



CONCEPTUAL ARTICLES

Opportunities Analysis: An International Discussion

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Keywords: Opportunities Analysis, Microanalysis, Therapist response, Cultures and languages

<https://doi.org/10.59874/001c.126583>

Journal of Solution Focused Practices

Vol. 8, Issue 2, 2024

Based on the work of Joel Simon and Lance Taylor, ten solution-focused practitioners volunteered to perform an opportunities analysis using an assigned utterance. In November 2021, the volunteers met virtually to discuss and compare their findings. The participants represented various countries: Chile, The United States, Taiwan, South Africa, Germany, France, Singapore, Bulgaria, New Zealand, and Canada. This article presents the transcript of that conversation and demonstrates the consistency of solution-focused practice and its adaptability to different cultures and languages.

A group of solution-focused practitioners volunteered to complete an opportunities analysis of an actual client utterance during a therapy session. The analyses provided an opportunity for the group to meet and discuss their mutual interest in solution-focused practice. In November 2021, the group met virtually. The resulting conversation of that meeting is presented in this article.

Opportunities Analysis

An article written by Taylor and Simon (2014) in the *Journal of Systemic Therapies* outlined a procedure for analyzing client utterances. In the article, the authors note:

In the course of a single therapy session, clients provide a myriad of statements, any one of which could be the focus of a response by a therapist...No matter what theory or model informs a therapist's practice, he or she must make decisions about how to respond to a client. The question is what informs that decision? (p. 62)

Opportunities analysis had been developed, in part, to help therapists decide what part of an utterance might be responded to, and how to respond to it. After the article had been published, several solution-focused practitioners/trainers found the article was a helpful tool in helping them and others to maintain a solution-building stance.

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The opportunities analysis proposed a simple procedure. Using the video of one utterance from a therapist/client conversation, list the separate opportunities within the utterance, select a preferred choice of one of those opportunities, and give a reason for that choice based upon solution-building principles.

Definitions

Utterance: “We define ‘utterance’ as a speaking turn – a stretch of speech typically followed by silence and/or a change of speakers” (Taylor & Simon, 2014, p. 65).

Opportunity: “An opportunity is an action by the client that may be construed as an exception to the problem or an indicator of more hopeful possibilities” (Taylor & Simon, 2014, p. 66).

Solution building: “The collaborative conversation between clients and therapists that identifies and amplifies opportunities into meaningful change” (Taylor & Simon, 2014, p. 66).

Enrique

Enrique’s interest in microanalysis was sparked over a decade ago, shortly after becoming interested in solution-focused brief therapy. At that time, He had been mentored by Joel. He recalled that he had grappled with the challenge of reevaluating his own clinical approach as a result of reading the works of Steve de Shazer and Insoo Kim Berg – the co-developers of the model. He recalls that under Joel’s guidance, he began implementing the model’s techniques and gradually incorporating its fundamentals into the foundation of his approach.

In 2013, the Solution-Focused Brief Therapy Association (SFBTA) awarded him a scholarship to attend its annual conference. He found this experience “monumental” because “it afforded me the opportunity to meet in person those I had read and admired, including my mentor, Joel Simon.” During the conference, he participated in the workshop on opportunities analysis led by Joel and Lance Taylor. Subsequently, he attended the post-conference workshop led by Janet Beavin Bavelas and the University of Victoria team, where he learned about microanalysis of communication in psychotherapy.

Particularly intriguing for Enrique was the practical application by Joel and Lance, who, through an exercise using recordings of Enrique’s practice, allowed for the identification of opportunities presented by clients to co-construct solutions. As a result, he found that he was developing his ability to listen and respond to clients from a solution-building perspective.

Beyond techniques, he realized the importance of client-centered listening and its impact on clinical practice. He realized that he understood how solution-focused clinicians were able to co-construct change with clients. This epiphany motivated him to discover new ways of asking questions that co-constructed change.

At the present time, Enrique uses opportunity analysis as an integral part of the continuous improvement of his clinical practice. He uses opportunity analysis with colleagues – several who practice solution focus and others who may not be as knowledgeable about the model. This exercise serves as a useful introduction for those unfamiliar with Solution-Focused Brief Therapy. Opportunities analysis allows them to discover the wide range of alternatives available when the focus is on listening to what is helpful to clients. Enrique has found that clinicians become more aware of the ways that clients provide clues to therapists for solution-building conversations.

The Process

Enrique had approached Joel with the idea of bringing together a group of clinicians from various countries to discuss and compare an opportunities analysis. Enrique wanted to borrow a concept from the book *More Than Miracles* (2007) which documented conversations among solution-focused practitioners about the model. Enrique had hoped to focus specifically on opportunities analysis as the focus of the conversation.

In the case of our project, a message was posted on the solution-focused listserv asking for volunteers who would be willing to review an utterance using the opportunities analysis procedure. Twelve participants were chosen; some were already aware of the process, and for others, opportunities analysis was new. All participants were assigned the same utterance to analyse, with opportunities already identified, in this format.

