneself better	15 (4.34%)
- being normal	5 (1.45%)
- not being at fault	3 (0.87%)
- awareness of personal rights	2 (0.58%)
- realizing own limited influence	6 (1.73%)
About the situation	30 (8.67%)
- having a better understanding	18 (5.20%)
- having a different perspective	12 (3.47%)
Reflecting	23 (6.65%)
- by receiving questions	20 (5.78%)
- putting thoughts in order	3 (0.87%)
Theme 12: Other aspects	**6 (1.73%)**
Starting the therapy	2 (0.58%)
Don't know yet	2 (0.58%)
Nothing	2 (0.58%)

Note. The total frequency of one theme is not equal to the identified categories, as one person may have mentioned several categories of the same theme, and thus was counted only once. Similarly, the total frequency of all themes is not equal to the number of participants, as one person may have mentioned several themes.

Theme 4: Empowerment

The answers on the helpfulness of the co-construction of empowerment-related aspects also clustered into three categories: (a) reaching awareness of already owned personal strength and *resources* such as *positive traits, being a strong person, or possessing tools,* (b*) reaching confirmation of already doing the right thing*, and (c) receiving compliments from the therapist. The latter category was included in the Empowerment theme for coherence despite complements being also a part of the end-of-session feedback (de Shazer & Berg, 1997). Empowerment and focus on strengths are relevant aspects of the SBT (Kim & Franklin, 2009; Trepper et al., 2014) present across the entire session.

> "*I realized I can cope because someone objective, not knowing me before, told me that I am doing something good. Do you know? - it does matter when you listen to compliments from somebody outside your family or friends*" (female client, 50 years old).

Theme 5: Action

The theme comprising aspects related to the co-construction of actions needed to reach the aim had the second highest frequency. It consisted of four categories: (a) *the concrete focus* on the "know-how" which helped clients *know*

what to do next, what is worth trying, (b) setting an *action plan*, (c) *having a direction of actions* to take, and (d) identifying what is the first or next step to take. Some clients realized that *they can't do it all at once,* and taking a *small step today is enough to make tomorrow different.*

> "*From today's session, I appreciated the focus on concrete aspects, the discussion about the way to achieve what I want, and those various steps of actions*" (male client, 27 years old).

Theme 6: Central Philosophy

A theme corresponding to the SF *Central philosophy* was also identified, as clients made referrals to all three elements described by de Shazer (1985). The most frequently mentioned element was connected to changing what doesn't work. Clients appreciated as helpful the understanding of what they were doing wrong or of *the differences between what is helpful and what is not.*

> "*The comparison between the problematic situations with that, what already works well at my workplace helped me understand. Now I realized what I was doing; what makes sense and what doesn't. I mean it makes no sense to fight against the situation*" (female client, 29 years old).

Other clients appreciated the *awareness* that they can *do something different.*
> "*I haven't thought before that I could react differently to what my partner does. Now I know that instead of arguing with him, I can just mind my own business and do what I want*" (female client, 25 years old).

Within the category corresponding to *repeating* what already works, two distinct subcategories were identified, i.e., doing more of what works for the particular problem *("I found out that I am doing the right thing, I am going in the good direction and I plan to keep on doing so."* male client, 24 years old), and generalizing what works from one life area into another *("I realized that if I am a master of planning, I can just use this in the relationship with my children",* female client, 34 years old).

The lowest frequency reached by the third central philosophy: "If it isn't broke, don't fix it", is not surprising considering that the majority of clients come to therapy for change.

> "*I realize now that the problem is not where I thought it was, that the situation is not that bad and that I do not have to change anything*" (female client, 45 years old).

Theme 7: Hope and Readiness to Change

This theme contains clients' answers reflecting *feeling* hopeful that the situation *is going to be better* and *motivated to act.* In line with previous research which found SF elements to be related to these aspects (McKeel, 2012). I considered this theme to be SFBT-specific.

> "*I can't wait to try this new idea out. I will create a stressful situation just to be able to try it*" (female client, 23 years old).

Theme 8: End-of-Session Feedback

This theme comprised clients' answers referring to the end-of-session feedback. The perceived helpfulness of the therapist's summarization and suggestions provides additional evidence for the relevancy of closing the sessions in this way. As mentioned previously, complements, despite being also a part of the end-of-session feedback, were accounted for as elements of empowerment.
> "*It was helpful the idea you gave me during the summarization to think about how it can be good and bad for me to take risks. I think this will help me get used to risk-taking*" (female client, 35 years old).

Theme 9: Therapist's SF Attitude

Few clients mentioned the therapist's attitude specific to the SFBT as being the most helpful part of the session, such as *the absence of evaluations*, *advice*, or *analyses of the past*. Some clients also appreciated the therapist's *curiosity* throughout the session, *positivity*, and *faith* in their ability to produce change. In turn, more clients appreciated *being heard and understood*.

> "*For me, it was helpful that you encouraged me to think without giving advice to 'do this or that', because this is a difficult situation in which I am in*" (female client, 37 years old).

Theme 10: Talking Things Out

The highest frequency was reached by the generic theme reflecting the client's possibility to *say out loud what they feel or think* and *share their thoughts with others*. Some clients justified the helpfulness of talking out loud as a consequence of having to *keep things for themselves, not to overload close ones*. The "talking it out" was the most frequently appreciated element of the session. Some clients also mentioned the immediate effect of relief by *feeling better*.

> "*I feel a bit better now because I was able to talk things out*" (female client, 35 years old).

Theme 11: Awareness and Understanding

The second highest frequency was reached by another generic theme reflecting clients' awareness and understanding of themselves or their situation. Clients appreciated *understanding themselves better* and *knowing why* they took particular actions. Also, it was helpful to *feel that they are normal* human beings and *not bad persons to blame*. A couple of clients appreciated the awareness of their human rights. Few found the awareness of their limited influence on the situation helpful, not to try to change things that can't be changed.

> "*Now I understand why in that particular situation I reacted as I did. I really want to understand my past*" (male client, 29 years old).

A similar amount of clients appreciated *understanding* the situation *better* and having *a different perspective*.

> "*I have a different perspective now. This meeting completely changed my thoughts about my daughter*" (female client, 49 years old).

Other clients appreciated the possibility to reflect upon their situation by *receiving* and *answering difficult questions* which otherwise they would not ask themselves. Also, it was helpful to *put their thoughts in order*.

> "*You give me difficult questions which irritate me, but also force me to think. I've never received such difficult questions, but they open my eyes to things I was not able to see before*" (female client, 20 years old).

The Importance of Themes Relative to Each Other

The two generic themes both had a significantly higher frequency than any other SFBT-specific theme, from the lowest (Therapist's SF attitude) to the highest (Aim) frequent ones; odds ratios ranged from 6.12 [3.59; 10.43] to 1.82 [1.24; 2.65], zs = 6.66 to 3.09, all ps <.002 for Talking things out, respectively from 5.75 [3.37; 9.82] to 1.71 [1.17; 2.50], zs = 6.41 to 2.75, all ps <.006 for Awareness and understanding theme. There was no significant difference between these two generic themes, OR = 1.05 [0.74; 1.48], z = 0.27, p = .791.

When analyzing frequencies, to see if a core can be identified among the SFBT-specific themes, results showed that Aim and Action were more likely, while Exceptions and Therapist's SF attitude were less likely to be mentioned by the clients. Namely, Aim was significantly more likely mentioned as a helpful theme compared to Exception, OR = 2.86

[1.69; 4.85], $z = 3.90$, $p < .001$, Empowerment, $OR = 1.70$ [1.07; 2.68], $z = 2.26$, $p = .024$, Hope and readiness to change, $OR = 2.02$ [1.25; 3.26], $z = 2.88$, $p = .004$, End-of-session feedback, $OR = 1.95$ [1.22; 3.13], $z = 2.76$, $p = .006$, and Therapist's SF attitude, $OR = 4.28$ [1.93; 5.88], $z = 4.28$, $p < .001$, respectively marginally more likely compared to Central philosophy, $OR = 1.54$ [0.99; 2.42], $z = 1.90$, $p = .057$ and Progress, $OR = 1.50$ [0.96; 2.34], $z = 1.78$, $p = .075$. Action was significantly more likely mentioned as a helpful theme compared to Exception, $OR = 2.55$ [1.50; 4.36], $z = 3.44$, $p < .001$, Hope and readiness to change, $OR = 1.80$ [1.11; 2.93], $z = 2.38$, $p = .017$, End-of-session feedback, $OR = 1.74$ [1.07; 2.81], $z = 2.25$, $p = .024$, and Therapist's SF attitude, $OR = 3.01$ [1.71; 5.28], $z = 3.84$, $p < .001$, respectively marginally more likely compared to Empowerment, $OR = 1.51$ [0.95; 2.41], $z = 1.75$, $p = .081$. Additionally, Exception was significantly less likely to be mentioned compared to Progress, $OR = 0.52$ [0.30; 0.91], $z = 2.28$, $p = .022$ and Central philosophy, $OR = 0.54$ [0.31; 0.94], $z = 2.17$, $p = .03$, and marginally less likely compared to Empowerment, $OR = 0.59$ [0.33; 1.04], $z = 1.81$, $p = .07$. Finally, Therapist's SF attitude was also significantly less likely mentioned compared to Progress, $OR = 0.44$ [0.25; 0.80], $z = 2.73$, $p = .006$, Empowerment, $OR = 0.50$ [0.28; 0.91], $z = 2.27$, $p = .02$, and Central philosophy, $OR = 0.46$ [0.26; 0.82], $z = 2.62$, $p = .009$.

Relation Between Themes and Level of Engagement

Significant differences in the distribution of themes by the client's level of engagement were found for Aim, Progress, Action, and Talking things out (see Table 3).

When considering the BFTC model Aim, Progress, and Action were significantly more likely reported in Customer than Complainant level, $ORs = 2.04$ [1.10; 3.75], 7.52 [3.41; 16.60], and 2.48 [1.31; 4.68], $zs = 2.28$, 4.99, and 2.80, $ps = .023$, .0001, and .005. Progress and Action were more likely reported in Customer than Visitor, $ORs = 27.87$ [1.66; 468.25] and 3.43 [0.97; 12.10], $zs = 2.31$ and 1.92, $ps = .021$ and .055, though the latter difference reached marginal statistical significance. In turn, the Talking things out theme was more likely reported in Complainant than Customer level, $OR = 4.99$ [2.37; 10.53], $z = 4.23$, $p < .001$. No significant difference was found between Complainant and Visitor.

When considering the Bruges model, Aim, Progress, and Action themes were significantly more likely reported in Consulting than Uncommitted level, $ORs = 3.88$ [1.25; 11.99], 50.71 [3.03; 849.10], and 3.90 [1.40; 10.87], $zs = 2.35$, 2.73, and 2.60, $ps = .019$, .006, .009. Progress and Action were more likely reported in Consulting than Searching level, $ORs = 7.03$ [3.13; 15.78] and 2.66 [1.36; 5.18], $zs = 4.73$ and 2.86, $ps < .004$. In turn, the Talking things out theme was more likely reported in Uncommitted or Searching than Consulting, $ORs = 9.26$ [3.72; 23.05] and 5.09 [2.21; 11.74], $zs = 4.79$ and 3.82, $ps < .001$, respectively in Uncommitted than Searching level, $OR = 1.82$ [1.01; 3.27], $z = 2.00$, $p = .045$. No significant difference was found regarding the Expert level, probably due to the low amount of clients in this group.

Discussion

The current study explored what elements of the therapeutic process conducted in line with the SF approach were perceived as helpful by clients outside the USA culture and how their helpfulness varied with the client's level of engagement. A mixed-method design was used in a naturalistic setting.

With one exception, all corresponding characteristics and core elements of the SFBT process including central philosophy (de Shazer & Berg, 1997; Gingerich & Eisengart, 2000; Trepper et al., 2014) were identified through thematic analysis of Polish clients' answers. The omission of pre-session change is not surprising considering that not all clients can identify them (Allgood et al., 1995; Johnson et al., 1998; Lawson, 1994). The break was not mentioned directly, yet it is an integral part of the end-of-session feedback (de Shazer & Berg, 1997), which was in turn perceived as helpful. These results provide empirical evidence for the replicability of the SFBT model beyond the USA culture where it was built.

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Table 3

Frequency of Themes by Level of Engagement

	BFTC Model				Bruges model				
	Visitor	Complainant	Customer		Uncommitted	Searching	Consulting	Expert	
Aim	4	25	25	$\chi^2(2) = 6.31^*$	4	29	19	2	$\chi^2(3) = 6.58^*$
Exception	1	15	5	$\chi^2(2) = 2.02$	3	13	5	0	$\chi^2(3) = 1.40$
Progress	0	9	29	$\chi^2(2) = 39.70^{***}$	0	9	26	3	$\chi^2(3) = 46.26^{***}$
Empowerment	5	14	15	$\chi^2(2) = 3.97$	6	16	10	2	$\chi^2(3) = 2.30$
Action	3	21	25	$\chi^2(2) = 9.93^{**}$	5	19	23	2	$\chi^2(3) = 12.73^{**}$
Central philosophy	4	24	9	$\chi^2(2) = 1.15$	7	21	8	1	$\chi^2(3) = .80$
Hope and readiness to change	2	17	10	$\chi^2(2) = .56$	4	16	8	1	$\chi^2(3) = .74$
End-of-session feedback	2	16	10	$\chi^2(2) = .63$	4	16	10	0	$\chi^2(3) = 1.77$
Therapist's attitude	4	11	3	$\chi^2(2) = 3.60$	5	10	3	0	$\chi^2(2) = 2.07$
Talking things out	17	61	9	$\chi^2(2) = 27.94^{***}$	28	51	7	1	$\chi^2(3) = 28.36^{***}$
Awareness and understanding	9	48	26	$\chi^2(2) = .02$	18	48	24	1	$\chi^2(3) = 1.06$
Other aspects	0	6	0	$\chi^2(2) = 4.56$	2	4	0	0	$\chi^2(3) = 2.76$

Note. BFTC – Brief Family Therapy Centre.

$^* p < .05$; $^{**} p < .01$; $^{***} p < .001$.

Additionally, clients perceived as helpful the same generic aspects identified in other therapeutic approaches by previous qualitative studies, i.e., the therapeutic relationship and awareness and insight following the possibility to talk about their feelings and experiences (Timulak, 2007). This similarity brings additional evidence against the critical voices which argue for the superficiality of the SFBT (Neves, 2017; Stalker et al., 1999). These generic elements were more frequently perceived as helpful than the SFBT-specific ones.

Based on these findings I propose a new organization of the SFBT model which accounts for the therapist's SF attitude and clients' possibility to talk things out and reach awareness and understanding as an essential environment for the co-construction process (see Figure 1). Additionally, I propose that the SF questions stand at a lower level serving as tools for the co-construction of specific aspects. This contrasts with existing proposals which include questions and their purpose at a similar level (Gingerich & Eisengart, 2000; Kim & Franklin, 2009; Trepper et al., 2014) or focus only on particular techniques (de Shazer & Berg, 1997). The currently proposed model emphasizes the co-construction process which is the essence of SFBT (de Shazer, 1985, 1988; Lipchik, 2011). It also moves beyond techniques by taking into account the relational aspect generic to all psychotherapeutic approaches.

Practical Implications

Current findings suggest that from the client's perspective the co-construction of Aim and Action is the most helpful SF-specific aspect. Yet, their perceived helpfulness did not vary significantly from the co-construction of Progress or Central philosophy probably due to their interconnection. In order to know what actions to take in reaching the aim, one must first be aware of the steps that led to progress to know what is worth repeating or changing (Central philosophy). Thus, if a minimum number of elements are to be considered (de Shazer & Berg, 1997; Gingerich & Eisengart, 2000), the emphasis should be on the co-construction of the aim, action, progress, and central philosophy.

Yet, if it is meant to be helpful, the co-construction process should consider the client's level of engagement. Current findings showed that the co-construction of the aim, action, and progress is more helpful for clients at a higher level, such as Customers (BFTC model) or Consulting (Bruges model). In turn, emphasis on the environment in which the co-construction takes place particularly by allowing the client to talk things out is more helpful at lower levels, such as Visitor or Complainant (BFTC model), respectively Uncommitted or Searching (Bruges model). These results bring empirical support to previous claims according to which at lower levels of engagement it is difficult to identify a working goal (de Shazer, 1988; Isebaert, 2016).

The relative relevance of various aspects of the therapeutic process identified in line with the level of engagement suggests that practitioners should move away from the automatic application of the model by paying attention to what the client standing in front of them is engaged in. These findings can help new SF practitioners avoid "problem-phobia" by allowing clients at lower levels of engagement to talk things out, so they can move towards higher levels and be ready to talk about goals and actions.

Limitations and Further Directions

The present findings and suggestions should be interpreted given the study's limitations. First, all psychotherapists were during their professional training, not yet certified. Nevertheless, in the formation years, one may be keener to follow the SFBT protocol purely. Also, all had at least three years of experience in the SF approach. In Poland following the second year of specialized training psychotherapists are sufficiently qualified to work under contract with the National Healthcare System.

Second, data was mainly collected from a single psychotherapist – the author, being also the only coder and main researcher for all aspects of the study. This may hinder the generalization of the results by reflecting more the personal rather than the SFBT model way of working. Yet, a practitioner-researcher can provide valid research if he/she follows the methodological protocols (McCormack, 2009). As described in the data analysis section for increased trustworthiness of the qualitative analysis I've gone beyond the general recommendations (Guest et al., 2012). Furthermore, the findings were in line with previous studies indicating the results' transferability.

The SFBT Co-construction Process and Environment Grounded in the Client's Perception
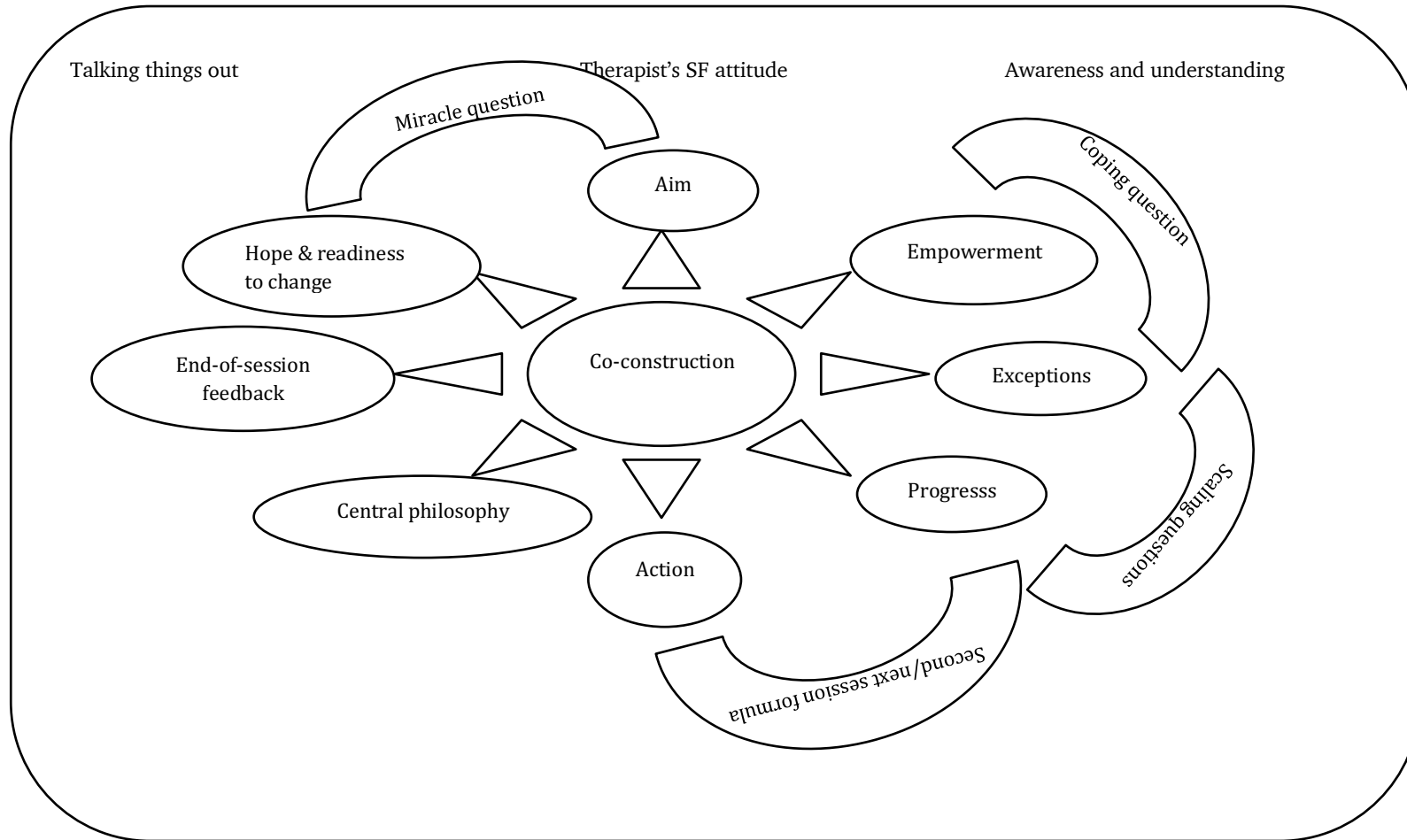
Third, the relative relevancy of various therapeutic elements may be specific to the characteristics of the sample. Paying clients attending by their own will psychotherapy in private practice may be more prone to appreciate the aim-and-action-focused intervention.

Future studies can replicate the results in other cultures with other populations, to test whether the perceived helpfulness varies culturally. For more information, in-depth questions can be used. Higher reliability can be provided by the inclusion of more experienced psychotherapists. Generalizability can be increased by recruiting clients from other settings.

Conclusion

The current study provides empirical support for the need to tailor the SF intervention in line with the client's level of engagement (de Shazer, 1988; Isebaert, 2016; Lipchik, 2011; McFarland, 1995). The law of instrument "*If the only tool you have is a hammer, you tend to see every problem as a nail*" (Maslow, 1966) applies as well to the SF practice. Over-reliance on the co-construction of solutions risks losing contact with the real client. The present model grounded in the client's perception shows that the SF co-construction process can coexist with the generic therapeutic environment common to other approaches; it is not a matter of "either, or". As a client said "*Talking out loud helped me realize what I was doing wrong*". Once the awareness sets in, the possibility to think of what to do differently opens.

Emphasis on building a good environment in which clients can talk things out is more appropriate at lower levels of engagement, while the more a client moves to higher levels, the more SF-specific elements are helpful. This is in line with the previous recommendation of going slow and not forcing the solution (Lipchik, 2011; Nylund & Corsiglia, 1994), while also not being problem-phobic.

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

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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.

