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Journal of Solution Focused Practices

Volume 6, Issue Number 1 – 2022

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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 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

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.

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*ARTICLE***A Pilot Study of a Cohort-Based Solution-Focused Wellness Group for Graduate Students Using Solution-Focused Coaching**

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Abstract

Graduate students experience heightened levels of stress, compromising their well-being and predisposing them to mental health disorders. Graduate students are over six times more likely to experience depression and anxiety than the general population. Despite the presence of counseling services on college and university campuses, graduate students are less likely to access these services and more prone to utilize alternative institutional supports (i.e., faculty advisors or peer counselors). This pilot study assessed the effectiveness of a six-week solution focused wellness (SFW) group intervention with a graduate program cohort using a pre-post, mixed-methods design. A total of twenty-seven ($N = 27$) participants were included in the study. Results demonstrated significant differences in well-being, mental health, and perceived wellness between baseline and six-weeks for both the cohort group ($n = 9$) and the general wellness group ($n = 18$). ANCOVA revealed significant between-group differences for well-being and perceived wellness indicating that the cohort group improved more across wellness-specific variables. Three primary themes emerged from the qualitative data including: awareness of wellness needs, peer support, and multidimensional wellness. The aggregated results support the effectiveness of a cohort approach to graduate student wellness group implementation.

Keywords: solution-focused coaching, wellness, graduate students, cohort-model

Introduction

According to the October 2020 Council of Graduate Schools/Graduate Records Examinations Survey of Graduate Enrollment and Degrees, more than 1.8 million students enrolled for Fall 2019 graduate programs in colleges and universities across the United States (Okahana et al., 2020). Graduate students encounter unique challenges compared to undergraduates, particularly because “graduate students are more likely to have multiple familial and financial responsibilities entering graduate school than did students in the past” (Hyun et al., 2006, p. 247). Graduate programs can be more competitive and less structured (Hyun et al.; Okahana & Zhou, 2017), requiring students to be self-motivated and able to manage stress successfully (Hyun et al.; Mousavi et al., 2018). In addition to familial and financial burdens, graduate students experience “constant pressure to perform well” because they “must learn a broad range of

knowledge and skills, advance research projects, meet deadlines, become independent problem solvers, and develop career opportunities before graduating” (Mousavi et al., p. 1939).

Stress compromises graduate students’ overall well-being and predisposes them to mental health disorders (Evans et al., 2018; Mousavi et al., 2018). According to the 2014 UC Berkeley Graduate Student Happiness & Well-Being Report, 64% of graduate students in Arts & Humanities meet criteria for depression. Between 43-46% of graduate students in Biological Sciences, Physical Sciences, Engineering, and other professional disciplines score as depressed, while 37% of Law, 34% of Social Sciences, and 28% of Business students score as depressed (UC Berkeley Graduate Assembly, 2014). If left untreated, symptoms often become more frequent, severe, and treatment resistant over time (Wang et al., 2005). Consequently, graduate students are a particularly vulnerable population with an increased risk for suicidality, self-injury, other major illness, and death (Evans et al., 2018; Mousavi et al.; Smith et al., 2013).

Research into the mental health initiatives and services offered by colleges and universities has intensified (Lipson et al., 2016). Many campuses have existing programs that advocate for physical and mental wellness and promote stress management, although most of these wellness initiatives focus specifically on undergraduate student needs (Mousavi et al., 2018). However, interventions designed to promote well-being among the graduate student population have demonstrated promising results (e.g., Gold et al., 2020; Mazurek Melnyk et al., 2020). While undergraduate and graduate students have equal access to on-campus direct clinical services (i.e., crisis management, individual and group counseling), many campus-wide wellness and mental health activities often fail to acknowledge and address the unique academic experiences and needs of graduate students (Mousavi et al.). Attempts to address these unique needs through offering programming within specific graduate programs and cohorts have provided inconclusive evidence of effectiveness when compared to general graduate programming (Beauchemin et al., 2018).

Additionally, there is a significant gap between the demand for mental health services and campuses’ ability to supply wellness resources (Watson, 2013). Therefore, graduate students who do seek services likely encounter barriers such as limited appointment availability, lengthy wait lists, or referrals to off-campus services (Gallagher, 2014). Despite the presence of counseling services on campus, graduate students are still more likely to utilize alternative institutional supports like faculty advisors or peer counselors (Hyun et al., 2006). Moreover, as graduate programs become more inclusive and representative of minority and vulnerable populations, there is an immediate need to develop and implement “tailored, culturally sensitive intervention and preventive programs” (Lipson et al., 2016, p. 24).

Wellness

Lifestyle behaviors coupled with chronic, unmanaged stress can adversely impact individuals’ health and well-being, potentially leading to mental health disorders and, ultimately, premature death (Smith et al., 2013). As a result, Western society has embraced a gradual paradigm shift toward a holistic understanding of health and mediating factors. This is supported by the World Health Organization, which defines health as “a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity” (World Health Organization [WHO], 2005, p. 1). The conceptualization of health and well-being as multidimensional has generated empirical interest and increased wellness-related research (Beauchemin et al., 2018).

Researchers have emphasized that defining wellness as a measurable construct is complex (Roscoe, 2009). Wellness can be viewed as both an outcome and a process (Myers & Sweeney, 2005) and when combined with its subjective nature, a consensus around an integrated definition becomes difficult to establish (Roscoe). Inconsistency in construct conceptualization has resulted in numerous wellness models being developed and modified over the past few decades (e.g., Hettler 1980; Myers & Sweeney, 2004). However, consistent among these evidence-based models is the understanding that wellness is a multidimensional construct, integrating domains such as physical, social, emotional, spiritual, and intellectual wellness (Beauchemin, et al. 2020). Based on this understanding, interventions that incorporate strategies for enhancing personal wellness across multiple domains may be an effective approach to improving student holistic health and well-being (Beauchemin, et al.) in both in-person and web-based formats (Beauchemin et al., 2018).

Solution-Focused Coaching

Although most evidence-based wellness interventions utilize a psycho-educational approach, findings have shown that clinical counseling and coaching methods can be effective in facilitating wellness-based lifestyle change (Beauchemin et al., 2018). Solution-focused coaching (SFC) is an adaptation of solution-focused brief therapy (SFBT), a strengths-based therapeutic approach defined by its emphasis on constructing solutions rather than resolving problems, and the assumption that clients have the resources and capacity to change (Ginegerich & Eisengart, 2000). SFC is focused on supporting people in identifying preferred outcomes and specific goals, disengaging from problem-focused thinking, as well as developing and utilizing resources and strengths (Grant, 2013). A solution-focused approach enables individual conceptualization of wellness relevant to personal values, culture, lived experiences, and perception of well-being. SFC can be utilized for individuals and groups (Green et al., 2006; Sharpy, 2007), and has demonstrated effectiveness in both face-to-face and web-based contexts (Novella et al., 2020). SFC has been successfully applied to health and wellness for teens (McPherson et al., 2019), college students (Pakroonis & Cepukiene, 2015), and adults (Grant et al., 2009; Tkacova et al., 2020).

Web-Based Intervention

The acceptance of telehealth as an effective service delivery modality has afforded researchers and clinicians in health-related fields to develop and deliver web-based self-care and behavioral-change interventions to a range of consumers (Murray, 2012; Grim et al., 2011). Web-based interventions offer clients and research participants a level of convenience, accessibility, and privacy that cannot be provided in face-to-face interactions (Murray). Leveraging these advantages, web-based interventions have been utilized in three main clinical areas: self-management of long-term conditions (e.g., diabetes and heart disease), health promotion (e.g., sexual health, diet, and exercise), and mental health (e.g., depression and anxiety) (Murray).

Research demonstrates that web-based interventions offer both utility and positive effects on outcomes of interest (Murray, 2012). For example, studies show that web-based interventions can increase physical activity rates among participants, particularly when interventions integrate theory-based interactive components (Steele et al., 2007; Ferney & Marshall, 2006). Specifically related to college students, Grim et al. (2011) emphasized that web-based interventions may be a promising means of facilitating behavior change.

Hypotheses

Given the common experience of compromised wellness among graduate students and lack of conclusive evidence of cohort-specific interventions, there is a need for preventative, evidence-based, accessible interventions designed to establish solution-focused, attainable lifestyle changes and improve wellness with this population. The purpose of this pilot study was to assess the effectiveness of a web-based solution-focused wellness (SFW) intervention with a graduate program cohort using a mixed-methods approach integrating both quantitative measures and qualitative semi-structured interviews. Specific study hypotheses included:

1. A six-week web-based SFW intervention will result in improved perceptions of wellness and related constructs among graduate students who are members of a particular academic cohort.
2. The graduate cohort SFW intervention group will differ significantly from a general (non-cohort) graduate student intervention group across outcome variables.

Methods

Study Design

This pilot study utilized a pre-post, mixed-methods design to evaluate the effectiveness of a web-based SFW intervention among university students in a particular graduate program cohort. Specifically, measures were included to assess participant happiness, satisfaction with life, and wellbeing, constructs that theoretically should be highly correlated with personal wellness. Research has indicated that satisfaction with life and subjective happiness are used interchangeably and represent components of subjective wellbeing (Lyubomirsky & Lepper, 1999). The rationale for utilizing this mixed-methods design was to link the quantitative and qualitative data in a meaningful way to enrich findings and improve future intervention models (i.e., length, duration, and enhanced student experience) (Teddlie & Tashakkori, 2010). In addition to the primary analysis, outcomes for the cohort intervention group were compared with outcomes from general graduate student (non-cohort) intervention groups to assess differences in wellness-related change and to integrate the lived experiences reported among cohort group participants. To augment quantitative analyses, qualitative interviews were utilized to gain insight into the lived experiences of participants, and to provide a more comprehensive understanding of intervention effectiveness and outcomes. Participants were asked to describe their experiences in the wellness group, identify any changes as a result, describe current wellness practices, specify what was most/least beneficial, and comment on the group's length and duration (Appendix D).

Participants

After receiving Institutional Review Board (IRB) approval, a total of thirty-six participants were recruited for the study. A pre-intervention screening was conducted by a licensed mental health professional to help clarify expectations and assess appropriateness of inclusion, as well as evaluate the possible need for an alternative level of care. After attrition, a sample of twenty-seven ($N = 27$) was analyzed (cohort wellness group $n = 9$; general graduate wellness group $n = 18$). Of these, the majority were female (78%) and single (85%), and all were domestic students (100%). In addition, 71% identified as Caucasian, 11% Asian/Pacific Islander, 11% Latinx, and 7% other, while most had in-state status (74%) (Table 1). The cohort group include nine individuals from the same master-level program. The eighteen general graduate wellness participants were separated into two groups which represented various master and doctoral programs across the university. No control group was utilized in this pilot study. Therefore, all twenty-seven participants received the intervention with potential change assessed using the measures identified in the Materials section.

A pre-intervention Chi-square analysis was conducted to ensure no significant demographic differences were present at baseline. Results indicated no significant relationships between group membership and any demographic variables. In addition, an Independent Samples T Test was conducted across all baseline measures, indicating that there were no significant between-group differences for life satisfaction ($p = .45$), well-being ($p = .34$), perceived wellness ($p = .30$), happiness ($p = .32$), or mental health ($p = .81$). An attrition analysis was conducted to determine if there were any significant differences between participants who completed the six-week intervention ($n = 27$) and those who dropped out ($n = 9$). No differences were identified for well-being, perceived wellness, happiness, or mental health. However, a significant difference was detected for satisfaction with life $t(2.87)$, $p < .05$ indicating that those who dropped out tended to score lower on pretest assessment of life satisfaction.

Intervention

Intervention participants met weekly for 60 minutes for six consecutive weeks via a web-based group meeting platform. The link to access the intervention was provided prior to each session. SFW intervention consisted of sessions that were guided by components of wellness, with a different wellness domain (e.g., social, spiritual, physical, emotional, and intellectual) serving as a theme for each session. Simply stated, SFC was the theoretical approach by which the SFW intervention was delivered, while improvements in multidimensional wellness were the measured outcomes. The SFW intervention can be delivered in an individual or group context. For the purposes of this pilot study, a group setting was

used for the intervention implementation. Intervention facilitators were Master's degree clinicians who attended a formal training led by a licensed clinician with expertise in both holistic wellness and solution-focused coaching. Facilitators were provided with materials including session outlines (Appendix A), fidelity checklists (Appendix B), and worksheets (Appendix C) and were provided supervision and feedback after each session. Each session followed a standardized format with check-in, review, discussion opportunities, and completion of strengths-based goal-setting worksheets. This format acted as a session guide that allowed flexibility and discussion topics based on participant contributions and best hopes.

Specific SFBT techniques (e.g., miracle question, identifying strengths, scaling, finding exceptions, future-oriented questions, and goal setting) were applied consistently throughout the sessions by the intervention facilitators. Likert scale fidelity checklists were completed by facilitators at the end of each session, and the supervising licensed clinician reviewed two recorded sessions. The fidelity checklists were comprised of seven items specific to solution-focused coaching and three items related to wellness. The self-reported mean fidelity score was 6.8 for intervention facilitators, and a slightly lower 6.7 for the two recorded sessions as assessed by a licensed clinician.

Materials

For this study several valid and reliable quantitative measures were utilized to evaluate wellness-related changes in participants between baseline and post-intervention. The Satisfaction with Life Scale (SWLS), World Health Organization Five Well-Being Index (WHO-5), Subjective Happiness Scale (SHS), Perceived Wellness Survey (PWS), and Patient Health Questionnaire-4 (PHQ-4) were chosen based on their collective comprehensive assessment of participant well-being and between-construct relationships (Babayigit & Okray, 2018; Nemati & Maralani, 2016). Using Cronbach's Alpha, internal consistency reliability was calculated for the cohort sample across all measures, ranging between .70 and .93 indicating strong internal consistency. Similarly, results for the general graduate group revealed strong internal consistency for each measure ($\alpha = .73 - .92$).

Satisfaction with Life Scale (SWLS)

The Satisfaction with Life Scale (SWLS) is a 5-item measure designed to assess individual perceptions of life satisfaction. The SWLS utilizes a 7-point Likert-style response scale resulting in a possible range of scores from 5-35. The scale has good test-retest reliability and high internal consistency (Diener et al., 1985; Useche & Serge, 2016) and scores correlate with measures of mental health (Pavot & Diener, 2008).

World Health Organization Five Well-Being Index (WHO-5)

The WHO-5 is a 5-item self-report measure of mental well-being. It uses a 6-point Likert scale in which respondents indicate the frequency of feelings within the past two weeks, ranging from "at no time" to "all of the time". The WHO-5 uses only positively phrased statements to avoid pathologizing language and has demonstrated adequate construct validity as a unidimensional scale assessing well-being (Topp et al., 2015).

Subjective Happiness Scale (SHS)

The Subjective Happiness Scale (SHS) is a 4-item self-report scale of global subjective happiness. The first two items ask respondents to characterize themselves using an absolute rating and a rating relative to peers. The second two items provide descriptions of happy and unhappy individuals and ask the extent to which each characterizes them. The SHS has demonstrated high internal consistency reliability as well as convergent validity (Lyubomirsky & Lepper, 1999; Quezada et al., 2016).

Perceived Wellness Survey (PWS)

The Perceived Wellness Survey (PWS) (Adams et al., 1997) is a salutogenically-oriented, multidimensional measure of perceived wellness across physical, spiritual, psychological, social, emotional, and intellectual dimensions. Each dimension is represented by a 6-point Likert Scale ranging from 1 (very strongly disagree) to 6 (very strongly agree) with higher scores indicating greater wellness. The PWS has been shown to possess excellent estimates of factorial and construct validity, as well as internal consistency reliability ($\alpha = .91$; Adams et al., 1998).

Patient Health Questionnaire-4 (PHQ-4)

The Patient Health Questionnaire-4 (PHQ-4) is a 4-item inventory rated on a 4-point Likert-style scale. The items are drawn from the first two items of the Generalized Anxiety Disorder-7 scale (GAD-7) and the Patient Health Questionnaire-8 (PHQ-8), two valid and reliable measures of mental health. Its purpose is to allow for brief measurement specific to depression and anxiety, the most common mental disorders in the general population. The PHQ-4's utility is supported by its adequate internal reliability, construct validity, and factorial validity (Kroenke et al., 2009).