MICROANALYSIS OF OPPORTUNITIES PROJECT CHART

Therapist asks: What are your best hopes?

Utterance: “OK., I’ve thought about this. This is not the first time I’ve done therapy. This is the second time I’ve gone to therapy electively. The other times I was forced. I kind of hope to have more good days than bad. I have been diagnosed with OCD. My anxiety has gotten worse. So, I’m hoping in the end to sense my triggers and actually keep an anxiety from happening.”

#	Opportunities	Possible Actions	Preferred Intervention and Rationale
1	OK I've thought about this		
2	This is not the first time I've done therapy.		
3	This is the second time I've gone to therapy electively.		
4	I kind of hope to have more good days than bad.		
5	I have been diagnosed with OCD		
6	My anxiety has gotten worse.		
7	So, I'm hoping in the end to sense my triggers and actually keep an anxiety from happening.		

In November 2021, a group of ten participants met virtually for an hour and a half with several countries represented: Chile, The United States, Taiwan, South Africa, the United Kingdom, Germany, France, Singapore, Bulgaria, New Zealand, Denmark, and Canada. The conversation was recorded and what will be presented in this article is that transcript.

While the purpose of the opportunities analysis exercise was to provide a focus for our conversation, and not necessarily discuss the actual analyses, we are including two of the analyses as an example of how the exercise was approached.

Name Leah Davcheva

Country Bulgaria

Therapist asks: What are your best hopes?

Utterance: “OK., I’ve thought about this. This is not the first time I’ve done therapy. This is the second time I’ve gone to therapy electively. The other times I was forced. I kind of hope to have more good days than bad. I have been diagnosed with OCD. My anxiety has gotten worse. So, I’m hoping in the end to sense my triggers and actually keep an anxiety from happening.”

#	Opportunities	Possible Actions	Preferred Intervention and Rationale
1	OK I've thought about this	1 a) You have ... yes ...1 b) That's good. And how was your thinking helpful? 1 c) Yes, and how will you know your time here has been well spent?	7d Future oriented; encourages the person to trust their own judgement; acknowledging the person's qualities
2	This is not the first time I've done therapy.	2 a) You have? What did you enjoy the previous time(s)? 2 b) On a scale from 10 to 1, how useful has it been so far? 2 c) What difference did those previous times make? What else? 2 d) Yes, and what do you hope to achieve today?	
3	This is the second time I've gone to therapy electively.	3 a) ... gone to therapy electively 3 b) How did you come to do that? Can you tell me more? 3 c) How did others react to your choice?	
4	I kind of hope to have more good days than bad.	4 a) Suppose you fall asleep tonight & a miracle happens. The miracle is that the bad days are gone. You are unaware of this because you are asleep. What would you first notice tomorrow? What else? 4 b) What would you be doing differently? 4 c) What would an ideal day look like for you?	
5	I have been diagnosed with OCD	5 a) Have you talked about this with someone else? 5 b) What is the best way for us to work together? 5 c) What do we need to talk about for this session to be useful?	
6	My anxiety has gotten worse.	6 a) How do you handle the situation? 6 b) What advice do you think your best friend would give you? 6 c) What needs to happen for you to be more comfortable? 6 d) What would you like to do in your life that would give you a sense of being at peace with yourself & others?	
7	So, I'm hoping in the end to sense my triggers and	7 a) It's a difficult situation, but you have to start with something. Do you already have an idea of what your next step might be?	

#	Opportunities	Possible Actions	Preferred Intervention and Rationale
	actually keep an anxiety from happening.	7 b) What makes you think that this can be achieved? 7 c) Suppose that you can sense your triggers. How will you know? 7 d) What does your gut feeling say? What do you think is a good course of action? 7 e) In what situations can you already do that?	

Name LILIAN ING

Country: Singapore

Therapist asks: What are your best hopes?

Utterance: “OK., I’ve thought about this. This is not the first time I’ve done therapy. This is the second time I’ve gone to therapy electively. The other times I was forced. I kind of hope to have more good days than bad. I have been diagnosed with OCD. My anxiety has gotten worse. So, I’m hoping in the end to sense my triggers and actually keep an anxiety from happening.”

#	Opportunities	Possible Actions	Preferred Intervention and Rationale
1	OK I’ve thought about this	1a) What have you thought? b) Sounds as if you have been working on this? c) I’m curious to hear what you have been thinking	Either 1c) or 4c) They both focus on hopes and that would take the session in a completely different direction. This could then lead to the MQ or scaling, rather than the client spiralling into negative experiences. The therapist would feel in charge of the sessions and could keep the session hopeful, by focusing on the times when the problem was not happening, rather than helping the client to cope with the diagnosis and difficulties. This would help the client to become more hopeful, to move away from the diagnostic problem box and be able to see that the problem does not happen all the time and that there is the possibility of change, which is already happening
2	This is not the first time I’ve done therapy.	2a) Uhuh b) Tell me more c) Tell me what worked for you when you ‘did’ therapy	
3	This is the second time I’ve gone to therapy electively.	3a) Uhuh b) Tell me more c) Tell me what worked for you the second time	
4	I kind of hope to have more good days than bad.	4a) You hope to have more good days than bad b) And suppose you had more good days than bad, what difference would you notice? c) And suppose you had more good days than bad, what would you notice about the good days?	
5	I have been diagnosed with OCD	5a) Uhuh b) How does having that diagnosis help you? c) How does knowing that help you?	
6	My anxiety has gotten worse.	6a) How do you handle this? b) What do you do to manage this? c) What helps you when your anxiety gets worse?	
7	So, I’m hoping in the end to sense my triggers and actually keep an anxiety from happening.	7a) And suppose you are able to sense your triggers and keep anxiety from happening, what would you notice? b) And suppose you did this, what would you notice? c) And suppose you were able to do this, what would you notice, instead of anxiety?	