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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?"
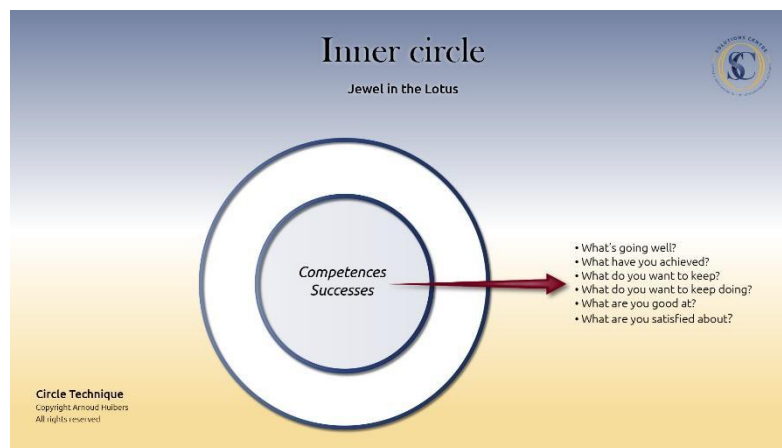
Here are some examples of answers that clients may give to questions concerning competencies: "I was able to concentrate well when I studied for my last exam recently", "I have learned to speak Spanish fluently", "I stay calm when things are turbulent around me", "I have noticed that I am rather resilient 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

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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?"
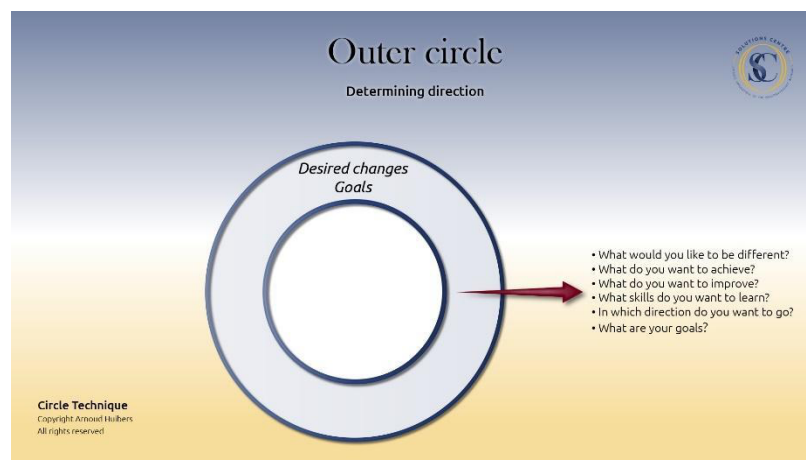
The practitioner *validates* the client's answers and writes down relevant keywords. If the client's response refers to the absence of a problem or a complaint, the practitioner asks, "What would you want instead?" For example, if the client says: "I don't want to procrastinate anymore", and the practitioner 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

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(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 Kids'Skills 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.

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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 conversion 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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ARTICLE

Solution-Focused Brief Therapy with Hispanic Families

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Introduction

According to the 2019 United States (U.S.) Census Bureau data, the Hispanic population is the fastest-growing minority group, accounting for 18.5% of U.S. population (Grames, 2006; Kouyoumdjian et al., 2003; González-Suitt et al., 2016; Zamarripa, 2009). When working clinically with Hispanic families it is imperative to take the culture's values, stereotypes, and norms into consideration in order to provide high quality therapy interventions that are culturally sensitive and informed. We utilize a case study to demonstrate how solution-focused therapy can be applied to working with Hispanic families, with marriage and family therapists (MFTs) that are skilled in cultural sensitivity and have a good understanding regarding the client's culture.

Solution Focused Therapy

Solution-focused brief therapy (SFBT) was developed by psychotherapists Steve de Shazer and Insoo Kim Berg, in the 1980s at the Brief Family Therapy Center in Milwaukee, Wisconsin (de Shazer, 1985; González- Suitt et al., 2016; Mullet et al., 2018; Reddy et al., 2015). SFBT is an approach that focuses on the future, rather than the past. Focusing on a problem-free future has been proven to aid the client more in finding resolutions to their problems, than exploring their past in detail (Seidel & Hedley, 2008; Springer et al., 2000; Zamarripa, 2009). SFBT is a strength-based model of therapy that helps clients find solutions to present problems by teaching clients to utilize previous solutions that have already been applied and proven successful at some point in their lives, and by building on their existing strengths and competencies (Dermer et al., 1998; Reddy et al., 2015; Seidel & Hedley, 2008; Springer et al., 2000; Zamarripa, 2009). As the name implies, SFBT is more concerned with conversations that are concentrated on solutions rather than problems. Knowing the cause of the problem is not necessary in finding a solution. Problem formulation and solution-goal setting were concepts that were originally formulated by the Milwaukee group, which were a group of family and marriage therapists that collaborated in the mid-1970s to 1980s, and are more commonly acknowledged for the use of positive feedback within the Milwaukee model (de Shazer, 1985).

In SFBT, the solution does not come from the problem; SFBT does not aim to solve any problems, instead it aims to create a vision of a preferred future and work towards that through small changes (de Shazer, 1985; de Shazer & Berg, 1997; Richmond et al., 2014; Seidel & Hedley, 2008; Zatloukal et al., 2020). Small, but realistic and achievable, changes lead to bigger changes, and bigger changes lead to the realization of the client's preferred future (Dermer et al., 1998; Tadros, 2019). By highlighting a client 's strengths and exceptions, forming a mutually trusting bond, and describing the client's problem in a way that hope is inculcated in the problem-solving, SFBT explains the client's problems in a positive manner (de Shazer, 1985). SFBT views the client as the expert in his or her life and the therapist as a conversation facilitator, and not an expert. The ideology behind the client being viewed as the expert and the therapist as the conversation facilitator is due to clients being the most knowledgeable on their lives. Clients need someone to help them find exceptions so they can come up with their own solutions (Dermer et al., 1998; Tadros, 2019; Zamarripa, 2009). Allowing the client to be an expert in their own life provides them a sense of agency. In SFBT it is very important that the therapist comes from a not knowing point of view and the strategies that are developed are the clients because clients

are more likely to follow through with the strategies if they are the ones that came up with them (Zamarripa, 2009). An intervention strategy that is used in SFBT is the use of questions.

There are three main types of questions that therapists use, exception-finding questions, scaling questions, and the miracle question. Exception-finding questions are helpful because they prompt clients to think of times where the problem was not so much of a problem; it allows clients to find solutions (Bavelas et al., 2014; González- Suitt et al., 2019; Zatloukal et al., 2020). Scaling questions are used to track progress that has been made towards the goal, and that progress acts as positive motivation to continue making more changes until the preferred future is achieved (Richmond et al., 2014; Springer et al., 2000). According to Tadros (2019) and Reddy et al. (2015), scaling questions are also effective in finding out the client's therapy expectations. The miracle question is a future preferred question that prompts clients to think of what their life would be like in a perfect world, where their problems did not exist; the question should be adapted to each client's individual characteristics and preferences, and it is often used to set therapy goals (Kayrouz & Hansen, 2019; Springer et al., 2000; Zatloukal et al., 2020). As stated by Yu (2019), the miracle question is usually asked by a similar verbatim as:

> "This may seem a very strange question for you, but please bear with me. Let's say that tonight when you go home, you go to sleep as usual, but when you awaken a miracle has occurred and the problem that brought you in today is no longer a problem. What would be the first difference you notice in your life that lets you know there is no longer a problem?"

Asking the miracle question allows therapists insight of what the preferred future of the client is, as well as expected treatment outcomes (Bavelas et al., 2014; Mullet et al., 2018).

Case Description

Demographics Information and Presenting Problem

Cassandra Sanchez is a 47-year-old heterosexual, Mexican immigrant, catholic, lower middle-class female who sought help at a local clinical mental health agency. Cassandra immigrated from Mexico to the U.S. with her husband to start a family and offer their family a better future. While in the U.S., Cassandra got pregnant with her son Emilio. Shortly after Emilio was born, Cassandra's husband lost his job and began to drink alcohol very heavily daily. He soon developed alcohol use disorder. Cassandra's husband was involved in a car accident while driving under the influence; the accident subsequently cost him his life. She was left alone in the world with no family other than her very young son Emilio. Cassandra never disclosed to her son exactly how his father died because she wanted to protect the image her son had of his father. Instead, Cassandra told her son stories of how hard-working and responsible his father was.

Cassandra's son is Emilio Sanchez. Emilio is a 26-year-old heterosexual, Mexican American, catholic, lower middle-class male. Emilio married his high school sweetheart at the age of 18 but has recently divorced due to infidelity issues on his partner's side. Emilio states that he believes his ex-wife was unfaithful to him because he was much too focused on school, and he was too uptight about having fun. Despite the infidelity, Emilio and his wife divorced amicably and having both decided that it was the best option for them both. After his divorce, Emilio moved back in with his mother and is now paying half of the rent and bills even though he was recently demoted to being a part-time employee instead of a full-time employee; he has been financially struggling for a few months. Emilio reports feeling stressed due to once again living with his mother and states that he only drinks to relieve his stress and anxiety caused by returning to his mother's home after his divorce. Additionally, Emilio grew up with only one very strict parent who tried to control every aspect of his life; he remembers that she was not very affectionate and was very avoidant in talking about his father.

Cassandra Sanchez and her son, Emilio Sanchez, presented at a family therapy center reporting family problems. Cassandra is very hesitant in participating in therapy, but ultimately complies thinking that it is what is best for her family. Cassandra states that she is very concerned with her son's overall health and safety; she fears that she will lose Emilio to alcohol. Cassandra ultimately believes that Emilio is suffering from alcohol use disorder and accuses him of drinking heavily on a regular basis. Ultimately, Cassandra fears that Emilio will end up like his father and she will again lose someone she loves. Emilio on the other hand, states that his mother is too over-protective, and she is overreacting for no good reason. Emilio does in fact admit that recently he has been drinking more than usual, but ultimately believes that his drinking is under control and very normal for his age. Emilio states that he has been feeling anxious recently and only drinks to relieve his stress. Emilio ultimately reports feeling annoyed because he feels his mother is "too

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nagging" and she should just leave him alone because he is paying half of the rent and bills, despite being financially unstable.

Case Conceptualization

First Session Conceptualization

Conducting an initial intake interview, a MFT made sure to ask questions about factors that may have an effect on family structure and homeostasis. The concept of homeostasis is important to many individuals because many families seek therapy to maintain or restore their familial organization and functioning over time. When families are able to actually maintain consistency and equilibrium despite emerging challenges, that concept is called morphostasis. Many problems in families surge when some individuals want to maintain stability and equilibrium, while others want to introduce changes to accommodate the changing needs of family members. The family's ability to adapt to changing needs is known as morphogenesis and all concepts are possible solutions in SFBT (de Shazer, 1985). According to Tadros and Finney (2018), it is imperative to inquire about the family's history; the MFT must know all information relevant to history of suicides, domestic violence, child abuse, substance/alcohol use or abuse, and any mental health issues within the family on the initial session. In the initial intake session, Cassandra asked to speak in private; in the session, she disclosed the family history of alcohol use disorder and explained that was the real reason she was concerned. Other than the history of substance use disorder, there was no history of child abuse, suicidal ideations, or mental disorders. Cassandra did also explain that she believed her son was suffering from depression due to his ex-wife's infidelity and subsequent divorce; she adamantly blamed the infidelity and divorce on her son's excessive drinking. Cassandra spoke a lot of her experiences with Emilio's father while he suffered through alcohol use disorder; she wanted to make sure the MFT understood her fear of losing her only son.

While conducting the initial interview with Emilio, he disclosed that he believed there was a history of child abuse in his family; he stated that his mother often told him that her parents were not affectionate at all with her when she was a child. Emilio also states that his mother was always a great mother, but she was also never affectionate. According to Emilio, his mother's life revolved around him, and she never had any friends or romantic partners in her life. It became clear that Emilio was feeling overwhelmed with his mother's attachment to him.

Theory-Based Case Conceptualization

Before making any type of treatment plan, it is imperative that a MFT join the family to build rapport and a trusting therapeutic alliance with each of the clients (Tadros & Finney, 2018). To build a good rapport, the MFT engaged both Cassandra and Emilio individually into problem-free talk. Problem-free talk is a way to get to know clients on a more personal level where clients discuss aspects of their lives that are non-problematic and they are content with. Problem-free talks are imperative for both the MFT and the client to form a trusting bond along with giving the MFT insight to valuable qualities and resources the client possesses, but is not aware of or utilizing that can be used in the future (George et al., 2010). A MFT must understand how their clients interact with one another and the structure of the family dynamic. To get a clearer picture of what the clients hoped to obtain from therapy, a MFT asked both Cassandra and Emilio the miracle question and allowed each to carefully listen to the other person's response, even though it is often suggested to ask the miracle question privately (Yu, 2019). Through both responses to the miracle question, the clients were able to clarify what was needed of the other and place themselves in each other's position, becoming more empathetic to each other's feelings.

When asked the miracle question, Cassandra responded by saying that her husband would still be alive, which is a common answer for an individual who has suffered a loss. Many MFTs deter from using the miracle question when an individual has suffered a loss or had a terminal disease like some cancers, because it is believed that the miracle question will be counterproductive and offer no benefits (Kayrouz & Hansen, 2019; Springer et al., 2000). Cassandra's husband died more than 20 years ago so the miracle question was suitable to be asked and directed in a way that would be beneficial and offer some clarity and goal setting in the process. The MFT then asked what would be different if her husband was still alive, to which she answered that she would have support and guidance regarding how to talk to her own son. Cassandra visualized a future where her son did not drink and where she felt supported.

When Emilio was asked the miracle question, he also stated that he would know a miracle had occurred because his father would still be alive. The MFT then asked Emilio the same question, "what would be different if your father was alive?" To which Emilio answered that he would have someone to understand him and guide him the way only a man could, and that he would have someone to speak to when his mother was hovering over him like an overprotective mom or overreacting.The MFT followed by asking him what else would be different in his life and Emilio also answered that he would have an overall better relationship with his mother in which she did not worry about his every movement and there was mutual trust between them.

Asking the miracle question defined goals for both Cassandra and Emilio that are realistic and can be worked towards. It is imperative for MFTs to guide the conversation towards realistic and achievable goals when clients answer the miracle question with things that are simply not plausible. The idea is to focus the conversation on the client's feelings and continue to ask questions that will lead them to attainable goals, however small those goals may be (Yu, 2019). An example of a follow up question for Emilio would be "what would you feel would be different in you as a person had you grown up with your father, and what things can you do now to help you become that person?" The answer to that question would be great in assessing Emilio's commitment to change and problem solving, which is also a goal of the miracle question (Kayrouz & Hansen, 2019; Yu, 2019).

Case Application/Treatment Plan

After joining the family and observing the interactional patterns between the two clients, a MFT can implement a treatment plan. The client's goals really have nothing to do with the problem that initially brought them in, and in SFBT, that is actually very common. In SFBT, the therapist is not concerned with the presenting problem; the therapist is interested in the client's goals for therapy that will lead to a preferred future (de Shazer, 1985). A MFT asked both of the clients to think of people in their lives that are already or could be offering the social support and communication that both expressed to need; that allowed the clients to identify people in their lives that served as social support systems to them. A MFT also asked exception-finding questions and prompted the clients to think of times when things were better, or the problem was not much of a problem in order to amplify change.

One of the main issues that Cassandra and Emilio were having was that they both had poor communication skills. Emilio reported feeling that he could not have a conversation with his mother because he did not feel understood by her, and Cassandra reported that Emilio did not talk to her about his emotions after his divorce, so she did not know how to help him. The miracle question allowed them both to explore their feelings and be able to express their emotions more openly. During therapy, Cassandra felt safe enough to disclose to Emilio how exactly his father passed away and Emilio admitted that he had a problem with alcohol consumption; he also was able to express his feelings of sadness by having to move back home with his mother. Emilio expressed that he felt emasculated and did not know how to talk to his mother about it because he felt that as a woman, she would not understand. As a result both clients were able to obtain small goals that led to big changes, and frame further smaller goals around solutions, rather than problems.

Working through smaller goals Emilio was able to stop drinking so heavily, which in return helped Cassandra not nag him or worry about his drinking habits. Emilio was also very impacted by his mother's confession regarding his father, which was also a big aid in getting him to control his drinking habits. Cassandra's confession allowed Emilio to place himself in her shoes and realize that his mother's fears regarding his heavy drinking were justified. Cassandra also realized that holding secrets was not very effective. Both Cassandra and Emilio set the small goal to be more honest with each other, and as a result their communication skills greatly improved, proving that small goals lead to big changes.

Taking into consideration the miracle question, Cassandra was able to identify a few people in her life that she could count on for support. Opening up to people who are already in her life and finding out that she was able to get the support that she desperately felt she needed, Cassandra was able to open up to other people as well and form several new relationships. Emilio also took the miracle question into consideration a great deal as well as his mother's response; he was also able to work towards identifying people in his life who he could talk to and feel supported. Emilio sought out an uncle to talk to about the things that he felt only a man could understand, and he was also able to rekindle past relationships with friends and coworkers that became estranged due to his drinking. Overall, SFBT helped both Cassandra and Emilio work towards their own version of a preferred future, and by putting themselves in

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each other's situation, they were both able to achieve small goals that led to big changes in their quality of life and family satisfaction.

Culturally Informed Therapy

In mental health's efforts of diversity and inclusion among various ethnicities and cultures, SFBT is a crucial treatment model for several reasons. First, SFBT gives clients the power of being experts in their own lives, which can be a very important thing for many cultures (Beyebach, 2014; Dermer et al., 1998; Tadros, 2019). Allowing clients to be experts in their own lives then allows the client's "best hopes" to be supported and validated. Belonging to Mexican American culture, it is crucial for both Cassandra and Emilio to feel in control of their own lives and that no one presumes to be more of an expert than themselves. Second, SFBT does not aim to interpret the meaning of the client's language, instead it focuses on using the client's own language; the client's language is their reality. Acknowledging and honoring the cultural reality and beliefs of the client facilitates the application of culturally appropriate therapy (Grames, 2006). Third, treatment effectiveness among various cultures demonstrates that SFBT is in fact culturally sensitive as a multicultural approach.

SFBT naturally encompasses a multicultural approach in which collaboration and respect are key components. A multicultural approach allows for SFBTs to exhibit empathy, as well as genuine curiosity regarding the client's culture. With genuine curiosity, SFBTs are able to gain insight into the client's culture and form collaborative relationships with the clients by incorporating values and customs that are of importance to them into the therapy sessions. Honesty and transparency were very important to Cassandra and she was more open to further engaging into conversation as she felt listened to and understood. To provide ethical and quality therapy it is imperative that a SFBT have at least some basic knowledge regarding the culture of the family they are working with; further, prior knowledge regarding the client's culture is beneficial in diminishing the burden that is typically placed on clients who are part of racially minoritized individuals and expected to retell and explain their experiences (Tadros & Finney, 2019; Finney et al., 2020).

SFBT can be culturally sensitive in a variety of ways. There is no normative assumption of what the problem is; SFBTs acknowledge and refer to the problem by the client's own definition (Zamarripa, 2009). Acknowledging the client's own definitions demonstrates respect for the client's cultural contexts. Similarly, mirroring the language of the client displays that the therapist is accepting the client's own definition of the problem. As an SFBT, one should never try to convince a client that their problem is not a problem or impose their own personal views. Rather, MFTs should focus on how the client's perceived problem is a concern and not impose his/her views because that can cause the client to feel a loss of self-determination (Tadros et al., 2021; Tadros & Owens, 2021). There is also no normative assumption of what a solution or goal to the issue is. Client's goals are based on their version of a preferred future, and often their preferred future is highly influenced by their cultural values and norms (Zamarripa, 2009). For example, Emilio's culture dictates that he is a man and he strongly believed that his mother should treat him as such while respecting and trusting him. SFBT focuses on identifying individual and family strengths and resources through their culture that can in return be beneficial in identifying adequate therapy goals. Oftentimes strengths and resources have been regarded as deficits rather than strengths by other therapists, or not acknowledged as strengths at all (Zamarripa, 2009). SFBT not only acknowledges those cultural strengths and resources, but it utilizes them to their full potential. Due to the cultural hierarchy, Emilio's respect for his mother was a key strength in being able to put himself in her shoes and understand her position.

Specific to Hispanic Families

Kayrouz and Hansen (2019) developed a nine question guideline to help therapists adapt their therapy techniques in a culturally informed and sensitive manner, and ensure that interventions align with the client's cultural needs and preferences. SFBT helps manage the questions necessary for cultural adaptation very well because the client is viewed as the expert and the MFT as just the facilitator, and because SFBT can be accommodated to meet the needs of each client while taking advantage of resources they already possess (Reddy et al., 2015). The therapy intervention's success will largely be dependent on the therapist's ability to adapt their therapy techniques to their client's culture and values. The first question in the guideline is whether the treatment needs to be delivered in the client's native

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language. Part of therapy technique adaptation is determining what language will provide the client with the best understanding. The second question in the guideline is whether the therapist's ethnicity and gender need to match the client; it is an important consideration because there are some cultures in which women do not feel comfortable talking to men, for example. The third question is whether the location where the treatment is being delivered is culturally appropriate. For example, in an incarcerated setting one must consider not just the racial and ethnic implications but the culture of incarceration. The fourth question is what cultural symbols and sayings of the client can be used in adapting the intervention. The fifth question is what cultural customs and traditions of the client can the therapist draw from when adapting the intervention. The fifth question helps therapists adapt the intervention because it pinpoints what cultural customs, traditions, and values are important to the client (Kayrouz & Hansen, 2019).

The sixth question is a series of sub questions used to find out about how the client's culture defines, expresses and treats physical, social and behavioral problems and builds into treatment conceptualization. One of the sub questions for question six is where the client lies on the individualism-collectivism continuum. Culture makes a person part of a group, but the person does still have individualism, and certain people place more importance to their individualism than the collectivism of their culture (Grames, 2006). Another sub question is what the role of cultural hierarchies is in the client's life. For example, Hispanic cultures tend to be patriarchal as far as hierarchies, and respect is owed to the family patriarch as well as other elders in the family. The advantage of SFBT in this particular case is that there are no tensions regarding hierarchy between the clients and the MFT because the MFT is not presumed to be the expert, nor do they dictate what actions must be taken by the clients. Hierarchy is very important to this family because Emilio was raised by single mother Cassandra; Cassandra took over the patriarch role in the family hierarchy and demanded the respect she felt she deserved according to her culture, which only made it more difficult for Emilio to talk about his problems. The last two sub questions are what the client's time-orientation is, and what the role of spirituality in explaining and treating the problem is. The seventh question is more of a prompt; it asks to create goals of treatment with consideration for the culturally bound and gender-bound definitions of success of the client. Number seven is very important because the client may have a different definition of success when it comes to therapy. A good example from Kayrouz and Hansen (2019) was regarding the collectivist goal of protecting nature and tribal loyalty that Native Americans have, which may outweigh the client's individualistic goal. Question eight is whether the treatment method simplifies the achievement of goals and considers the client's cultural and gender norms; if not, treatment should be adjusted. Finally, the ninth question is what the broader social, economic, and political realities for the client are. Altogether those nine questions serve as a great guideline to culturally adapt any intervention with success and cultural sensitivity.

Belonging to a collectivistic culture, Hispanics place a higher value on the needs and wants of the whole family rather than the needs and wants of one individual; the thought behind that is that individuals are interdependent and part of a family who should function together. According to Tadros and Owens (2021), it is important for therapists to consider intersectional identities that may be directly related to a family's roles, norms, hierarchies and boundaries. Family, in particular extended family members, are very important to a Hispanic individual. Hispanic families place trust as a priority in their way of life, but often are distrustful with outsiders, which can be a challenge for a SFBT therapist attempting to gain the trust of their Hispanic client to build rapport. Respect is also something that Hispanics place as a priority in their lives; it is a very common theme in their culture and family structures. Most Hispanics have very patriarchal family structures and respect is given to the family members according to that hierarchy, as well as with older individuals; parents and elders are the most respected in Hispanic families. SFBT is adaptable to deep-rooted aspects of Hispanic culture not only when talking about trust and respect, but also loyalty, commonality, spirituality and religiosity, and interdependence between family members (González-Suitt et al., 2016). A SFBT therapist should be well aware of a Hispanic client's culture and norms, and must also display understanding and sensitivity in providing ethical, great quality services.