Results**Quantitative**

Nine cohort group participants ($n = 9$) were included in the primary quantitative analysis, and a total of twenty-seven ($n = 27$) were included in the comparative analysis. Paired Samples T Tests with an established alpha of .05 were conducted to test the null hypothesis ($H_0 = \mu_1 = \mu_2$) and compare estimated mean differences between all outcome variables across time. Results demonstrated a significant difference between baseline ($M = 18.77$, $SD = 3.77$) and six weeks ($M = 22.67$, $SD = 4.00$); $t(5.75)$, $p < .01$ for well-being, mental health (pre $M = 8.00$, $SD = 2.55$; post $M = 6.56$, $SD = 1.94$); $t(2.39)$, $p < .05$, and perceived wellness (pre $M = 166.22$, $SD = 24.54$; post $M = 174.22$, $SD = 23.43$); $t(3.05)$, $p < .05$ (See Table 2). Similarly, significant differences were found for the general wellness group ($n = 18$) over time for well-being (pre $M = 17.06$, $SD = 4.52$, post $M = 18.83$, $SD = 3.99$) $t(2.45)$, $p < .05$, mental health (pre $M = 8.27$, $SD = 3.01$, post $M = 6.83$, $SD = 2.35$) $t(3.42)$, $p < .05$, and perceived wellness (pre $M = 155.28$, $SD = 25.43$, post $M = 159.28$, $SD = 25.37$) $t(3.53)$, $p < .01$ (Table 3).

To assess differences in effectiveness across outcome variables between the cohort and general wellness groups a between-groups analysis of covariance (ANCOVA) was utilized. Participants' scores on the pre-intervention administration of the measures were used as covariates in the analysis to control for pre-existing differences between groups. ANCOVA revealed significant between-group differences for well-being (WHO-5) $F(1, 24) = 2.04$, $p < .01$. Based on effect size guidelines for partial eta squared (.01 = small, .06 = moderate, and .14 = large; Bakeman, 2005; Cohen, 1988), a large effect size ($\eta^2 = .521$) was detected. Similarly, a significant difference was identified for perceived wellness (PWS) $F(1, 24) = 2.84$, $p < .01$ with a large effect size ($\eta^2 = .105$). The aggregated results support the efficacy of a cohort model approach compared to a general graduate student group in improving wellness-related outcomes (Table 4).

Qualitative

To augment the quantitative data and inform changes experienced within the cohort group, follow-up semi-structured interviews were conducted. Although a relatively small sample ($n = 7$), interview participants accounted for 78% of the cohort group. Interviews were conducted by the Principal Investigator within one week of intervention completion via web-based video call. An Applied Thematic Analysis (ATA) (Braun & Clarke, 2006; Guest et al., 2012) was conducted as a means of identifying relevant themes while incorporating analytic rigor. After transcribing interviews researchers reviewed each repeatedly to increase familiarity with the text, followed by segmentation based on initial interpretation of meaning. A codebook was developed including code labels, short descriptions, and code definitions to facilitate coding

procedures (Guest et al.). The coding procedure resulted in three consensus themes that emerged from the qualitative data including: *awareness of wellness needs, peer support, and multidimensional wellness*.

Participants indicated that one of the benefits gained through participation in the graduate wellness group was the *increased awareness of needs related to wellness*. This individualized conceptualization supports the subjectivity and fluidity of wellness and is consistent with the solution-focused wellness (SFW) model, which emphasizes a personalized interpretation of what it means to “be well”. By increasing one’s awareness and understanding of wellness as a construct, individuals can address needs specific to given domains by operationalizing related wellness behaviors. Among the seven interview participants this theme was indicated eleven times throughout the semi-structured interviews, and inter-rater reliability was 90% among qualitative reviewers. Examples of participant statements related to increased awareness of needs include: “I definitely, for me, learned a lot about how I view my own, you know, wellness and like how I define it and just how it’s an evolving thing and kind of recognizing where I was, where I am, where I want to go” and “I would just say that wellness is kind of being in tune with yourself and just being aware at any given point in time, you know, what you need personally”.

Peer support emerged as another primary theme, also occurring eleven times across interview transcriptions. Research team members coded this theme with 90% reliability. Participants reported that one of the factors that made the group beneficial and relatable was sharing experiences and hearing about the experiences of others in the group. This is consistent with literature that links social support with mental health and wellness (e.g., Hefner & Eisenberg, 2009) and supports findings related to web-based group health interventions and social connectedness and support (Banbury et al., 2018). Two examples of participant statements related to peer support include: “I felt like I was actively participating, learning, and listening to my peers, which is nice to know that we’re all not struggling alone” and “I feel like I learned a little bit from everyone in the group”.

The final theme that emerged from the data related to the understanding of wellness as a multidimensional construct. This finding reflects the many evidence-based models of wellness that integrate various domains such as social, physical, emotional, intellectual, and spiritual (Roscoe, 2009), including the solution-focused wellness (SFW) model that guided the intervention for this pilot study. The intentional emphasis on the personalized nature of wellness allowed for participants to focus on domains that feel most relevant for them. Among the seven interview participants, wellness as a multidimensional construct was coded by reviewers with 80% accuracy. Examples of related participant statements include: “We learned about the different quadrants and how they’re all interconnected” and “I guess feeling like your needs are being met in all different areas of your life, like socially, intellectually”.

Discussion

While support groups for graduate students are common on university campuses (e.g., Gold et al., 2020) there is a paucity of research examining the effectiveness of supports specific to academic cohorts. The SFW intervention has demonstrated effectiveness in improving wellness and decreasing stress with both undergraduate and graduate groups that integrate students from different academic programs (Beauchemin, 2018; Beauchemin et al., 2020). However, given the prevalence of programs in higher education that utilize a cohort model of learning, this study sought to assess the benefits of a web-based, wellness-focused intervention within a particular graduate cohort.

Significant improvements were detected for both the general and cohort groups in well-being, mental health, and perceived wellness. However, significant differences were also found between the two groups for well-being (WHO-5) and perceived wellness (PWS), the two primary variables of interest. This finding, paired with the qualitative data, supports the group’s utility in increasing awareness of multidimensional wellness needs, underscores the benefit of peer supports, and provides initial evidence of the effectiveness of a cohort approach to intervention administration. The lack of directionality related to the expected change in Hypothesis 2 was intentional, as rationale could be provided for either gains or deficits in comparison to the general wellness group. For example, one prominent question potentially informing this hypothesis was “does familiarity within the group promote or inhibit openness and sharing?”, which, in theory, may ultimately play a significant role in individual outcomes. This may be particularly important given the brevity of the intervention, as there is not adequate time for the traditional group development processes and dynamics that typify traditional therapeutic treatment groups. Based on the positive cohort group findings and the qualitative theme “peer

support”, it is evident that for most participants the previously established familiarity was positive. To gain more insight into the impact of potential prior relationships among participants, future studies should include cohorts from a variety of disciplines and dynamics.

The lack of significant change for happiness or satisfaction with life for both the cohort and general wellness groups may be attributable to the trait-like properties of the constructs (e.g., Lucas & Donnellan, 2007; Stones et al., 1995). The SFW model was designed to be a brief, wellness-focused group intervention that emphasizes short-term, positive lifestyle change across wellness domains such as emotional, social, etc. with the primary aim of developing “buffers” against the stressors typically experienced by graduate students. It may be that wellness-focused constructs are more susceptible to change based on lifestyle factors, while happiness and satisfaction with life are more trait-oriented constructs that are less flexible. This would be congruent with qualitative *findings awareness of wellness needs and peer support* which highlight current wellness states and emphasize immediate and accessible supports. Future studies could include a longitudinal examination of these constructs to ascertain whether the wellness-related changes adopted during the intervention influence trait characteristics over time (e.g., 6-month follow-up).

In addition to the primary study findings, there are several potential benefits to implementation of a SFW group intervention. This intervention utilizes a preventative approach to improving wellness, focusing on developing healthy trends across multiple domains of wellness. The subjective and personal nature of wellness coupled with an approach that integrates a social constructivist lens encouraged individuals to construct their wellness in alignment with their values and culture. For example, diversity in traditions and cultural beliefs may inform the ways in which individuals conceptualize spiritual wellness.

Given the barriers that exist for college students in help-seeking, this emphasis may be destigmatizing and increase accessibility to support systems. As the SFW model utilizes a “coaching” approach to facilitation in which the group leaders follow an outline and adhere to specific intervention guidelines and techniques, there is the potential that the intervention could be more easily adopted. In other words, because this is not clinical group therapy, it is feasible that the SFW group could be facilitated by non-clinicians. Still, because of the nature of challenges faced by college students (Downes, 2015), a thorough screening process should be administered by a licensed mental health clinician to ensure that participants’ goals and needs are consistent with the group’s purpose. In addition, it is recommended that any non-clinician facilitators receive training specific to the intervention and approach, as well as work under the supervision of a licensed clinician.

Limitations

There are several study limitations that should be acknowledged. The small sample size for the cohort intervention group ($n = 9$) limits the generalizability of the data such that findings should be interpreted with caution. Although this was a pilot study, and group size falls within the recommendations for optimum group intervention size (Ezhumalai et al., 2018), future studies should seek to incorporate multiple cohorts and a more generalizable sample. The generalizability could be further enhanced by including participants from multiple institutions, locations, and cohorts of varying sizes. There are also potential limitations that may be specific to a cohort, such as social desirability bias that could be heightened by having peers as fellow participants. Finally, the study design incorporated a pre-post, mixed-methods approach. Future studies should include longitudinal follow-up assessments to gain insight into the lasting impacts of the changes experienced by participants.

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Table 1*Sample Characteristics (N = 27)*

	Frequency (Percent)
Gender	
Male	5 (19)
Female	21 (78)
Other	1 (3)
Race/Ethnicity	
Asian	3 (11)
Caucasian	19 (71)
Latino	3 (11)
Other	2 (7)
Marital Status	
Single	23 (85)
Married	4 (15)
Domestic Status	
Domestic Student	27 (100)
In-State Status	
In-State	20 (74)
Out of State	7 (26)

Table 2*T Tests: Cohort Group*

	Mean Pre	Mean Post	t	Significance
Well-Being (WHO)	18.77	22.67	5.75	.000
Mental Health (PHQ9)	8.00	6.56	2.39	.044
Wellness (PWS)	166.22	174.22	3.05	.016
Life Satisfaction (SWL)	26.00	26.89	.110	.303
Happiness (SHS)	22.56	22.89	.385	.710

Table 3*T Tests: General Group*

	Mean Pre	Mean Post	t	Significance
Well-Being (WHO)	17.66	18.83	2.45	.025
Mental Health (PHQ9)	8.27	6.83	3.42	.003
Wellness (PWS)	158.93	162.30	2.13	.016
Life Satisfaction (SWL)	24.76	24.23	.759	.459
Happiness (SHS)	20.83	21.11	.513	.614

Table 4*Analysis of Covariance (ANCOVA)*

Variable	Df	F	Significance	Partial Eta Sq.
Well-Being (WHO-5)	(1, 24)	2.04	.000	.521
Mental Health (PHQ-9)	(1, 24)	.035	.853	.001
Perceived Wellness (PWS)	(1, 24)	2.84	.001	.105
Satisfaction With Life (SWL)	(1, 23)	.115	.738	.005
Happiness (SHS)	(1, 24)	.835	.370	.034

Appendix A

Intervention Session Outline

Session Objectives:

1. Establish a safe and healthy environment in which to explore thoughts and feelings related to wellness within group context
2. Examine wellness as a multi-dimensional construct with specific focus on Physical Wellness domain
3. Identify and build on participants' current strengths
4. Encourage participants to build and explore congruence between values, goals, and lifestyles
5. Provide opportunities for discussion and feedback regarding personal conceptualizations of wellness

Time	Activity	Objective
15 minutes	Welcome and introductions Discussion: • Overview of group • Group norms /rules	1
20 minutes	Introduce wellness. What does wellness mean to you? Multidimensional nature of wellness Discussion: • Current strategies employed related to wellness. Role that self-care activities play in life. How do you know when you are well? Not well? How do you best manage stress? • Participants identify times when they were particularly physically well.	2,3,5
15 minutes	Exercise: miracle question – general wellness. Sharing. Discuss “ingredients”	2,4,5
10 Minutes	Closing / check-out, reactions to session.	1

Appendix B**Fidelity Checklist**

1. I asked a version of the “miracle question” during today’s session
1 2 3 4 5 6
2. I summarized participants’ comments during today’s session
1 2 3 4 5 6
3. I complimented participants’ strengths/resources during today’s session
1 2 3 4 5 6
4. I asked exception/difference questions during today’s session
1 2 3 4 5 6
5. I asked amplifying questions during today’s session
1 2 3 4 5 6
6. I used scaling questions in today’s session
1 2 3 4 5 6
7. I asked questions to help participants think about how changes will affect important others in their lives
1 2 3 4 5 6
8. I provided opportunities for discussion and sharing specific to domains of wellness in today’s session
1 2 3 4 5 6
9. I encouraged participants to explore ways that goals may affect their wellness in today’s session
1 2 3 4 5 6
10. I asked about current strengths or positive practices related to wellness in today’s session
1 2 3 4 5 6

Appendix C

Example Wellness Domain Worksheet

Physical Wellness

Current rating (1-10)_____ Desired rating (4 weeks)_____ Desired rating (8 weeks)_____

Questions to consider:

How will you know when you are at a 6? Or 8?

What will be different about your life?

What would your optimal physical wellness look like?

Activities you are currently doing or could do in the future to improve Physical Wellness:

1)

2)

3)

4)

5)

Short-term goals:

1)

2)

3)

The purpose of developing wellness goals is self-care, not to set goals that are unattainable or too challenging. Emphasis should be on accentuating positive effort and progress, in order to develop positive self-efficacy, confidence, and overall wellness.

Appendix D

Semi-Structured Interview Schedule

- Describe your experience in the wellness group.
- What, if any, changes did you experience as a result of participation?
- Describe your current practices related to personal wellness.
- Do you feel that the group length and duration were appropriate? Why or why not?
- What could have improved your experience?
- What aspects did you find most beneficial? Least beneficial?
- Is there anything else that you feel would be important to share about your experience?

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*ARTICLE***A Journey to Accountability**

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Abstract

The *Journal of Solution Focused Practices* (JSFP) underwent structural changes in 2019 as a result of a new editorial team. These changes occurred as a result of prioritizing equitable access to knowledge and leadership in the SF community. The purpose of this paper is to discuss the process of relaunching JSFP as an inclusive international journal. Two major initiatives are described. A renewal and alignment of purpose of the Editorial Board and the development of the journal's Mission and Values statement. Both initiatives took place within the context of developing accountability for inclusivity, diversity and accessibility.

Introduction

The relaunch of the JSFP occurred against a backdrop of increasing demands for the dismantling of structural and institutional inequalities affecting black, indigenous and melanated people in the countries comprising the Global North (typically Western European, North American and former colonial territories, such as Australia). Discourses around the existence of institutional racism are not new and neither are institutional strategies to reduce or eliminate it. What distinguished the recent demands and responses from earlier ones was a shift away from demanding equal rights (which is the responsibility of a small group of legislators), to the demand that *all* people, including white people, take responsibility to dismantle racism.

Liberation movements typically begin within the minoritized communities who are most affected by discrimination and oppression, but despite continued demands for equal treatment and efforts to reduce racism, there has been little real change in inequalities, such as medical, educational and employment outcomes. A particular concern in all Global North countries is aimed at policing and incarceration practices; the background to which the killing of George Floyd in 2019 sparked a worldwide movement and raised awareness of the realities of continuing structural racism.