The Participants

Joel Simon: Joel has been in clinical social work practice for over 46 years in a variety of both inpatient and outpatient settings. He has been a solution-focused practitioner, trainer, presenter, and consultant for over 32 years. Joel attended three advanced trainings at the Brief Family Therapy Center (BFTC). He is a founding member of the Solution-Focused Brief Therapy Association. Currently, he is in private practice providing solution-focused training, supervision, and consultation. Joel co-authored several articles on solution focus including two with Insoo Kim Berg and has authored/co-authored four books on solution-focused topics. He is the 2014 recipient of the Steve de Shazer award. Joel is located in the Mid-Hudson region of New York State.

Enrique Puebla: Enrique Puebla is a psychologist, holding a bachelor's degree in psychology, a master's degree in Pedagogy Applied to Higher Education, a postgraduate degree in Solution-Focused Systemic Psychotherapy, and holds a diploma in clinical and health psychology. He has over 10 years of clinical experience.

Enrique has contributed to the books "Stories of Change: The Systemic Approach in Action" (2018) and "Manual of Brief Systemic Therapy" (2014) with a chapter titled "Microanalysis of Opportunities in Solution-Focused Brief Therapy." He is located in Punta Arenas, Chile.

Lilian Ing: Lilian is a registered clinical psychologist, clinical supervisor, and professional certified coach (ICF). She has more than 25 years of professional experience, not only in clinical practice and supervision, but also in leadership and organizational development. She has worked internationally in corporations, the public/civil service, and private practice. She is an associate with a number of international consultancies. She is certified in SFBT, solution-focused coaching, and serves on the international board of Solution Focus in Organizations (SFIO). She has contributed to publications and books on psychotherapy, adoption, consulting, change management, and coaching published in the UK and Singapore. Lilian is located in Singapore.

Haesun Moon: Haesun is the Executive Director at the Canadian Centre for Brief Coaching in Toronto and holds a Ph.D. in Adult Education and Community Development from the University of Toronto. She is an instructor at the University of Toronto and the Institute of Coaching affiliated with Harvard Medical School. Haesun has authored "*Coaching A to Z: The Extraordinary Use of Ordinary Words*" and "*Foundations of Brief Coaching*." Haesun is located in Toronto, Canada.

Matthias Schwab: Matthias holds a master's in psychology. He is a solution-focused therapist, coach, trainer, and supervisor in private practice. He is on the editorial board of the *Journal for Solution Focused Practices*. He supports "social sculptures" working within the Free International University and the Solution-Focused Collective. Matthias is located in Ansbach, Germany.

Wei-Su Hsu: Wei-Su Hsu is a retired professor in the Department of Educational Psychology and Counseling at National Taiwan Normal University in Taiwan. Dr. Hsu has been devoting herself to the promotion of SFBT for over twenty years via lectures, training, consultation, and supervising counselors in Taiwan and China. She is one of the founders and the Honorary Consultant of the Taiwan Solution-Focused Center. She is located in Taiwan.

Leah Davcheva: Leah states that her professional background is in linguistics, intercultural education, SF, and Host Leadership. She is located in Bulgaria.

Marie-Christine Cabie: Marie is a psychiatrist who practices in a public hospital, ambulatory care, psychosocial rehabilitation, and private practice. She originally trained in systemic family therapy, hypnosis, EMDR, and microanalysis of face-to-face interviews. She has published books in French. Marie states that she has been interested in SFBT since 1988 when she first met Steve de Shazer in Paris. She is a founding member of EBTA. Marie is a co-editor of a “*Revue Thérapie Familiale*,” and director of the relationship collection “Relations”. She is a trainer and supervisor in SFBT, systemic family therapy and Ericksonian hypnosis. Marie wrote articles and books in French and translated articles from Steve de Shazer, Yvonne Dolan, Gale Miller, Allan Wade, and Barry Duncan. She is located in France.

Naomi Whitehead (United Kingdom) and Anne-Marie Wulf (Denmark) also participated in the discussion.

The Virtual Meeting: November 21, 2021

Prior to the meeting, the participants were sent an utterance to be analyzed. Once the analyses were completed and returned, each participant received each other’s analysis prior to the conversation.