Barriers to Treatment

Hispanics tend to underutilize all general medical services, in specific mental health services; they commonly seek help from other family members or nontraditional helpers when experiencing any familial dysfunction, rather than seeking a professional due to economic or structural barriers (Prieto et al., 2001; Zamarripa, 2009). A study conducted by Beyebach (2000) suggests that when clients do not perceive and value the relationship between themselves and

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their MFT, therapy continuation and compliance with homework tasks is much less likely to occur; strong therapeutic relationships and ensuring that clients take credit for accomplishments and solutions seem to have a positive effect on therapy continuance. Economics was a huge barrier to treatment for Cassandra and Emilio as they identified themselves as a low-income family. Cassandra as a Mexican immigrant does not have medical insurance to cover therapy and due to Emilio's employment now being only part-time, he also does not qualify for medical insurance. According to Rastogi et al. (2012) and Reddy et al. (2015), Hispanics with low socioeconomic backgrounds experience various challenges including time, affordability, and transportation limitations when attempting to utilize mental health services. SFBT is a brief form of therapy and usually a great option for many individuals, but when there is no medical insurance or adequate employment, it can be a huge barrier to treatment; underutilization of mental health services by Hispanics are more due to economic barriers than their unwillingness to participate (Zamarripa, 2009). After admitting that he had a problem with alcohol Emilio would have ideally sought a rehabilitation center, but rehabilitation centers are very costly for individuals who do not have medical insurance. Although Emilio's alcohol use was not severe, it was recommended he attend Alcoholics Anonymous meetings and potentially other free support groups.

Another barrier to treatment is that Cassandra is a Mexican immigrant who despite being in the United States for more than two decades, has not learned English fluently. Cassandra's English is very basic and language adaptation is necessary to ensure that she fully understands the questions that are being asked. Linguistic adaptation is not as simple as getting a translator all together. Often simplifying questions and phrases is enough to help clients with basic English skills understand them better; a MFT can use fewer or simpler words or try different variations of the same question, rather than try to explain the question because that can cause more confusion to the client (González-Suitt et al., 2019). It is also important to note that although many different countries and regions share the Spanish language, the language can vary widely and it is not universal to every Spanish-speaking individual. Despite the language being similar enough to understand basic needs, it is imperative that MFTs know their client's specific language in order to transmit therapy in the most accurate form (González-Suitt et al., 2016; Grames, 2006). Language barriers can be very problematic for Hispanic communities, specifically individuals attempting to get mental health services. Language barriers place Hispanic populations at a disadvantage, making it very difficult to get quality therapy. Hispanics often lose hope that therapy will be beneficial at all due to previous negative experiences associated with language barriers; language barriers tend to lead to poor treatment outcomes and higher risks of the individual not returning for therapy (Finney et al., 2020; Kouyoumdjian et al., 2003; Rastogi et al., 2012). As therapy progressed, Emilio was able to stop his drinking and find a full-time job which made it difficult to schedule therapy meetings with both him and his mother. The MFT was able to work around their conflicting schedules with their help and accommodations, to be able to make therapy possible. There were no further barriers to treatment.

Future Directions

Despite being the largest and fastest growing minority population in the U.S., the Hispanic population is at a great disadvantage in getting quality health care and therapy. Hispanics remain a vulnerable population due to lower socioeconomic status and less access to health insurance and citizenship status (González-Suitt et al., 2016; Grames, 2006; Zamarripa, 2009). There is, however, much research demonstrating the efficacy of SFBT when working with Hispanic populations. González-Suitt (2016) found that in combination with other approaches, SFBT worked well with adult behavioral health, children and adolescents at school, and couples intervention. A different study aimed to attempt a linguistic adaptation of SFBT, and determine its efficacy for Chilean primary care patients. The results of the study suggest that Chilean patients did not understand the majority of SFBT questions at first, but after a few linguistic adaptations they understood most if not all SFBT questions and tools (González-Suitt et al., 2019). Both of the studies above not only highlight the efficacy of SFBT within Hispanic cultures, but they also epitomize the importance of adapting SFBT interventions according to specific cultures.

The case study above exemplified how SFBT can be successfully utilized within the Hispanic community. Rather than demonstrating how the approach can be modified to fit the Hispanic population, the case study demonstrated how the unmodified approach can fit with different cultures as long as the MFT follows culturally appropriate guidelines. Overall, with the changing demographics of the U.S., the Hispanic community needs appropriately trained, culturally sensitive, and bilingual MFTs who are able to successfully use SFBT tools to help Hispanics. The Hispanic

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community needs MFTs who are culturally trained to reduce barriers to treatments; whether it be by modifying linguistics to fit Hispanic's language or utilizing a linguistically unmodified approach.

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ARTICLE

Debunking the Stigma: Solution Focused Brief Therapy with African American Couples: A Case Study

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Abstract

Solution Focused Brief Therapy (SFBT) allows both therapist and clients to place emphasis on future goals and changing the stigmatic perception for seeking mental help without attention to the conflict. SFBT is a culturally appropriate model that can be used with African American couples. This paper provides a case study of working with an African American couple and the important considerations taken.

Keywords: solution focused therapy, African American couples

Case Description

The following case study is based on a variety of many cases seen and has been fictionalized with no identifying information to protect confidentiality. The case scenario is fully made up by the first author and is solely for the purposes of showcasing Solution Focused Brief Therapy (SFBT) with this specific population. Clara (52) and Phillip (56) have been married for 20 years and have three grown sons ages (29), (25), and (22) who live outside of the home. They are a middle class African American couple who have been experiencing marital conflict for the past over five years. The topic of separation has come up over the years but neither partner has acted on it. Clara presents during the intake session by herself with hopes of individual help and the possibility of her husband joining later. She expresses feelings of burnout due to her occupation as a nurse during the COVID-19 Pandemic and then tension after work once she gets home. Clara reports minimal conversation in the household with her husband because they both become defensive and guarded during dialogue. She states that she shares and confides her life issues with her adult children because they offer her companionship. She also seeks revelations in her faith as a Christian. Her goal for therapy is to increase intimacy and happiness in her marriage.

As the second session presents Clara is accompanied by Phillip who appears apprehensive about disclosing information. His body language can be described as fidgety. Every time Clara speaks, he rolls his eyes or emphasizes that he is "lashing out" as she says it is a reaction to him being irritated by something she says or does. He states that he checked out on putting effort into the marriage years ago once the children left the house because they lacked doing things as a couple and were more so just parents. Clara appeared saddened by this revelation.

Case Conceptualization

Clara presents in a calm manner. She has a determined look on her face and is sure in her approach to therapy. No evidence of generalized anxiety symptoms noted yet Phillip is observed fidgety as well as anxious of the process prior to the session beginning. Although Phillip was not present for the first session, his mannerisms are not as relaxed as Clara's. Both clients are concerned about where they stand as a couple. In the first session, Clara mentioned the possibility of individual therapy as well. She is stressed and tired from her position as a nurse during the COVID-19 Pandemic. Her

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feelings of tiredness can be contributing to her lackluster marriage, yet she mentioned disconnection for over 10 years, neither has initiated the step. A major choice is whether to stress problem definition (that is, turning complaints into problems) or constructing solutions to whatever problems clients might have (be they defined or undefined). Solution-focused therapists prefer to construct solutions and not define problems (Connie, 2012; Miller, 1997). When focused on the new outcome of change, the route is fast paced if they put attention on solution rather than the problem or conflict (Weiner-Davis, 1992), hence a benefit of using SFBT for this couple.

Their biggest disconnect is tied into their lack of communication. Both clients address each other using communication styles that differ from what they need so there is no healthy dialogue present within the marriage. They fear being misunderstood or coming across inappropriately, so they rather not address each other at all. SFBT techniques promote Problem-Free Talk as the client speaks freely while being able to vent about the problem and feel validated from the therapist. The idea of problem-free talk is often missed but is an important part of SFT because it is a useful technique for eliciting resources (Connie, 2012; Metcalf, 2019). In terms of Problem-Free Talk, there is a pattern in place of harmful and defensive behavior which causes each other not to feel safe when confiding. The SFBT noted issues with boundaries as Clara confides in their grown children who can cause disruption and bias emotions toward their father. The misplaced companionship that they provide can disturb proper family dynamics. Phillip uses his apprehension and guarded behavior as his maladaptive patterns. He is honest about checking out on the marriage which creates an opportunity for solution building. There is an irritation with his wife that is worth exploring yet it may cause more harm than good by focusing on present conflicts. However, the psychological factors of resentment shown from Phillip makes the prognosis of regaining intimacy within the relationship poor if effort remains one sided.

Case Application/Treatment Plan

Affirmative feedback is important when using SFBT because trust is established through constructive criticism. Feedback provided to clients is positive while aiding to expand their current perspectives outside of their own view. Therapists often offer compliments at the end of a session because they are unconditional without wanting anything in return. The clients remain as the leaders and are not forced to take the opinion or view of the therapist. Mullet et al. (2018) offered specific tools for helping professionals to empower their clients and families by magnifying individual and collective strengths. With that in mind, the compliments make the experience authentic and normal to the client's problem as they are able to come up with their own solution. Metcalf (2019) provides a five-step procedure for giving compliments. The first step is to give a normalizing statement like saying "It makes sense to me that you are concerned about your children after the divorce." The next step is to give a reconstructing statement such as "I wonder what your kids would say that you have done recently that has been helpful to them during this time?" The therapist next affirms the client's competence and strengths by asking "When you think about how you have handled other situations revolving around the divorce, what would you say your strengths have been?" This can help generate a solution. The next step is making a bridging statement by connecting what was discussed during the session and the next steps suggested. A bridging statement such as "based on what you have told me so far, that you have taken off early from work to be with your kids, helped them to call their father at night before bedtime and talked to a colleague for support, what would you suggest doing more of for just the next week?" The final step may be giving the client a homework assignment based on the suggestion that the client made. This final step is not used as often in order to prevent the therapist from prescribing a solution (Metcalf, 2019). These compliments can be unique in helping clients to figure out their own solutions.

Usage of the miracle question would be beneficial in the treatment plan because it helps the couple to move on. Developing the miracle question as an intervention allows the client to pinpoint how much of significance the problem plays in their lives. To look for exceptions, the clients may be asked questions like; "Is there a time where the problem wasn't quite as bad?" These types of questions are asked to identify some resources that the client has in order to be able to cope with the problem (Mullet et al., 2018). In particular, one approach that shows potential is to examine how focusing on strengths and solutions may increase positive emotions affecting a client's ability to discover new ways to resolve presenting problems (Kim & Franklin, 2015). This tool can be valued because it gives the client hope that their circumstances will get better and imagines their lives in a new light. In the case of the clients being religious, addressing miracles occurring leaves remnants of a divine intervention of change which allows connection to their faith.

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The goal of therapy is to reintroduce the partners as individuals to reconnect them as a couple. Unlike traditional problem-driven approaches, SFBT helps clients recognize their internal resources, identify personal strengths, and build on what is already working for them (de Shazer et al., 1986; de Shazer & Berg, 1997; PESI, 2021). Both Phillip and Clara are present and want change. To continue to work towards change, they must focus on what their future can be. The hope for the future relationship is happiness, yet begins within them first. They must reacquaint themselves with reasons as to why they fell in love and started a family outside of being parents. Homework assignments are also practical for this treatment plan such as date nights consisting of "get to know you" games to raise levels of intimacy and awareness of what each partner needs and craves. Short term goals involve one date night of the couples choosing every other week, allowing each spouse to take turns picking the option. The rationale behind this is to create fun, carefree new moments in the relationship while doing something that the other enjoys. The therapist would hope to see body language gradually change as the session progresses.

Implications for Family Therapy: Cultural Values and Cultural Humility in Treatment

Values are defined as one's principles that guide their behavior as well as influence their morals. Counselors who are a part of marginalized groups must understand how they are themselves impacted by racial microaggressions and discrimination. There are times within the counseling relationship where the therapist doesn't necessarily have to push their values aside but be understanding of what the client wants and that it might not be consistent with the therapist.

It can be inferred that having empathic understanding in approaching a situation with the mindset of "what if it were me", is important when being culturally aware. In that case, what kind of compassion would one want to be extended to the clients? It wouldn't be said that this perspective is different from any other cultural background, but in the African American population, the skill set that a therapist possesses is vital (Ivey et al., 2016). Older generations are noted as judgmental while viewing others as judgmental. They are perceived as "very old school" and "stuck in their ways", as far as perception of their own problems in relationship to seeking help, in particular the African American male (Watkins & Kurtz, 2001). A Solution Focused Brief Therapist (SFBT) is beneficial in providing unconditional positive regard to the client, like any other therapist, however, SFBT therapists create new perceptions instead of focusing on the old. This happens by educating clients on their own understanding of mental health as well as realizing that their behavior is indeed influenced by their cultural background and how they were raised. SF allows therapists to be culturally competent and honor the client, even when opposing values exist in the therapy room.

It is important to note that SFBT is very diverse (Mo-Yee, 1997). Focusing on the solution-based healing of therapy can be used across the age spectrum. Futuristic goals will become a reality when focused on looking ahead and not in the past. For example, in working with transgender clients, focusing on their preferred future is more useful than identifying problems they face. The same concepts can be noted for statuses of poverty or wealth, social justice changes as a nation, and even observing religious scrutiny, hypocrisy, and spirituality differences as the solution. One can also see this theory being implemented in trauma cases such as an abuse or for rape survivors. When reliving the trauma as the problem, it may be too much for the client to do. However, focusing on how to move forward can be reassuring hope. Even while counseling individuals with a substance abuse problem, hope of recovery is always a possibility, a solution rather.

SFBT can also be used for families who have a member struggling with addiction as well. Mullet et al. (2018) provides a case study of how solution-focused therapy would be applied to a family with a member struggling with substance use disorders (SUDs). Zetloukal et al. (2020) state that SFBT has been studied in many contexts as well as in therapeutic work with lots of children who have faced diverse problems. The family receiving the solution-focused therapy consisted of David and Emma who had a daughter named Jodi and a son named Brady, who was the one struggling with SUD. Both David and Emma wanted brady to stop using. Jodi did not seem interested in being at therapy and instead preferred to be at home. Brady just wanted a normal life. When the therapist asked Brady what that would look like, Brady said he would not be asked by his parents whether he was sober or not. When Jodi was asked about how the therapy would be beneficial, Jodi responded by stating that she would be respected more by her parents. David and Emma wanted to work together as a team in order to get through this time. Mullet et al. (2018) talk about the importance of including all the family members in therapy, because when all the family members are on the same page regarding the preferred future, the therapist can encourage additional solutions to the family. In this case, a common goal for this family was determined. The common goal was to be able to work together and respect each other more.

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The therapist then asked a future-orientated question, "What would it look like for each of the family members if they were able to work as a team and respect each other?". Brady said that being respected by living his life would be a positive sign. Brady also wanted his sister to be on his side and just spend some time with him, instead of trying to tell on him for using drugs. David responded that Jodi would be able to open up to her parents more. Emma was then asked a scaling question about where her family was regarding achieving their goal. Emma answered a 5 out of 10. The therapist then asked Emma what they were doing well that contributed to them being at a 5. Emma said that they were starting to include Jodi more in their conversations. Just the fact that this family went to therapy gets them closer to their goal because they are talking about a solution to the problem. The rest of the family would also talk about what would have to happen in order to move up the scale. The therapist began to give compliments to the family on how they were able to come up with a common goal and how they individually contributed to the therapy.

When noting different theoretical techniques as a therapist, it is crucial to observe what is culturally acceptable to your clients (Tadros & Owens, 2021). In terms of African American clients, a therapist will not be successful if there is no recognition of the stigma associated with seeking help for mental health issues. When a clinician is working with African American clients, there is a greater need to incorporate cultural understandings with therapeutic approaches that will allow them to feel encouraged, supported, and ultimately understood. Building rapport in the therapeutic relationship aims at establishing trust for the clients. Sessions will flow freely once the client can determine they are in a safe space and free of judgment zone. Tone and body language are not just important to note from the therapist perspective, but of the client as well (Bigler, 2014).

Coming into the second session, Phillip's body language and tone is hesitant to the process, and he notes irritation speaking on their current issues. However, if the therapist presents possibilities of a progress and solution using SFT, there may be avenues to success as he sees an outcome different from his current reality (Bigler, 2014). An African American male is more likely to be apprehensive of the process of therapy and reluctant to share in fear of his personal "business" being a focal point in the community or anxiety regarding feelings of being less of a man. This concept can be a residual stress from societal upbringings or a generational curse that is absorbed from the lack of mental health awareness within the community. Solution Focused Therapy aides in the acceptance of mental health for the African American community because it takes away the stigma of focusing or dwelling in the past. The disconnect is associated with the fear of judgment or how others will perceive them. In this case, both Phillip and Clara took the necessary step to help their marriage by seeking counseling. In the end, it does not matter if societal views played a role in their viewpoint of seeking help because it is the notion of their marriage being their own.

Further, critiques of the miracle question intervention center around the cultural appropriateness of using the word miracle. Research suggests that the miracle question should be adapted to clients whose worldview rejects the idea of miracles (Kayrouz & Hansen, 2020). The therapeutic alliance is jeopardized when therapists are unable to reconstruct the miracle question in culturally acceptable terms. Some researchers have expressed concerns about its cultural relevance in two areas: regard for emotion and the use of the miracle question. With its concentration on solutions, does SFT consider the emotional state of clients? An article by Kim and Franklin (2015) argues that reinforcement of positive emotions plays a critical role in the change process. Research shows that clients with mild to moderate depression are helped when SFBT is the treatment modality (Metcalf, 2019), an indication of addressing the emotional needs of clients. Researchers found the miracle question could be used if substituted with words and phrases such as "dream", "magic wand", "click my fingers", "fresh start", and "at your best" (Kayrouz & Hansen, 2020, p. 231).

Stigma Related to Racial Oppression

The stigma placed on African Americans seeking mental health not only culturally present, it exists racially as well. There is a disconnect between the African American community and healthcare due to a lack of trust deriving from an oppressive history. Historical racism in the US government and healthcare causes Black people to be guarded and mistrust the process of services still to date (Sawyer et al., 2012). Racial microaggressions and discrimination on communities of color has left residual trauma for generations to come (Tadros et al., 2021). However, younger generations are providing education to break that cultural barrier of racially targeted healthcare disparities.

The term "millennial" is used to describe the generation of people born between the years of 1981-1995. They are a generation influenced by technological advances and can be described as confident, ambitious, and achievement oriented (Bigler, 2014). They are outspoken and risk takers and are not afraid to question behavior and lifestyles of the

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generations that have come before them. In previous generations, mental anguish such as depression or anxiety was released through prayer to God. The church's influence on mental health was so prevalent that seeking help from an outside source was unheard of (Fredrick, 2008). Yet their faith is something that has provided hope and consistency throughout generations when the world seemed to fail them. Incorporating the miracle question in an African American Christian culture places emphasis on hope and progress for the future. It gives autonomy over one's own decisions and creates a wish list for the future (Fredrick, 2008).

A benefit of Solution-Focused therapy as it relates to racial disparities is that it does not negate historical triggers and mistrust nor does it dwell on them. There is a notion in the African American community that one must strive to be better than other communities of people due to racial oppression in the country. One cannot surrender themselves both physically and mentally to their society if they do not understand who they truly are as a person. The realization of self-definition must come from letting go of the oppression that a heteronormativity society has placed on the African-descended person (Bigler, 2014). This liberation comes from these individuals demanding power over her own life.

In SFBT, there is a sense of responsibility to not repeat the past, in doing so the concentration is on conquering the present. This does not mean that injustices and oppression are obsolete, but change cannot exist without moving forward. The SFBT therapist understands that culturally there are barriers in place to treatment yet the individuals themselves are determined to evolve and can be helped as such. As sessions progress, clients create a clearer picture of how they see the future. It comes from the concept that problems are persuasive and not permanent, noted by the therapist using future-oriented questions (Fredrick, 2008). Traditionally in SFBT the problem is not present in all aspects of the client's life making concentration on solutions more realistic and achievable. However, for the African American community, racial oppression is noted throughout society including in the workplace, social settings, educational opportunities, as well as in healthcare (Ivey et. al, 2016).

It is important for the SFBT therapist to focus on the client's view of change while collaborating on creating goals for their future (Kayrouz & Hansen, 2020). When using different techniques for clients it is important to observe that everything does not work for every client. Stepping away from an evidence-based theory and focusing more on the client's individual need for healing creates a more culturally competent therapist. The strength-based approach of SFT uses the term resilience to define coping in the face of adversity and creating positive functioning (Padesky & Mooney, 2012). Drawing on individual strengths is extremely important to the concept of your problems not being identifying characteristics of difficulty one faces, which in turn focuses on solutions to these issues (Tadros et al., 2021).

Barriers to Treatment

Many of the discrepancies that existed for previous generations are still present today. These issues are not limited to problems within African American families but in society as well. For example, the African American population has historically been heavily affected by policies within the criminal justice system (Tadros & Owens, 2021). Reducing the stigma of mental health and difficult discussions about race are essential (Tadros et al., 2022). Change and progression cannot exist without awareness. Awareness is noting that cycles of oppression are constantly being repeated because there is no healing or growth within the community. In the African American community, the idea of seeking mental health has been frowned upon in previous generations. "What happens in this house stays in this house" is a concept that has continued generational curses because there are certain issues that need to be addressed outside of the family (Bounds et al., 2018). They internally battle depression, anxiety, and suicidal ideation because they were taught not to share issues outside of the family, yet family lacks the knowledge to support through it.

The stigmas associated with seeking mental health guidance has a very limiting cultural acceptance due to the perception of being "crazy" or "broken" for needing help. Although both spouses presented to the session, it can be noted Phillip is currently visiting therapy while Clara is a customer. Initially, it is believed that Emotionally Focused Therapy would be appropriate for this case seeing as Clara is pursuing a change within the marriage and Phillip has withdrawn from change. However, focusing on the root of the problem and harboring emotions may cause thoughts of resentment and hinder the couple from moving forward to solution and change.

Harboring emotions may result in a buildup of unhealthy energy which can lead to detrimental and ineffective communication once finally addressed. It is essential to focus on the positive behaviors and emotions associated with changes so that the couple will focus on a new way of dealing with conflict and resolving problems rather than keeping it in (Kim & Franklin, 2015).

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Future Directions: Hope for New Generations

In terms of future success, the goal for this couple is continuously focusing on the solution to their problem rather than the problem itself. Not only are African Americans facing different struggles within their homes, but oppression from society will forever be present. Stressors' existing within the African American home have had residual effects left throughout generations. The perception from a psychodynamic viewpoint is familiar with breaking generational curses. If the issues in the family are transgenerational, then the old patterns repeat themselves and each generation decides to respond to it in their own ways, but one has to understand the past to get to the present. The concern is that these problems are staying in the home and inside the family when the family is contributing to the problem rather than healing with professional help. The difference from the past and now are the coping mechanisms that are in place.

Stressors such as financial issues, oppression in the workplace or even the recurring issues of police brutality leaves a detrimental imprint within a person. The difference from the past and now are the coping mechanisms that are in place, for example seeking mental help. The couple must both commit to relearning each other outside of parenthood. This includes but is not limited to date night assignments, everyday conversation about their day to day lives as well as exploring each other's love languages. These exercises are centered on moving forward and not dulling in the past. When one person in a family begins to take on problematic behavior, it is more helpful to discuss with that person and other family members about times when the problematic behavior did not exist (Metcalf, 2019). Over the years the couple lost direction from their multiple roles outside of each other. They are both parents as well as having full time jobs to attend to. The relationship was no longer being watered and nurtured, so it was not able to grow.

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ARTICLE

The Solution-Focused Approach as a 'Virtue-Rich' Practice

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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 intended 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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ARTICLE

No Theory Solution Focused Practices Is a Way of Life: A Further Step to an Ecology of Mind

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"My sentences are all supposed to be read slowly" Wittgenstein, 1980, p. 57.