Within this context, the recognition that minoritized communities could not be expected to bear the burden of dismantling racism on their own has led to a parallel movement for white people to '*do the work*' (Saad, 2020). In essence, this means recognizing and acknowledging '*white privilege*' (McIntosh, 1990) amongst other things. While a highly-contested concept, it is nonetheless a useful term to differentiate the lived experience of those with melanated skin and/or particular ethnic features from the majority white population. Briefly, the idea is that being white does not so much confer special treatment and advantage (privilege) but immunises one against the additional barriers experienced by non-white people who share our social status. For example, a rich black businessman is more likely to be stopped by the police for driving a luxury car than a rich white businessman. Similarly, an unemployed black person will find it harder to gain employment than their white counterpart. It follows, therefore, that all white people are benefitting in some way from structural racism, whether or not they are actively racist, and this difference in lived experience is largely invisible to them.

For white people *doing the work* is built on a willingness to see the difference, to make the invisible, visible. If we genuinely believe that all people should be treated equally regardless of physical features over which they have no control, then we cannot continue to blindly benefit from structural inequality by doing nothing.

A New Name and Open Access

Prior to the relaunch in 2019, the journal was named *Journal of Solution Focused Brief Therapy* (JSFBT). The new editor, and members of the editorial board, wanted to be more inclusive in the scope and audience. The board decided on the new name, *Journal of Solution Focused Practices* (JSFP) to include authors and readers from various disciplines, using SF techniques, conversations, and practices. This change was the first important step to create a more inclusive source of knowledge.

The original journal (JSFBT) was only available in print. This format did not allow for equal access to the materials. Thus, the new editor established an online, open access platform through her university to house JSFP. This change has provided individuals all over the world free access to the content of JSFP. Although the name change and open access were important steps towards educational equity, it was only the beginning of addressing social issues related to a peer-reviewed journal.

Becoming Accountable

The world of academic publishing is waking up to its complicity in inequality, discrimination and oppression. From the publication of early scientific theories on race (now discredited) to the current domination of white (largely male) faces in editorial boards, academic journals show clear preferences to white authors and topics pertaining to the priorities of the Global North (Tyrer, 2005). There are signs that journals are now making efforts to address this problem with editorial commentaries and articles appearing across the sector (e.g. Burrows, et al, 2020; Kmietowicz, 2020; Roberts et al., 2020) and the Family Therapy Magazine dedicating an entire issue to anti-racism (July/August 2020).

Traditionally, anti-racism or diversity training has focused on meeting legislative or rights-based requirements to prevent discriminatory practices or on unconscious/implicit bias. The lack of evidence of effectiveness of such training (FitzGerald et al., 2019; Forscher et al., 2019) has meant that individuals and organizations have sought more meaningful ways to educate and change themselves. It is clear that taking responsibility for meeting one's duties to legal requirements is insufficient (though of course remaining important) for a genuine change in culture around equality. A newer and more promising discourse is that of 'accountability'. In acknowledging that systemic and structural racism has caused and continues to cause harm to black, indigenous and melanated people, the language of accountability means that we are willing to be held to account for our past complicity and our current practices. As Anderson (2021) states:

"Accountability [...] requires communication, negotiation of needs, the opportunity to repair harm, and the chance to prove that we can change and be worthy of trust again. Organizations committed to racial equity must recognize that this work requires new practices for talking about race and racism and new strategies for addressing acts of racial harm that seek repair and strengthen trust."

To this end, the Editors of the JSFP decided to undertake a programme of activities towards greater accountability. The Editors decided that it would be beneficial to increase the diversity of the Editorial Board and reached out to some members of the solution-focused community. In doing so, we were made aware that purely inviting people of color was wholly inadequate. We were challenged to demonstrate that the journal itself was inclusive, transparent and a safe place for them to participate. We were made aware of concerns, such as the lack of clear criteria for eligibility, suitability or desirability for new members. In effect, criteria for Editorial Board membership were opaque, esoteric and exclusive, perceived as being in the gift of the Editor, rather than based on any particular quality or merit of the invitee. Another concern was that invitations were based on a tokenistic and simplistic desire to appear to be 'doing the right thing', rather than a desire for genuine and meaningful change. It was clear that a very different approach was required; one that was rooted in accountability and transparency of intent and process.

In this article, two of the approaches taken by the Editors towards creating a culture of accountability are outlined. Firstly, a compulsory activity for the entire Editorial Board and secondly a Mission and Values statement for the journal co-constructed by the newly-constituted Editorial Board.

Me and White Supremacy: A Co-Learning Process

In 2019, all 26 existing members of the Editorial Board were asked to participate (with the three Editors) in a co-learning activity based on the *Me and White Supremacy* Workbook by Layla F. Saad (Saad, 2000)¹ to increase understanding and appreciation of how white supremacy could impact editorial board processes and to take an anti-racist approach to our work. The workbook comprises a ‘28-day challenge’, requiring participants to read a short chapter and then write a reflective response. The Editorial Board was informed that participation in this activity would be a prerequisite for remaining on the Editorial Board. Aside from demonstrating a commitment to becoming accountable, it was thought that participating in a co-learning activity would also put all members on an equal footing and provide a shared starting point for change.

Several Editorial Board members objected to the methodology and to it being a compulsory activity. They were removed or resigned from the Board. Some members either did not respond to the request or chose to take the opportunity to leave the Board for reasons other than objections to the request.

1. 6 Board Members retried or opted out pre-activity (20.7%)
2. 5 Board Members didn’t respond to the activity (17.2%)
3. 5 Board Members opted out because of the activity (17.2%)

Ten members of the Editorial Board chose to remain and participate in the co-learning activity with the three Editors. It is important to note that the 4 people of color on the board chose to remain.

The remaining members participated in the 28 day challenge contained in *Me and White Supremacy*. Over a period of four weeks, all read the book, made notes of what stood out, and participated in four weekly group calls (via Zoom) regarding the contents of the book and the impact it had on them. It was made clear from the outset that while participation was compulsory, there was no expectation that the participants would all reach the same conclusions or that a common response was required. The discussions demonstrated a broad set of responses, with some participants remaining skeptical of some of the book’s claims, while others reported a profound shift in perspective. There was, however, agreement that the exercise had been worthwhile. At the end of the four weeks, it was determined that we should develop a mission and values statement to ensure we were incorporating the learning from our activity.

Mission and Value Statement

Upon completion of the co-learning experience, the editors took the next step toward anti-racism by establishing a Mission and Value Statement (See Figure 1).

Two board members (one Black and one White), appointed by the editors, developed a first draft of the statement. They drew on their own personal experiences, on the conversations from the co-learning experience, and on other board meeting conversations about the hopes and expectations of the editorial board when completing this first draft. It was subsequently decided that the mission statement should be developed in collaboration with the full Editorial Board based on the Values identified in the first draft. These six values: inclusivity; accountability; integrity; courage; advocacy, and collaborative, formed the basis of a survey to develop the Mission Statement. The board members were asked to concretely outline signs and actions they would notice that would let them know the Mission and Value Statement was being realized (a) Among ourselves as a board, (b) Among the board and contributing authors, and (c) Among the board and other external individuals and entities. There was a 77.8% response rate for this survey (note the editors did not complete the survey).

Themes from the board responses were developed using standard qualitative analysis techniques by Rayya Ghul (Creswell, 2007). Adam Froerer and Sara Smock Jordan each independently reviewed the themes for accuracy and provided feedback and additions to the developed themes. This review and discussion served as an inter-rater reliability check for the developed themes. The final themes were:

¹ The workbook had been pre-published in 2018 as a pdf workbook and published as a book in 2020.

Table 1*Mission and Value Statement Themes*

Themes	Illustrative responses (full data available on request)
Respect	• Hearing each voice and remembering, listening with interest • Treat each other with respect (lack of discrimination or stereotypical language) • Don't impose cultural norms on contributors • Preserve their voice in the feedback • Honest and polite responses
Supportive, Developmental	• Helping contributors with grammar or translation • Reviews should be supportive and developmentally appropriate
Transparent	• Decision-making would be more transparent • Strong and transparent process to manage grievances • Transparent processes • Open and up front about our mission and policies and practices • Making information (finances, decision-making, board membership) transparent
Accountable	• Be willing to call out behavior that is against the mission and values • Shared responsibility • Stand up publicly for our mission and values • Keep our promises
Honest	• Honest • Truth-telling
Inclusive of diversity	• Promote diversity of opinions • Accepting different ways of interpreting SF • Seeking diverse authors out
Accessible, welcoming	• Welcoming and inviting of contributor's correspondence • Asking questions about who isn't represented how we can invite them • Keep the journal open access • Have as much translation as possible and sensory impairment aware
Collaborative	• Consensus in decision-making • Working with and respecting the editor • Giving contributors control over editing when possible • Work with associations and other journals on joint events - collaborative
Diverse	• Variety of skin colors and accents • See many different authors • Promote diversity of opinion
Vulnerable, humble	• Be self-reflective • Be willing to be challenged • Don't be afraid to be vulnerable and say when we don't know things
Quality, Standards	• Prompt responses • Follow academic standards,

	• Make clear our feedback is connected to the purpose and intent of the journal • Hold rigorous standards of excellence • Evidence-based feedback rather than opinion-based feedback • Act swiftly against plagiarism or dishonesty • Make clear our feedback is connected to the purpose and intent of the journal
Socially just	• Give voice to those who are marginalized • Willing to stand up to discrimination, abuse, and social injustice. Speaking out
Kind	• Kind, open conversations about difficult topics • Honesty with kindness
Innovative	• Innovative ways to present articles/knowledge • Seek out new and diverse authors and innovative/unconventional ways
Proactive	• Seek out new and diverse authors and innovative/unconventional ways • Seeking out and encouraging isolated SF communities

The finalized themes were then returned to the board members for review and approval so that their intended feedback was interpreted correctly. This member-checking process is also consistent with traditional qualitative research techniques (Creswell, 2007). The board members approved the themes and reported that these captured their intended feedback appropriately.

Rayya Ghul then crafted a Mission and Value Statement based on the survey themes and suggestions and submitted the draft for review to the editors of the journal. Once the editors reviewed and updated the draft of the statement, the full statement was then reviewed by the entire editorial board. The feedback from the board members was incorporated into a finalized version. The full version is presented here and it is hoped that readers can clearly see how the survey informed the final words.

Figure 1

JSFP Mission and Values Statement
The <i>Journal of Solution Focused Practices</i> (JSFP) aims to provide high-quality peer-reviewed manuscripts including theory, research, practice and other literature to enhance the understanding and practice of all solution-focused practitioners in order to better the lives of individuals, families, organizations, and societies. We aim to treat each other, our contributors and readers with respect and kindness: listening with openness and curiosity; actively expressing appreciation and using non-discriminatory language. We will be accessible and welcoming: maintaining open access to the journal; providing as much translation as possible and being available to contributors and readers. We will strive to be inclusive, particularly of diverse individuals and communities as well as diversity of opinions and interpretations of solution-focused practice. We will be pro-active in seeking out new and diverse voices, supportive and encouraging towards all contributors, and adopt a developmental approach to peer review. We commit to being honest with each other, our contributors and readers. We will make our processes as transparent and open as possible to ensure accountability. We will strive to maintain the highest standards of excellence, both academic and administrative. As a journal, we will welcome innovation and support unconventional ways to present knowledge, particularly where this enables knowledge from underrepresented communities to be heard. We will seek to work collaboratively and with humility, recognizing the need to be self-reflective, willing to be challenged and find ways to discuss difficult topics. We will actively support principles of social justice: giving voice to those who are marginalized; standing against discrimination and abuse and finding ways to support those with less power, influence, money, and academic status.

Concluding Reflections

Several things derived from the restructuring. Not only was the editorial board comprised of individuals who supported an anti-racist, equitable journal but also co-developed the journal's value and mission statement. Editorial Board meetings are now scheduled twice in one day to ensure members from all time zones can attend. Going forward it has been agreed to hold an annual co-learning event focusing on other aspects of equality for Editorial Board members.

Another positive effect of the new vision was to create a new Editor position that oversees abstracts (and some articles) translated in various languages. This was done to recognize authors and readers who are non-native English speakers and to decolonize an otherwise traditional academic influence on the publication process. Typically non-English speakers have been expected to assume the responsibility of learning the language of the oppressor in order to get access to information. It is hoped that we can decolonize this process more and more over time. Only providing resources in English reinforced the ethnocentrism that so many peer-reviewed journals espouse. Table 2 illustrates that some abstracts have been translated into 12 different languages, at this point. The journal is always open to additional translations in these languages or in other languages not currently listed. Anyone interested in supporting the translation efforts should contact the Translation Editor of the journal to coordinate these effects. We wish to thank the many individuals who have already contributed to this important work!

Table 2

Abstracts Translated in Various Languages

Language	Number of Abstracts Available (As of May 2022)
Armenian	1
Chinese	10
Chinese (Taiwan)	9
French	10
German	2
Hebrew	5
Italian	1
Norwegian	1
Persian	10
Russian	5
Spanish	5
Swedish	1

So how is JSFP funded? In early talks about the new JSFP, the importance of sustainability arose. From several conversations and brainstorming sessions, the idea arose to allow groups, organizations, and individuals to make donations to the journal. Larger, consistent donations would be recognized as sponsors. Both AASFBT and SFBTA agreed to make yearly donations to support the journal. Other groups across Europe and Asia graciously donated money as well. In order to maintain transparency and allow for donors to “have a say” in how their funds were spent, a sponsors and management group was formed to discuss the business aspects of the journal. This group meets quarterly to discuss the journal's finances, allowing donors to recommend how funds should be spent. JSFP continues to rely on donations and sponsors to keep operations running (refer to JSFP's webpage ways to contribute). This is only the beginning of our journey, to engage with all of our members to increase accountability.

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*ARTICLE***Solution Focused Brief Therapy and Vicarious Resilience in Bolivian Protective Family Services Workers**

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Abstract

Vicarious resilience (VR) is defined as the positive effects caregivers experience within their personal lives, their work lives, and within their worldview as a whole, that come from witnessing the resilience that clients demonstrate in facing their traumatic experiences. This research study is a quasi-experimental pilot study about how solution focused brief therapy (SFBT) influences the vicarious resilience of family protective system (SLIM) workers in Bolivia. The Vicarious Resilience Inventory (VRI) was administered in a pretest/posttest design for an experimental group (applying SFBT) and a control group (training as usual). Both groups experienced an increase in vicarious resilience, but the SFBT group experienced statistically significant improvements on three subscales of the VRI; (a) resourcefulness, (b) recognition of spirituality, and (c) self-awareness. Two other subscales of the VRI neared statistical significance for the SFBT group, client inspired hope and consciousness of power. It is anticipated that with a larger sample size these subscales would also have been statistically significant. Additional research is needed to generalize the results of this pilot study to a larger population.

Keywords: vicarious resilience, solution focused brief therapy, resourcefulness, spirituality, and self-awareness

Introduction

The Plurinational State of Bolivia is located in South America. According to the 2012 census, Bolivia has a population of 10.1 million inhabitants. The official language is Spanish, but there are more than 36 languages, of which the most used are Aymara and Quechua, especially in the western region (Instituto Nacional de Estadística, 2015).

The national data on violence within Bolivia worries the authorities. According to Gender Observatory, in 2020 between March and May, 2,935 cases of violence were registered. In response to these reports, public policies have been designed with hopes of eliminating this problem. One change that has been instituted to address this violence is the creation of family protection services, administered independently by the various municipalities. Because each municipality addresses these concerns independently, there has not been collective data gathered. Research is needed to know what is happening with these workers and to determine what is needed to support them in such a challenging task.

SLIM Workers

Municipal comprehensive legal services (SLIM for its acronym in Spanish) are the “organizations in charge of managing the cases of violence and carrying out prevention campaigns” (Ley, 2013, p. 348). Each SLIM branch is

composed of three main service areas: legal, psychological, and social work. Each of these branches have a minimum of two professionals for each focus area, for a total of at least six SLIM workers at each branch.

The SLIM professionals are responsible for the reception of all cases, the evaluation of each situation, specialized intervention, and corresponding follow-up (Ministerio de Justicia, 2017). All this work is carried out in a coordinated and multidisciplinary manner supported by a legal framework at the national level. Despite this coordinated care, each SLIM office depends on the municipality (i.e., the mayors of their respective cities and towns) in which it works. This local dependency means economic resources, contracts, and operational approaches depend on individual policies and procedures to combat and treat violence (Ley, 2013).