The following is based on the transcript from the November 21, 2021 discussion. Because conversations are informal and spontaneously reflect thinking in the moment than a more formal presentation, the conversation has been edited. The hope and desire is to enhance readability without affecting meaning. A draft of the transcript was sent to each participant requesting any changes to ensure that meanings are in line with their original intent.

The Transcript

Joel: Where I would like to begin is getting people’s reaction and thoughts about actually going through the process of this microanalysis. We’ll go from there and open it up for discussion. What is your experience of doing the analysis?

Leah: I remember it was an exercise using imagination. Personally, I never had such a case. Also, it was a wonderful mixture of what I already knew and how I was improvising what I would be saying, and imagining what the client would be saying. So, this was very enjoyable: applying what I already know and creating something new.

Joel: Haesun, I know that you've picked up on this and started using it in your teaching as well. So, you're somebody who is experienced in doing opportunities analysis. What was it like for you to do this?

Haesun: The more I was doing it, the more opportunities I saw. I said, "I gotta stop." It was really so rich to see what everybody else did too. There are some clear patterns we all do. That's really reassuring because there's that inter-rater reliability – "Oh, you're doing something that's similar" – in a similar direction. So, I think that's something that's really, really reassuring. That's not something you can easily find in other modalities. It clearly shows that our orientation is similar in solution-focused practice.

Marie: When I did the exercise, I thought it was very interesting and confusing at the same time. It was a very big utterance and we had to react to pieces of the utterance and not able to change anything after. I agree with you, Haesun, because we're all working in the same direction.

Joel: Matthias, you sent in a second one. You especially had a thought about the process of going through this. Can you talk a bit about that?

Matthias: Once you start to say something, or once you start to direct in one direction, the interaction goes in other ways. So, the exercise in itself in this term is difficult and artificial because you don't know how it moves on. Now reading all the responses I find it interesting - that's something Haesun mentioned before. That there were a couple of opportunities that were chosen by most others.

Joel: The one that was chosen the most was around defining what a good day means. I also thought that it was interesting that a couple of people said they would choose two interventions. That's not how conversations go. You choose one intervention, and the person responds. Then you respond to that response. That response may not be the second one you would have chosen. I've used this in training and supervision as well. You might start asking, "Why did you do that" as opposed to "why would you do that?" It becomes the present rather than the future. Enrique, Haesun, and I have done opportunities before. For whom was this the first time you had contact with opportunities?

Leah: For me it was the first time. I thought it was limiting because we don't know how the conversation will go. At the same time, by staying within the limits, I felt free to improvise. This is why it was intriguing. Although, I'm aware real conversations are spontaneous.

Joel: Can you see this being a valuable exercise?

Marie: It was the first time I did it in this way. I found it very interesting, and I think I will use it in training. What I did when I was learning solution focus was to rewrite whole sessions. It was an opportunity to think about what should I say and look for opportunities of what I could say now. So, I did it in rewriting sessions, but I think this way is very interesting.

Matthias: It might be too obvious to say, but the exercise is almost identical with my general mode of being in sessions. You're always looking for the next possible response. This works in quite a similar way.

Haesun: What I often find very useful when I do something as part of the exercise – as many of you are saying – when beginning practitioners learn, I think they have this urge to make some correct response. This exercise frees you from forming the ‘correct response,’ and instead allows for thinking about different possible responses. So, whether it’s solution focus or not, it’s secondary to what are all the different opportunities we can choose from this narrative. I find that it’s very freeing for a lot of practitioners. Some say we can go all the way to “suppose nothing changes about your life, what’s the worst that can happen?” That’s an option. I think that’s useful to see all the different options in training.

Enrique: For me, I just want to say that this exercise – like solution focus – is an art. As an analogy, when you learn to play guitar, you learn to do one chord; you have to put your fingers on the guitar very slowly. With practice, you’re able to play quickly. This exercise is doing solution focus very slowly and taking time to think and observe all the alternatives. So, it’s a very beautiful way to see how we work.

Joel: The project started because of something that Enrique suggested. He was referring back to the book *More than Miracles* (2007). He liked the idea that a group of people got together to have a conversation among professionals. He thought it would be a great idea to do this with opportunities. What I’m interested in is what does this say - we’re spread across the world in different countries, all practicing solution focus – what does it say about the practice of solution focus as you review each other’s analyses?

Matthias: Probably if you do it in English, it looks quite similar [general laughter]. What is the impact of language on the process – on culture? When we do the exercise in English, we’re all in the framework of English language culture. It’s automatically imbedded. It might be different if it were in German. In German, you might have other opportunities because each language gives you other turns, interesting metaphors, insights, and meanings that can be touched or not touched. That really makes translations impossible.

Joel: If it were in German, how would the co-construction be different?

Matthias: Not in general but in detail. One example, Steve de Shazer started a conversation I observed with, “Hello, what are you doing with your life?” That’s a very simple question, but very deep. “Tell me something, what are you doing with your life?” You can’t really ask a similar question in German. If you try to translate this, it will instantly sound like – if not rude – putting a lot of pressure on the client. It doesn’t in English; at least, as I understand it. It’s not a good option to start with in German in most contexts. As an example, to ask the best hopes question in German is much more complicated. It doesn’t sound elegant. It sounds weird, but you can do it. People will go with it; I’ve tried it. Sometimes I choose to use it anyway.