"In philosophy the winner of the race is … the one who gets there last" Wittgenstein, 1980, p. 34.

"In philosophy ….the slow cure is all important" Wittgenstein, 1968, §382.

Introduction

This paper sets out to explore some of Wittgenstein's writings as they pertain to Solution Focused Practices (SFP). One of the conclusions of this paper is that SFP is a philosophy, Wittgenstein's philosophy as a way of life for practitioners, and there is no need for any theory if you understand this. I shall begin by providing a summary of Wittgenstein's philosophy, then move on to look at Freud's influence on Wittgenstein. Each was dissolving problems. We then see the importance of describing family-therapy-as-a-system (rather than just the family-as-a-system); or how to think within a system we are part of, and the wider implications of that. This is an ancient problem. We can no longer stand apart from a system we are part of, and apply an Archimedean lever to it, as our traditional technologies have tried to do, but adopt a new "game" from within. Understanding SFP as a language game, or as a form of life, enables this to emerge. As an aside we see that this leads us into the new science of enactivism. There we find the profound ethics for the practitioner that go with that position.

De Shazer was following what is known as the 'later Wittgenstein' when he claimed that "solution focused brief therapy has no theory" (Korman et al., 2020, p. 2). However, sometimes in learning a new skill "training wheels" are useful, but they must be discarded (not internalised) as the skill is mastered (Dreyfus & Dreyfus, 1986). An ethics first philosophy follows if this is done.

The Challenge

Our story begins with Ludwig Wittgenstein's return to Cambridge in 1929, after leaving more than a decade earlier with the claim that he had solved all the problems of philosophy. That was with his early work, the *Tractatus Logico-Philosophicus*, which sets out the picture theory of language, the idea that language allows us to picture things. This is the simple idea that we understand a sentence when we know what it pictures. Stated more technically, the logical structure of the picture is isomorphic with the logical structure of the state of affairs which it pictures. The cat is on the mat in both the word-picture and an imagined or possible reality.

However, Wittgenstein was also out to find the limits of what can be thought or said. We had been confusing or mixing up descriptions with explanations, or grammatical reasons with empirical causes, or what is a matter of sense (or nonsense) with what is a matter of truth (or falsity). The first of these pairs is philosophy, the second science. In other words, we had been mixing up philosophical grammar with science. As the propositions of logic can be true or false, but don't picture anything, they are therefore senseless. That is, they don't belong in the world of science. It turns out that this restricts us to only being able to say "the propositions of natural science"(2019, §6.53). However we cannot simply ignore philosophical confusions as any subsequent science will have rocky foundations. Prominent amongst these are self-reference puzzles, (e.g. "this sentence is a lie" – which sets up an infinite regress), which Wittgenstein was

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against. This leads to a puzzle that has occupied the best minds in philosophy over the past hundred years. I will set out my understanding of this, but would suggest you read the controversy surrounding "the new Wittgenstein"[1], as this raises the puzzle again (cf. Hutto, 2006; Moyal-Sharrock 2007).

The puzzle is, as the picture theory of language is referring to itself (or self-referencing), it must be senseless (if we are to take Wittgenstein at his word). We cannot get outside language (even by gesturing or whistling, as Wittgenstein once commented to a friend). By setting out a picture theory of language, the *Tractatus*, seems to be attempting to say what cannot be said. (That is, it is attempting to be science, as only "the propositions of natural science" can be said.) It only rescues itself from being declared complete nonsense by claiming that although you can't **say** the propositions of logic (which make up the picture theory), the structure or form of logic **shows** itself when we are using language; when we are making sense to each other.[2] If you've understood this then you can throw away the metaphorical ladder Wittgenstein led us up, to get free from the tangles of logic. ("He must, so to speak, throw away that ladder after he has climbed up it" (2019, §6.54).) Ethics and aesthetics are similar in this way; we can't talk about them but they show themselves to us (more later). He had some trouble getting the work published at first, because no publisher wanted to publish a book in which the most important part can't be said (Monk, 1990, p. 178). Prior to returning to Cambridge Wittgenstein attended some meetings of the Vienna Circle who were trying to develop a philosophy of science based on the *Tractatus*, where he realized they had missed what was of central importance. This appears to have prompted him to return to Cambridge.

Fin de Siècle Vienna

The puzzle which Wittgenstein had resolved with the *Tractatus* was what are truly meaningful questions; "if a question can be put at all, then it can be answered" (2019, §6.5). Many apparently meaningful questions are not; they contain metaphysical assumptions that we can do without. It's helpful to understand Wittgenstein was coming from *fin de siècle* (end of the 19th century) Vienna, where a particular perspective was widespread in art, science, music, and architecture. A new Viennese modernism was emerging requiring honesty and authenticity. In architecture buildings began appearing stripped of all ornamentation. Klimt's art demanded a freedom from historicism and representation, instead it is seen as a pure expression of psychic or emotional states.[3]

An historical account of a shift to the observer's position in science helps make sense of this movement. From the time Aristotelian science was introduced to Europe in the 12th century, scientists adopted the position of God the creator outside the universe. They attempted to put themselves in God's shoes. Most are taught this is the "objective" position. Although early scientists were devout members of churches, gradually God became unnecessary. In the 19th century Pascal replied, on being asked by Napoleon where God was in his deliberations, "I have no need of that hypothesis". Shortly after Nietzsche declared God dead. Also in the 19th century Schopenhauer (1969) introduced Europe to Buddhism, where "God" is immanent rather than transcendent as He is in the Abrahamic religions. So Wittgenstein expresses this position by saying we cannot get outside the universe (or the world, or language). We may be able to become the world, but the old position of standing outside the universe is no longer tenable. Nietzsche and Schopenhauer appear to have been widely read in *fin de siècle* Vienna; but they have been overshadowed by the prominence given to Freud by Western scholars, who was largely ignored by his fellow Viennese at the turn of the century (Luft, 2003).

Freud

Shortly after Wittgenstein returned to Cambridge he explicitly likened his method of doing philosophy to Freud's psychoanalysis, describing himself as "a disciple of Freud" or "a follower of Freud" (Wittgenstein, 1967, p. 41). However

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[1] The New Wittgenstein (Crary & Read, 2000) was what a group of scholars called their new reading of the Tractatus which was focused on just what Wittgenstein meant by "nonsense". They contended that if we are to take Wittgenstein at his word we would only have a therapeutic conclusion upon reading the book, and no other philosophical insights. We would be left in silence. Much ink has been spilled and I suggest the reading of Hutto (2006) and Moyal-Sharrock (2007).

[2] And we can see, in a similar way, the structure or form of SF shows itself.

[3] This Viennese modernism was said to be present in Schoenberg's music. He later migrated to the U.S. where he had an influence on his pupil John Cage. John Cage's 4'33" is a piano piece performed in the absence of all deliberate sound. (Complete silence except for the shuffling and coughing of the audience.) I look up SFP as embracing a similar ethos, a form of therapy stripped of all ornamentation.

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he also expressed major misgivings, stating to a friend that "psychoanalysis is a dangerous & a foul practice, & it's done no end of harm &, comparatively, very little good" (Bouveresse, 1995, p. xix). In other words he loved Freud's process but hated Freud's conclusions. Freudian psychoanalysis seeks to remove a patient's neurotic symptoms by revealing to him or her unconscious sexual desires that have not been acceptable to consciousness. (After World War I Freud was more open to the primacy of physical trauma; that is, to causes and not reasons.) But Freud's claims of having "discovered" *the* unconscious; the repository of these deeply held prejudices, was challenged by Wittgenstein. The "idea of an underworld, a secret cellar" (Wittgenstein, 1967, p.25), "sounds like science…[but] new regions of the soul have not been discovered, as his writings suggest" (Wittgenstein, 1979, p. 40). An adjective, "unconscious", has been substantivized, or treated as a noun. Where they shared common ground was in their attitude towards problems. Freud likened the dissolution of problems to riddles: "when the riddle they present is solved and the solution is accepted by the patients these diseases cease to be able to exist" (Freud, 1910, p. 148). Similarly Wittgenstein commented that problems are dissolved "like a lump of sugar in water" (Wittgenstein, 1993, p.183). Also they both saw the main "…obstacle seems once again to be the subjects will" (Freud, 1893, p. 271); "What has to be overcome is not a difficulty of the intellect but of the will" (Wittgenstein, 1980, p.17).

Wittgenstein uses the words "urge", "temptation", "charm", "fascination", and "bewitchment" in various places to describe our unwillingness to part with an analogy that "held us captive" (1958, §115); or what draws us into these metaphysical assumptions. His leitmotif to such temptations and urges that compel us to say it *must* be a certain way is, "Don't think, but look" (1958, §66). Whereas Freud is targeting neurotic symptoms, Wittgenstein is targeting metaphysics. (Examples to follow.) However his main critique of Freud, a critique that could be leveled at many psychotherapies today, is his confusion of reasons with causes. Causal claims are hypotheses or conjectures that are confirmed (or not) by agreed empirical experiments, whereas reasons are usually recognizable by the person as the actual reason for the action. Although causes are sometimes hidden and have to be searched for, reasons generally aren't. One example of the confusion continuing today is In cognitive behavior therapy, emotional disturbances are postulated to be caused by dysfunctional beliefs; and although that is sometimes helpful, Wittgenstein would claim that "dysfunctional beliefs" is just further reasons (or a different way of describing emotional disturbance). The language of causes involves experiments and the language of reasons involves agreement (Heaton, 2010).[4]

Freud also held a Hobbesian view of human nature; that our natural instincts were those of savage brutes. Without constant suppression our brutish instincts threatened to break through and disrupt society. By contrast Wittgenstein invites us to see the potential in human nature, and once revealed it offers us harmony. Wittgenstein was attracted to Goethean science, particularly his study of colors, and wrote on color in a similar way. This is more a "romantic science", that doesn't seek to isolate causes but rather aims to describe nature, finding similar or comparative forms (Beale, 2017; Seamon & Zajonc, 1998). As such it looks upon the claim that a theory is required as a superstition (called "scientism"), for you can learn much about nature via a living embodied engagement with it, for our spontaneous responsive movement provides a tacit knowledge of it (Shotter, 2012). This Goethean science thus trusts our human nature or natural instincts, and seeks harmony. It must be mentioned that although Wittgenstein invited us to see the potential of human nature, he was most pessimistic about Western civilization; and this scientism was an expression of the West's degeneration. But he also remarked that "[p}erhaps in a hundred years people will want what I am writing" (Drury, 1981, p. 94).

Through the Looking Glass

Turning now to SFP let me begin by expanding on the point made by Korman et al. (2020) of "the importance of the shift from describing the family-as-a-system to describing family-therapy-as-a-system cannot be overemphasized" (p. 52). SFBT or de Shazer weren't alone in this endeavor, as reviews of this period (late 1970s to mid 1990s) make clear (e.g., Thomas, 2013). There were many in the field of systems approaches to family therapy that were wrestling with challenges to "our" epistemology (how we can be certain of our knowledge). About a decade earlier Margaret Mead and Heinz von Foerster had introduced second-order cybernetics or "cybernetics of cybernetics". For the uninitiated this is

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[4] Wittgenstein ends *Philosophical Investigations* by noting that the barrenness of psychology is not due to it being a young science like physics was in its beginnings, as William James had suggested, but due to conceptual confusions. "The existence of the experimental method makes us think we have the means of solving the problems which trouble us, though the problems and the method pass each other by" (Sec. II, p.232).

the conundrum of just how we think about (or in) a system of which we are part of. This was important not just to SFBT; for example it led to autopoiesis (mind is central to life) and the writings of Francisco Varela in biology. Bradford Keeney, a prominent family therapist, after writing a couple of books on this, "dropped out" to explore shamanism cross-culturally. One of the most popular and influential papers of the era in psychotherapy was Anderson and Goolishian's (1992) paper on "not knowing". This is the art of being with the client and jointly cultivating a new shared reality, without imposing your reality. The spirit of second-order cybernetics is captured in this quote from Milton H. Erickson (even though he probably never formally knew of second-order cybernetics): "My learning over the years was that I tried to direct the patient too much. It took a long time [to learn] to let things develop and make use of things as they develop... You let the subject grow" (quoted in Ray & Keeney, 2018, p. x).

The reader will recognize the problem that second-order cybernetics faced was a similar, if not the same, problem that Wittgenstein faced when he first arrived at Cambridge, and claimed later that he'd solved with the *Tractatus*. We have seen that he'd come from *fin de siècle Vienna*, which due largely to Nietzsche and Schopenhauer, were tackling an immanent universe with no longer a transcendent god-like position from which to view it from. "[T]here is no talking of 'reality' or our relation to it from a privileged or detached standpoint" (Hutto, 2006, p. 114). At Cambridge Bertrand Russell, a proponent of transcendence, was attempting to embrace the foundations of logic and mathematics by casting a "meta-net", which he called the theory of logical types, which he thought we could (eventually) capture the universe in. But Wittgenstein was having none of it; he could see that all this talk of "aboutness" (or the use of "meta") was just another attempt to move to a transcendent god-like position. Many people mistakenly embraced Russell's theory of logical types, including Gregory Bateson. It turns out that the problem of how to reason in an immanent universe is very ancient, especially in theology.

Both the Mahāyāna Buddhists (the Northern school which made its way to Japanese Zen via China) and a version of Christianity known as "apophatic theology", which is found today in the Eastern Orthodoxy, embrace this conundrum. Apophatic theology is also known as the negative approach to "God"; by embracing "not knowing" the "soul" or consciousness becomes one with "God". This is Wittgenstein's becoming one with the universe (or "world" as he says in the *Tractatus*), or more modestly an SF practitioner becoming one with the client. (The second-order cybernetic position.) In SFP the client is also invited into the "not knowing" with the miracle question; for ..."it happens while you are asleep". Theologically apophatica traces back to the Pseudo-Dionysius the Areopagite, a 5th century (possibly) Syrian monk, who wrote, amongst other things, the celestial hierarchy. Even earlier is the Mahāyāna philosopher Nāgārjuna, who wrote, presumably in the 3rd century, the foundational text of the Mādhyamaka school of Buddhism which stressed "emptiness" (i. e., the "not knowing" of Anderson & Goolishian, 1992). A third source for passing through the looking glass of "not knowing" is Spencer-Brown's *Laws of Form* (1969), which Bradford Keeney wrote enthusiastically about (but unfortunately mixed in Russell/Bateson's logical typing). All three describe/prescribe the emergence of any new form, such as when a client and an SF practitioner finds a new way of being for the client. Pseudo-Dionysius' "celestial hierarchy" pictures the emergence of the new way of being; each layer out from "heaven" the "angels" become more solid and less abstract. Escher's 1942 lithograph "Verbum" illustrates this. I won't say more here on this, other than indicate it may be a rich source for describing the creation of a new form of life in SFP.

With the development of *The New Wittgenstein* (Crary & Read, 2000), sometimes called the 'resolute interpretation', a number of papers and books have been published on Wittgenstein's apophaticism (e.g., Fronda, 2010; Mitralexis, 2015; Vörös & Štrajn, 2019). As we've seen Wittgenstein wants to do away with much philosophy[5], and just be left with the propositions of natural science.[6] Just as the architecture of fin de siècle Vienna was without ornamentation, so too science can be cleansed of metaphysics. Metaphysics had been used as an explanatory aid in science, and if we follow Wittgenstein's instruction to "Don't think, but look!" (1958, §66), many of these fall away. We can see this as a naturally occurring phenomena in the history of science. For example, Einstein showed us that we could get by without the medium of ether that light supposedly moved through. Also at one time we thought that the sun and the planets movements were due to "crystalline spheres"; this lasted from the Greeks to Newton, when we discovered we could understand their movement without them. Same too for Noachian deluge to explain "catastrophist" geology, phlogiston in chemistry, and vitalism in biology, to name a few.

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[5] The "resolute school" wants to do away with *all* philosophy.

[6] This has pretty much come to pass these days, in a not so good way. What philosophy still exists shows itself as contradictions, hidden metaphysics, and assumptions that cry out for clarification.

Metaphysics had arisen because we dug down to the axioms (the certainties) that our science or mathematics was built on. Wittgenstein coined the term "hinge certainties" to cover those absolute certainties we have in life, such as "this is my hand", or "human beings have bodies", or "earth existed long before my birth". He was countering Cartesian skepticism, which began by doubting everything. He called these "hinge certainties" because arguments turn, like doors do, on the basis of their certainty. Besides, anyone doubting them would have their sanity questioned. However, "no man has ever walked on the moon" was a hinge certainty when Wittgenstein was writing, but now the opposite is. Even in the history of experimental science we see propositions first offered tentatively as hypotheses, then theories, then as time passes we accept them as hinge certainties. "What a Copernicus or a Darwin really achieved was not the discovery of a new true theory but a fertile point of view" (Wittgenstein, 1980, p. 18). In this sense de Shazer is right in proclaiming that SFBT has no theory, and we shall see why it is a "fertile point of view". Hinge certainties, we shall see, turn out to be a matter of "know how" rather than "know that".

Language Games, SFP, and The Primacy of "Know How"

When we discussed the *Laws of Form*, the work of the Pseudo-Dionysius the Areopagite, and Nāgārjuna, you will have noticed all three were reported as "described/prescribed". That is because all of these works mix descriptions and prescriptions. Much of mathematics and science consists of prescriptions, e.g., "drop a perpendicular", "look down a microscope", etc., before scientists and mathematicians describe what their experiences were as a result of following these prescriptions. We realize a piece of music by illustrating, with a musical instrument, the composer's commands. When Wittgenstein returned to Cambridge in 1929, it was with the realization that he (and almost everyone else since Augustine) had been limited by trying to fit everything into descriptive language or an ideal language. Hence his comments about "grave mistakes ... in that first book" (1958, p. x). As an example, J. L. Austin (1962) pointed out that the statement "I declare you man and wife" is an instance of a speech act that performs (and doesn't describe). Wittgenstein came to see that we can do much more than represent facts or model possible states of affairs when we use language.[7] The assumption that all language shares as a uniform function, the representation of facts, was a mistake (Hutto, 2004). A mistake that runs very deep in Western culture (Shotter, 2000). Wittgenstein was to offer a new understanding of how language works.

Language or speech makes sense not because of some sort of underlying logic (the logical form, or the manipulation of representations), but because we get drawn into an activity with the speaker. Wittgenstein coined the term "language-*game*" "...to bring into prominence the fact that the *speaking* of language is part of an activity, or a form of life" (1958, §23). From the time we are children we learn these skilled activities, not logic, in order to understand each other. Each "contains" a grammar, not a logic; and just as you can play games with no rules or fast changing rules (say throwing a ball around with friends) you can also play language games without fixed rules. Wittgenstein is famous for proposing that words don't get their meaning from what they stand for, but how they are used in language games.

SFP is a way of changing a form of life. So when Dan Hutto, a Wittgensteinian scholar and the foremost radical enactivist, heard Chris Iveson reading a SFBT case transcript, he exclaimed after the miracle question was explored, "this is philosophy translated into action" (Iveson, 2013). This is because SFP is a method of changing language games. Whereas most other therapies attempt to analyze the logical form of the client's utterances, albeit in their own school's unique and varied ways, SFP nurtures into existence a new language game. Other therapies search for an underlying theory; but as "nothing is hidden" for de Shazer or Wittgenstein (de Shazer, 1991, p. 73; Wittgenstein, 1958, §435), there is no need for an underlying unifying theory that explains everything (or in order to do therapy, or to support each other in living our lives well). "What is hidden is of no interest to us" (Wittgenstein, 1958, § 126). The Cartesian-minded have generated hundreds of different underlying theories to analyze problems with, and then leverage clients (Freudian, CBT, TA, etc.,), when all that's necessary is for the client to find a new form of life (Shotter, 2015). And a new form of life that may have no logical form (or grammar) similar to that of the problem language game.

Strong-willed Cartesians are apt to argue that all Wittgenstein has done is replace the notion of an underlying logical form with the notion of an underlying grammar (and 'grammar' used in an idiosyncratic way). However Wittgenstein points out you can imagine someone learning a highly rule-bound language game such as chess "without ever learning

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[7] When you view the duck/rabbit your focal point shifts from the tip of the ears (beak) to the nose (back of the head). Laws of Form is a shifting (prescribing) and naming (describing) calculus.

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or formulating rules. He might have learnt quite simple board games first, by watching, and have progressed to more and more complicated ones" (1958, §31). The grammar or the rules are not separate and underlying the game (as they are with regards to logical form), but just a quicker way of describing the game. "Stay on the surface" (Wittgenstein/de Shazer). Talking of chess, Dreyfus and Dreyfus (1984) had a chess grandmaster defeating skilled opponents in a five-seconds-a-move game whilst simultaneously adding numbers delivered at the rate of one a second. Once a skill is mastered, it becomes purely "know how", and the "know that" rules (or "training wheels") can be discarded.

The rules or grammar of our forms of life are the agreements we have made with each other, which are somewhat arbitrary and unsystematic, based largely on traditions or customs, but in plain view. By contrast the way of theory seeks to reveal a hidden ordering ideal, which, it is implied, once known we can be more certain of our judgements. The Theory of Mind (ToM) is an example of the way of theory: it proposes that we socially navigate via everyone having formulated a ToM, and claims that people attracting an autistic diagnosis either haven't developed one or theirs is inadequately formulated. Wittgensteinian scholars say this is nonsense (Leudar & Costall, 2009), for we see people's greed and generosity etc., immediately and directly in the ways they carry out their actions, and without reference to a ToM. Even our pets and small infants, who aren't capable of developing a ToM, can tell if Aunt Mary is having a bad day. Another example of how the way of theory entraps us: the theory that light required a medium, called the ether, to travel through stemmed from the observation that a bell in a vacuum, when struck, makes no sound. Einstein allowed us to get outside that picture "which held us captive", a picture that we were trying to extend. "Don't think, but look" (Wittgenstein, 1958, §66). The way of theory can also have pernicious effects because the interdependencies at work in any complex "ecosystem" like psychotherapy defy schematic description; too much emphasis can be placed on one causal factor and others may be omitted (Shotter, 2000; 2015). We will see that there are new philosophies of social science and therapies that are embracing the no-theory "method" (staying on the surface) a little later.