Because the SLIM offices, like other institutions that work to prevent violence and treat those affected by violence, are not yet consolidated with standardized policy and procedures, there is a tendency by municipalities to reduce funds to these organizations. The regular budget cuts and shortchanging of these agencies makes supporting the infrastructure and acquiring the needed supplies precarious and often results in insufficient staff (Defensoría del Pueblo, 2018).

Rural areas also face additional challenges to supporting an adequate workforce. In these areas employment contracts in SLIM offices are often limited to as little as three months and up to one year. Because SLIM workers need employment and income, they often continue working once their contracts expire without receiving a salary. They work in hopes of having their contracts renewed. If their contracts are renewed, it is uncertain if the back pay accrued during the lapsed contract will be paid (Departamento de Investigación Postgrado e Interacción Social, 2020).

It is expected that each SLIM office has at least one psychologist, one lawyer and one social worker, but this is often not the case. It is common for personnel from other areas within the municipality to be assigned to “administer that service”, in addition to maintaining their own regular responsibilities. At other times a SLIM office may be required to make due with the inadequate workforce. This results in the remaining employees being overworked and underpaid while completing the tasks associated with more than one role. It is important to note that this understaffing situation leaves SLIM workers and agencies open to legal challenges and complaints. Given the sensitive nature of the work (i.e., dealing with violence and trauma) the workers may be subject to legal challenges due to their inability to provide adequate attention to these sensitive situations.

In addition to the legal challenges SLIM workers may encounter other traumatic situations like, natural disasters, violent experiences (e.g. kidnapping), robbery, sexual abuse, etc. (Tedeschi et al., 2004). These conditions force workers to utilize their own coping strategies and personal resources in the face of these challenges—they must draw on their own stores of resilience, or the ability to overcome adversity (Becoña, 2006). Extreme adversity, like that faced by the SLIM workers, can be associated with trauma and may result in feelings of insecurity, disconnection, and fear. Often these feelings are worsened with the concern that the traumatic experience(s) will happen again. Often, as SLIM workers are serving people going through and dealing with traumatic experiences, they are simultaneously dealing with their own challenges that are compounded by the precarious situations within their workplace.

Without diminishing the negative effects that experiencing trauma could have, it seems that the trauma could result in outcomes that are more than just negative effects. As Ai and Park (2005) say, people who experience something traumatic may be weakened by the trauma, but they could also develop better resources and skills as they work to manage the impacts of the trauma. In effect, resilience and more adaptive coping may also be the outcomes of experiencing and helping others manage traumatic experiences.

Clearly, more attention could be paid to how individuals handle these situations and develop additional resilience with psychotherapeutic support (O'Hanlon, 2011). Similarly, more attention could be paid to how SLIM workers may vicariously benefit from focusing on the growth and resilience of those with whom they work. Conversations with SLIM workers with an emphasis on strengths, resources, and resilience could be used to support the clients, the SLIM workers, and to enhance the positive aspects and outcomes of their work. Instead of being pulled further and further down by the weight of the challenges, SLIM workers may be strengthened and helped by focusing on resilience.

Vicarious Resilience

Vicarious resilience (VR) is the positive effects caregivers experience within their personal lives, their work lives, and within their worldview as a whole, that come from witnessing the resilience that clients demonstrate in facing their traumatic experiences. (Engstrom et al., 2008). Caregiving professionals may experience an increase in happiness, joy,

sense of satisfaction, or awe in their clients as a result of hearing about their clients' ability to cope meaningfully with challenging and traumatic experiences. The researchers who first described the vicarious resilience construct followed therapists who worked with clients managing trauma in different cultures and in more than one language (Hernandez-Wolfe, 2012). They described clinicians who experienced vicarious resilience as people who liked their work, who valued being a part of a co-construction in which the social system of the client was taken into account, and who enjoyed witnessing people, not only surviving, but coping with trauma well (Hernández-Wolfe).

Despite the positive impacts of looking at vicarious resilience, there are other indicators that show negative impacts on professionals who strive to help clients manage trauma. These negative impacts on professionals may include emotional burnout, compassion fatigue, and compassion burnout, all leading to practitioner deficits and low client benefits (Franza et al., 2020; Saborio & Lechner, 2015; Pehlivan, 2018). Researchers have shown that many clinicians may experience one or more of the symptoms, while also experiencing some satisfaction from their work with traumatized clients. They have suggested that clinicians may also experience post-traumatic growth and/or compassionate satisfaction (Arias & Garcia, 2019; Buceta et al., 2020; Hernandez-Wolfe & Acevedo, 2018). Killian (2008) demonstrated, however, that there does not appear to be any statistical correlation between these various constructs. This means that clinicians may experience one or more of these things simultaneously. Vicarious resilience seems particularly useful to focus on because of the far reaching implications for the work of the therapists.

Over time the researchers who studied vicarious resilience went on to measure its presence with the use of the Vicarious Resilience Inventory (VRI; Engstrom et al., 2017). They showed that clinicians with high levels of vicarious resilience showed increases in resourcefulness, an openness to changing the way they work with clients, an increased self-awareness, an ability to implement self-care practices leading to less stress and burnout, an increased ability to feel hope that is inspired by their clients, an increase recognition of the value of spirituality and belief systems that transcend the individual, and an increased ability to recognize power and how they are located socially. Each of these things also added to the reduction of excessive intellectualization, fear, fatigue, reactivity, and distractibility by clinicians.

The complex demands on SLIM workers and their challenging work context may increase their burnout and fatigue. It is for this reason that we wondered if helping them develop vicarious resilience would increase their ability to deal with the uncertainty of each case they attend to and to increase their ability to cope with the contextual demands of their challenging circumstances. Because Solution-Focused Brief Therapy (SFBT) is a resource-based approach that focuses on desired outcomes and hope that often leads to increased resilience, we hoped that it would be useful for SLIM workers as they work to deal with their own challenges and help clients dealing with very challenging, traumatic experiences.

Solution Focused Brief Therapy

Solution Focused Brief Therapy (SFBT) was developed in the 1980's in Milwaukee, Wisconsin at the Brief Family Therapy Center by a group of therapists led by Steve de Shazer and Insoo Kim Berg. SFBT is an alternative approach to clinical work that is founded on significant supporting empirical evidence (De Jong & Berg, 2008; Ratner, 2012). SFBT is based on conversations that are co-constructed between the client and the clinician. This co-construction perspective means that it is important for clinicians to incorporate what the client says in each statement they make, and that these incorporated words are usually embedded in questions rather than statements or directives (Froerer et al., 2018).

SFBT is description-oriented and focuses on the presence of the desired transformation the client wants as a result of a given session. This transformation-focused description incorporates different aspects from the past, present, or future of the client's life, and establishes inspiration by connecting the client's resources, skills, and agency to the description of managing the uncertainty of trauma (Connie, 2021). In this way, the notion of the desired transformation and the agency associated with achieving this transformation are elements of hope (Courtnage, 2020).

Hope is a primary conversational entity within SFBT that is reflected within a positive therapeutic relationship (Froerer et al., 2019). Hope is fostered by intentionally allowing the client to assume the leading role, especially when it comes to the content of the conversations (Ratner et al., 2019). In the specific case of working with people who are managing trauma, this practice usually changes the role of the practitioner from victimologist to resilientologist (von Cziffra-Bergs in Froerer et al., 2018).

Research Question

Given the evidence-base and resilience focus of SFBT, this study sought to understand if exposure to SFBT impacted the levels of vicarious resilience in protective family systems (SLIM) workers in Bolivia.

Method

In order to investigate if Solution Focused Brief Therapy had an influence on the levels of vicarious resilience, a pilot, quasi-experimental, pretest/posttest, two group design was used. The control group was a no-treatment/training-as-usual group, while the experimental group was provided with a SFBT intervention in between the pretest and posttest measurements.

Participants

A total of 42 Bolivian participants were included in this study. In order to participate in the study individuals needed to have met the following inclusion criteria: (a) Be an adult of 18-years or older, (b) Be employed as a Municipal Comprehensive Legal Services (SLIM) employee, or part of the SLIM-UMSA team (which may include social workers, lawyers, and other professionals), and (c) Be fluent in reading and writing in Spanish.

Individual participants ended up self-selecting into the treatment group or control group. Participants were asked to watch four SFBT training videos and complete four self-paced homework assignments associated with the videos. Then, all participants who completed all four assignments were invited to attend an SFBT training session. Each individual who was present at the SFBT session was included in the treatment group, while all others were placed in the control group. Only two (8%) of the individuals in the control group submitted any assignments.

Ultimately, the control group had 24 participants and the Solution Focused group had 17 participants. Although this is an unusual way to develop groups in a research study, because of the pilot nature of this study, it seemed to be the best way to determine the impact of the solution focused training for the SLIM workers. Additionally, it is valuable to note that one participant in the control group had scores that differed drastically from the rest of the participants. Because of these outlying results the researchers decided not to include this participant in the overall findings of the study, therefore, only 41 participants were included in the final analysis.

Materials

All participants, regardless of research group, were given the The Vicarious Resilience Scale (VRS; Killian, Hernandez-Wolfe et al., 2017) at both pretest and posttest. Each of the 27 questions is composed of a Likert-style question with answer options that range from zero to five. The response options for each question include, 0 = Did not experience this; 1 = Experienced this to a very small degree; 2 = Experienced this to a small degree; 3 = Experienced this to a moderate degree; 4 = Experienced this to a great degree; and 5 = Experienced this to a very great degree. Per the factor analysis results during the development of the measure, scores on the VRS are divided into seven different subscales and are also added together for an overall VRS score. The seven subscales include, (a) Increased resourcefulness, (b) Changes in life goals, (c) Increased self-awareness, (d) Client inspired hope, (e) Increased recognition of spirituality, (f) Increased consciousness of power, and (g) Increased capacity to remain present.

For the SFBT intervention, a psychoeducational program was used. The SFBT intervention program included four short training videos about SFBT that lasted about four minutes each. In addition, a self-paced homework assignment was given to be completed by the participants at the conclusion of each of the four videos. These videos and homework assignments were administered once a week for a total of four weeks. Finally, a Solution Focused Group session was completed with the individuals who watched all videos and completed all homework assignments. This session was completed one week following the final video and homework assignment. This session and the training videos were intended to teach practitioners how to utilize SFBT in their work with clients. Only participants who completed all videos and all homework assignments participated in the SFBT group session and were later considered the treatment group for analysis purposes.

Procedures

All participants were given the option of completing the SFBT training. Participants self-selected into the SFBT group by completing all of the associated tasks and participating in the synchronous virtual group session. The group session was based on the following question: *Suppose in six months we are coping better in the way that we would like to, and we are becoming the best version of our team at SLIM. This improvement also influences how we treat the people we help. What signs do our clients notice that tells them this has happened?* This study included the following phases: *Phase 1*: Initial measurement using the VRS, *Phase 2*: SFBT Intervention, *Phase 3*: Final measurement using the VRS, *Phase 4*: Data analysis and generation of results.

Results

The results of this study were calculated by comparing the solution focused group to the control group. Differences were identified through a paired sample t-test. A paired t-test identifies if there is a significant difference between the changes in vicarious resilience between the two groups. The VRS with its 27-items ($\alpha = .98$) showed a statistically significant difference on three of the seven subscales and on the overall score between the two groups.

Although the control group and the experimental group showed some improvements, none of the improvements within the control group were statistically significant, whereas some of the results for the solution focused group were statistically significant. Table 1 shows the raw score improvement (pretest to posttest) and the percentage improvements (also pretest to posttest) for the solution focused group.

Table 1

Experimental Group Pre-Test/Post-Test Result (percentages)

Vicarious Resilience Sub-Scale	Mean Percent Increase		Mean Value Increase	
	Pretest	Posttest	Pretest	Posttest
Increased Resourcefulness	66%	79%	19.83	23.78
Change in Life Goals	74%	83%	22.33	24.78
Increased Self-Awareness	65%	81%	12.94	16.17
Client Inspired Hope	67%	81%	10.11	12.11
Increased Recognition of Spirituality	64%	77%	9.61	11.61
Increased Consciousness of Power	67%	77%	6.67	7.72
Increased Capacity to remain present	70%	79%	10.56	11.78

It is important to note that scores increased on all subscales of vicarious resilience within the solution focused group. However, there was a statistically significant increase in only three subscales: *Increased Resourcefulness*, *Increased Self-Awareness*, and *Increased Recognition of Spirituality* (see Table 2). There were two other sub-scales that approached statistical significance: *Client Inspired Hope* ($p = .06$) and *Increased Consciousness of Power* ($p = .09$). It is likely that the small sample size of this pilot study impacted the possibility of achieving statistical significance. It is also probable that increasing the sample size would also impact the significance of the other non-significant sub-scales.

Table 2*Sample Descriptive Using t-test for Equality of Means*

	Control Group		Control Group		SFBT Group			SFBT Group		
	Pre-test Mean	Pre-test SD	Post-test Mean	Post-test SD	t-test	Pre-test Mean	Pre-test SD	Post-test Mean	Post-test SD	t-test
Increased resourcefulness	20.39	5.51	23.22	3.84	-2.02	19.83	5.37	23.78	3.78	-2.39*
Changes in life goals	23.00	4.46	24.30	3.75	-1.10	22.33	5.99	24.78	3.87	-1.51 ($p = .15$)
Increased self-awareness	13.74	3.90	15.61	3.06	-1.98	12.94	3.84	16.17	2.90	-3.37**
Client inspired hope	12.04	2.38	11.883	1.87	.33	10.11	3.60	12.11	2.22	-2.0 ($p = .06$)
Increased recognition of spirituality	10.35	2.95	11.61	2.17	-1.53	9.61	2.70	11.61	2.45	-2.50*
Increased consciousness of power	6.91	1.93	7.65	1.72	-1.35	6.67	1.88	7.72	1.90	-1.75 ($p = .09$)
Increased capacity to remain present	11.17	2.57	11.91	2.31	-1.03	10.56	3.15	11.78	2.21	-1.25 ($p = .23$)
Total	97.61	4.23	106.13	15.93	-1.61	92.06	23.30	107.95	16.60	-2.34*

* $p < .05$ ** $p < .01$

As mentioned previously, the scores on each of the subscales increased for the SFBT (experimental) group. The scores for the control group also increased on six of the seven subscales; the exception was the *Client Inspired Hope* scale which decreased from 12.04 to 11.88 (see Table 2). Although this change was not statistically significant, it does call into question why *Client Inspired Hope* may have decreased. More on this will be discussed in the discussion section of the paper, especially since this same sub-scale was nearly statistically significant within the SFBT experimental group. The largest change within the experimental group was noticed on the *Increased Self-Awareness* sub-scale.

It is also important to note that two subscales were not statistically significant, nor were they approaching significance, *Change in Life Goals* and *Increased Capacity to Remain Present*. We were not surprised by the lack of change

in life goals, given the shortness of the intervention, and given that this was not the intention of this intervention. However, we were surprised by the lack of change in the ability to remain present endorsed by the participants. More will be discussed about this in the discussion section below.

Discussion

The professionals in the SFBT treatment group improved their scores for all subscales of the vicarious resilience measure, thus indicating that they increased in their overall vicarious resilience. This, in and of itself, is important and valuable. Despite the small sample size, we can see that even a little SFBT exposure may help increase vicarious resilience for clinicians working in some of the most difficult circumstances. These findings are consistent with what Froerer et al. (2018) outlined. Clinicians who work with the successes of their clients (something that was highlighted in the SFBT training for this group) are likely to become more and more resilient over time.

Increased Resourcefulness

It makes sense that helping professionals would experience an increased sense of resourcefulness (one of the statistically significant findings from the study) after receiving training in SFBT. Having additional tools to draw from, additional questions to ask, and a different perspective would help to increase the abilities of SLIM workers to engage with clients in new and different ways. This finding is also understandable since several of the participants reported an increase in the recognition of spirituality in their work (a result that will be discussed below). Being able to draw on spirituality as a support may increase the likelihood of feelings of resourcefulness. Spirituality may be one of the resources the participants felt more able to utilize post SFBT session. This reinforces allowing participants to discuss and take the session wherever it is useful for them (de Shazer et al., 2007). Given the focus of SFBT on resources, specifically in the form of resource talk (George et al., 2017) it is understandable that clinicians would also experience an increase in vicarious resilience through noticing their own resources. The common factors literature mentions that clinicians who appear confident are more likely to have clients that experience positive outcomes (Kort et al., 2021).