Joel: I recall when we had one of our solution-focused brief therapy conferences, Lance Taylor did a workshop where he asked the question, “What are you proud of?” There was somebody from Japan there. He said, “We would never ask that question. It just wouldn’t be part of our culture.” Enrique brought up the analogy with music. It doesn’t matter what country you’re in, musical notation is the same. We may have different ideas about what constitutes a melody, but we share the same structure. How much of this is a shared structure? You’re right, Matthias, there are cultural differences, but do we share the same language?

Enrique: The same language-game.

Leah: I do solution-focused coaching in English and in Bulgarian. I do it in English with people from different countries. The questions I ask seem to be natural with people. There’s no indication of, “Oh, that’s a difficult question,” or “I’ve never heard that question before.” What I’ve heard is, “Oh, that’s an interesting question.” In Bulgarian, I have the same issue with the best hopes question. It doesn’t go well in Bulgarian; linguistically it’s unusual. This novelty of the question – the unexpectedness of the question – develops curiosity and surprise. For me, that’s a very positive effect. I don’t think national culture matters so much. It is the experience of the person that comes into play. Each time I work with people from Bulgaria, they respond differently. Maybe it depends upon how easy they are with the questions and how comfortable they are with novelty. When I do it with teams, it’s wonderful. Because there’s always someone on the team who welcomes the novelty. This has a positive effect on the others who may not be so welcoming to the questions.

Haesun: I’m fluent in Korean and in English. I have friends who are also fluent in Korean and English. I have this one friend who is also solution-focused. So, we play this game, can we do this in Korean? We find it difficult to continue because in Korean directly translated between two people speaking the same language it’s almost like you’re using a translated book. I don’t use best hopes as a question – it’s a type of question or a direction of a question - so, I don’t ask “what are your best hopes” ever. I ask about the reason for them being here and what they want to see differently. I translated it to Korean, but it sounds almost fake. My friend says, “Well, that’s not well done” in Korean. That’s really funny because I know solution focus and she knows solution focus. We really can’t hold this conversation in Korean. I wonder what it would be like to have the conversation in English and then in your native language.

Joel: I remember having a conversation about the word ‘miracle’ and how that gets translated.

Haesun: In Korean, ‘miracle’ sounds weird. I have a book that is a translated version of *Interviewing for Solutions* (2002) in Korean. I show it to my parents, and they said, “I just don’t understand what it says.”

Joel: My first time out at (BFTC) was in 1994. When you went out to BFTC, the first night Insoo and Steve hosted a pizza party at their home. We were sitting around having a conversation about translating the Miracle Question. There was a group from Korea who were there for a month. Someone asked Insoo to translate the Miracle Question into Korean. After she finished, the Koreans were asked how she did. They said the words were right, but she was using her hands, and they never talk with their hands. I don't use the best hopes question either. My preferred question is, "What do you want to be different and better as a result of our working together." I suggest we look at the analyses and discuss what each of you did.

Haesun: I read through everyone's work, and it was so interesting. I love that many of you just said "Okay," or "uh huh" as a response.

Matthias: I love seeing solution-focused practitioners' similarities. Having the same task with different people using other approaches would also be interesting, though.

Joel: Matthias, are you talking about how people use the questions?

Matthias: If we're talking about different practitioners from different approaches doing the same exercise, would we see different language-games being played? It might be fun to see that.

Joel: How would you do it?

Matthias: Probably the same approach. You would just find someone using a different approach and ask them to do the same thing.

Joel: One thing that Lance and I talked about, is that we are doing opportunities analysis from a solution-focused orientation. Let's suppose that you're a psychoanalyst. You could probably do this from that perspective, or you practice CBT, or Gestalt, or any other 300 to 500 different models out there.

Enrique: It's a structure

Joel: Yeah

Enrique: It's a tool you can use with other models.

Lilian: I think how we express ourselves – a turn of phrase - is just an expression of our personality. I looked at Harry's (Harry Korman had originally completed the analysis and had intended to join the conversation. Unfortunately, he was unable to attend that day) for example and Harry is very concise in what he says. All his responses are almost monosyllabic. I just couldn't do that. I'm an expressive person. I wonder if it's that's an expression of our personality. That's the beauty – it gives you the opportunity to express yourself.

Joel: My experience is that newcomers to solution focus – depending upon whether they've been influenced by Insoo or Steve – start imitating either one. For example, people from the U.S. start doing Insoo's Korean influenced English. I probably channeled Steve more and started doing his minimalism. I think there's a certain point when you get comfortable with the model. I think your own personality starts coming up as you suggested, Lilian. You start using yourself in the service of the therapy. I'm looking at yours, Leah. I

looked at the first one, “O.K., I thought about this...” One I really liked that you proposed was, “Yes, and how would you know that your time here is well spent?”