Radical Enactivism

Wittgenstein's philosophy has led to exciting developments in the social sciences that we will briefly explore next. Perhaps the most inspiring is radical enactivism, which Hutto (2012) once described as "far from being the barbarians at the gates [of cognitive science] ... now occupies the cafes and wine bars" (p. 228). Whereas Descartes begins his philosophy by doubting everything until he discovers that thinking and the idealizations of geometry (e.g., the angles of a triangle equal 180°) are his only certainties, and then building a science from that, Wittgenstein urges us to find the "hinge certainties" before embarking on a scientific endeavor. Because of Descartes skepticism we have been taken over by "scientism", the idea that unless we find a scientific explanation for everything we should doubt it. But Wittgenstein starts with a huge number of certainties. So Wittgenstein's philosophy uncovers a whole lot of psychology ("that everyone would agree to" (1958, §128)), so much so that Starks (2019) considers him "our greatest natural psychologist"(p.38) even though most psychologists haven't read him, and don't acknowledge him with "their" insights and discoveries. Radical enactivists (Hutto, 2013; Moyal-Sharrock, 2016) acknowledge Wittgenstein as a father of enactivism; although as Boncompagni (2013) points out Wittgenstein wouldn't be a scientist of any kind, because he remains a philosopher. However he does provide a framework for cognitive science, and clarifies a couple of important problems that enactivism has struggled with.[8]

A key insight for understanding radical enactivism is to see the difference between the "fast thinking" processes of intuition compared with the "slow thinking" processes of representational (or social) thinking (Drury & Tudor, 2023). Humans have two systems of cognition: a primary system which is the same as other animals, in that it is largely intuitively driven, which Jonathan Haidt (2006) calls the elephant; and a secondary system, which has more recently evolved, which is language driven, which Haidt calls the jockey. Once we have mastered a skill, as the Dreyfus demonstration (with the chess grandmaster) described above illustrates, the jockey can daydream, as many of us do when driving. If the jockey starts taking too much notice of explicit rules, that may have been acquired when we learned

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[8] One of which is the so-called "hard problem" of consciousness, or how the brain appears to generate experience. See Boncompagni (2013) or Kirchhoff & Hutto (2016).

the skill or a result of too many causal accounts (or theories) generated by Cartesian science, we are at risk of choking (Hutto & Sánchez-García, 2015). We say the person over-intellectualized it.[9]

Radical enactivism is one of the new "E" approaches to cognition, and as a family they are sometimes referred to as the 4E approach; although there are marked divergences amongst them (Newen et al., 2018). The basic and common idea of all schools of enactivism is that sensation and movement are inseparable. So one of the E's (in 4E) stands for extended or extensive. This was well illustrated by Bateson (1972) in a thought experiment where he imagined he was a blind man, and asked where his mental system is bounded. "The handle of the stick? ...my skin? ...halfway up the stick? ...the tip of the stick?" (p. 459). Of course the question is nonsense as our attention, in situations like this, is flowing around a circuit. A circuit that includes the tapping of the stick, one's hearing, and the street. When we sit down for lunch a different circuit comes into play, or is *enacted*. Noë (2009) uses the fact that all animals with nervous systems have developed more motor nerves going to the senses than sensory ones coming from them to illustrate the blind man analogy. Thus we are circuits of activity that include the environs; we are undivided holes. This is particularly difficult for people growing up in Western cultures to get a feel for, as they have grown up in a culture that stresses what Alan Watts referred to as the "bag of skin" boundary (Watts, 1989). This is partially driven by property and individual rights. Because of this Western people are seen as "weird" in the eyes of many indigenous people (Henrich, 2020); and it accounts for our science and technology living off nature (instead of with nature) from a Southern perspective (Connell, 2007).

This idea is further developed by enactivists turning to von Uexküll's (2010) notion of an *umwelt* (the world as experienced). All creatures are only sensitive to those features of the environment that hold significance for them. The cattle tic waits on a high branch (often for several months) anticipating the odor given off by cattle (butyric acid), then drops in that direction. The bacterium sense a concentration in sucrose and immediately moves towards it. Responding to signs, cognition, is basic to all forms of life. Signs that resemble their targets are the most basic, and symbolic signs such as words or alarm signals (that have no resemblance to their target) were the last to evolve. The intuitive system, which characterizes all creatures, does not always make the best decisions, but they are fast and economical that are usually good enough within their *umwelt*. SFP is for when it's not good enough. The old idea that the function of perception was to get a clear picture of the world gives way to the idea that perceiving is a "know how" skill to maintain attunement with a world (a world that is salient to a form of life) (Noë, 2009). "Change-blindness" demonstrations illustrate what's missed if one has too narrow an *umwelt* (Simons & Chabris, 1999).[10]

Furthering this theme enactivist encourage us to consider that our fast animal intuitive minds are responding to sensations, not perceptions. When we first encounter the duck-rabbit we see it only one way, say as a rabbit. It's only later that we notice it can also be seen as a duck. At that point our sensation (of it as a rabbit) becomes a perception (which we tend to comment on); and now we have a choice between two perceptions. In other words perceptions are interpreted sensations (Wittgenstein, 1958); or a difference of fast and slow thinking. Similarly, enactivists stress the difference between intentions (with a "t") and intentions (with an "s"). An intention (with an "s") is the representation of the intention (with a "t"). Intentions are your reasons. It's highly doubtful that animals and toddlers have intentions, although they clearly have intentions. More obviously, the bacterium swimming towards the sucrose has an intention without an intention. The catch-phrase of Hutto's enactivism is that cognition is mostly without content (Hutto & Myin, 2013), and that's because it is mostly animal-like.

Intersubjectivity

Wittgenstein also saw a number of hinge certainties in regard to intersubjectivity and the genesis of morality. As you may have figured out, the rational riders are relatively powerless if the intuitive "elephant" wants to go somewhere; the elephant's intuitions, which are not always accurate, are shaped by life, culture and evolution. (Recall Wittgenstein's and Freud's agreement about the "will".) The "elephant" contains older aspects of the self, far older than any shallow image one may create on social media. The "elephant" evolved to have direct (intuitive) access to the minds of others in

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[9] Perhaps a more "fitting" metaphor for these two systems, which gets at their (poetic) integration, would be the *direhorse* and rider from Cameron's (2009) movie *Avator*, as there is an emphasis on two-way attunement. The elephant or direhorse can be seen embodying "know how" whist the rider or jockey is seen as utilising "know that" knowledge; however I suspect the rider is capable of being more "know how" when she embraces a poetic style.

[10] The most famous change-blindness demonstration has participants counting the number of times a group of people pass basketballs, and most fail to notice a person in a gorilla suit walk into the middle of the scene (Simons & Chabris, 1999).

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humans, and is thus a "relational elephant" (or self). The human "elephant" is a "mind-reader". Ciaunica (2014) argues that it is due to impairments in this relational self that autism occurs. She further contends that the ontogenetic development of our relational self begins in the womb; our sociality precedes our empathy (Ciaunica, 2017). From 22 weeks onwards there is evidence of reciprocity in the maternal-foetal relationship.

Wittgenstein made a number of remarks about this "mind-reading" abilities, contra Descartes, which he summarized in the following aphorism:

> "I can know what someone else is thinking, not what I am thinking." It is correct to say "I know what you are thinking", and wrong to say "I know what I am thinking" (A whole cloud of philosophy condenses into a drop of grammar; 1958, p.222e).

Unpacking this, he begins by pointing out that it doesn't really make sense, in this context, to use the word "know" of ourselves. (We'll later explore where it does.) "It can't be said of me at all (except perhaps as a joke) that I *know* I am in pain. What is it supposed to mean – except perhaps that I *am* in pain?" (1958, §246). Then there are characteristic expressions of pain, fear, joy, etc., and "...other people very often know if I'm in pain" (1958, §246). So the aphorism makes sense because I express what I'm thinking/feeling, which you can see; and I can see the natural expressions of your thinking/feeling. When Wittgenstein was challenged by a Cartesian as to what he is seeing in interpersonal encounters: "But if you are *certain*, isn't it that you are shutting your eyes in the face of doubt?" They've been shut." (1958, p.224e). In other words, if a Cartesian said to Wittgenstein they could be feigning pain, aren't you shutting your eyes to that?; Wittgenstein's reply indicates that he prefers to trust people and his intuitions first; rather than take the stance of the Cartesians who are taking their doubts to interpersonal relationships.

Perhaps you are thinking Wittgenstein was a little naïve in being so trusting. But it is difficult to understand others, without adding the further handicap of mistrust (as the Cartesians do). However the opposite position (exemplified by behaviorism), which claims that if you observe the expressions of others, they will be transparent to you, is not always correct. "Even if someone were to express everything that is 'within him', we wouldn't necessarily understand him" (1982, §191). "He is incomprehensible to me means that I cannot relate to him as to others" (1982, §198). Late in life he wrote to a friend and said how difficult it was for people to understand each other; "... if some people looked like elephants and others like cats, or fish, one wouldn't expect them to understand each other" (in McGuinness, 2012, p.450). So unlike the Cartesians Wittgenstein is saying other minds are not inaccessible to us; but unlike the behaviorists, he doesn't believe that others are completely accessible either. "One human being can be a complete enigma to another" (1958, p. 223e). Is there an escape from this dilemma for therapists and others working in SF practices?

Ethics First

The problem we were having came about as a result of putting ontology (what a thing is) first. Ever since the advent of psychiatry (or Cartesian science) we had wanted to *know* the other. Wittgenstein joins hands with Emmanuel Lévinas here, by dethroning ontology and putting ethics first (Overgaard, 2007). Wittgenstein stressed, especially in comments about the *Tractatus*, that the most important part was ethics; and Lévinas (1998) claims that the reduction of the other to the same (e.g. a diagnosis) in order to understand her/him, is an act of violence. SFP eschews diagnoses, and can be looked upon, not as an ontological language game (as most therapies are), but as an ethical language game. Along with Seikkula's *Open Dialogue* (OD), which facilitates the recovery of primary intersubjectivity within social networks (which has been particularly effective with psychosis), which Seikkula refers to as "a way of life" (2011, p. 185), SFP can also be regarded as prescribing a "way of life" (or, we might, following Wittgenstein, say a "form of life"). The University of Jyväskylä in Finland is conducting research on treating trauma, marital difficulties, and various other problems using OD (Seikkula et al., 2015). Similarly, the European Brief Therapy Association is continuing Alasdair Macdonald's work by collecting a vast expanse of research showing that SFP, as a form of life, is applicable to diverse people experiencing a diversity of problems (EBTA, 2022).

To understand what I mean by "ethics" let me illustrate by example. In my work as a family therapist I would often ask seven year olds, in front of their parents, what they would do, if when walking home from school on their own one day, wanting to get home in a hurry on account of wanting to go to the bathroom quite urgently, they encountered a three year old, on her own, who had fallen off her tricycle and was lying in the middle of the road with a bloody knee.

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I never met a young child who didn't recognise the ethical obligation that we all have to others; they all answered the scenario most appropriately. We would then explore their and others (including the parents) relational responsibilities, especially the question of whether the parents allowed their children to look after them at times in an age appropriate way. (I found in families that didn't and care only flowed down, subsequently had difficult teenage years.) This is Father Zossima's ethic that both Wittgenstein and Lévinas were drawn to: ""everyone of us is responsible for everyone else in every way, and I most of all" (Dostoevsky, 1958, p. 339).

Schopenhauer (1969), who we saw was an influence on *fin de siècle* Vienna and Wittgenstein, wrote that if a man (sic) "no longer makes the egoistical distinction between himself and the person of others, but takes as much interest in the suffering of other individuals as he does his own, ...then it follows ...[he] ... takes upon himself the pain of the whole world" (1969, p. 378-379). Boothroyd (2019) extends this relational self as having obligations not only to each other, but also the environment. Each one of these is *showing* rather than *saying* what is going on when acting relationally. Wittgenstein once said "I have a soul more naked than most people; that is, as it were, what my genius consists in" (Backström, 2013, p.24). He doesn't believe he has a soul, as this passage reveals: "My attitude towards him is an attitude towards a soul. I am not of the *opinion* that he has a soul" (1958, p. 178). He is referring to his "soul" as his relational self, and in this passage, he is saying that is unencumbered with much in the way of a fabricated self. Wittgenstein's contribution to enactivism is to dissolve any gaps between perception and action (Boncampagni, 2013). But sometimes it is difficult to be completely for the other (Mkhwanazi, 2013). Despite embracing an ethic that says clients are making (or have made) the best decisions they can, an attitude that fosters compassion, some SF practitioners say it is difficult to forgive some. At such times we must thank those clients for identifying work I need to do on myself.

A Relational Self

A Cartesian legacy which so pervades Western culture that most people do not recognise it as a problem, is the "individuated substantive self", which Wittgenstein had an "enduring hostility to" (Sluga, 1996, p. 323). It undoubtedly is a major contributor to the ecological crisis and wealth disparity (Henrich, 2020; Klein, 2014). We begin our dissolution by noting that Wittgenstein noted that we use the word "I" in two distinct ways, or in two different language games (Sluga, 1996). We use it as an *object* when we say "I've put on five kilos this winter"; and we use it as a *subject* when we express our mental states, as in "I think you're cute" or famously "I think". When we use "I" as subject no object is referred to. Descartes error was in not recognising that the subjective use and the objective use of "I" belong to different language games.

As this is difficult for most people who have grown up in a Cartesian culture to get their heads around this idea that "no object is referred to". It is helpful to go over Wittgenstein's remarks on solipsism in the *Tractatus* (§5.6 ff). (Solipsism is the philosophy that only I exist, and everything that I am experiencing is a product of my own mind.) He pointed out that the subject isn't in the world, just as the eye isn't in the world I'm seeing. (I can't see my eye except in a mirror, and then it's only a reflection.) So he wrote, "what solipsism means, is quite correct, only it cannot be said, but it shows itself" (§5.62). (If it could be said, who would you be saying it to?). The subjective use of "I" is similar to the "it" in "it is raining". It refers to the context. Or the eye (I) isn't in the world, there is just the visual field. (We are back describing an imminent world again.) Many Westerners locate the "I" as "somewhere behind the eyes and between the ears" (Watts, 1989, p.54). But when freed from the compulsion to be constantly monitoring themselves or objectifying themselves they begin to experience a more integrated bodymind that is centered in their body (Ilundáin-Agurruza, 2017).

The compulsion to be constantly monitoring oneself is fuelled by what Foucault (1977) called "panopticism", which has increasingly become the mechanism of governance in Western cultures. Jeremy Bentham (circa 1800) had designed a prison where the guards could see into the cells, but the prisoners couldn't see the guards looking; and so the prisoners started monitoring themselves, knowing what behaviors the guards looked for. Foucault argued that panopticism has become a metaphor for an ever increasing disciplinary society, that comes with various forms of surveillance, over the past 200 years. It leads to the "fabrication" of selves, and it has intensified under neoliberalism over the past 40 years (Rabinow & Rose, 2006). Now if "you multiply enterprises [as neoliberalism urges], you multiply frictions, ...and you inevitably multiply judges" [to regulate frictions] (Foucault, 2008, p. 175). Thus, neoliberalism generates a "nanny state". Twenge (2017) details the consequences of this obsession with safety are for children born after 1995. One consequence is they are growing up with far less unsupervised time, and are reaching

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the "leaving home" stage immature, with demands for "coddling" lasting well into adulthood (Lukianoff & Haidt, 2018). This in turn increases their exposure to mental health terms, which has what Hacking (1995) calls a "looping effect" on this population. This is the self-fulfilling prophecy of these labels, which drives them into like-minded groups. With all this objectification of self we have largely lost sight of Wittgenstein's subjective sense of "I" (and with it the relational self).

As an aside, and is helpful to our analysis, I think that Wittgenstein would have approved of Trigant Burrow's take on psychoanalysis (Drury & Tudor, 2022). Burrow (1949), an American contemporary of Freud, claimed it made more sense to regard mother as the "love subject" of the infant, and not the "love object" as Freud claimed. Both were in agreement that the child is one with the mother, or has "oceanic consciousness" at birth. Where they differ is that Freud saw us as frustrated narcissists objectifying the mother when we can't access the breast; Burrow saw us remaining in radical communion and harmony with not only the mother, but also each other, despite frustrations at times. From this sense of unity we gradually objectify ourselves, argued Burrow, especially after language develops; but we retain an intuitive sense of our sociality. However, this is all too frequently lost sight of. For his troubles Burrow was ex-communicated from the psychoanalytic fraternity. Without any acknowledgment of Burrow, a similar idea has arisen with the triune brain (Maclean, 1973), the social brain (Siegel, 1999), the social engagement system (Porges, 2009), or the collective brain (Henrich, 2016). We also find it in the "Great Mother" of some religious traditions; and the idea amongst numerous indigenous societies that "I" comes from "we" (e.g., "*ubuntu*"). This subjective self is called the "relational self" by the enactivists, and it is to be contrasted with the "fabricated self" which has "no ontological status" (Butler, 1990, p. 185). However the fabricated self is occluding the light of the relational self today.

Conclusion

The way of theory, or the obsession with finding theories to describe SFP, furthers the Cartesian legacy to find levers to manipulate the world with. By way of contrast, seeing SFP as an "applied philosophy" facilitates the development of the relational self. This would be a further step to an ecology of mind. This paper has set out to show that SFP is Wittgenstein's philosophy translated into action. Shed of all theory SFP allows us as practitioners to embrace Wittgenstein (and Lévinas) ethic and way of life as relational selves.

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Taiwanese High School Counselors' Experiences in a Solution-Focused Supervision Training Program

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Introduction

School Counselors as Supervisors' Needs for Training in Taiwan

The importance of supervision for effective clinical services in the helping professions has long been clear (Kassan et al., 2015; Wrape et al., 2015); correspondingly, training school counselors' supervisors is critical. Supervision in school settings plays a vital role in multicultural and ethical practice (Kelly et al., 2019). Ideal school counseling supervisors should have an understanding of the unique dynamics and needs of professionals in the educational field through relevant experience and possessing an understanding of administrative systems. Supervisors need the ability to balance managerial responsibilities while maintaining administerial effectiveness (Tholstrup, 1999). Because school counseling supervisors must consider school counselors' diverse professional roles (Ke & Hsu, 2011) and the educational goals of education systems (American School Counselor Association [ASCA], 2003; Dahir, 2001), they need more comprehensive supervision than counseling supervisors working in other fields (Ke & Hsu, 2011). More concretely, Chu (2009) and Dunn (2004) stressed that characteristics of an ideal school counseling supervisor comprise three levels: First, an ideal supervisor is a professional counselor and a supervisor who is familiar with the characteristics of students and school cultures at all levels of schooling. Supervisors can give guidance regarding case management, crisis intervention, and systemic collaboration. Second, regarding supervising program management and professional development, an ideal supervisor is experienced in program design, execution, and evaluation. Supervisors can assist the supervisee in role identification and professional growth. Finally, an ideal supervisor can help with administrative supervision. The supervisors can also help supervisees effectively establish intra-professional relationships within the counseling department and inter-professional relationships with other school offices.

The supervisor development process is as a process of gaining "maturity," which includes job maturity (i.e., competence in the supervisor role) and psychological maturity (i.e., willingness, confidence, commitment, and motivation to enter the role), as Hersey and Blanchard (1969) described in their Situational Leadership Theory. Goodyear et al. (2014) stated that the process of supervisors' development involves gaining the abilities to (a) perceive and act on complex response opportunities, (b) think like a supervisor, (c) view one's self as a supervisor, (d) have confidence in one's competence as a supervisor, (e) have confidence in one's judgments about what constitutes effective counseling, (f) use reflection as a tool to monitor one's biases and impact on others, (g) be oneself, (h) have patience with the process of supervisee development, (i) have the courage to do the right thing in a gatekeeper role, and (j) understand and manage power. Alonso (1983) and Hess (1987) proposed similar models of supervisors' career development, comprised of three stages:

1. The novice/beginning stage: Supervisors have just begun to take on new levels of responsibility, and face the challenge of transitioning from supervisee to supervisor. They cope with anxiety, feel uncertain about their roles and technical abilities, and are sensitive to self-criticism and criticism from others. Therefore, they tend to use

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more specific conceptual frameworks in their supervision work and are more focused on the client and on giving technical guidance.

2. The mid-career/exploration stage: As supervisors accumulate experience, their focus shifts from self to others. They gradually develop skills and confidence, start to internalize beliefs about the value of supervision, and can more accurately distinguish good from bad supervision and positive from negative influences. This growth and discernment help provide stronger guidance and facilitates supervisees' growth. However, common limitations at this stage include remaining within a strictly defined supervisor role, or imposition of theoretical perspectives and techniques.

3. The late-career/confirmation of the supervisor's identity stage: Supervisors have a stable professional identity. They can better appreciate supervisees' growth and respond to their learning needs. Supervisors have a more authentic relationship with supervisees. In this stage, supervisors' relations with the administrative structure have become an important theme, with implications for their ability to enjoy the status of experienced professionals and to exercise their wisdom and professionalism.

In Taiwan, school counselors were set up in the 1970s to teach guidance activity curriculum and provide counseling to students. In the interest of professionalizing school counseling work, Taiwan's Ministry of Education implemented the Student Guidance and Counseling Act in 2014. According to this law, school counselors shall provide and assist three-level counseling programs, including developmental counseling (such as a guidance program for promoting students' mental health), interventional counseling (such as case conference, consultation, or counseling), or treatment-based counseling (such as teamwork with other professionals). This law has also led to greater emphasis on the supervision of school counselors and the training of school counselors as supervisors. Due to insufficient institutionalization of supervision and appropriate professional training, Taiwan is currently experiencing a shortage of school counselor supervisors who can supervise counseling, administrate, manage programs, and understand diverse school environments (Peng & Hsu, 2013).

Training competent supervisors is challenging. Knowledge of the process of supervisors' professional role development is extremely helpful for educating supervisors-in-training, especially to understand their needs and the difficulties they face (Watkins, 2013). For fostering supervisors' holistic development, Watkins (2013) emphasized the importance of didactic learning and practical experience. This can include training programs, seminars, workshops, supervision practice, and supervision of supervision. Other professionals also point out that supervision training should emphasize both skill and knowledge acquisition under supervision and on-going feedback (Bernard & Goodyear 2014; Shyu & Huang 2007). Therefore, developing a school counselors' supervisor training program is of great value in Taiwan.

Characteristics of Solution-focused Supervision and Its Application on Campus

Solution-focused brief therapy (SFBT) is a client-centered, strengths-based, future-oriented approach grounded in social constructionism. Evidence for the effectiveness of SFBT is accumulating rapidly (Kim et al., 2019; Martenstyn & Grant, 2021; Zhang et al., 2018). The suitability of the solution-focused (SF) approach for school environments is also strongly supported by research and practical experience (Ajmal & Ratner, 2020; Chen et al., 2018; Gong & Xu, 2015; Kelly et al., 2008). Hsu and Chen's (2015) literature review suggested that the suitability of the SF approach in Taiwanese schools can be explained by its respectful and development-oriented view of human nature, its short-term focus and action orientation, and its strength in facilitating cooperation with various resources. The effectiveness of solution-focused supervision (SFS) with school counselors in Taiwan has also been supported and illustrated (Chien, 2012; Hsu, 2007; Hsu & Kuo, 2013; Kuo, 2012; Yang et al., 2009). Hsu and Tsai (2008) found numerous supervisory benefits of SFS for school counselors including resolving challenges in counseling, strengthening case conceptualization and sense of counseling efficacy, and high applicability to diverse professional responsibilities including counseling adolescents, school consultations, interdepartmental communication, crisis intervention, and outreach work. Hence, Ke (2009) concluded that SFS is a suitable approach for supervision of school counselors.

SFS, like all SF approaches, is based on the philosophical position that multiple truths exist and a rejection of the validity of a single absolute perspective. In SFS, supervisees are seen as future colleagues, and are assumed to possess growth potential, a baseline of professional competence, and problem-solving abilities (Hung, 2006). Like SFBT and SF coaching, supervisors do not take an authoritarian stance or attempt to convince supervisees to adopt certain viewpoints

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(Hsu, 2014), but adopt a cooperative attitude and work actively to discover and build upon supervisees' talents while strengthening their autonomy, hopefulness, responsibility, and sense of control (Franklin et al., 2017; Grant & Gerrard, 2020; Martenstyn & Grant, 2021; Zhang et al., 2018), as well as facilitating reflection and critical thinking, and encouraging action (King et al., 2020). SFS is a model for educating, overseeing, supporting, and motivating supervisees, and emphasizes that influencing supervisees to "learn how to learn" helps supervisees naturally become familiar with SF thinking (de Jong & Berg, 2012; Thomas, 2013). SFS helps supervisees reduce anxiety, build confidence, and increase self-efficacy (Koob, 2002).