Increased Recognition of Spirituality

This finding was surprising and not something that we, as researchers, expected to see in the results. Although, given what we mentioned above in the *Increased Resourcefulness* section, it does make some sense that this would show up in this study. This study did not specifically focus on spirituality, however, an inclusion of spirituality was not excluded if the participants initiated the conversation. Given that Bolivia is largely a catholic syncretic culture, it makes sense that this is a resource they would utilize to help in times of trauma and difficulty. As Edelkott, Engstrom, Hernandez-Wolfe, & Gangsei (2016) mentioned, vicarious resilience can lead to changes in self-perception, changes to interpersonal relationships, and changes in life philosophies.

Increased Self-Awareness

As noted above, the *Client Inspired Hope* score decreased in the control group. This may be due to the expectation of the clinicians to “fix” problems for people. This may indicate that these professionals hold a belief that the clinician is the expert and that they should not be getting anything from the client, but rather, the client should be getting things from the clinician. This highlights a vital component of the SFBT approach, namely that the client and the clinician are co-constructing a new reality through language. It is important to note that this same sub-scale was approaching statistical significance for the SFBT participants. This may indicate that a shift in perspective may have resulted from the SFBT intervention that experimental group participants engaged with.

These findings are particularly impressive because of the short timeframe of this pilot study. Treatment group participants had only a limited time to apply SFBT to their actual work with clients. It seems reasonable to consider that a longer time between pre-test and post-test (even if just a couple of months), together with supervised training on implementing SFBT with clients, could lead to even more robust outcomes in the vicarious resilience research measures.

These more robust findings could go on to support developments in the actual policy and procedures for the training of workers in SLIM; something that would be very significant!

Also, as noted above, the *Ability to Remain Present* sub-scale did not change much for the experimental group or for the control group. Some possible reasons that people were still unable to stay present is that they were still required to go to work in the midst of COVID (this may have been a confounding variable that we could not control for, due to the timing of the study). These professionals were not provided with masks and other COVID-related safety protocols, however, they were required to pass on protective gear to members of the community. This means that although they could work for the well-being of their clients, they could not secure their own well-being very well at all. These professionals were also not allowed to stay home when sick (even though they could have been infected with COVID-19) and they did not have health insurance that would have mitigated some of their symptoms more effectively. This group of people had many other personal concerns that may have confounded the results of study. For these reasons the significant findings on many of the other subscales is even more impressive. Despite having these ongoing personal concerns the SFBT participants were still able to increase their own resourcefulness, be inspired by their clients, and increase their recognition of spirituality while the control group was not able to make these same gains. Also worth noting is that since some of the SLIM workers in the control group did complete portions of the SFBT training (some watched portions of the videos and some completed portions of the homework), but did not complete everything to be included in the experimental group, it is likely that the SFBT group session at the end of the protocol had a significant role in the improvements for the SF group. It would be worth looking into this more with further research.

Although this study is the first of its kind in South America, and although there are some promising results, it is important to acknowledge the limitations of this study. The pilot-nature of this study means the sample size was small and limited, therefore, these results should be interpreted with caution. Readers should be careful not to generalize these outcomes to all frontline workers. Additional research with a larger, more diverse sample-size would increase the confidence in these results. Also, as mentioned previously, the timing of this study, during the COVID-19 pandemic, introduced confounding variables that may have impacted the findings of the study. It would be beneficial to repeat this study during non-COVID times to determine if the findings are consistent with these. Again, despite the promising findings, the results of this study should be interpreted with caution, and readers should be careful not to attribute all the change solely to the SFBT intervention, although it appears that this intervention was impactful for the SFBT treatment group.

SFBT appears to increase the vicarious resilience of even the newly exposed clinicians. SFBT appears to increase resourcefulness, awareness of self, and awareness of the role of spirituality. We hope that these results will contribute to the growing body of vicarious resilience literature in a positive way. In addition, it is anticipated that since this pilot study shows a preliminary link between vicarious resilience and solution focused brief therapy, it is possible and likely that this link could be demonstrated not only with SLIM workers, but could also be replicated in other clinical and service settings as well. Additional research about the vicarious resilience and solution focused link would be very valuable.

In conclusion, Solution Focused Brief Therapy, even in a small dose, served to increase the vicarious resilience of SLIM workers in Bolivia. However, as Hernandez-Wolfe (2016) says, it would be a fallacy to affirm that this improvement occurs spontaneously, so it is important to highlight the urgent need to improve the working conditions of civil servants, taking into account that these are not replaceable workers as in other types of administrative jobs, since by accumulating experience and inspiration from the survival relates of clients, they develop appreciation for diversity and inclusion, in addition to creativity to generate bridges between social gaps. In other words, the professionals who help are irreplaceable since they are their own work instruments which they forge in the experience and inspiration of the heat and intensity of the struggles to fulfill their challenging responsibilities. Procedures such as SFBT help ensure that this development is consistent.

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ARTICLE

Solution-Focused Brief Therapy-Enhanced Fatherhood Curriculum Pilot Study: A Comparison of Delivery Methods in Response to the COVID-19 Pandemic

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Abstract

Many fatherhood programs provide curriculum-based peer groups, but the evidence for their effectiveness is limited and prior studies highlight challenges in recruiting and retaining participants. This pilot study aimed to test the effectiveness of a standard fatherhood curriculum enhanced with Solution Focused Brief Therapy (SFBT) using a quasi-experimental design. Study outcomes included father involvement and parenting skills measured immediately post-intervention. A sample of 92 fathers (M age = 35.2) participating in a fatherhood program were recruited to participate in the study. Due to COVID-19, the treatment groups were moved to an online format. Independent samples and paired samples t -test were used to detect group differences and Hedges's g effect sizes were also calculated to examine magnitude of treatment effects. Although the SFBT-enhanced peer group curriculum did not outperform the comparison curriculum, the online version of the SFBT-enhanced curriculum was found to be equivalent to the in-person curriculum. These novel findings suggest that online fatherhood groups may be similarly as effective as in-person groups, which may increase opportunities for access and participation in fatherhood programs.

Keywords: Solution-focused brief therapy, fatherhood, father involvement, randomized control treatment, online intervention

Introduction

Fathers' and their roles as parents are an important target for intervention to improve child and family well-being. In recent decades, studies have established clear and consistent linkages between positive fathering and child well-being including economic (Black et al., 2003; Newland, 2015), behavioral (Amato & Gilbreth, 1999; McMunn et al., 2017), and cognitive (Roggman et al., 2004; Rollè et al., 2019; Tamis-LeMonda et al., 2004) indicators across diverse populations, including young, unmarried, racially and ethnically diverse, and low-income fathers. Providing parenting supports through fatherhood programming represents an opportunity to bolster the well-being of children and families across a variety of domains. However, fatherhood program recruitment and retention are an ongoing challenge. An important "next step" in the field is to identify strategies and interventions that improve fathers' engagement in programs and improve their fathering attitudes and involvement in rearing their children. Thus, this pilot study was designed to test the effectiveness of a standard fatherhood curriculum enhanced with Solution Focused Brief Therapy (SFBT) in improving father involvement, parenting skills, and solution-building using a quasi-experimental design.

There remains a great need for the development of innovative and evidence-supported approaches to serving fathers and their families, especially those in underserved subgroups that have needs and challenges that likely require more targeted services and supports. For example, a group of fathers with unique needs, but little research to guide practice, is fathers who are making the transition from jail or prison back to their communities and families. These fathers face significant barriers to employment and have often been separated from their families for months or even years, making employment and re-establishment of family relationships particularly difficult (Dallaire, 2007; Murray & Farrington, 2008). Another subgroup in need of more effective, targeted services is fathers with a history of violence. The risk to children and families, including child maltreatment and domestic violence (e.g., Kitzmann et al., 2003), makes participation in traditional fatherhood programming difficult, particularly for those who are court ordered not to have contact with their families. Taken together, these underserved groups represent a large portion of fathers in need of responsible fatherhood services.

There is no gold standard evidence-based responsible fatherhood program, however many fatherhood programs use peer group curricula as an important piece of their service array. However, few curricula have been subjected to rigorous effectiveness studies- particularly those designed to support low-income fathers. Furthermore, few efforts have been made to develop an approach to father engagement in key services such as peer groups that has been informed by behavioral research or theory. Discrete strategies to increase engagement of fathers in services generally have been identified in the field, including offering incentives, bringing services to fathers where they are at (e.g., at school, home, work), and providing transportation, among other approaches (Heinrichs, 2006; Sandstrom et al., 2015). These strategies are anecdotally helpful, however, there is little rigorous research to establish the efficacy of any of these strategies individually or in concert.

One promising approach to improve family involvement that is informed by behavioral research and theory is SFBT. SFBT is an evidence-based therapy model that was developed to provide a more strengths-based alternative approach to traditional problem-focused services. The more positive, solution-building approach of SFBT makes it particularly well-suited to work with low-income fathers served by fatherhood programs, many of whom are court ordered (Kim et al., 2021). SFBT also works well for a diverse group of families and family relationships (i.e., married, unmarried, nonresidential) and for those who may be discouraged from attending services that tend to focus on the negative behaviors of fathers (Kim, 2014). SFBT originates from family systems theory and family therapy and works by providing strategies by which individuals and families shift the way they perceive their problems, focus on their desired goals, and explore ways that they have been successful in achieving their goals in the past (De Jong & Berg, 2008). One of the key elements in the SFBT approach is to collaboratively help clients identify solutions to their problems and let the client be the expert in identifying what the problems are and how to best resolve them (Kim, 2008). Thus, there is a greater emphasis on solution-building with clients that involves asking different questions that lead to different, more positive, effects (Jordan & Turns, 2016).

SFBT can also be an effective intervention for a variety of mental health and well-being outcomes with mandated or service-resistant clients by creating a more collaborative approach to addressing client needs (Kim & Franklin, 2015). Several systematic reviews and meta-analysis studies have shown SFBT to have small to medium, positive treatment

effects for internalizing problem behaviors, externalizing problem behaviors, and family-related problems (Gingerich et al., 2012; Gingerich & Peterson, 2013; Kim, 2008). More recently, a randomized controlled trial with families involved in the child welfare system found SFBT to be effective in helping parents with substance abuse related problems, trauma, child well-being, and family well-being (Kim et al., 2018; 2019). Participants in the study all had children placed in out-of-home care with a case plan goal of reunification as well as alcohol or drug abuse by a parent. Study results showed positive treatment effects for the SFBT group using solution-building techniques that amplified client strengths and helped parents describe a preferred future where the problem is gone (Kim et al., 2018; 2019).

Objectives of the Study

Given the benefits of positive father involvement, the need for improved engagement of fathers in fatherhood programming, and the promising research supporting the potential for SFBT to improve father involvement and solution-building, this study was designed to evaluate the effectiveness of a SFBT-enhanced peer group curriculum for fathers to enhance solution-building, father involvement in families, and improve father's parenting skills. Participating fathers were recruited from a community-based social service agency (Center on Fathering, CoF) that offers various curriculum and programs for fathers to help strengthen families. The study's research questions and hypotheses are as follows:

1. Does the SFBT-enhanced peer group curriculum improve fathers' capacity to identify solutions and exceptions to problems as well as hope for the future (e.g., solution-building skills) as compared to the standard CoF fatherhood curriculum alone?
2. Does the SFBT-enhanced peer group curriculum result in improved fathers' involvement in families as compared to the standard CoF fatherhood curriculum alone?
3. Does the SFBT-enhanced peer group curriculum result in improved parenting skills and knowledge among fathers as compared to the standard CoF fatherhood curriculum alone?

Methods

Design of the Study

To answer the research questions, this pilot study used time-lagged quasi-experimental (QED) pre-test post-test design whereby two groups of fathers participating in a group fatherhood curriculum at one social service agency were sequentially enrolled in the study. The first group of fathers recruited into the study served as the comparison group and received services as usual [standard Center on Fathering (CoF) fatherhood curriculum]. Fathers in the comparison group were recruited and enrolled between August 2018 through December 2018. Then, the staff of the social service agency were trained in the SFBT-enhanced fatherhood curriculum. Following training, the treatment group of fathers was recruited from February 2020 through November 2020. This study design enabled the establishment of preliminary trends on outcomes within a short period, minimizing contamination across study conditions, and maximizing empirical opportunities to examine feasibility and fidelity of the program (Guterman et al., 2018).

Sample

The CoF is a fatherhood program that serves Colorado Springs metro region and is a part of El Paso County Department of Human Services (DHS). The CoF works with families who have court involvement or are working with the DHS as well as families who want to improve how they parent their child. Inclusion criteria for participation included fathers who: (a) enrolled in the fatherhood programs at the CoF, (b) aged 18 years or older, and (c) consented to participate in the study.

Fathers were recruited into the research study using the CoF's normal recruitment and interaction process by CoF staff. All fathers who entered services for the fatherhood curriculum during the study enrollment period were offered

the opportunities to participate in the research study. If they agreed to participate, the agency intake clinician provided information about the study to participating fathers and reviewed consent forms with them. Participants were offered \$25 gift cards for completing pretest measures and \$30 gift cards for completing posttest measures. University of Denver IRB approval was obtained prior to data collection.

Procedures

All clinicians and clinical directors delivering the fatherhood curriculum were employees of the CoF and were either a bachelor's or master's level clinician with no previous training in SFBT. Participating fathers completed pretest measures on the first day of the fatherhood curriculum and posttest measures during the last course. After data were collected from the comparison group, CoF clinicians were trained in SFBT over 2 full days by the lead author who is an expert in SFBT. The lead author and CoF clinicians also worked on integrating SFBT techniques into the standard fatherhood curriculum to design the SFBT-enhanced peer group curriculum. Once the SFBT-enhanced peer group curriculum was finalized, recruitment and data collection for the treatment group began for the SFBT-enhanced peer group curriculum. Curricula were offered throughout the year on a staggered basis so that fathers did not have to wait any longer than a few weeks to start a group.

Standard CoF Fatherhood Curriculum

The CoF provides a standard skills-based, 15-week responsible fatherhood delivered curriculum. The group meets weekly for 90 minutes and has an average class size of 15 fathers. The CoF currently runs between 6-8 fatherhood curriculum per year, serving approximately 90 fathers annually. The standard CoF Fatherhood curriculum addresses the father-child relationship and parenting skills to improve the family relationship and father involvement. Some of the major topics covered in the curriculum include the importance of fathers' roles, family communication, anger management, child development, child-parent attachment, play, discipline, and self-esteem. The standard curriculum can be provided to fathers of any age or family situation (e.g., unmarried or married fathers who are or are not living with their children).

The standard CoF fatherhood curriculum employs an evidence-informed curriculum that has been continually developed over the last 20 years by Ken Sanders, previous program manager of CoF. When CoF first began providing this curriculum in the mid-1990s, one of the only well-disseminated curricula that had been used with both young, low-income, and single mothers and fathers was the MELD curriculum. A seven-site study of the MELD curriculum demonstrated improvements in attitudes and beliefs of participants on measures related to parenting and nurturing children, including more appropriate expectations about children's abilities, increased empathy, and reduced value of corporal punishment (Treichel, 1995). The CoF fatherhood curriculum enhanced the MELD curriculum using local research evidence including focus group data, evaluation data and continuous feedback from staff and participants. These evidence-supported improvements included interactive activities, updates and examples using technology, and more strengths-based content. The curriculum has been evaluated internally using pre-post data, and demonstrated improvements in parenting skills, attitudes, and behaviors.

SFBT-Enhanced Peer Group Curriculum

SFBT strategies have been used with difficult-to-serve populations to address family functioning (Kim et al., 2018). SFBT is an evidence-based intervention that builds on clients' resources and motivations to shift away from problem-talk to focus more on what they want and explore ways they have been successful in achieving their goals in the past. Goals are important to the change process and are created cooperatively with participants (Kim & Franklin, 2015). The clinicians use various solution-building questioning techniques like exception questions, scaling questions, relationship questions, miracle question, compliments, first formal task (do more of what is already working) and goal setting (DeJong & Berg, 2008). These SFBT techniques help clients define what they want in the future and lead them in a process of visualization, imagination, and planning specific steps to desired goal. More details about the specifics of

SFBT and how it differs from other evidence-supported interventions can be found in the SFBTA Treatment manual (Bavelas et al., 2013).