Leah: I use this question all the time with almost everybody.

Joel: I started calling these kind of questions ‘invitation questions.’ When we begin a session, what we want to do is invite people into a solution-building language game. The idea is to get to the Miracle Question as soon as possible. So, I think, Leah, that your question is a way of inviting people into a solution-building conversation.

Leah: I’m thinking about assumptions. We’re not supposed to assume things, but we’re assuming all the time. Even that question, “How will you know your time here is well spent” I’m inviting them with an assumption. The assumption is that there’s a possibility of spending time well. I looked at the first response from everybody and I wrote down what was common. I noted what we shared. I was interested in the assumptions we were all making. For example, “What would an ideal day look like for you.” There’s an assumption that there will be an ideal day.

Joel: One of the things I teach is that we do have assumptions. We may question – and there have been debates about this – whether we have a Theory. There’s a term called ‘lexical choice.’ You can tell someone’s approach by just watching how the conversation goes. I think assumptions convey the therapist’s lexical choice.

Leah: There’s a philosophical discussion: what is an assumption, what is a principle, what is a truism? ‘Assumption’ sounds on the negative side. ‘Principle’ doesn’t have this shade of meaning. All of them together make a Theory, I guess.

Joel: Asking the question, Leah, “How would you know that your time here is well spent,” what does that say about your assumption?

Matthias: Good question.

Leah: My assumption is that both of us aim to spend time usefully. I’m inviting them into a kind of contract. We both want to have a useful time.

Joel: Leah, your suggestion on the Miracle Question. You made the miracle that the bad days are gone. I was wondering what made you choose that versus the miracle is, “You have more of the good days?”

Leah: I don’t know what I was thinking then. Now I’m looking at what the client says, “I’m hoping to have more good days than bad.” I said the bad days are gone. You’re connecting by using her language

Lilian: For some people, it might be a bridge too far for them. They’re having such bad days it’s a step in the right direction as a precursor for the good days. By talking about the bad days, you can go on to the good days.

Matthias: It suggests that you can let the bad days go – say farewell to it. Then the Miracle Question asks for something you usually haven’t thought about. It may be difficult to start with something new. It might be easier to answer if you phrase it this way; to slowly approach this open space of whole new ideas.

Joel: Matthias, I think you might be on to something. In most cases, when you ask people what they want to be different, they start off with the negative – what they don't want. Erickson would say something like, "And you know, do you not...." That way he said the negative and the person doesn't have to think the negative. Similarly, "The bad days are gone," now we don't have to talk about the negative.

Matthias: What I usually do when asking the Miracle Question is include "and the problems that brought you here are all gone," or something like that. It's a way of acknowledging the problem. That's an important way of including it [the problem] to avoid becoming solution-forced.

Joel: My sense is it precludes the talk about the bad days. We've already referenced the bad days.

Wei-su: I'm impressed with Haesun's final choice. I like her response. She summarized the 'good days and the client's peers. Then she puts them together into the Miracle Question.

Joel: I was especially interested in how people and how people handled the "I have been diagnosed with OCD".

Enrique: I found that part of the utterance interesting. It includes a lot of a lot of situations where clients talk about their diagnoses.

Joel: Right. She said that sometimes therapy was forced, and other times it was elective. Then she uses the phrase, "Having more good days and bad days". I think that's why the majority of people chose that one

Enrique: It's like candy.

Joel: Yeah, yeah. You hear that. It jumps out at you. Wei-Su commented on what Haesun had done.

Haesun: You know, I think, Joel, it is interesting, because when I actually look at tapes of Insoo, Steve, and all these other people who practice, I was really struck by the number of formulations: summarizing, paraphrasing, and echoing. I think people actually tend to rely heavily on what to ask rather than what to listen for. When Insoo, Steve, and Peter DeJong are doing solution focus, they have some sort of summary or formulations - preserving the client's language before they ask another question. Otherwise, what actually ends up happening is if you just ask another question, then people always come back and repeat what they actually already have said, because they may feel like you didn't hear them. I find it useful to ask them, "This is what you said you want, is that right?" Usually they say yes, then it gives me a sense that I can then build on it.

Joel: Yeah, I find that I use calibrations more.

Haesun: Exactly. Like right now I say, right. And then you say, right, and you're nodding

Joel: The question is, "Are we on the same page?" Haesun I am interested in your response to, "I have been diagnosed with OCD". You said, "Okay, OCD, what was useful about getting that diagnosis?" interesting. Talk a little bit about your thinking.

Haesun: I don't want to assume that I know what she means by OCD.

Joel: Even using the phrase, “I’ve been diagnosed with OCD,” would suggest that she assumes I know what that means.

Haesun: I think very often we assume that clients think that because it’s a diagnosis, then it must be bad or difficult to treat. I think that’s just our assumption. I’ve actually had a lot of people who come and say, “Finally, I have diagnosis.” Maybe they’re happy about having a diagnosis

Joel : I think that’s reflected in the possible intervention, “Okay, OCD, what was useful about getting that diagnosis?”