In a study of the elements of the SFS process, Hsu (2014) discovered seven components, which correspond to those found in previous research (Juhnke, 1996; Triantafillou, 1997; Wetchler, 1990). These seven components of the SFS process constitute a dynamic cycle which advances the supervision process in the direction of the supervisee's goals, including:

1. A positive opening and problem description, which includes establishing a positive atmosphere, description of the context of the problem, understanding the problem, and focusing on the interaction between the supervisee and the problems at hand
2. Identifying positive supervisory goals, which includes setting positive, concrete goals while taking into consideration the supervisee's professional growth and the client's point of view and goals for counseling
3. Exploring exceptions of supervisees and clients by, for example, exploring supervisees' instances of success or identifying the supervisee and client's resources
4. Developing other possibilities, for example by discussing alternate possible thinking, considering various hypothetical situations, or reflecting on the prospects for a range of further interventions
5. Giving positive feedback and clinical education, which can include validating the supervisee, giving direct instructions and demonstrations, or giving the supervisee learning tasks
6. Forming the first little step of experiments
7. Exploring and maintaining the effectiveness of new steps as well as further direction for actions

In SFS, the solution-focused reflecting team (SFRT) is a common form of peer supervision. It consists of six stages: preparation, presentation, clarification of problems, affirmation for the presenter, reflection on possible interventions, and closing. Because SFRT has a neutral standpoint and the contents of the reflections are not limited to the SF approach, SFRT is very appropriate for collaboration with diverse counseling approaches and teams, and it is therefore widely applicable and highly creative (Norman, 2003). Furthermore, supervisors' flexible use of SFS techniques can also serve as the basis for the supervisor's self-supervision (Thomas, 2013).

The SF approach is becoming widely accepted and has become one of the most commonly used approaches to counseling in schools in ethnic Chinese cultures, including Taiwan (Chen et al., 2018; Hsu, 2014; Hsu & Chen, 2015; Lin, 2014). Meanwhile, research on SFBT training (Hsu et al., 2017; Hsu & Wu, 2018; Stark et al., 2018) is developing. However, research on SFS training is still scarce.

Purpose of the Study

The goals of this study included: (a) to understand the subjective experiences of school counselors participating in a two-stage SFS training program, and to document any enduring changes after a one-year follow-up; and (b) to discover recommendations for improving training programs and research by better understanding the factors influencing trainees' professional development as SFS supervisors.

Methods

Procedure

To achieve the aforementioned research purposes, the procedure of this research is described in Figure 1. The research team held an expert consultation meeting and invited four professors and three high school counselors, all of

whom have experience in school counseling, supervision, SFBT, and SFS. Two pilot studies were conducted by providing two separate training programs. The final training program consisted of two stages.

Research data were collected by focus group interviews, individual in-depth interviews, one-year follow-up interviews, and supplementary data. All the research data was analyzed by the thematic analysis method.

Study Participants

School Counselors as Trainees

The trainees were invited through purposive sampling and convenience sampling. All the trainees met the criteria of at least three years of school counseling experience, participation in at least 12 hours of SFBT training, and identify with SF approaches.

Sixteen high school counselors in northern Taiwan participated in the study. There were 1 male and 15 female trainees, who possessed an average of 10 years of experience as high school counselors (ranging from 3 to 18 years). Two have bachelor's degrees and 14 have master's degrees. Eight of them were directors of their schools' counseling departments. Four of them had previously worked as supervisors. All participants had undergone SF training or supervision, with an average of 173 hours (ranging from 16 to 450 hours). Using a five-point Likert scale, all trainees indicated that they either "identify" (point four) or "strongly identify" (point five) with the SF approach.

Trainer and the Facilitator of the Focus Group

One of the authors was the trainer, the host of supervision meetings, and the facilitator of the focus group. She had twenty years of experience in practicing and conducting training in SFBT and SFS in ethnic Chinese areas.

Interviewers and Data Analysts

The other author and an assistant researcher conducted the individual interviews and analyzed the research data. Both were trained with SFBT and qualitative methods.

SFS Training Program for School Counselors

The formal training program consisted of two stages: The supervision learning stage and supervised practice stage. Stage one involved 45 hours of training over 7.5 days. The main teaching methods included lecture, demonstration, real model cases, large- and small-group role-playing, and integrative discussion. In stage two, three meetings included discussion of trainees' thoughts and experiences as well as difficulties they encountered in their practice as supervisors in three months. This training program encompassed the following material (see Table 1).

Trainees attended the stage one of this training program for an average of 38 hours (ranging from 21 to 45 hours). They were asked to make up for unattended training periods by viewing video recordings of the training. In the stage two of this training program, every trainee practiced conducting supervision, did reflection assignments, and attended supervision of supervision meetings.

Research Tools

To understand trainees' experience in the training four kinds of research data were collected: After completion of the stage one training program, one 3-hour focus group interview with 16 trainees was conducted. After stage two, 12 trainees were interviewed individually (per for 2 hours) and sixteen supervision reflection assignments were collected. After one year, five 1-2.5 hours follow-up individual interviews were conducted. The supplementary data included three supervision of supervision meeting records and all 16 trainees' written reflection about the experience using SFS.

The content of the focus group, personal interviews, and reflection outlines had three design goals: (a) to examine trainee growth in applying SFS in school settings, (b) to document common challenges trainees faced, and (c) to gather comments and suggestions about the training program itself.

Figure 1

Research Flowchart

Preparation stage	Conducted one expert consultation meeting Conducted out two pilot studies Created the final training program

Implementation and data collection stage	Sixteen trainees were recruited.
	    Carried out stage one of SFS training program: Learning stage
	Conducted one focus group interview after stage one
	    Carried out stage two of SFS training program: Supervised practice for three months & held three supervision meetings
	    Collected 16 supervision reflection assignments after stage two
	    Conducted 12 individual in-depth interviews after stage two
	    Conducted 5 individual in-depth follow-up interviews, one

Data analysis stage	Transcribed qualitative data and used thematic analysis to perform induction of common themes from open coding Inspected data collected in interviews with trainees Inspection by the research team

Data Analysis

Thematic analysis is one of the common analysis methods in interpretive phenomenology. Its purpose is to discover the themes contained in the text, and it is the process of discovering the imaginative space and meanings behind the words of the themes' naming. This study adopted the thematic analysis procedure and followed the conceptual framework of hermeneutic analysis: a "whole-part-whole" (p.163) cycle of understanding based on movement between the data and interpretation (Kao, 2008).

The data analysis was conducted according to the six-step thematic analysis process described by Kao (2008). These steps include transcribing and coding data, holistic reading of data, discovering the contexts of events and perspectives, re-reading the text as a whole, analyzing the structures of experiences, performing further reconstructions of meanings, and confirming common themes and reflecting. Strauss and Corbin (1990) point out that coding and forming sub-themes is a bottom-up process of continuous circling and progressing; research data is the basis for an inductive process of developing five levels of categories: small categories, medium categories, large categories, sub-themes, and individual themes. As the codebook developed, there were 4,743 initial codes, resulting in 1,468 small categories, 148 medium categories, 52 large categories, 22 sub-themes and ten individual themes; the last two categorical levels are shown as the subheadings of the findings section in this manuscript.

When analyzing and presenting research data, sixteen trainees were coded from A to N. All data was coded based on dialogue order or paragraph number, as well as according to the data source: FG for focus group, I for individual interviews, FI for the one-year follow-up interviews, G1 through G3 for the three "supervision of supervision" meetings in the supervised practice stage, and TSS for self-reflection. Throughout this process, the two data analysts consistently discussed the analysis with each other. At least 80% consensus was achieved for all items. In addition, trainees helped the researchers examine the accuracy of the data and to confirm that the themes correctly reflected the meanings they had intended to convey. Trainees all indicated that the accuracy of the data surpassed around 90%.

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Table 1

SFS Training Program Components for School Counselors

Training Stage	Components
Stage one: supervision learning stage	Overview of the training program (3 hours) • Trainee self-introductions • Discussion of trainees' hopes for the training and level of preparedness to do supervision.
	Fundamental concepts of supervision (8.5 hours) • Definition, goals, responsibilities, and functions of supervision • Supervision relationship and techniques • Theories of supervision • Forms and tools of supervision • Supervisees' professional identity and development
	Dimensions for the supervision of school counselors (10 hours) • The unique characteristics of different roles, ethical and legal issues • Mandated cases • Crises and reporting • Principles of confidentiality • Team building and case management • Parent and teacher consultations • Guidance programs
	Introduction and practice of SFS (23.5 hours) • The process and components of SFS • Individual supervision • Group supervision • Peer supervision as SFRT • Inter-departmental case conferences in schools
Stage two: supervised practice stage	• Serve as supervisors at their workplaces. • Three "supervision of supervision" meetings in the three months following the supervision learning stage (with three to six weeks between meetings).

Findings

The subjective experiences of school counselors participating in the two-stage SFS training program, and their transformations after a one-year follow-up were described as follows.

Trainees' Growth and Outcomes in the Learning Stage of Training Program

In the learning stage of this SFS training program, trainees' preparedness and competence to supervise school counselors was increased, especially for trainees being novice supervisors. They were also benefited by this training atmosphere, and their personal professional experience.

Increasing Preparedness and Competence to Supervise School Counselors by Acquiring Knowledge and Reflecting Experience

Increasing the Preparedness of Becoming a Supervisor. From the focus group interview, trainees indicated that the supervision learning stage training helped them learn the theories and functions of supervision and greatly improved their preparation to become supervisors. Meanwhile, most of the trainees began to identify common factors of helpful supervision, and to understand that supervisors must possess a relatively broad scope of awareness.

The supervision learning stage also prompted trainees to reflect on their personal experiences of receiving supervision and become more aware of the differences between supervisor and supervisee roles.

Becoming a Competent Supervisor of School Counselors. These trainees indicated that they gained a better understanding of the diverse aspects of school counselor supervision. Trainees also mentioned that the learning stage of this training greatly helped them reflect on their roles and responsibilities as school counselors, acknowledge and validate their professionalism and practical experience as school counselors, and believe that these experiences can help in the process of becoming supervisors of school counselors.

> Now I think I am able to help these school counselors, who are feeling like their work is 'so busy and chaotic, and I have no idea what I'm doing'-- to help them understand that they are doing something very meaningful, and everything they do has importance; that kind of empowerment is actually very important (I-E-35-1).

Highly Validating the Benefit of SFS for Novice Supervisors in Schools

SFS Becomes a Trustworthy Guide for Novice Supervisors. Over half of the trainees expressed that the first stage of training led them to have a better command of the functions and goals of SFS, and to understand the importance of grasping the spirit of SFS. Being appropriate for consultations with teachers, parents, and students in school, all trainees recognized that the SFS's seven components can help novice supervisors of school counselors feel less pressure while developing directions in supervision.

An Attitude of Equality Reduces the Anxiety of Novice Supervisors and Increases Cooperation Efficiency in School Settings. All trainees strongly affirmed that the positive, strengths-based approach of SFS can easily facilitate changes in supervisees. They also fully approved of the emphasis in SFS on respecting supervisees' contexts and regarding supervisors and supervisees as equals who are learning from each other. Thus, all trainees believed that this sort of "non-expert" thinking can significantly reduce the heavy feelings of responsibility that accompany the supervisor role in schools.

> One thing about SFS I really like is that it strongly emphasizes the counselor's own way of thinking, the direction and goals he or she wants to move towards... So it seems to me that it is best to have an open mind about going together with the counselor, as if putting aside my own viewpoints... Every school has a different culture, so your understanding of that culture can really only come from the supervisee (I-I-41-3~I-I-41-4).

Through SFS, Supervisees Could Learn SFBT and Improve Professional Effectiveness. Most trainees were quite surprised by the effectiveness of SFRT in the training program. Trainees liked that SFRT creates a sense of inclusivity and contribution for all participants. They also found that supervisees could learn the spirit and technology of SFBT from SFRT, and then improve their professional abilities. All the trainees believed that SFRT is very valuable in schools, office discussions, and case conferences.

Besides, most trainees learned that in addition to using SF language in supervision, SFS supervisors can guide supervisees to increasingly use SFBT's thinking and skills and to enhance counseling efficacy.

The Positive Influence of Training Atmosphere and Personal Professional Experience. Trainees agreed that the SFS program created the warm atmosphere of the training process and enhanced the quality and quantity of their learning. In addition, those who felt they were better able to master what they learned had previous experience of being supervisors or significant amounts of experience using SFBT.

> I feel … after I gained a few years of experience doing individual counseling by using SFBT, as I need a transition into this new role [of supervisor], I can do it with a little more ease (FG-113-1~FG-113-3).

Trainees' Experience and Metamorphosis in the Supervised Practice Stage

In the supervised practice stage of the training program, trainees kept growing as supervisors. They implemented SFS (including leading SFRT) in schools, maintained self-supervision, and transferred the experiences in other school counseling work. In addition, trainees' feedback and validation of the training program were mentioned.

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On the Growth Track of Being a Supervisor in School

Positive Experiences Implementing SFS. In the second stage, trainees provided supervision to intern school counselors, counseling psychologist interns, school volunteers, community volunteers, social workers, or colleagues.

Two-thirds of trainees interviewed had productive experiences using SFS, which highly encouraged trainees. Because SFS furnishes them with a specific structure, direction and techniques for interventions, and accommodates supervisees with diverse counseling approaches, the supervisees' experiences were positive. Due to the rapid effectiveness of SFS, many trainees confirmed that SFS is suitable for supervision work in school counseling.

Challenges of Being a Supervisor in Schools. Nevertheless, trainees encountered some challenges in this stage. When trainees were not supported by department heads or were not themselves department heads, they felt restrictions on practicing supervision in schools. Working in a counseling office with an unsupportive atmosphere or culture of insufficient discussion with colleagues was another negative factor.

Two-thirds of trainees mentioned their insufficient confidence with supervision and SFS, and challenges when working with supervisees who did not have a solid foundation in the SF approach.

However, one-third of trainees interviewed overcame their initial fears of using SFS as a supervisor and gained a sense of competence and confidence after successfully addressing challenges encountered in supervision practice.

More Confirmation of the Future Direction of Continued Efforts. Two-thirds of trainees interviewed indicated a willingness to continue using and promoting SFS in schools, including pursuing continuing education, and further mastery of SFS. Of course, many trainees still felt that they needed ongoing practice and training to be capable of responding to various types of challenges as supervisors.

> I feel 80% prepared... I think I've done all the training I need, I just need to put it into practice now... Now all that's left is to go do it and then make corrections later (I-E-123-1~I-E-123-2)

Experiences Leading SFRT in Middle Schools

Affirmation That SFRT Is a Form of Peer Supervision Appropriate to the Campus Culture. After leading SFRT in workplaces or supervision groups, all the trainees interviewed strongly agreed that SFRT was helpful for establishing and maintaining various types of cooperative relationships. SFRT helped establish a positive group atmosphere within counseling offices and with other school departments. SFRT's participants were willing to continue working together to help student-clients. Because SFRT's steps are clear, many trainees felt SFRT could help them reduce their initial anxiety about doing supervision. Thus, most of the trainees claimed that they would continue to use and promote SFRT more in schools.

Challenges of Leading SFRT. After gaining some experience, a few trainees made changes to the SFRT process. However, most trainees mentioned difficulties of applying SFRT that included: relationship dynamics among participants (e.g., alliances, competition, and personal conflicts), supervisees' differing levels of understanding of the SF approach and willingness to participate in SFRT, and supervisees' expectations that supervisors should be an expert.

Self-Supervision Experiences and Its Application Transference

Stimulate the Development of Self-Supervision. From the supplementary data of this research, all trainees claimed that the clear steps of the SFS framework made for a very concrete and effective self-supervision process.

> [After self-supervision] it seemed like now anything was possible, emotions became very tamable, and it became easier to generate the power to act (TSS-C-5-2~TSS-C-5-3).

However, there were still some practical limitations. For instance, when they used SFS for self-supervision, they still sometimes fell into negative thinking in the problem clarification, or often overlooked unfamiliar SFS concepts and techniques. Thus, trainees believed they still needed ongoing support from peers or supervisors to continue learning SFS.

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Application Transference to Other School Counseling Work. Parallel to this, all trainees were inspired to begin transferring their experiences and self-supervision in their own school counseling work, such as by actively improving their application of SFBT on individual counseling, using the SFS spirit in all aspects of counseling administration, or making some changes to counseling forms (e.g. referral forms, intake forms or SF thinking examination charts). Through the components of SFS, they maintained self-supervision of their school counseling efforts, especially to empower themselves when they encountered difficulties.

Feedback and Validation of the Training Program

Feedback to the Structure of Training Program. In addition to the trainer's humorous and pragmatic style, trainees also appreciated the comprehensiveness of stage one in this training program, particularly the inclusion of fundamental and advanced knowledge of SFS and general supervision of school counselors. Twelve trainees interviewed fully approved of the diversity of training methods which helped them practice thinking and responding as supervisors, including description of theoretical concepts, case discussions, role-playing, and demonstrations.

All the trainees felt that the practice and meetings in stage two facilitated them to integrate what they learned in the first stage, which enhanced their confidence in being SFS supervisors. They also felt supported by other trainees by sharing, reflecting, and getting concrete advice and positive feedback.

 To have this kind of a meeting where we all can help each other integrate what we've learned, our reflections, our
 growth, and our feelings, I feel... very moved (I-N-29-4).

Suggestion: Extended Training Time and Trainees' Background Requirements. When the training was over, some trainees felt that supervision is "easier said than done" due to a lack of mastery of the SFS thinking style and spontaneity in responding to unexpected events in supervision. Some trainees felt that the training was too intensive, leaving them without sufficient time to digest and absorb what they learned. Half would have preferred to extend the training.

To gain the most from the training program, trainees suggested that potential trainees in the future should have some characteristics such as: experience being a school counselor and administrative leader, a higher willingness and a better preparation to be a supervisor, and more practical experience in SFBT.

One Year Post-Training Supervising Experience and Transformations

One year after the completion of training, the five trainees interviewed reported greater proficiency and engagement as SFS supervisors and plentiful experience leading SFRT, despite some practical challenges in schools. Trainees proposed the same and new feedback and affirmations to the training program.

Greater Proficiency and Engagement as SFS Supervisors Despite Challenges

Greater Proficiency as a Supervisor. One year after the completion of training, the five trainees interviewed all reported that they gained experience practicing supervision in a broader range of practice sites and had significant improvements in their overall competence as supervisors, as well as increased confidence, proficiency, and flexibility. For example, trainees found that the focus of their post-supervision reflections shifted from concern about their own performance to reflections on the client or the supervision process. They also discovered that they had developed a stronger ability to respond to unforeseen circumstances and perceived a steady transition from a passive role of supervisor-in-training to the role of active supervisor. This more active role involved thinking more deeply about how to improve the effectiveness of the supervision as well as increased willingness to face difficulties and to develop their supervision competence.

More Involvement in SFS. Trainees interviewed were deeply impressed with the effectiveness of SFS techniques such as clarifying and confirming goals, complementing, one small step, scaling questions, and the exception framework. In addition to further emphasizing how the clear framework and non-professional stance of SFS helped them feel more stable in playing this new role of a supervisor, trainees felt both more relaxed and more highly

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motivated as supervisors due to their familiarity with SFS and its helpfulness for supervisees. Gradually, trainees experienced stronger identification as helpers of school counselors and as advocates for SFS, and they also hoped to expand their knowledge of how to apply the SF approach in schools. Thus, trainees had become more engaged in the preparation and review of their supervision, reading SFS-related and supervision articles, and continuing to internalize SFS through self-supervision.

Continuous Challenges. However, trainees still felt some pressure when working with supervisees who didn't know or identify with the SF approach. Some trainees felt stressed when working with supervisees from different school levels or school cultures. Nonetheless, they kept SFS's emphasis on the supervisee's own practical knowledge and helped them reduce some of this pressure.

In addition, trainees who were busy in their role of school counselor really hoped to have more opportunities to do supervision and have better professional growth as a supervisor. Two trainees still had difficulty using parts of SFS questions (such as miracle questions and relationship questions), and believed they needed more learning and practice with SFS and SFBT.

Continuing to Have Plentiful Experience Leading SFRT Despite Challenges

Leading Sfrt Experience Is a Catalyst for Becoming a Skilled SFS Supervisor. After a year of practical experience, the five trainees had all led several SFRT sessions and indicated that leading SFRT was an invaluable learning experience to strengthen their SFS practice. Trainees believed that they had a stronger capacity for leading and on-the-spot adjustments in response to unforeseen circumstances. However, some trainees still needed to learn how to face some challenges, such as supervisees who monopolized speaking time, were unwilling to participate, or did not agree with the SF approach.

High Application Utility of SFRT in Schools. All trainees affirmed SFRT's applicability to school systems because of its spirit, concreteness, and ease of use. According to their observations, SFRT can directly address supervision themes, give participants equal opportunities, receive diverse viewpoints, foster participants' increased engagement, reduce hostility, foster stronger cohesion among participants, and ease the psychological burden of participants.

When they cried, I was actually little surprised... and afterwards I was moved by the fact that the supervisees encouraged and supported each other, and the effect was cathartic... I think that it's really, really good that they could have this kind of peer cohesion and support in SFRT (FI-B-48-1~FI-B-48-4).

Factors Influencing the Use of SFRT in Schools. Trainees also discovered that the culture of schools or counseling offices had a significant influence on the SFRT process. SFRT's participants with good relationships in the same school were able to openly discuss how to help clients cooperatively, and their SFRT was usually smoother and more effective. SFRT sessions with participants from multiple schools were often less effective because they needed more time understanding clients' situations, and their performance anxiety negatively affected the supervisory process.

Feedback and Validation of the Training Program

Feedback on the Structure of the Training Program. After one year, five trainees still confirmed the value of the first stage of this training program. The trainees agreed that the first stage was an important foundation for their courage to do supervision. While they had strong impressions of the ideas and techniques they learned right after the first stage, with time some aspects began to fade from memory.

All trainees confirmed that the second stage of training was well-designed. The supervision practice greatly aided their development of competence and stability. They believed there was a significant difference between the stages of training completion and actual supervision. Trainees still held the same positive attitudes towards the supervision of supervision meetings as before. For them, those discussions in meetings were great opportunities to remember and integrate what they had learned and to gain additional insights into strategies for resolving practical difficulties.

Suggestions: More Training Topics on Supervisory Practice Issues and Background Requirements for Trainees. Trainees suggested that adding some topics about challenging situations in the supervisory process would also strengthen their preparation, especially for when they work with resistant, interrupting, or indifferent supervisees. As some trainees strongly emphasized, the fastest way to improve their competence as supervisors was to continue practicing and returning to discuss supervisory experiences.

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Trainees' feedback regarding conditions for selecting trainees in the future were similar to the previous interview, but more emphasized familiarity and passion for secondary schools, and a willingness to advance the professionalism of school counselors.

Discussion

Effect of the Training Program on Trainees' Professional Development as Supervisors

Integration of Theory and Practice in the Training Program Contributed to Its Influence

As Milne (2010) and Watkins (2012) mentioned, when novice supervisors in training undergo a supportive training experience which includes elements of didactic and practical learning, they can attain higher self-efficacy and levels of competence as supervisors. This SFS training program was designed to produce a similar effect through its two stages: a supervision learning stage and a supervision practice under supervision stage.

Regarding the supervision learning stage, similar to Peng's (2012) study of the training of supervisors of middle school counselors, trainees learned fundamental supervision concepts and knowledge and their experiences interacting with other trainees helped them encounter different ways of thinking. This stage helped them become aware of their attitudes towards supervision and to adjust when needed. Furthermore, as previous research has pointed out (Baker et al., 2002; Bernard & Goodyear, 2014; Rønnestad et al., 1997), practical experience and discussion of doing supervision helps supervisors discover methods to overcome challenges in supervision and increase awareness of themselves as supervisors (Desmond et al., 2011; Moore, 2008). In this stage, trainees shared their experiences and helped each other resolve the challenges they were currently addressing, leading to a reduction in anxiety (Peng, 2012). As a result, the trainees in this study particularly appreciated the effects of the supervised practice stage.