Researchers collaborated with the CoF for 6 months to develop this new SFBT fatherhood curriculum. None of the weekly topics or core content changed from the Standard CoF fatherhood curriculum except for adapting more solution-building questions into the way clinicians facilitate the class discussions and interactive activities. In the beginning, CoF clinicians received intensive 2-day SFBT training to learn the theoretical model's approach as well as specific SFBT techniques used to help clients identify solutions and preferred future. CoF clinicians were taught how to use SFBT techniques to help fathers identify solutions to their problems and provide details about what their preferred futures look like when the fathers are at their best. Next, the research and CoF team went through each of the 15-week curriculum and identified ways to integrate SFBT techniques into the class discussion, class reflection activities, and interactive activities. These solution-building skills were integrated into the curriculum to support their efforts to enhance engagement. Finally, each clinician was able to conduct an entire SFBT fatherhood curriculum to practice new SFBT skills as well as the new discussion and interactive activities. The lead author who led the SFBT training met monthly for one hour with the CoF clinicians to provide further training, consultation, and revisions. Additional information about the SFBT-Enhanced Fathering Curriculum and copies can be requested by contacting the El Paso County Department of Human Services Center on Fathering.

COVID-19 Modifications

The COVID-19 pandemic emerged at the beginning of the treatment phase of the study, which required the CoF to stop all services. The first two SFBT-enhanced treatment groups had met in-person before the CoF stopped the classes due to state public health orders to prevent the COVID-19 virus from spreading. The groups had met for almost half of the 15-week sessions before switching to online remote classes to finish out the class. The first SFBT-enhanced treatment group completed 8 of 15 sessions in-person and the second completed 6 of 15 sessions in-person. The CoF paused the classes for one week so that they could find a way to continue safely providing the classes. During this pause, the CoF decided to provide weekly SFBT fatherhood curriculum remotely using Webex video conferencing.

Due to the COVID-19 pandemic interrupting the start of the treatment group curriculum, two different types of SFBT-enhanced fatherhood curricula were provided to treatment group participants: (a) two hybrid groups (n=22) that were delivered initially in-person and ended online and (b) five (n=20) online groups. All online group meetings were provided by Webex video conference platform. The five online SFBT-enhanced fatherhood groups did conduct the first and last class in-person using social distancing practices in a large parking lot so that the fathers could complete hard copies of the intake and assessment forms. Otherwise, the rest of the classes were conducted online. The groups were offered throughout the year on a staggered basis so that fathers did not have to wait any longer than a few weeks to start.

Outcome Measures

Measures for this study included those that address each of the three research questions. Two of the measures, (i.e., solution-building skills and father involvement) were collected at posttest for all of the comparison, hybrid, and online groups. One measure (i.e., parenting attitudes) that assessed father's parenting attitudes was collected at the pre-and post-test periods.

Fathers' solution-building skills, one of the key constructs of SFBT, was measured using the Solution-Building Inventory (SBI; Smock et al., 2010). The SBI measure consists of 14 items that assessed participant's capacity to identify solutions and exceptions to problems as well as hope for the future (e.g., "I am able to generate solutions", "I have the ability to focus on what I want to occur in my life"). Participants used a 5-point Likert scale to rate their level of agreement (1=Strongly disagree to 5=Strongly agree). A mean score of SBI was computed so that a higher score indicates higher solution-building skills. The measure showed high reliability in our sample, showing $\alpha = .93$ for the comparison groups, $\alpha = .90$ for the hybrid groups, and $\alpha = .87$ for the online groups.

Father involvement was assessed by using the 11 items of the Fatherhood Research and Practice Network Father Engagement Scale (FRPN; Dyer et al., 2015). FRPN measures one's capacity for involvement in childrearing and cognitive activities with items (e.g., "How often have you fed or given a bottle to (child)?") rated on a 5-point frequency scale that ranges from 1 = *never*, 2 = *1 to 2 days per month*, 3 = *3 to 4 days per month*, 4 = *2 to 3 days per week*, 5 = *everyday or almost everyday*. For this study, the responses were averaged so that higher scores indicate greater involvement of fathers in families. The measure has been found to have a strong internal consistency ($\alpha = .89$) and good convergent, discriminant, and criterion validity (Bavolek & Keene, 2010). The measure also showed strong reliability for our sample ($\alpha = .96$ for the comparison group, $\alpha = .93$ for the hybrid group, and $\alpha = .96$ for the online group).

Parenting attitudes was measured by using the Adult Adolescent Parenting Inventory- version 2 (AAPI-2), which consists of 40 items that assess knowledge about parenting and child rearing attitudes (Conners et al., 2006). The measure consists of five constructs, including: (a) expectations of children, (b) parental empathy towards children's needs, (c) use of corporal punishment, (d) parent-child family roles, and (e) children's power and independence (Conners et al.). Each item is measured based on a 5-point Likert scale, which has a range of 1 = *Strongly disagree* to 5 = *Strongly agree*. For this study, the mean score was used so that higher score indicates more positive parenting attitudes. The measure has been shown to have adequate psychometric properties in a culturally diverse samples of parents, showing high reliability coefficients ranging from $\alpha = .80$ to $.89$ (Lawson et al., 2015; Park, 2011). The measure also showed strong reliability for our study samples ($\alpha = .81$ for the comparison group; $\alpha = .76$ for the hybrid group; and $\alpha = .78$ for the online group).

Power Analysis

An a priori power analysis for power = 0.80 with a two-tailed $\alpha = .05$ for a repeated measures model showed that 198 participants are necessary for the small effect size ($\eta^2 = 0.01$); 34 total participants are required when the effect size is medium ($\eta^2 = 0.06$); and 16 total participants are required when the effect size is large ($\eta^2 = 0.14$; Kim et al., 2018).

Data Analysis

Univariate and bivariate analyses were conducted to answer the present study's research questions. Descriptive analyses frequency distributions, means, and standard deviations were conducted. Bivariate analyses included chi-square tests and independent samples t-tests to test for statistically significant differences between comparison and treatment groups (e.g., the standard CoF curriculum vs. SFBT-enhanced peer group curriculum) on father demographic variables.

The differences in father's involvement and solution-building skills between the comparison and the treatment groups were calculated using independent samples t-test. Statistical significance was defined as a probability $p < .05$. To assess the amount of change in parenting attitudes after 10 months from the baseline, we used paired sample t-tests between pre- and post-test in each treatment group.

Given the pilot nature of this study and the reduced power given the relatively small number of participants, effect sizes are particularly useful in assessing whether the intervention provides evidence promising effects warranting future studies. The magnitudes of effect sizes observed on three fathering outcome variables were estimated using Hedges's g with a small sample bias correction to yield the most conservative effect size estimates. Effect sizes were interpreted using Cohen's (1988) guidelines (i.e., 0.2 = a small effect; 0.5 = a medium effect; 0.8 = a large effect). 95% confidence intervals were calculated to examine the significance of each effect size (Shadish & Haddock, 1994). Data were analyzed using Stata 14.0.

Results

Descriptive Characteristics

Descriptive statistics for the variables are provided in Table 1. The mean age of participant fathers was 36.0 ($SD = 9.0$) in the comparison group, 34.6 ($SD = 7.0$) in the hybrid group, and 33.6 ($SD = 9.0$) in the online group. The majority of the participants in all three groups were White, single or never married, fully employed, and had a degree of higher than college. The Pearson Chi-square and independent samples t-tests results revealed no statistically significant differences in demographic characteristics between the comparison and the treatment groups, except for financial assistance and criminal justice involvement.

Table 1

Study Sample Characteristics (n = 92)

Variables	Comparison		Treatment				<i>p</i>
	Standard CoF (<i>n</i> = 50)		SFBT Hybrid (<i>n</i> = 22)		SFBT Online (<i>n</i> = 20)		
	<i>N</i> (<i>M</i>)	% (<i>SD</i>)	<i>N</i> (<i>M</i>)	% (<i>SD</i>)	<i>N</i> (<i>M</i>)	% (<i>SD</i>)	
Age	36.0	9.0	34.6	7.0	33.6	9.0	.27
Race/Ethnicity							
White	37	74.0	15	68.2	13	65.0	.51
Black	6	12.0	3	13.6	3	15.0	
Alaska native	1	2.0	0	0	0	0.0	
Asian/Pacific Islander	1	2.0	0	0	0	0.0	
Latino/Hispanic	4	8.0	4	18.2	3	15.0	
Marital status							
Married	10	20.0	2	9.1	5	25.0	.62
Separated	10	20.0	7	31.8	4	20.0	
Divorced	8	16.0	6	27.3	5	25.0	
Single/Never married	19	38.0	7	31.8	5	25.0	
Educational attainment							
Less than high school	21	42.0	11	50.0	7	35.0	.66
Higher than college	27	54.0	11	50.0	12	60.0	
Full Employment	34	68.0	15	68.2	16	80.0	.64
Financial assistance	18	36.0	5	22.7	4	20.0	.00
Criminal justice involvement	32	64.0	10	45.5	5	25.0	.01

Inferential Statistics

Differences in Solution Building and Father Involvement by Treatment Group

The results for independent samples t-test between comparison and hybrid groups are presented in Table 2. There was a significant difference in solution-building skills between the comparison and hybrid groups ($t(64) = 2.22^*$, $p < .05$), with comparison group showing higher mean scores ($M = 61.1$, $SD = 6.6$) compared to the hybrid group ($M = 57.1$, $SD = 7.5$). The effect size for this difference in solution-building skills was medium (Hedges's $g = -0.58$, [CI: -1.10, -0.07]); Shadish & Haddock, 1994). Similarly, the difference in father's involvement in caregiving activities between two groups was significant ($t(67) = 2.08^*$, $p < .05$), with the comparison group ($M = 57.1$, $SD = 7.5$) showing

a higher father involvement than the hybrid group ($M = 57.1$, $SD = 7.5$). The Hedges's g for father involvement in caregiving activities indicated the medium effect size (Hedges's $g = -0.54$; [CI: -1.05, -0.03]). There was no significant difference in father involvement in cognitive activities between two groups ($t(68) = 1.54$, $p = .06$), although the comparison group ($M = 10.1$, $SD = 2.6$) attained slightly higher scores than the hybrid group ($M = 9.0$, $SD = 2.8$).

Table 2

Independent T-Test between Comparison and Hybrid group ($n = 72$)

Variables	Comparison ($n=50$)		Hybrid ($n=22$)		t	p	Hedges's g [95% CI]
	M	SD	M	SD			
Solution-building skills	61.1	6.6	57.1	7.5	2.22*	<.05	-0.58 [-1.10, -.07]
Father involvement in caregiving activities	18.4	5.5	15.3	5.9	2.08*	<.05	-0.54 [-1.05, -.03]
Father involvement in cognitive activities	10.1	2.6	9.0	2.8	1.59	.06	-0.41 [-.92, .09]

Note. SD = Standard Deviation; CI= Confidence Intervals;

* $p < 0.05$.

Between Comparison and Online Group

The results of the independent t-test for father's solution-building skills between the comparison and online group are presented in Table 3. There was no significant difference in father's solution-building skills ($t(61) = 1.29$, $p = .21$), despite the online group ($M = 63.2$, $SD = 5.6$) attaining higher solution-building skills score than the comparison group ($M = 61.1$, $SD = 6.6$). Also, there were no significant differences in father's involvement in both caregiving [$t(63) = -1.23$, $p = .23$] and cognitive activities [$t(64) = -1.98$, $p = .06$] between these two groups. None of the between-group effect sizes were statistically significant based on the 95% CI.

Table 3

Independent T-Test between Comparison and Online Treatment Group ($n = 42$)

Variables	Comparison ($n=50$)		Online ($n=20$)		t	p	Hedges's g [95% CI]
	M	SD	M	SD			
Solution-building skills	61.1	6.6	63.2	5.6	1.29	.21	0.13 [-.39, .65]
Father involvement in caregiving activities	18.4	5.5	16.4	5.6	-1.23	.23	-0.35 [-.87, .17]
Father involvement in cognitive activities	10.1	2.6	8.4	3.2	-1.98	.06	-0.61 [-1.14, .08]

Note. S.D. = Standard Deviation; CI= Confidence Intervals;

* $p < 0.05$.

Between Hybrid and Online Groups

The results for testing differences in solution-building skills between hybrid and online groups is presented in table 4. There was a significant difference in solution-building skills between hybrid and online group ($t(63) = -1.23$, $p = <.01$), showing that the online group has a higher score in solution-building skills ($M = 63.2$, $SD = 5.6$) compared to the hybrid group ($M = 57.1$, $SD = 7.5$). There were no significant differences in father's involvement in caregiving and cognitive activities between the two groups. The effect size for the solution-building skills was 0.90, thereby indicating a large effect size between hybrid and online group (Hedges's $g = 0.90$, [CI: 0.25, 1.58]).

Table 4*Independent T-Test between Hybrid and Online Group*

Variables	Hybrid (n= 22)		Online (n= 20)		<i>t</i>	<i>p</i>	Hedges's <i>g</i> [95% CI]
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Solution-building skills	57.1	7.5	63.2	5.6	2.94*	< .01	.90 [.25,1.58]
Father involvement in caregiving activities	15.3	5.9	16.4	5.6	0.60	.55	.19 [-.43, .82]
Father involvement in cognitive activities	9.0	2.8	8.4	3.2	-0.60	.55	-.19 [-.83, .43]

Note. S.D. = Standard Deviation; CI= Confidence Intervals;

* $p < 0.05$.**Pretest and Posttest Differences**

The paired sample t-test results for parenting attitudes across three groups are presented in Table 5. In the comparison group, there was a significant improvement in fathers' parenting attitudes from pretest scores ($M = 31.7$, $SD = 6.5$) to posttest scores ($M = 34.3$, $SD = 7.1$; $t(47) = -2.71^*$, $p < .05$). There was no significant increase in the parenting attitudes between pretest ($M = 31.9$, $SD = 4.1$) and posttest ($M = 33.7$, $SD = 6.0$) in the hybrid group ($t(15) = -1.34$, $p = .20$). Also, the results from the pretest ($M = 31.5$, $SD = 4.5$) and post-test ($M = 35.1$, $SD = 6.5$) indicated that the online group improved in parenting attitudes ($t(19) = -2.85^*$, $p < .05$). For the comparison group, the within group effect sizes were 0.37, illustrating small treatment effects (Hedges's $g = 0.37$, [CI: .30, .46]). The SFBT hybrid group also had a within-group effect size illustrating small treatment effects (Hedges's $g = 0.32$, [CI: .15, .51]). For the SFBT online group, the within group effect sizes indicated medium treatment effect (Hedges's $g = 0.61$, [CI: .38, .89]). Parenting attitudes in all three groups showed a 95% confidence interval that did not contain zero, indicating that the participants improved significantly from pretest to posttest on their parenting skills. None of the between-group effect sizes were statistically significant based on the 95% CI.

Table 5*Paired Sample T-test of Parenting Attitudes, and Effect Size Results*

Outcome	Pretest	Posttest	Within-group effect size (95% CI)	Between-group effect size (95% CI)		
	Mean (S.D.)	Mean (S.D.)		Group ^{a-b}	Group ^{b-c}	Group ^{a-c}
Parenting attitudes						
Comparison group ^a	31.7 (6.5)	34.25 (7.1)	0.37 [.30, .46]			
SFBT hybrid group ^b	31.9 (4.1)	33.69 (6.0)	0.32 [.15, .51]	0.22 [-.27, .73]	-0.37 [-.99, .23]	-0.11 [-.63, .40]
SFBT online group ^c	31.5 (4.5)	35.05 (6.5)	0.61 [.38, .89]			

Note. S.D. = Standard Deviation; CI= confidence intervals.