Haesun: I learned from doing opportunities analysis that there is an assumption, and it requires an explicit answer from the person. I actually have a lot of fun when I watch people work with responses. In this case, I have an assumption that the diagnosis might be helpful.

Joel: That’s something I remember Insoo say: the questions we ask, get information, and they also give information They tell the client what we’re interested in

Leah: Suppose you do ask, “what is OCD?” She might start describing the symptoms. What would you do?

Haesun: I think I would simply ask, “What part of that do you resonate with?” Or, “What part of it do you agree with?”

Joel: Marie, can you expand a little bit about what you meant by externalization of OCD, and then Miracle Question?

Marie: I think that some clients believe they are their diagnoses. They say, “Well, I have OCD.” There seems to be no difference between their identity and their diagnosis. I use externalization to differentiate between the identity of the person and the diagnosis. When I use the Miracle Question, I can make that differentiation. I can ask, “If there is a miracle this night, and you are dealing very well with OCD - the best you can- how will you know tomorrow?”

Matthias: Wei-Su, you suggested the question whether the client agrees with the diagnosis or how would her friends and family agree. I wonder what was your idea of about asking that.

Wei-Su: I just want to know what the client’s perception about the OCD diagnosis. Maybe she agrees that she has OCD. I found especially with children; how do parents know their child has some kind of problem. Perhaps the parents will describe some children’s action that is not about the diagnosis – it’s just the parents worrying. The child may have some problem, but it may not be needed to be diagnosed.

Enrique: Matthias, I want to ask about your possible action where you write, “Waiting, waiting -open to welcoming anything?” Do you mean that you’re using silence?

Matthias: That was certainly the idea. I find discussions about diagnosis not very helpful. So, I’ll wait to see where the conversation just naturally goes. The idea is by pausing you indicate that you heard this, but you’re still watching out for the next interesting part.

Enrique: It reminds me of the SFBTA's treatment manual (2013). There is a dialogue between Harry Korman and a client. In the discussion afterward it's noted, "Rather than saying something, the therapist settled into a listening posture and looked directly at the client, waiting for her to say more about some aspect of a solution" (p.6)

Joel: I said to her: "so what pieces of this thing you call OCD, you'd want to keep?"

That led to a very interesting conversation. She likes to clean and finds it enjoyable. There was one point when I asked her whether she would be willing to do a suggestion before I took the break. She agreed that she would but then said, "Wait a minute, wait a minute. Let me take that back. I saw another therapist, and she wanted me to touch dirty socks without wearing gloves. I'm not willing to touch dirty socks without gloves." She continued that touching dirty socks with gloves doesn't bother her. My response was, "Yeah, but it bothered the therapist."

We only have a couple minutes left. Lillian has to get to sleep because it's heading to midnight there. Any final thoughts about going through this? Anything that anybody want to add or say?

Haesun: I want to ask both of you actually. Joel and Enrique, as you see everyone's analysis, what are some patterns that you noticed?

Enrique: I found there was a commonality of the preferred choices. That reminded me of the consistency of the model. It didn't seem to matter if we are in different countries or are from different cultures. The important thing is the principles behind the questions. We seem to follow the same solution-focused assumptions and principles.

Joel: I agree with Enrique. I was also taken with how consistent everyone was with the model. Every one of those interventions would have worked. I think it's how we listen as solution-focused therapists; what jumps out at us when we respond to client utterances. I think the difference between somebody who is new to solution focus - who tend to be so question focused - versus people who have been doing this for a while is that they tend to go beyond thinking about the question. They start thinking about what the client is saying, and we let curiosity drive the questions that are asked. For example, when the client talks about wanting to have more good days than bad days, I got curious about that; I want to know more about the good days.

Enrique: It also reminds me about doing opportunities analysis and looking at both positive and negative content. Research speaks to the consistency of the model. For example, how solution-focused brief therapists consistently respond to positive content.

Leah: In my most recent research project I looked at the opportunities speakers of Ladino, the heritage language of Sephardic Jews, created for themselves by using Ladino in a variety of situations. Contrary to the dominant trend of researching Ladino as a seriously endangered language, I wanted to see whether and what the benefits are for those who chose to speak

it. And while research is a field quite different from therapy or coaching, my practitioner self-influenced my choice to work on the opportunities side of language use rather than on the specifics of its continual death.

Joel: That's an interesting difference – between why is the language dying versus why is it worth preserving.

Leah: It's useful to know what opportunities people made use of speaking Ladino.

Joel: I was especially interested in how you thought about the choice of this utterance.

Enrique: I found that the utterance was beautiful for this because it includes a lot of similar situations that may occur during a session: talking about diagnosis and talking about previous experiences of therapy.

Joel: I want to thank all of you; especially for putting up with the time zone differences (especially Lilian).