However, comparing the contents of this training program with Hawkins and Shohet's (2012) supervision sandwich plan helps identify a potential addition to future training programs. Their plan included three parts: (a) supervision learning, (b) practice and re-learning, and (c) continuing integration of supervision theory learning and practical work. The third part, as suggested by the trainees of this study, should be added to future training programs to better meet the expectations of the trainees.

Trainees' Overall Professional Development Process

Referring to the perspectives of Alonso (1983) and Hess (1987) can help clarify the process of trainees' development as supervisors in this study. In the beginning of the training, most trainees were in the novice stage. When they began training, many trainees were eager to begin working as supervisors and learn SFS, but they also felt it was a far-off goal and were concerned and afraid. During the supervised practice stage, most trainees had entered the exploration stage. Although they were still anxious about their competence as supervisors, their positive experiences as supervisors helped them gain confidence and make necessary adjustments to the supervisory process. Trainees also started to reflect on SFS, the supervisory process, supervision of school counselors, and became more willing to engage in preparing for the supervisor role and mastering SFS. One year after participating in the training program, the five trainees we interviewed clearly had moved to the exploration stage and had even started to display some characteristics of the confirmation of supervisor identity stage.

The transformations undergone by trainees in this study were similar to those reported by Nelson et al. (2006) and Rapisarda et al. (2011). Dimensions of this transformative process at least included: (a) willingness, confidence, competence, and identity as supervisors; (b) identification with mastery of SFS; (c) increased self-supervision ability and understanding of the importance of supervision of supervision; and (d) a desire to advocate for SFS. Obviously, the trainees' development encompassed cognitive (e.g. clarification of concepts), emotional (e.g. less anxiety and more joy in their supervision work), and behavioral (e.g. expanded range of supervisory strategies) dimensions, as Watkins (2012) claimed.

However, in the terms of Watkins's (2010) framework, most trainees remained at the becoming a supervisor stage without advancing to the being a supervisor stage. According to the suggestions of Hawkins and Shohet (2000) and the trainees in this study, future training programs should increase trainees' practical experience and supervision-of-

supervision to continue their professional reflection and development. Meanwhile, according to the ten significant changes experienced by supervisors in the process of their professional development described by Goodyear et al. (2014), only the first six clearly appeared in this study. Exploring how to better integrate the last four could be a direction for future supervisor training programs.

Factors Influencing Trainees' Development and Practice

The findings of this study regarding factors influencing trainees' development and practice as supervisors (Figure 2) correspond to Bernard and Goodyear's (2014) conceptual model.

Figure 2

Factors Influencing SF Supervisors' Development and Practice
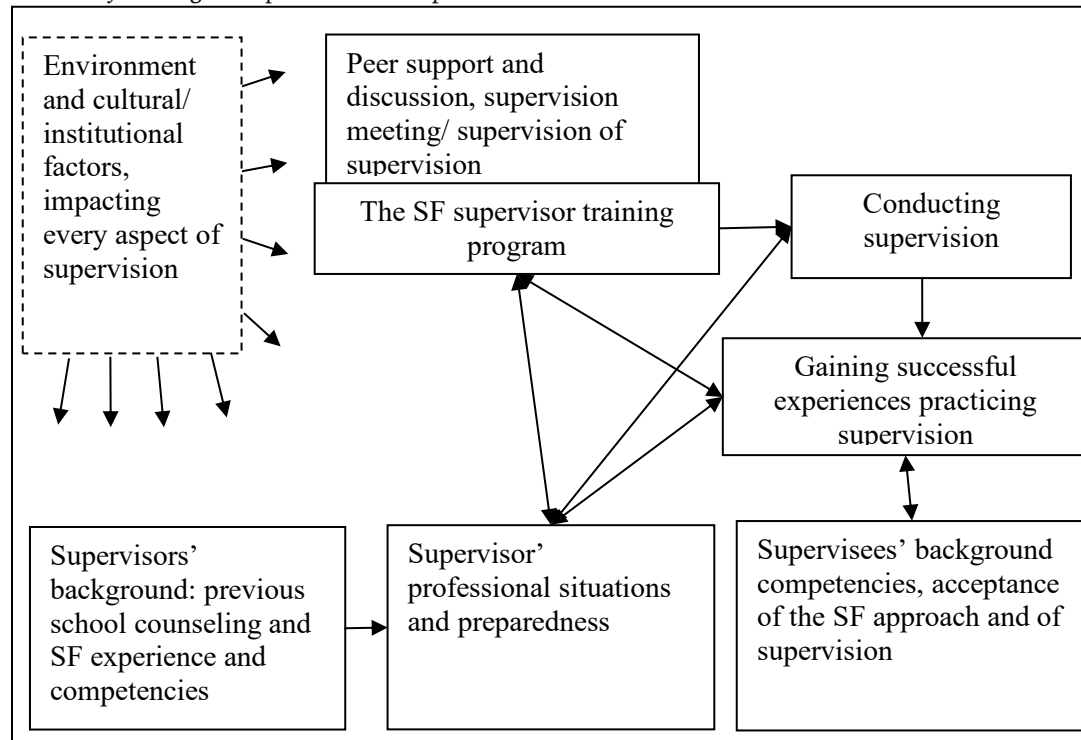
Interactions Among the Backgrounds, Preparedness, and Competence of School Counselors as Supervisors

There was a reciprocal influence between trainees' degrees of competence-and-confidence and emotions-and-willingness as supervisors. Specifically, in the supervision learning stage of this study, trainees' familiarity with the SF approach and previous experience as supervisors affected their confidence in learning supervision and applying SFS. After gaining practical experience in the supervision supervised practice stage, many trainees gradually developed a stronger grasp of SFS, which helped them reduce their anxiety about beginning to practice supervision. This resulted in greater stability, peace of mind, ability to respond, and positive emotions, all of which facilitated trainees developing competence in their ability to flexibly use SFS and respond to various situations. Finally, trainees who had positive experiences became more interested in clearer self-identifications as SFS supervisors.

Trainees also emphasized that the experience of working as school counselors and doing administrative work both had a direct influence on their learning and development as supervisors of school counselors. As pointed out by professionals, supervisors' developmental changes are affected by their previous experience as practitioners (Baker et al., 2002; Bernard and Goodyear, 2014; Pelling, 2008, Rønnestad et al., 1997). This also underscores the validity of

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Hawkins and Shohet's (2000) suggestion that supervisors of helping professionals who have previous experience in their supervisees' current roles can simultaneously work as both a practitioner and as a supervisor of practitioners. These points reinforce the earlier suggestion that competent, experienced school counselors or counseling department heads are the most suitable candidates for supervisors of school counselors (Peng & Hsu, 2013).

Challenges Facing Novice Supervisors Due to Supervisees' Situations and Preparedness in Schools

The findings of this study indicate that trainees believed that challenges involved in supervision practice include supervisees' knowledge of and openness to the SF approach and the degree of similarity between supervisors' and supervisees' work environments. Challenges related to leading SFRT included the differences between groups composed of supervisees from the same school vs. multiple schools, adjusting to diverse patterns of interaction among supervisees, the supportiveness of school offices, the interactions between individuals and the organizational culture, and supervisees' motivation to participate in supervision and consensus in helping clients. These challenges reflect the variability of supervision practice in school environments.

It is therefore most appropriate for novice supervisors to begin their practice of supervision in relatively uncomplicated contexts, such as one-on-one supervision in which supervisors and supervisees are both well-prepared, have the same approach to counseling, or work at the same school level. Once supervisors have a solid foundation, they will be better prepared to move on to more complex supervision arrangements. As Desmond et al. (2011) pointed out, the process of becoming a supervisor requires experience and time, and helping trainees identify and respond to potential difficulties involved in supervision can help trainees gain more confidence and knowledge in their roles as supervisors.

Influence of the School System and Supervisors' Positions on Opportunities to Practice Supervision in Taiwan

Because trainees were all employed as high school counselors, supervision was not their main professional responsibility. Unless their schools arranged consistent supervision or provided unique opportunities for supervision, trainees had limited opportunities to practice supervision. As Hawkins and Shohet (2000), Ke (2009), and Shyu and Huang (2007) point out, school counselors' time limitations are a significant barrier to giving and receiving supervision.

Meanwhile, supervision of school counselors in Taiwan is often limited to administrative oversight, and opportunities for formal, continuing supervision are rare. Because supervision is not seen as a priority, supervision and supervisor training are frequently unsatisfactory in Taiwan (Wang, 2018). It is therefore clear that the Taiwanese school system needs supportive laws or policies regarding supervision of school counselors.

The Appropriateness of SFS for School Counselor Supervision Training Models

The findings of this study support the user-friendliness of the SF approach (George, 2005), especially in school counseling (Hsu & Kuo, 2013; Hsu & Tsai, 2008). It also provides further confirmation that practicing SFS can contribute to trainees' development as supervisors of school counselors.

Trainees in this study confirmed these points, including: SFS' emphasis on equality assists supervisors in adopting a cooperative attitude of sharing with their supervisees, which lets them feel less pressure and more confidence in their role as supervisors; the clear framework and specific techniques of SFS guides them to have a clear sense of direction in the supervision process; SFS helps novice supervisors have a stronger feeling of competence because it is appropriate for school cultures, and often brings immediate results; SFS contributes to an atmosphere of supportiveness and cooperation among school participants or different offices of schools; and after they became clearer about the meaningfulness of promoting SFS in schools, they were more inspired to use SFS in self-supervision and a variety of supervisory tasks or administrative jobs.

This is especially true of SFRT, which means SFRT embodies many of the therapeutic factors of the peer supervision group process—including a sense of reassurance, validation, and belongingness—and can reduce the risk of burnout (Bernard & Goodyear, 2014). Hence, promoting SFRT's application in school counseling supervision and supervisors'

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training should be a top priority. Of course, some of the challenges for trainees to lead SFRT in a school setting require further exploration and training.

Limitations and Suggestions

Overall, trainees of this training program believed they gained a new understanding of SFS and made considerable progress in clarifying their doubts and blind spots. Trainees felt they had improved self-efficacy, empowerment, role definition, professional competencies, and motivation to continue as supervisors. Hence, this study once again supported SFS is suitable to be the training mode of supervisors of school counselors. However, several suggestions for future training and research are proposed.

According to the findings and discussion, future training programs should maintain or increase didactic learning, demonstrations, small-group discussions, and role-playing exercises to potentially boost training efficacy. Future studies could introduce more difficult supervision issues related to SFS in the school system and help trainees practice responding to these issues. Based on trainee feedback, future training programs should increase the duration of training programs while lengthening the time between training sessions. Particularly worth investigating how SFRT in schools can be a bridge to familiarity with SFS. This will allow for more opportunities to explore how to catalyze the progress of the trainees.

This research only adopts a qualitative research approach to collect and analyze the data of the trainees' subjective experience. Future research can also collect perceptions of multiple roles for triangulation, such as the types of supervisees served by the trainees, the feedback and experience data of the supervisees, the responses and feedback of the clients served by the supervisees, and the supervisors of the trainees' observations and evaluations. Meanwhile, developing relevant scales for the effectiveness or competencies of SF supervisors, the supervisees' self-supervision, and experience of receiving SFS are encouraged.

Trainees differed in duration and range of experience in school counseling, level of preparedness for the supervisor role, and practice with an SF approach; however, this study did not explore how these differences influenced trainees. Future studies can implement criteria for the eligibility of potential trainees, and these criteria may help to improve the effectiveness of training and promotion. Future research can further explore how differences in these background variables affect training outcome, either in the subjective perception of the trainees or compared to the control group.

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ARTICLE

Testing the Reliability and Validity of the Solution-Focused vs Problem-Focused Communication Scale in a Workplace Setting

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Introduction

This paper aims to develop a reliable and valid scale for measuring solution-focused and problem-focused communication that can be easily applied in the Japanese workplace. A two-factor scale for measuring solution-focus and problem-focus has already been proposed by Kitai (2020), in which reliability and validity were confirmed. However, this was based on a relatively small sample (N=183) study; the data were collected from a single company and thus had high internal homogeneity.

The current study tested the reliability and validity of this scale using data from an online questionnaire with over 500 respondents drawn from many companies. The results of this assessment are used to develop an effective scale for studying solution-focus and problem-focus in the workplace.

The Solution-Focused Approach

The solution-focused approach was developed in the 1980s as a form of psychotherapy by practitioners such as Steve de Shazer and Insoo Kim Berg. Rather than pursuing the root of a client's problem (the problem-focused or 'problem-solving' approach), solution-focused therapy seeks to resolve problems by assessing the strengths and potential of clients and attempting to maximize and utilize these.

Recognized as an effective treatment within the field of psychology, the solution-focused approach is increasingly being adopted in several other areas. Its recent application in education research and practice is particularly well known (Franklin et al., 2007; Özdem & Sezer, 2019; Sezer, 2017). Naturally it has also been widely applied in business, with solution-focused methods proposed for employee coaching, performance evaluation, and strategy development.

Nonetheless, most research on the solution-focused approach relies on case studies, meaning the approach still requires verification through other methods (Trepper & Franklin, 2012). Research comparing the solution-focused approach with the problem-focused approach is scarce. The development of a scale for evaluating each of the two approaches is required for the progress of this research field.

Literature Review

Although there is a large body of research on the solution-focused approach, as noted above, there are currently few studies comparing this approach to the problem-focused approach. Table 1 lists the comparative studies that have been performed to date.

Table 1

Research comparing the solution-focused and problem-focused approaches

Study	Sample
Kauffeld and Meyers (2009)	Employees of 3 German companies (N=221)
Wehr (2010)	University students in Germany, Experiment 1: (N=140), Experiment 2: (N-92)
Grant and O'Connor (2010)	Graduate students in Australia (N=39)
Grant (2012)	University students in Australia (N=225)
Neipp et al. (2015)	University students in Spain (N=204)
Braunstein and Grant (2016)	University students in Australia (N=140)
Theeboom et al. (2016)	University students in Netherlands, Experiment 1: (N=61), Experiment 2: (N=54)
Grant and O'Connor (2018)	University students in Australia (N=512)
Abdulla and Woods (2020)	Female middle school students in London (N=115)
Grant and Gerraed (2020)	Psychology major university students in Australia (N=80)

Apart from Kauffeld and Meyers (2009), all these studies compared the effects of solution-focused versus problem-focused approaches on dependent variables. Most conduct a comparative analysis of dependent variables before and after asking respondents solution-focused and problem-focused questions. The results consistently point to a solution-focused approach being more effective than a problem-focused approach (Kitai, 2020). For instance, one of the earliest studies, by Grant and O'Connor (2010), targeted graduate students in their comparison, and found that the solution-focused questions were more effective than problem-focused ones in terms of both problem resolution and respondents' emotions.

Building on the results of these prior studies, we developed a scale for measuring the levels of solution-focused and problem-focused communication in the Japanese workplace (Kitai, 2020). We found that a two-factor scale was valid for measuring these approaches and created a composite scale with high internal reliability. Moreover, we demonstrated that while the solution-focused approach had a considerable effect on work engagement and employee engagement, use of the problem-focused approach showed almost no relationship to these variables. These results indicate a degree of validity and reliability of the scale created by Kitai (2020).

However, the results of Kitai (2020)'s study were based on a comparatively small and homogeneous sample (N=183) drawn from a single company. The study needs to be replicated in a larger and more heterogeneous sample. Therefore, this study used an online survey company to target a Japan-wide, comparatively large-scale sample (N=504) in order to test the validity and reliability of the construct behind our scale. We examine the convergent validity of the scale by investigating the relationship between the scale and the same dependent variables used in prior studies, to identify whether the same trends are observed as in the prior studies. The dependent variables used in this study are positive affect, negative affect, understanding of the problem, and self-efficacy. We also analyzed the relationship between our scale and a separate scale that measures solution-focus (Solution Building Inventory) in order to test both the convergent and discriminant validity.

Variables and Hypotheses

1.   The Solution-Focused vs Problem-Focused Communication Scale

This scale consists of the 16 items used by Kitai (2020). As noted above, Kitai (2020) demonstrated that a two-factor model of solution-focused versus problem-focused communication was the best fit. In that paper, the results of confirmatory factor analysis led to the exclusion of Question item 12 (Any good thing, however small, can be a topic of discussion) and Question item 14 (Small improvements don't enter conversation) from the two-factor model. However, in the current study we include these question items.

We also made a modification to Question item 3 (When a problem arises, many conversations focus on its cause and/or finding the culprit). Given the word 'culprit' (*hannin* in Japanese) has extremely negative connotations, we replaced this with 'the responsible party' (*seki'ninsha*). For each of the 16 question items, responses were measured on a 5-point scale, where 1 was 'not at all' and 5 was 'precisely' (see Appendix).

2.   Positive Affect and Negative Affect

Existing studies have frequently used positive and negative affect as dependent variables in questions about solution-focused and problem-focused coaching (Braunstein & Grant, 2016; Grant, 2012; Grant & Gerraed, 2020; Grant & O'Connor, 2010; 2018; Neipp et al., 2015; Theeboom et al., 2016). Except for Theeboom et al. (2016), all used the Positive Affect and Negative Affect Schedule (PANAS) developed by Watson et al. (1988)[1]. According to Watson et al. (1988), positive affect is the degree of feelings such as excitement, enthusiasm, and alertness. High positive affect refers to a state of high energy and attentiveness, in which a person is enjoying activities, and low positive affect refers to feeling sad and helpless.

Meanwhile, negative affect refers to the inhibition of objectivity, grudgingly going about one's activities, and feelings such as anger, contempt, irritability, upset, guilt, fear, or nervousness. A state of low negative affect means feeling calm and composed.

Watson et al. (1988) developed PANAS to measure positive and negative affect with 10 adjectives, and proceeded to test validity. In the current study, we used the items in the Japanese version of PANAS, which was developed by Kawahito et al. (2011). According to Kawahito et al. (2011), the Japanese version of PANAS reproduced the same two factors related to positive and negative affect as the original version of the scale. Positive affect had a weak positive correlation with happiness and satisfaction, and negative affect had a weak positive correlation with depression. For each of these 20 items, we followed Kawahito et al. (2011) and elicited responses based on a 6-point scale (from 1 = does not apply at all to 6 = very much applies).

Prior research found that the solution-focused approach results in greater promotion of positive affect and reduction of negative affect compared with the problem-focused approach. Specifically, solution-focused questions are effective in that they increase attentiveness and activity in individuals, and reduce anger, guilt and fear. Therefore, we can expect the solution-focused communication scale to exhibit a stronger positive correlation with positive affect and negative correlation with negative affect than the problem-focused communication scale.

Hypothesis 1a: Solution-focused communication will have a greater mitigating effect on negative affect than problem-focused.

Hypothesis 1b: Solution-focused communication will promote more positive affect than problem-focused

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[1] Theeboom et al. (2016) used the UWIST Mood Adjective Checklist to measure affect. This scale measures an individual's mood using 3 sub-scales: energetic arousal, tense arousal, and hedonic tone (Matthews et al., 1990). Theeboom et al. (2016) measured positive and negative affect using energetic arousal and tense arousal, respectively. Note that the Japanese version of UWIST (Japanese UWIST Mood Adjective Checklist: JUMACL) developed by Shirasawa et al. (1999) is made up of 2 factors, energetic arousal and tense arousal.

3. Understanding of The Problem

Grant and O'Connor (2010) is the only study to have used a measure of understanding of the problem. However, we included this measure in our analysis as we consider it an important indicator for testing the difference between the effects of the solution-focused and problem-focused approaches. Grant and O'Connor (2010) used the ask-tell matrix (Whitmore, 1992) shown in Figure 1 to discuss the difference between questions in the solution-focused and problem-focused approaches.

Figure 1

The Ask-Tell Matrix
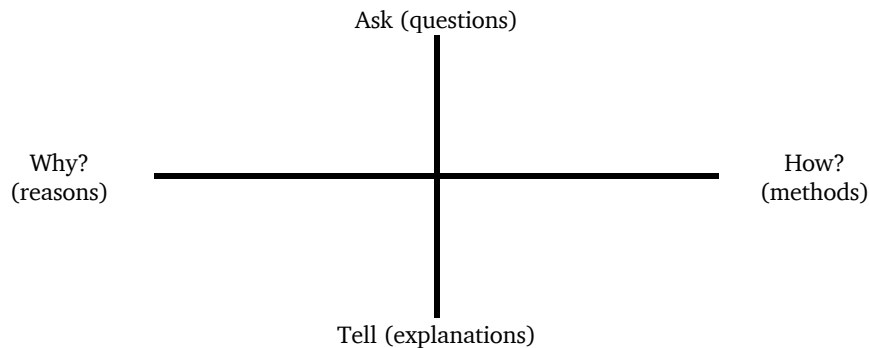
Prepared with reference to Grant and O'Connor (2010), p.103.

The ask–tell axis in this matrix represents the difference between coaches' approaches to clients, i.e. whether the coach asks questions of the client, or provides explanations or suggestions. The how–why axis represents the differences in the content of this, i.e. whether the question or explanation is about how something happens or why something happens.

According to Grant and O'Connor (2010), the key to the solution-focused approach to coaching is a focus on the how-ask quadrant. Rather than asking about causality to determine *why* things occurred, it is preferable for the coach to spend more time asking *how* the best outcome can be achieved. On the other hand, the problem-focused approach assumes that knowledge about the causal factors behind a problem is necessary for the client to move towards their objective. Thus, the problem-focused approach focuses on use of the why-ask quadrant.

We are interested in which is more useful for the degree of understanding of the problem – focusing on the solving method or the root cause of the problem. The findings of Grant and O'Connor (2010) suggested that solution-focus has a greater effect, meaning that solution-focused communication is likely to have a stronger correlation with understanding of the problem.

To measure understanding of the problem, we used the same question item as Grant and O'Connor (2010): 'I understand the nature of this problem', which was translated into Japanese. A 6-point response scale was used for this question, with 1 being 'not at all' and 6 being 'precisely'. Where our study differed from theirs was that the problems in question in their study were those experienced by students, while in ours they were those experienced by adults in the workplace.

Hypothesis 2: Solution-focused communication promotes greater understanding of the problem than problem-focused.

4. Self-Efficacy

Self-efficacy has been used as a variable in several prior studies (Braunstein & Grant, 2016; Grant, 2012; Grant & Gerrard, 2020; Grant & O'Connor, 2010; 2018; Neipp et al., 2015). It is defined as 'the conviction that one can successfully execute the behavior required to produce the outcomes' (Bandura, 1977, p. 193). People with high self-efficacy tend to explore their environment and actively exert influence on it. A large body of research exists on the topic

of self-efficacy, and we know it has a strong relationship with success in the workplace. A meta-analysis by Stajkovic and Luthans (1998) found the correlation between these factors to be 0.38.

Solution-focused questions draw attention to the client's strengths and potential. The result is that people recall past experiences of successful undertakings, meaning we can expect self-efficacy to increase. In fact, all prior studies have found that the solution-focused approach contributes to greater increases in self-efficacy than problem-focused approaches. Thus, we may reasonably assume that solution-focused communication has a stronger relationship with self-efficacy than problem-focused communication.

To measure self-efficacy, we used the same single question item as Grant and O'Connor (2010): 'I feel very confident that I know how to solve this problem', which was translated into Japanese. A 6-point response scale was used, with 1 indicating 'not at all' and 6 indicating 'precisely'. As with understanding of the problem, our study differed from Grant and O'Connor (2010) in that rather than problems experienced by students, we studied problems faced by adults in the workplace.