Discussion

This study was designed to explore the effectiveness of the SFBT-enhanced fatherhood curriculum to improve solution-building skills, father involvement in families, and parenting skills and knowledge. The quasi-experimental design was interrupted by the COVID-19 pandemic and the format of the intervention had to be adjusted for delivery online. Despite the challenges of COVID-19 restrictions, the community agency was able to pivot to an online SFBT

treatment modality which had never been done before and allowed the research team to examine whether this SFBT-enhanced curriculum could be done online. This unanticipated change allowed the research team to test a fatherhood curriculum that was delivered in the standard in-person format, a hybrid- curriculum that met in-person and online using SFBT-enhanced curriculum, and an online SFBT-enhanced curriculum.

Despite the interruption to the study, we note some intriguing findings. Overall, all three groups showed improvements from pretest to posttest on the AAPI measure, which suggests the fatherhood curriculum used at the CoF helps fathers improve their parenting attitudes. These improvements in parenting skills and knowledge were also seen in the group of fathers that received the SFBT-enhanced curriculum through the hybrid and online version. Results from the paired sample t-tests for AAPI measure also showed statistically significant results for all three groups, indicating significant improvements from pretest to posttest on parenting attitudes.

Additionally, participants in the comparison group showed higher scores in solution-building skills and father involvement in caregiving activities compared to those in the hybrid group. As there was a higher percentage of married and socioeconomically advantaged fathers in the comparison group than in the hybrid group (e.g., married fathers: 20.0 vs. 9.1% Table 1), some of the differences in these fathering scores may be attributable to the larger proportion of married fathers in the comparison group. Indeed, there is some evidence to suggest that any effect of interventions on parenting skills and knowledge may differ depending upon the socio-economic status (SES) of fathers (e.g., Winter et al., 2012). Another factor that confounds the comparison of results is that the hybrid group was intended to be delivered in-person using the SFBT-enhanced curriculum but had to make an abrupt, and unplanned change to the curriculum structure and content delivery- which may have reduced its effectiveness. Furthermore, the country was experiencing a major public health and economic crisis that could most certainly have had an impact on the hybrid group participants that affected the study outcomes.

Similarly, the online group outperformed the hybrid group in solution-building skills and father's involvement in caregiving activities outcomes. The comparison of father involvement outcomes between the two SFBT enhanced curriculum treatment groups (i.e., hybrid vs. online) indicated a trend in which fathers showed better scores for the online group than did their counterparts in the hybrid group at posttest. There were no significant differences between the comparison and online groups on the solution-building skills and father involvement, and this unplanned finding suggests that responsible fatherhood groups could be successfully delivered in a fully online format. To our knowledge this is the first study to demonstrate equivalent outcomes between in-person and online fatherhood support groups.

Finally, the COVID-19 pandemic allowed us to learn some of the challenges and opportunities around incorporating technology to deliver a group fatherhood curriculum. For example, some of the logistical challenges involved ensuring class participants had access to a personal computer, tablet, or mobile smartphone as well as access to stable internet services. Relatedly, challenges were encountered around gathering participant email addresses to send video conference log-in information as well as explaining how to access and use video conferencing services. While the content of the curriculum did not change, staff had to create electronic class materials and assist participants with electronic versions of the assignment materials. Staff found collecting required weekly homework was a little more challenging for the online curriculum compared to when curriculum is delivered in-person. Also, not being able to see body language or facial expressions for those who did not have video options made class discussions more challenging when group curriculum was facilitated online.

However, there were some opportunities gained when delivering the online SFBT-enhanced curriculum that was learned from this study. Some of these included easier access to the fatherhood curriculum for those participants who had limited transportation as well as convenience of not having to travel to the agency site. Offering online curriculum made it easier for fathers who were leaving work or living in another part of town to join virtually and still participate. Online curriculum also made it more convenient to attend programs for some fathers who were caring for their children. The CoF also found their hybrid group had a low attrition rate given the COVID-19 pandemic challenges, which was similar to their in-person groups. Most importantly, the community agency was able to develop an online version of their standard fatherhood curriculum that they can implement as part of a more robust course offering to future participants.

Despite meaningful findings of this study, several limitations are worth noting. The primary limitation of our research is that the design of the study was quasi-experimental, and that the design was interrupted by the COVID-19 pandemic. Therefore, it was not feasible to test the originally planned in-person SFBT-enhanced curriculum as originally planned.

Also, the comparison and treatment groups differed non-randomly at baseline on a few demographic and socioeconomic (SES)-related variables (i.e., financial assistance and criminal justice involvement), which might have impacted the program effectiveness. Previous studies indicate that low SES parent groups show higher parenting outcome scores (e.g., parenting skills, knowledge) following intervention as compared to their high SES counterparts (Gardner et al., 2010; Mackenzie et al., 2004), as they tend to be more open to program content. While it is possible that the comparison group in our study benefited from the intervention more than the treatment group in some way, it is unclear from the current study if this was the case. A more rigorous test of the intervention using a randomized control trial design or a larger quasi-experimental design with more equivalent groups is needed to clarify these relationships. There were also comparatively fewer participants in both modified treatment groups (hybrid and online) compared to the comparison group which can diminish statistical power. Furthermore, we cannot disentangle the effects of the SFBT-enhancement from the online format or the impact of the pandemic. It is possible that the standard CoF fatherhood curriculum would not have been as effective without the SFBT enhancement online, for example. Future research is needed to isolate the effects of SFBT enhancement and online delivery. Also, two outcomes of interest (solution-building skills and father involvement) were measured only once after the curriculum was provided, thereby limiting our ability to examine any significant changes from pretest to posttest. Future research should work to reduce the risk of attrition bias and increase generalizability by assessing these measures before and after the fathering group classes. Finally, this study only assessed the intervention effects immediately after completion of curriculum, making it difficult to reach conclusions for the long-term effects of CoF fatherhood programs and SFBT treatment on fathering outcomes.

Conclusions

Despite the limitations, this pilot study offers some important insights into the potential for responsible fatherhood programming to be provided online to improve access, and yet achieve similar effects on outcomes. Participation through in-person responsible fatherhood groups can be a challenge because of work schedules, family responsibilities, or lack of transportation. The findings of our study provide preliminary support of online SFBT-enhanced fathering curriculum that offers clinicians and program administrators options in program delivery modes. For example, providing online classes and courses that make use of digital content and apps can be beneficial in increasing client access to programs through digital platforms and technologies during this COVID pandemic (Halpin & Collier, 2014) and beyond. Findings from our study show incorporating SFBT techniques into the CoF standard fatherhood curriculum and delivering it online may also yield benefits for participants around solution-building skills, parent engagement, and parenting skills however more research is needed to further confirm this approach.

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*ARTICLE***The Effectiveness of Solution-Focused Group Counseling for Taiwanese Unmarried Females' Post-Breakup Loss: A Pilot Study**

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Introduction

The breakup of an intimate relationship is one form of loss. In addition to signifying the end of an intimate relationship, a breakup also results in the loss of the social connections, emotional support, role identity, hopes for the future, and personal identity associated with the relationship (Hebert & Popadiuk, 2008). Robak and Weitzman (1995) found that young adults' experiences of post-breakup loss were like those following loss through death and were remarkably similar to responses to grief such as depression, distress, pain, and other negative emotions. Robak and Weitzman (1998) describe this form of unacknowledged and difficult-to-articulate loss as disenfranchised grief, which may not be sufficiently addressed. Romantic breakup is positively correlated with anger (Purwoko & Fitriyah, 2018) and depressive symptoms (Verhallen et al., 2019), which interferes with subsequent intimate relationships or choice of spouse in the early adulthood stage (Wu, 2001).

The impact of the breakup of a romantic relationship often poses a significant challenge to one's way of living and can be associated with feelings of confusion and uncertainty about the future. However, not every breakup results in grief and loss, nor do all breakups have negative or traumatic effects. Though a breakup could result in multiple forms of loss and produce significant stressors, it may prompt an individual to have a stronger ability to cope with stress and to engage in effective coping behaviors (Huang, 2003). Norona et al. (2018) especially highlighted the ways emotion regulation strategies help emerging adults cope with relational stressors such as breakups. Moreover, people who can construct meaning in a breakup and find explanations for their pain can transform the breakup into opportunities for change (Huang; Neimeyer, 2001). People also can attain personal growth through the recovery process, such as by meaningfully reflecting on personal traits and their intimate relationships, and by obtaining positive development through social support (Tashiro & Frazier, 2003).

Based on Seligman's (2002) work on positive psychology, positive emotions can help people facilitate the establishment of lasting personal resources, including physical, intellectual, social, and psychological resources. Also, positive emotions expand the flexibility of people's cognition and action by stimulating people's openness to new information and experimentation, leading to constructive changes (Kim & Franklin, 2015). Seligman distinguished between past, present, and future-oriented positive emotions. Forgiveness and gratitude can help a person feel satisfaction and other positive emotions towards the past; pleasure, a relatively easily-achievable emotion, and flow, which can bring about long-lasting satisfaction, are means of evoking positive emotions in the present; whereas the positive emotions of optimism and hope can instill faith and confidence with regards to future challenges (Chen, 2010; Seligman).

Solution-focused brief therapy (SFBT) has been widely implemented in the form of personal counseling, group counseling, coaching, and supervision work, and has been successfully adapted for a range of issues, target populations, and clinical sites (Bavelas et al., 2013; Franklin et al., 2012; Hsu et al., 2017; Martenstyn & Grant, 2021). SFBT's evidence-based research indicates that the model is highly effective in short time frames (Kim et al., 2019). Because of SFBT's high efficiency and wide range of applications, recent findings from research in East Asia, including Taiwan, have found that SFBT is easily adaptable to diverse cultural contexts, and results in good counseling outcomes for clients (Chen et al., 2018; Gong & Hsu, 2017; Kim et al., 2015). According to Kim and Franklin, in the solution building process (with the components of self-determined goal, vision future change, commitment to change, small steps toward change, noticing improvement, and increased sense of resiliency to sustain change), SFBT professional values and techniques can lead to mutually-reinforcing cycles of change, including behavioral changes (including follow-through on homework, expanded options of solutions, practicing new behaviors, and amplifying the behaviors that work), increased positive emotions (including hope, happiness, joy, gratitude, pride, and interest), and improved thought–action repertoire (including greater openness towards new ideas and behaviors, increased sense of competence, and reversed negative thoughts and emotions). A strength of SFBT may lie in the central role it accords to finding new possibilities in life. For clients who can turn crises into opportunities, the personal changes prompted by losses are often profound and relatively permanent changes in one's way of thinking (Hsu, 2014).

When addressing loss-related issues, the solution-focused approach views therapy not just as a simple story-telling process or providing explanations to the client, but rather as a collaborative effort involving narration, active listening, and helping clients explore unknown parts to guide them in the construction of therapeutic narratives with the goal of producing positive meanings, new realities, and new narratives (Simon, 2010). In addition to serving as signals that clients hope to get more out of life, emotions can also help reveal what the clients want (Hsu, 2014). The client's goals should serve as a compass for the therapy process, and collaborative work should proceed according to the client's desired method and pace, without imposing a predetermined framework or theory of loss onto the client (De Jong & Berg, 2012; Hsu). In SFBT, it is understood that individuals can simultaneously move through the processes of grieving and healing. Emphasis is therefore placed on self-care during times of loss and framing relapses as expected parts of learning new experiences. SFBT works on client perception, shifting it to include new interactions among the client's emotions, cognition, and actions in social contexts. Transformative responses to loss are actively encouraged and, with transformed perceptions, clients may come to understand that the future still offers potential for further adjustment, and that the real problem is not loss itself but how to face life after the loss with different perspectives and actions (de Shazer & Miller, 2000; Simon). Huang (2012) found that losses are often reframed as opportunities for change. In her study, the positive effect SFBT has on the growth of clients dealing with breakup issues helped clients deal with the frustration and pain from the ending of their relationships. SFBT clients strengthened their ability to reorganize their experiences as they developed new, more stable, forms of self-awareness.

Like all SF approaches, solution-focused group counseling (SFGC) emphasizes members' changes and possibilities. SFGC uses the same tools as SFBT but applies them to the group context (Cooley, 2009; Sharry, 2007). In addition to integrating the spirit of the solution-focused approach, other key characteristics of SFGC include: (a) rapid establishment of group cohesiveness, and active facilitation of interaction between group members so that the group leader does not dominate conversations, (b) members can better learn from each other and develop solutions on their own, especially when members have relatively homogeneous problems, goals, and life experiences, and (c) the "work on what works" rule can significantly reduce the struggles, conflicts, and anxiety that traditional groups often encounter at the transition stage (Hsu, 2003; Sharry, 2007). Regarding specific steps in the SFGC process, Pichot and Dolan (2003) proposed a 13-step model which includes asking introduction questions, exploring and identifying common themes, connecting common themes with each member's themes, requesting members' permission to focus on a common theme, asking the miracle question, eliciting as many details pertaining to the miracle question as possible, listening for exceptions and relevant details, asking scaling questions to assess member's progress towards their goals, helping members discover what they have done to help themselves maintain their current situation, asking relationship questions, inviting members to assign themselves homework, and giving feedback to group members.

In recent years, SFGC has started to be applied at a range of sites and with members from diverse backgrounds, and a considerable amount of research supports the effectiveness of SFGC (Smock et al., 2008), including Taiwan (Gong & Hsu, 2017). Quick and Gizzo (2007) investigated the effectiveness and change-promoting factors of a “Doing What Works” SFGC, involving a total of 108 participants. They found that members gained a significantly enhanced sense of control over their personal problems by the last group session, with participants who attended more sessions experiencing greater changes. This study also suggested that the more specific the focus, the better. In addition, Gray et al. (2000) and Whitehead et al. (2018) applied SFBT to bereavement groups and found that a solution-focused program positively impacted young people suffering from loss in terms of their sense of relatedness to others, sense of mastery, social and emotional competence, and optimistic thinking.

Although there is a large body of research into the effectiveness of SFGC for a broad range of populations and issues, there is a lack of research on the specific effectiveness of SFGC for breakup-related issues. Hence, the purpose of this study is to investigate the effectiveness of SFGC on unmarried adult females’ post-breakup adjustment in Taiwan.

The research questions are:

1. For unmarried Taiwanese women, does SFGC have an immediate and follow-up therapeutic effect on their post-breakup recovery dimensions of forgiveness, gratefulness, pleasure, flow, optimism, hope and personal growth?
2. What are Taiwanese unmarried women's changes in post-breakup perceptions of adjustment ability and confidence after attending SFGC?
3. What are Taiwanese unmarried women's experiences in SFGC?

Methods

Participants

Group Members

Participants were recruited through the internet (i.e. Facebook, electronic bulletin boards, E-mail, etc.). Due to the wide age range and length of break-up time of the recruited participants, the selection criteria were revised to include unmarried Taiwanese females who: (a) were never married and were currently not engaged or dating, (b) were in the early adulthood stage (between the ages of 20 and 35), (c) had their breakup within one year, (d) subjectively thought they had not yet overcome the impact of the breakup and still felt pain or confusion, but were willing to break through and make some changes, and (e) were interested in this research topic, willing to participate in all the SFGC sessions, willing to complete the requisite scales and individual interviews, and willing to be recorded during interviews.

This study invited eligible candidates to meet one-on-one to inform them of the study. During the one-on-one meeting, each applicant’s current state was also assessed. Applicants were prescreened to see if they were ready to join the group or needed to be referred. For example, if they were in a high-risk state, individual counseling was recommended first. Fourteen eligible individuals signed up initially, after which six agreed to participate and signed the study consent form.

The ages of the six Taiwanese participants were 22, 23, 24, 25, 28, and 32. All participants had at least a 4-year college degree. Three of them had full-time jobs, and three were full-time students. Their breakups ranged from one week to six months ago. Only two of the participants initiated their breakup. Regarding the length of the intimate relationship pre-breakup, one was six months, one was more than two years, three were three years and one was ten years.

Group Leaders

The group was led by the second author of this paper, who has undergone over ten years of training in SFBT. The group’s co-leader had basic training in SFBT and rich experience leading groups.