Discussion

Revisiting the transcript, several ideas emerged that are worth highlighting:

- The analysis of opportunities allows new therapists focused on solutions to feel “liberated” from the pressure of having to find “THE CORRECT” answer. As participants noted, this exercise opens up the range of possible responses and interventions available. In turn, this encourages creativity – a testimony to the flexibility of the model.
- Mathias notes:

Steve de Shazer started a conversation I observed with “Hello, what are you doing with your life?” That's a very simple question, but very deep. “Tell me something, what are you doing with your life?” You can't really ask a similar question in German. If you try to translate this, it will instantly sound like – if not rude – putting a lot of pressure on the client.

Yet, there appears to be consistency in the use of the solution-focused brief therapy model that transcends language and culture. Certain expressions or words may not have the same meaning cross culturally. Yet, what seems to be clear from the conversation is that therapists are able to adapt the practice to their own cultural and linguistic contexts. This flexibility of practice allows for cultural adaptation.

- The introduction of “invitation questions” was noted as a way of inviting clients into a solution-building conversation. Questions like “How will you know your time here is well spent” help to create a context for the Miracle Questions as well as other solution-focused

interventions. It does not matter how the particular invitation question is phrased (e.g., “best hopes,” “what do you want to be different,” or “what has improved since you called”) all are questions that have the common purpose of inviting the client into a solution-building conversation.

- The discussion highlighted the role of assumptions in shaping the therapist’s questions. The concept of *lexical choice* has relevance: questions seek to obtain information, they also let the client know what therapists consider to be important. Of special interest is the conversation around the client’s self-stated OCS diagnosis. One of the assumptions that Joel teaches is that whatever the client states is useful and it’s the job of the therapist to use it. From a solution-focused perspective that means to co-construct solution-building with the client. Leah highlights this when she speaks about her intervention choice of asking the Miracle Question using the phrase, “The bad days are gone.” This was an interesting choice since the logical selection would seem to be “the good days happen more”. Leah’s rationale is that referencing the bad days is using the client’s language.
- Diagnoses have often been a subject of SFBT often as something best ignored. The early writings of de Shazer (*Keys to Solutions in Brief Therapy* (1985), *Clues* (1988), and *Putting Difference to Work* (1991), make no mention of diagnosis as a topic. Walter and Peller (1992) state:

Diagnoses are not goals or problems. Diagnoses tend to be labels that describe a state or condition. As such, the diagnoses do not imply any action or solution (p. 65).

From a co-constructive point of view, ignoring diagnosis makes sense: why create realities around pathology? However, one of the assumptions inherent in the practice of SFBT is whatever the client says is useful and the job of the solution-focused practitioner is to make use of it. What is interesting in this conversation is how practitioners directly approach and use diagnosis as way of changing its meaning.

The topic of conversation during this segment is the client stating in the sample, “I have been diagnosed with OCD”. Haesun states that she would have asked how getting that diagnosis was useful. She goes on to say that she doesn’t want to assume that because there’s a diagnosis it means that it’s “bad or difficult to treat....Maybe they’re happy about having a diagnosis.” Marie explains that she uses externalization “to differentiate between the identity of the person and the diagnosis.” She goes on to say that she would use diagnosis as a way of asking the Miracle Question.

Wei-Su says that she would ask the client about her perception about the diagnosis especially with parents of a child who has been identified as the client. She suggests that there is a possibility that she can co-construct a different meaning of the diagnosis with the parents – perhaps reducing the power of the label.

Joel asked the client “so, what pieces of this thing that you call OCD, you’d want to keep”. We find this sentence interesting on several levels. It reflects back to Marie’s use of externalization: “what pieces of this thing that you call OCD.” Then there’s a suggestion that perhaps there is something useful about the diagnosis. At the same time, it suggests that there are exceptions to the traditional perception of diagnosis as pathology.

What is common to this segment is how each practitioner directly addresses diagnosis and uses it as a way of inviting the client into a solution-building conversation.

Conclusion

In their original article, Taylor, and Simon (2014), state:

Both authors are solution-focused brief therapy practitioners and trainers. As such, our interest is not only honing our own abilities of listening and responding to clients in a manner that is consistent with solution-building principles, but also developing a training process that teaches trainees how to better listen with “solution-building ears” (p.67).

This article adds an additional function of an opportunities analysis: testing the consistency of the model with an international panel. In their article, Jordan, et al (2013) state:

The findings for the SFBT therapists were entirely congruent with their model and with each other, at least in one important feature analyzed here. Overall and individually, they produced significantly more positive than negative utterances, which supports SFBT’s approach of focusing on positive outlook (pp. 55- 56).

This exercise supports the authors’ observation. There is clearly an emphasis throughout the discussion on how solution-focused conversations centered around solution-building. In the original article (Taylor & Simon, 2014) noted that a positive outcome of an opportunities analysis is how it can result in interesting discussions involving the practice of solution-focused brief therapy. The conversation that resulted from a relatively simple exercise seems to bear this out.

The authors want to thank those who took the time and effort to prepare and participate in this exercise: Lilian Ing, Naomi Whitehead, Haesun Moon, Anne-Marie Wulf, Matthias Schwab, Wei-Su Hsu, Leah Davcheva, and Marie-Christine Cabie.

Submitted: January 23, 2024 GMT, Accepted: November 22, 2024 GMT



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