Hypothesis 3: Solution-focused communication will promote greater self-efficacy than problem-focused.

5.   The Solution Building Inventory

In the current study we also used the Solution Building Inventory (SBI) to test the convergent validity and discriminant validity of our scale. SBI was originally developed by Smock et al. (2010), and is a scale comprised of 1 dimension and 14 items. These researchers identified the following differences between problem solving and solution building. In the problem-solving process, understanding of the cause of the problem is necessary to find the most appropriate solution. The most appropriate solution to the problem is then selected from several alternative solutions. On the other hand, in the solution building process, there is no direct relationship thought to exist between the problem and the solution. In this process, one is encouraged to find part of a solution which already exists. SBI is thought to measure the level of solution-focused thinking used when an individual solves a problem.

Smock et al. (2010) designed a questionnaire based on three components of solution building: a clear vision of the solution, awareness of exceptions to the problem, and hope for the future. However, their factor analysis revealed that a single-factor structure was the best fit.

While SBI is thought to measure the degree of solution-focus on the individual level, our scale attempts to measure the level of solution-focused or problem-focused communication in the workplace. Although the two scales are of course related, we believe they differ on the conceptual level. We therefore predict that there will be discriminant validity between our scale and the SBI.

At the same time, solution-focused communication is indeed thought to encourage solution-focused problem solving. Solution-focused brief therapy does encourage clients to think in a solution-focused manner by asking solution-focused questions. On the other hand, problem solving communication does not promote solution-focused problem solving. Therefore, we can expect that SBI will have a stronger relationship with the solution-focused communication scale.

A Japanese version of SBI has already been developed. Takagi et al. (2015) founded the SBI-J, and Takagi et al. (2019) revised this into the SBI-R and confirmed its validity[2]. In the current study, we used SBI-R. A 5-point scale of responses (from 1 = does not apply at all to 5 = very much applies) was used against the 14 SBI-R question items.

Hypothesis 4a: Solution-focused communication is a different construct to solution building.

Hypothesis 4b: Solution focused communication promotes greater solution building than problem focused.

Methods

To verify the scale, we used data from a questionnaire distributed through an online survey company. Responses were received from 504 panel members. Respondents were between age 20 to 50 and were all permanent employees. The survey was conducted in January 2021.

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[2] The validity of SBI-R has also been tested through its correlation with the hope scale (Kato & Snyder 2005) and the optimism scale (Sakamoto & Tanaka 2002; Takagi et al., 2019).

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Results

1. Descriptive Statistics

The age distribution of the respondents is given in Table 2. 90 participants (9.9%) were in managerial roles, and 454 (90.1%) were in non-managerial roles. 252 (50%) respondents were male and 252 (50%) were female.

Table 2

Frequency Distribution of Age

Age	Frequency	%
20-29 years old	126	25%
30-39 years old	126	25%
40-49 years old	126	25%
50-59 years old	126	25%
Total	504	100%

2. Factor Analysis

We conducted a factor analysis (maximum likelihood method) on the solution-focused vs problem-focused communication scale. Three factors were extracted with an eigenvalue greater than 1.[3] The pattern matrix of rotation based on these 3 factors showed that all the solution-focused items scored highly on the first factor. For the second factor, all the problem-focused items scored highly except for Question item 8, while for the third factor, only Question item 8 scored highly.

Table 3

Model Fit

		χ^2	GFI	AGFI	RMR	NFI	CFI	RMSEA	AIC
1 factor	All items	1301.788	.654	.547	.161	.623	.641	.151	1365.788
	Excluding Q8	1125.243	.680	.573	.159	.655	.672	.151	1185.243
2 factors	All items	562.327	.864	.820	.096	.837	.862	.094	628.327
	Excluding Q8	474.464	.880	.839	.098	.855	.878	.093	536.464
3 factors	All items	560.820	.864	.818	.095	.838	.862	.095	628.820

Based on this, we set factor numbers between 1 and 3, and performed a confirmatory factor analysis to determine the fit of each model. The indices used to evaluate fit were goodness-of-fit (GFI), adjusted goodness-of-fit (AGFI), root mean square residual (RMR), normed fit index (NFI), comparative fit index (CFI), root-mean-square error of approximation (RMSEA), and Akaike's Information Criterion (AIC).

Looking at Table 3 we can see that, except for RMR, all the indicators identified the two-factor model that excluded Question item 8 as the model of best fit. However, this was based on a relative evaluation of fit, so is not a model of absolute good fit. Nonetheless, because the two-factor model that excluded Question item 8 was a reasonably good fit, we considered this within the range of acceptability and adopted this model. Figure 2 gives the results of the confirmatory factor analysis for this two-factor model. In this model, the 8 items created to measure solution-focus were affected by

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[3] The eigenvalue and % of variance for each factor was as follows: First factor (5.498, 34.364), second factor (2.927, 18.292), third factor (1.169, 7.305). The cumulative variance was 59.961%.

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different latent factors to the 7 items (with Question item 8 excluded) created to measure problem-focused. Therefore, we named the latent factors 'Solution-focused communication' and 'Problem-focused communication'.

Next, we measured the reliability of the scale based on this two-factor model. The results determined a high reliability of the scale, with Solution-focus at 0.897 and Problem-focus at 0.811.

We conducted a factor analysis on PANAS20 (maximum likelihood method) and extracted 3 factors with an eigenvalue greater than 1. However, the scree plot showed a gradual incline from 3 factors onwards, indicating a two-factor structure. The cumulative variance of the 2 factors was over 50% (56.9%), further indicating the validity of the two-factor model. Looking at the factor loading, the 10 items that make up negative affect in PANAS's a priori dimensions loaded highly onto the first factor, while the 10 items that make up positive affect loaded highly onto the second factor. Thus, we can interpret the first factor as representing negative affect and the second factor as representing positive affect. We measured the reliability of each, and negative affect scored 0.915 while positive affect scored 0.895, both sufficiently high values.

Figure 2

Results of the confirmatory factor analysis (2 factors, excluding Question item 8)
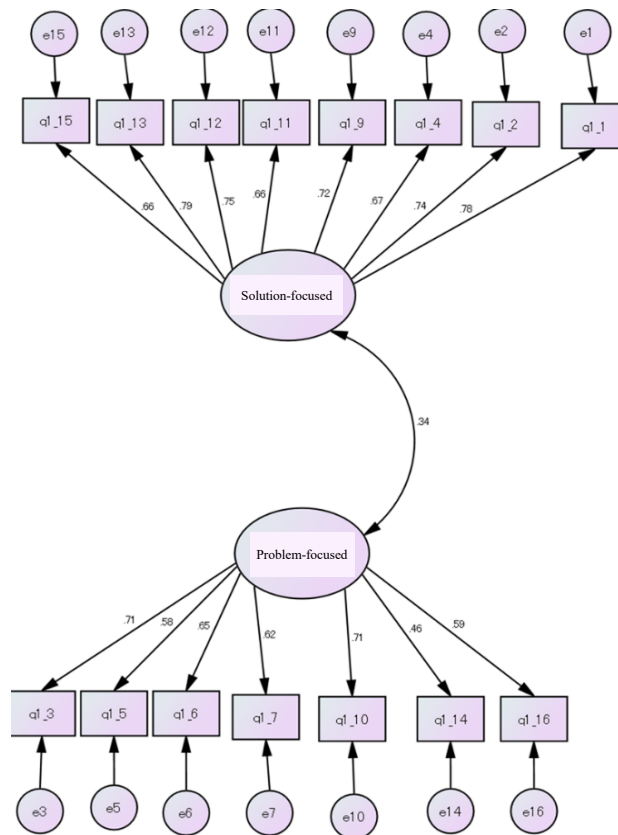
Next, we conducted a factor analysis on the 14 solution building items. However, this identified only 1 item with an eigenvalue greater than 1. All the items scored highly for this 1 factor, so we consider this factor to represent solution building. The reliability of the 14 items was high at 0.943.

Based on the results of each of the factor analyses, we took the mean of each item and made it the score of that item. The means and standard deviation of solution-focused and problem-focused communication, negative and positive affect, understanding of the problem, self-efficacy, and solution building are given in Table 5.

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3. Testing Discriminant Validity

Let us first test Hypothesis 4a. Campbell and Fiske (1959) proposed the use of the following equation to test discriminant validity. Assume we want to test the discriminant validity of variables x and y. In the formula, r_{xy} is the correlation between x and y, r_{xx} is the reliability of x, and r_{yy} is the reliability of y.

$$\frac{r_{xy}}{\sqrt{r_{xx} \times r_{yy}}}$$

There is no standard value for discriminant reliability, but Campbell and Fiske (1959) demonstrated that where the value is less than 0.85, discriminant validity is likely to exist between 2 variables. However, if the result is greater than 0.85, there is significant overlap between the 2 constructs and they are likely to be measuring the same thing, meaning there is no discriminant validity.

When we applied the above formula to solution-focused communication and solution building, the value returned was 0.482, indicating that there is discriminant validity between solution-focused communication and solution building.

4. Testing Convergent Validity

In order to test the convergent validity of the scale, we investigated its relationship with the PANAS scale, understanding of the problem, self-efficacy for resolving the problem, and SBI. We used correlation analysis and multiple regression.

Table 4 contains the correlation coefficients for solution-focused vs problem-focused communication for each of the variables, and the difference between these correlations[4]. From this we can see that solution-focused communication has a significant positive correlation with everything but negative affect. Meanwhile, problem-focused communication has a positive correlation with all the variables, however, except from negative affect, this relationship was weaker than that of solution-focused communication in every instance. Conversely, the correlation between negative affect and problem-focused communication was stronger than that with solution-focused communication. There was no overlap in confidence interval for the correlation coefficient of any of the pairs, and the difference between the correlation coefficients was significant at the 0.1% level.

Table 4

Correlations between solution-focus vs problem-focus, and PANAS, understanding of the problem, self-efficacy, and SBI

	Negative affect	Positive affect	Understanding of the problem	Self-efficacy	Solution building
Solution-focused	.015 [-0.073, 0.102]	.442*** [0.369, 0.510]	.376*** [0.298, 0.448]	.376*** [0.298, 0.449]	.443*** [0.369, 0.510]
Problem-focused	.241*** [0.156, 0.321]	.232*** [0.147, 0.313]	.166*** [0.080, 0.250]	.125** [0.038, 0.210]	.149** [0.063, 0.234]
Z value	4.298***	4.303***	3.976***	4.942***	5.910***

Asterisks represent significance, in this and all following tables: *** p<0.001, ** p<0.01, * p<0.05
Above: Pearson product-moment correlation coefficient
Below: Confidence interval (95%)

Finally, we used multiple regression to test our hypotheses (see Table 6). The dependent variables used were PANAS negative and positive affect, understanding of the problem, self-efficacy, and solution building. We began by inputting into Model 1 age, gender (dummy variable: female =1, male=0), occupation (dummy variable: managerial=1, non-managerial=0), and into Model 2 Solution-focused and Problem-focused and analyzed the change between coefficients and the coefficient of determination. Collinearity was ruled out, as the VIF values were between 1.036 and 1.116.

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[4] To test the difference between correlations between 2 variables within the same sample (Steiger's Z test), we used Cal's Computators (University of Nebraska-Lincoln, https://psych.unl.edu/psycrs/statpage/comp.html).

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Where the dependent variable was negative affect, Problem-focused had a positive effect, while Solution-focused showed no effect. The 95% confidence intervals for Solution-focused and Problem-focused were [-0.181, 0.036] and [0.219, 0.460] respectively, showing no overlap. As for positive affect, both Solution-focused and Problem-focused had a significant positive effect. The 95% confidence intervals for Solution-focused and Problem-focused were [0.341, 0.509] and [0.005, 0.192] respectively, showing no overlap. For understanding of the problem, only Solution-focused had a significant effect, and the 95% confidence intervals for Solution-focused and Problem-focused were [0.405, 0.652] and [-0.117, 0.158] respectively, showing no overlap. For self-efficacy, only Solution-focused had a significant effect, and the 95% confidence intervals for Solution-focused and Problem-focused were [0.374, 0.616] and [-0.026, 0.244] respectively, showing no overlap. This was also the case for solution building, where only Solution-focused had a significant effect, and the 95% confidence intervals for Solution-focused and Problem-focused were [0.312, 0.460] and [-0.051, 0.113] respectively, showing no overlap.

Table 5

Variable Correlation Matrix

	Mean	SD	Age	Gender dummy	Occupation dummy	Solution-focus	Problem-focus	Negative affect	Positive affect	Understanding of the problem	Self-efficacy
Age	40.170	10.886									
Gender dummy	0.500	0.501	-0.037								
Occupation dummy	0.099	0.299	0.203***	-0.186***							
Solution-focused	2.853	0.796	-0.030	-0.012	0.109*						
Problem-focused	3.007	0.717	-0.067	-0.124***	0.023	0.291***					
Negative affect	3.061	0.965	-0.123***	-0.018	-0.042	0.015	0.241***				
Positive affect	3.156	0.829	-0.089*	-0.187***	0.107*	0.442***	0.232***	0.267***			
Understanding of the problem	3.480	1.159	0.070	-0.096*	0.162***	0.376***	0.125**	-0.100*	0.487***		
Self-efficacy	3.730	1.138	0.092*	-0.035	0.166***	0.376***	0.166***	-0.147**	0.382***	0.744***	
Solution building	3.205	0.713	0.096*	-0.011	0.120***	0.443***	0.149**	-0.210***	0.524***	0.568***	0.595***

N=504

Table 6

Multiple Regression Results

	Negative affect		Positive affect		Understanding of the problem		Self-efficacy		Solution building	
	Model 1	Model 2	Model 1	Model 2	Model 1	Model 2	Model 1	Model 2	Model 1	Model 2
Age	-0.120**	-0.104*	-0.115*	-0.087*	0.039	0.060	0.061	0.085*	0.075	0.100*
Gender dummy	-0.027	0.005	-0.173***	-0.166***	-0.068	-0.070	-0.004	0.001	0.012	0.011
Occupation dummy	-0.022	-0.019	0.099*	0.048	0.141**	0.097*	0.153**	0.110*	0.107*	0.054
Solution-focused		-0.060		0.408***		0.363***		0.346***		0.431***
Problem-focused		0.252***		0.085*		0.013		0.069		0.031
R^2	0.016	0.073***	0.053	0.244***	0.032	0.165***	0.031	0.167***	0.020	0.211***

Figures are standardized regression coefficients.

Discussion

This study tested the validity of our solution-focused vs problem-focused communication scale. Factor analysis resulted in two factors which roughly reflected dimensions. Regarding the discriminant validity between the Solution Building Index SBI-R (Takagi et al., 2019) and the solution-focused communication scale, the results indicated that the two scales measure different constructs, confirming Hypothesis 4a.

Convergent validity was tested by using correlation analysis and multiple regression to examine the relationship between our scale and the PANAS dimensions given in prior literature, understanding of the problem, self-efficacy, and solution building. First, as to PANAS, solution-focused had a stronger effect on positive affect than did problem-focused, confirming Hypothesis 1b. No effect was identified in terms of solution-focused on negative affect, while problem-focused was found to elicit a positive effect. We therefore cannot confirm Hypothesis 1a. The reasons for this may be related to the context of the Covid-19 pandemic in which the survey was conducted, which may have meant lower than normal motivation among employees and a more negative reaction to the problem-focused approach.

Next, as to understanding of the problem, self-efficacy, and solution building, all were found to be affected more strongly by solution-focused than by problem-focused. These results confirm Hypotheses 2, 3, and 4b.

The above results demonstrate that the solution-focused vs problem-focused communication scale that we developed has a very similar relationship to the dependent variables as is documented in the existing literature on coaching. We therefore would argue that we have successfully confirmed the convergent validity of our scale.

This finding has the following implications. First, having confirmed the validity of the scale it can now be utilized in research going forward. This opens the potential to deepen our understanding of solution-focused and problem-focused communication and their relationships with variables other than the ones investigated here. Second, this confirms the effectiveness of solution-focused communication for employees, given that, as noted above, prior studies have all been limited to interventions with students. Third, this study has demonstrated the effectiveness of solution-focus in Japan, as prior studies were all conducted in Australia and Europe, and we found no studies had been conducted in Asia. This indicates that solution-focus may be effective across cultures, meaning an important finding.

Finally, we would like to comment on the limitations of the current study. The first limitation is that we used cross-sectional data, which means it is difficult to draw conclusions on causality. Future studies should conduct analyses with longitudinal data. The second limitation is that we used individual-level data, meaning we were unable to conduct analysis at the group level. Because communication is a collective phenomenon, future research should focus on solution-focused vs problem-focused communication at the group or workplace level. Finally, the current study was unable to confirm the effectiveness of the problem-focused approach. There remains a need to elucidate the advantages and disadvantages of the solution-focused and problem-focused approaches through future research in the context of different occupations and fields.

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Appendix

Solution-focused / Problem-Focused Communication Scale

　次の質問は、みなさんの職場あるいは職場外でメンバー同士で普段交わされる会話の内容に関するものです。各文をよく読んで、みなさんが普段どのように感じているかを判断し、最も適当な番号を答えてください。

5＝全くその通り
4＝ややその通り
3＝どちらでもない
2＝やや違う
1＝全く違う

1	メンバーの「成功」や「成長」に関する話題がよく交わされている
2	組織の「強み」や「可能性」に関する会話が多い
3	問題が起こったとき、その原因や責任者探しの会話が多い
4	互いに賞賛や感謝の言葉を交わすことが多い
5	すでにある「強み」よりも「何が足りないか」に関する会話が多い
6	お互いの「欠点」や「短所」に関する話題が多い
7	問題が起こったとき、「どうすればうまくいくか」よりも、「なぜこんなことが起きたのか」が話題となる
8	理想の未来よりも現実に関する話題が多い
9	仕事や組織の「理想」や「夢」について互いに語り合うことが多い
10	何か障害にぶつかったとき、「できない理由」について語られる
11	何か障害にぶつかったとき、「どうすればできるのか」について語られる
12	よいことであればどんな小さなことでも話題になる
13	「これからどうなりたいのか」に関する会話がたがいに交わされる
14	小さな改善ぐらいでは話題に上らない
15	「うまくいけばどうなるのか」に関する話題が多い
16	「失敗すればどうなるのか」に関する話題が多い

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BLISS! Finding Your Joy in Work and Life Again -- GOESTING! Opnieuw plezier vinden in je werk én je leven

Els Deboutte

Make Me Fly, 2022, 171 pp, ISBN 9789082513813, €24.95 + tax (Dutch language)

Review by Wendy Van den Bulck

Solution Focused Horse Assisted Coach and Trainer

I looked forward to writing a review about 'GOESTING! Opnieuw plezier vinden in je werk én je leven' (translation: 'BLISS! Finding your joy in work and life again'). The book really triggered me in a good way.

While reading the foreword of the new edition by Els' colleague Rilla Lyssens, I felt how the book drew me in from two perspectives: I realized that I would not only read the book through the reviewer's eyes. Due to the specific nature and the instant recognizability, I could not help but read the book with a hunger for inspiration. The pencil I held while reading to mark points of interest for the review has more than once served to tick tips and interesting tidbits, as well as to complete the many helpful exercises provided in the book.

On the back cover of the book, the book is described as follows: *"GOESTING! is a practical job-and-life crafting workbook that helps you start the working day again with joy. Through numerous practical examples of career coaching and applicable exercises, you learn to shape your happiness at work and in life so that the whole picture is right for you."*

To me, the book lives up to every letter of that description.

In general, the strength of the book lies mainly in the fact that it is a buffet of experiences, examples, useful models, quotes, exercises, moments of reflection. Els does not present herself as the waiter who promotes the menu of the day, she sincerely starts from a 'buffet approach': a lot is offered – in a clear and well-arranged way – and as a reader you have the freedom to choose what suits you according to your needs. It sounds easy but it isn't: 'GOESTING!' is quite a 'care-fronting' book that makes the reader aware of the fact that it is up to him/her to actually make choices. You have to do it yourself, from a thorough understanding of yourself and your environment, 'finding new joy in your work and in your life'.

The book helps you on your way to gain those insights, and helps you to dare. After reading 'GOESTING!' I have already converted a few sleeping actions of my own like 'I might someday...' into concrete steps that I will take with one hundred percent certainty. I even know how and when.

How does the book achieve this? It starts with the very extensive table of contents. Admittedly, when I flipped through the book for the first time, without actually reading it, I frowned at the five-page table of contents. That frown quickly faded, however, as I actually began to read through that table of contents: it indicated how structured and complete the book was, and it gave me an "eagerness" to dive into it. Now that I've read the book, I find that extensive table of contents a very handy 'quick guide' to be able to find the various aspects that are covered at a glance.

Wendy Van den Bulck   Book Review: *BLISS! Finding Your Joy in Work and Life Again*

As a solution focused coach, the solution focused approach really appeals to me: in all descriptions, tips, examples and experiences it is a consistent thread throughout the book. It makes it a very constructive book, without avoiding problems: bumps and obstacles are really mentioned, they are just not made heavier than necessary. After all, the basic principle here is 'Everything you pay attention to grows'…

Structure is certainly a key word: many aspects are discussed in the book: self-awareness, exploring the internal and external market, drafting a CV, acing assessment centers, dealing with obstacles, starting your own business, health, … And yet it is a whole: the interplay between different aspects are highlighted, there is pointing back and forward. I never lost track at any point.

The useful exercises that are provided are clearly described and are each elaborated with an example. As a reader, you can immediately get started with it, without first having to think about how exactly to start.

The book is full of striking examples, both from career coaching and from Els's own life. The latter makes the book very authentic. It is really written from the inside out, without exaggerating. It never gets 'cheesy', all examples are clarifying illustrations of the core message that I already gave above: '*Finding new pleasure in your work and in your life*' is something you have to do yourself, from a thorough understanding of yourself and your environment.

Many models and tools are provided, without however pretending to provide an exhaustive overview, and without forcing the reader in a certain direction. What is provided serves as inspiration, for example an overview of places and media where you can find jobs in the external market: a handy overview that inspires you to explore further yourself.

Concreteness is also contained in very practical tips, for example on how to draw up a compelling CV or how to approach an assessment. And Els manages to provide information about it without coming across as pedantic.

I also find the book innovative, without describing earth-shaking new things. Through the 'inspiration buffet' of ideas, experiences, models and exercises, the reader is invited to look with an awake view at what he/she has not yet tried, to take new steps.

The language really appeals to me: I like the wit, the simplicity, the no-nonsense approach, the countless comparisons with everyday things or situations. Some examples:

- *"However, we do crazy things with that body. (…) It's like driving your car with an empty tank. It simply stops."*
- *"The point is that you can't make an omelette without breaking eggs. If you keep doing what you are doing now, there will be no change."*
- *"Job hunting is a lot similar to dating: you want someone to choose you because you're attractive, because of what you have to offer, not because someone else wasn't free or that you seem an ok or good enough choice."*

What I can't put my finger on is the definition of the specific target group. In terms of content, I say with full conviction that this book is a must-read for anyone who is looking for "Re-finding joy in your work and your life". What I like less is the graphical aspect of the book. I hope potential readers don't categorize the book purely on layout (colours, visuals) as 'soft', and/or 'for women only'. I would find that a 'damn shame': the content is rock solid, shows professionalism and encourages people to make effective choices. In short, I think "GOESTING!" a valuable and gutsy book for anyone who wants to be in charge of his or her work and life. It certainly inspired me a lot!

The reviewer

Wendy Van den Bulck is a solution focused horse assisted coach and trainer (www.equoia.org). She specialises in developing authentic leaders and dynamically balanced teams in the work space. She is the author of 'Connective Clarity. When Horses Invite You to Take up Authentic, Solution Focused Leadership' (2019)

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