Group protocol of SFGC

Adjustments to the group protocol of SFGC in this study were made on the basis of a pilot group and from feedback provided by three SFBT experts. The final protocol (displayed in Table 1) called for eight group sessions, each lasting for 120 minutes. Each session of this group focused on one theme related to SF technology. Since this group was about breakups and loss, after understanding the initial goals of the members' participation in the group, the group first explored the members' coping processes after their breakups. The group then explored possible positive views on the breakup in order to enhance their energy and reflected members' individual resources and strengths (sessions 1–3). Afterwards, the group discussed the vision of each member's preferred future, and then discussed a small step toward that vision (sessions 4–5). Members were invited to share their small changes in the beginning of each session, and were also encouraged to review their progress and explore how to maintain it after the group (sessions 6–8). All sessions also included a 10 minute break for members and leaders' feedback with compliments and homework after the break.

Table 1

Group Protocol of SFGC in this Study

Session Title and Topic	Main Activities
1. An Encounter with Happiness: Group Formation	1. Invite members to choose a colored card that represents a positive personal quality, and then to introduce themselves 2. Members share their motivation to participate in the group, and the leaders guide members to articulate their best hopes for change or the goals they wish to accomplish in the group. 3. The leaders explore, confirm, and take note of the members' goals, and encourage members to participate in this group process in accordance with their own goals 4. Members recall and share what has changed since the breakup, and the leader inquires about what might help members maintain hope 5. The group discusses what rules are necessary for creating a safe group environment 6. Short break 7. Members give praise to each other, and the leaders give feedback to each member 8. Homework: invite members to look out for events they hope can persist
2. Love Always Shines: Coping Strategies	1. Members share small changes from the last week and how they made them happen 2. After listening to popular love-related songs, members share situations that easily trigger their emotions. The leader normalizes the negative reactions related to heartbreak 3. Explore the details of exception moments when the breakup issues didn't have such a big influence 4. Members share strategies and resources which have been helpful, and the leader summarizes members' coping strategies 5. Short break 6. Members give praise to each other, and the leader gives feedback to each member 7. Homework: invite members to continue to do what has been helpful for themselves
3. Turning Towards Happiness: Reframing	1. Members share small changes from the last week and how they made them happen 2. Invite each member to quickly write down the benefits of being single 3. The leader invites members to share which benefits of being single they have personally experienced or hope to experience 4. Invite members to reframe their breakup experience, and discover the positive meanings, areas of learning, and positive personal qualities in the experience 5. Short break 6. Members give positive praise to each other, and the leader gives feedback to each member 7. Homework: invite members to continue to discover the positive meanings and personal strengths in the breakup experience

4. Miracles that Move You: Establishing Goals	1. Members share small changes from the last week and how they made them happen 2. Describe one sparkling moment from the last week and link it to a personal strength 3. Leader uses a miracle question to help members imagine when they were not disturbed by the breakup 4. Members describe in detail how their lives would be different after the miracle happens 5. Each member chooses a new action to engage in after the miracle happens, then act it out together 6. Members share and discuss their experience acting out the action 7. Short break 8. Members give positive praise to each other, and the leaders give feedback to each member 9. Homework: invite members to take one small step that would make the miracle more likely to happen
5. Love Songs Jukebox, part 1: My First Small Step	1. Members share small changes from the last week and how they made them happen 2. Invite members to picture a symbol which represents the miracle, then share how they could use that symbol to remind themselves to put the miracle into practice in their daily life 3. Invite members to draw a chart of their emotional ups and downs over the last month 4. Members reflect on their emotional states during the past month, and share how they dealt with the lows and what helped them feel better 5. With scaling questions, the leader invites members to measure their positions now and the distance between their positions and their miracles. Then, they imagine what their next small step forward will look like, how it differs from their life now, and what they need to help themselves take that step 6. Short break 7. Members give positive praise to each other, and the leaders give feedback to each member 8. Homework: invite members to try taking the small step
6. Love Songs Jukebox, part 2: Keeping At It	1. Members share small changes from the last week and how they made them happen 2. Invite members to picture and describe a symbol that represents their strength and progress so far 3. Use a scaling question to assess how members' levels of determination to adjust to the breakup have changed over time 4. Use a relationship question to inquire about an important other who can serve as witness for any changes, appreciate and give feedback about changes, and inquire about what that person would notice and how they would react to further changes 5. Short break 6. Members give positive praise to each other, and the leaders give feedback to each member 7. Homework: invite members to plan and carry out an action aimed at helping themselves have a tiny bit of progress
7. Milestones Towards Happiness: Reviewing Progress	1. Members share small changes from the last week and how they made them happen 2. Invite members to draw themselves at three different points in time: during the breakup, at the first group session, and now 3. Invite members to take turns sharing details of their changes at different stages and the methods they used to make them happen 4. Invite members to share the changes they have observed in other members during the group sessions 5. Short break 6. Members give positive praise to each other, and the leader gives feedback to each member 7. Homework: invite members to implement and maintain an action that is important for positive change

8.Happiness Doesn't Stop: Welcoming the Future	1. Members share small changes from the last week and how they made them happen
	2. Play a song about the future and invite members to listen
	3. Members share how to maintain their changes after the group ends
	4. Invite members to discuss possible challenges encountered after the group ends, and how they might cope with them
	5. Invite members to make a card for themselves that contains a blueprint for a happy future
	6. Invite members to think about and share how they will use this card in the future to remind themselves of the support and helpfulness of this group
	7. Members wish each other luck in the future
	8. Short break
	9. Members give positive praise to each other, and the leaders give feedback to each member
	10. End of group

Research Tools

Resilience and Personal Growth Inventory

Based on Seligman's (2002) concepts of positive emotions, the Resilience and Personal Growth Inventory (RPGI), which was compiled by Chen (2010), restructured the Cognitive Adaptation to Dissolution Scale (CADS) and Coping to Dissolution Scale (CDS). CADS and CDS were developed by Wang and Wang (2007), which used 746 subjects in quantitative studies for item analysis, structure analysis, and a validity study. Factorial analysis of CADS resulted in 34 items in the four subscales and the alpha coefficients were $\alpha = .70-.90$. Factorial analysis of CDS resulted in 115 items in the fifteen subscales, and the alpha coefficients were $\alpha = .78-.93$.

The RPGI assesses a total of seven dimensions, which includes: (a) forgiveness: the ability to accept that the relationship has ended and to come to peace with the relationship, (b) gratefulness: the ability to treasure what was good in the relationship and to feel satisfied with the former partner's efforts in the relationship, (c) pleasure: the ability to restore one's pattern of living and to feel happiness and satisfaction in one's current life, (d) flow: the ability to focus on living in the moment and to attain a relatively lasting sense of satisfaction and achievement in life, (e) optimism: the ability to ascribe the breakup to temporary and specific factors and to validate one's worth in future relationships, (f) hope: the ability to have an open attitude towards the future and confidence regarding future relationships, and (g) personal growth: the ability to better understand one's partners and to manage intimate relationship.

There are 42 items in the full scale, and each subscale has six items. Responses were scaled on a six-point Likert scale. A higher subscale score means a higher positive tendency for that dimension. The internal consistency of the RPGI was assessed with responses from 361 individuals (136 males and 225 females) who had recently undergone a breakup and were between the ages of 19–33. Cronbach's α for subscales ranged from .77 to .89, indicating good internal consistency. The seven dimensions of RPGI were obtained after item analysis and confirmatory factor analysis. Through preliminary fit criteria, overall model fit and fit of internal structure of model, the RPGI shows good construct validity.

The members of this SFGC completed the RPGI one week before the start of the group, within one week of the group's completion, and four weeks after the group's completion.

Post-breakup Adjustment Ability and Confidence Self-Assessment

Each participant was asked to scale their confidence and perceived ability to adjust to the breakup one week before the start of the group, within one week of the group's completion, and four weeks after the group's completion. Members chose the number on a scale from 1 to 10 that best matched their perceived current status, with 1 indicating no ability or confidence at all, and 10 indicating complete ability or confidence.

Feedback Form

After each group session, members completed a feedback form which assessed their perceptions of that week's session. The feedback form consisted of three items which asked participants about their degrees of engagement, satisfaction, and helpfulness of the day's group session (for example, "I was fully engaged in today's group session"). Responses were scaled on a five-point Likert scale, with 1 indicating "strongly disagree" and 5 indicating "strongly agree".

Overall Group Experience Interview

After completing the group, each member was invited to participate in an hour-long individual interview. The purpose of the interviews were to understand members' overall experiences, personal outcomes, and their strongest impressions from the group.

Data Analysis

This study used descriptive statistical analysis to display data from the feedback form, including subjective assessments of members' abilities, confidence, resilience, and personal growth.

Nonparametric statistics were used for the analysis. Due to the sample size, the data are not assumed to come from prescribed models that are determined by a small number of parameters (Hollander et al., 2013). Specifically, the Wilcoxon signed-rank test was used to assess differences between members' scores of resilience and personal growth at pretest, posttest, and follow-up in order to assess SFGC's immediate and follow-up therapeutic effectiveness (Laerd Statistics, 2022).

Interview data were analyzed using open coding as suggested by Kao (2008). Each sentence of each interview was broken into the smallest possible meaning units. All transformations in meaning, event, or perspective were marked as a new section and labeled. Through repeated comparison and induction, these labeled sections were further grouped into sub-themes. Finally, the compilation of cross-interviewees' data was performed.

Results

The Effectiveness of Solution-Focused Group Counseling for Enhancing Post-breakup Resilience and Personal Growth

Statistics for group members' responses to the RPGI are displayed in Table 2. For overall scores, average scores were lowest at pretest and highest at posttest. Scores at follow-up were slightly lower than at posttest, yet still higher than at pretest. We therefore used the Wilcoxon Matched-Pairs Signed-Rank Test to assess the statistical significance of these differences.

Table 2

Descriptive Statistics Summary Table for RPGI Scores

Subscale	Pretest (N=6)		Posttest (N=6)		Follow-up (N=6)	
	M	SD	M	SD	M	SD
Forgiveness	26.50	2.43	29.00	3.29	27.67	4.18
Gratefulness	26.50	4.46	28.00	5.55	25.50	7.01

Pleasure	21.17	2.99	27.33	5.09	28.33	4.41
Flow	22.00	2.83	27.17	5.56	28.33	4.68
Optimism	22.00	1.55	25.17	6.01	26.00	5.06
Hope	23.33	1.37	27.17	2.64	25.67	2.42
Personal Growth	24.17	4.31	26.33	6.22	26.50	4.93
Overall score	165.67	10.56	190.17	29.43	188.00	27.52

Regarding the immediate effectiveness of the SFGC intervention for post-breakup adjustment, comparisons of group members' RPIGI scores at pretest vs. at posttest are shown in Table 3. Members' overall scores were significantly different at pretest vs. posttest ($z = -1.89, p = .047$), as were scores on the pleasure ($z = -2.21, p = .016$), flow ($z = -2.02, p = .031$) and hope ($z = -2.23, p = .016$) subscales, but not for the forgiveness, gratefulness, optimism, and personal growth subscales.

Table 3

Summary of Wilcoxon Matched-Pairs Signed-Rank Test for RPIGI, Pretest vs. Posttest

Subscale	Number of participants		Mean rank	Z score	Significance (one-tailed)
Forgiveness	Negative ranks ^a	2	1.75	-1.48	.094
	Positive ranks ^b	4	4.38		
	Ties ^c	0			
Gratefulness	Negative ranks ^a	2	1.75	-1.08	.188
	Positive ranks ^b	3	3.83		
	Ties ^c	1			
Pleasure	Negative ranks ^a	0	0.00	-2.21	.016*
	Positive ranks ^b	6	3.50		
	Ties ^c	0			
Flow	Negative ranks ^a	0	0.00	-2.02	.031*
	Positive ranks ^b	5	3.00		
	Ties ^c	1			
Optimism	Negative ranks ^a	2	2.25	-1.26	.125
	Positive ranks ^b	4	4.13		
	Ties ^c	0			
Hope	Negative ranks ^a	0	0.00	-2.23	.016*
	Positive ranks ^b	6	3.50		
	Ties ^c	0			
Personal growth	Negative ranks ^a	1	3.50	-1.48	.094
	Positive ranks ^b	5	3.50		
	Ties ^c	0			
Overall score	Negative ranks ^a	1	1.50	-1.89	.047*
	Positive ranks ^b	5	3.90		
	Ties ^c	0			

Note. ^a post-test < pre-test, ^b post-test > pre-test; ^c post-test = pre-test.

* $p < .05$.

Regarding the follow-up effectiveness of the SFGC intervention for post-breakup adjustment, Table 4 indicates that members' overall scores were significantly different at pretest vs. at follow-up ($z = -1.99, p = .031$), as were scores on the pleasure ($z = -2.02, p = .031$), flow ($z = -2.20, p = .016$), optimism ($z = -2.21, p = .016$), hope ($z = -1.89, p = .047$) and personal growth ($z = -2.03, p = .031$) subscales. No significant differences were found for the forgiveness and gratefulness subscales.

Table 4

Summary of Wilcoxon Matched-Pairs Signed-Rank Test for RPGI, Pretest vs. Follow-up

Subscale	Number of participants	Mean rank	Z score	Significance (one-tailed)
Forgiveness	Negative ranks ^a 3	2.67	-0.53	.344
	Positive ranks ^b 3	4.33		
	Ties ^c 0			
Gratefulness	Negative ranks ^a 4	3.38	-0.63	.297
	Positive ranks ^b 2	3.75		
	Ties ^c 0			
Pleasure	Negative ranks ^a 0	0.00	-2.02	.031*
	Positive ranks ^b 5	3.00		
	Ties ^c 1			
Flow	Negative ranks ^a 0	0.00	-2.20	.016*
	Positive ranks ^b 6	3.50		
	Ties ^c 0			
Optimism	Negative ranks ^a 0	0.00	-2.21	.016*
	Positive ranks ^b 6	3.50		
	Ties ^c 0			
Hope	Negative ranks ^a 1	1.50	-1.89	.047*
	Positive ranks ^b 5	3.90		
	Ties ^c 0			
Personal growth	Negative ranks ^a 0	0.00	-2.03	.031*
	Positive ranks ^b 5	3.00		
	Ties ^c 1			
Overall score	Negative ranks ^a 2	1.00	-1.99	.031*
	Positive ranks ^b 3	4.00		
	Ties ^c 1			

Note. ^a follow-up test < pre-test; ^b follow-up test > pre-test; ^c follow-up test = pre-test.

* $p < .05$.

As for the difference between members at the end of the group and at the four-week follow-up, an examination of Tables 2 and 5 shows that members' scores on the overall scale and on the forgiveness, gratefulness, and hope subscales were slightly lower at follow-up than at posttest, but these differences were not statistically significant. On the pleasure, flow, optimism, and personal growth subscales, follow-up scores were slightly higher than scores at posttest, but this difference was also not statistically significant.

Table 5*Summary of Wilcoxon Matched-Pairs Signed-Rank Test for RPGI, Posttest vs. Follow-up*

Subscale	Number of participants		Mean rank	Z score	Significance (one-tailed)
Forgiveness	Negative ranks ^a	4	3.13	-1.36 ^d	.125
	Positive ranks ^b	1	2.50		
	Ties ^c	1			
Gratefulness	Negative ranks ^a	3	4.00	-1.22 ^d	.156
	Positive ranks ^b	2	1.50		
	Ties ^c	1			
Pleasure	Negative ranks ^a	2	3.50	-0.74 ^e	.266
	Positive ranks ^b	4	3.50		
	Ties ^c	0			
Flow	Negative ranks ^a	1	3.50	-1.08 ^e	.188
	Positive ranks ^b	4	2.88		
	Ties ^c	1			
Optimism	Negative ranks ^a	1	4.50	-0.82 ^e	.250
	Positive ranks ^b	4	2.63		
	Ties ^c	1			
Hope	Negative ranks ^a	4	3.50	-1.79 ^d	.063
	Positive ranks ^b	1	1.00		
	Ties ^c	1			
Personal growth	Negative ranks ^a	3	2.17	-0.27 ^e	.438
	Positive ranks ^b	2	4.25		
	Ties ^c	1			
Overall scores	Negative ranks ^a	3	3.67	-1.05 ^d	.500
	Positive ranks ^b	3	3.33		
	Ties ^c	0			

Note. ^a follow-up test < post-test; ^b follow-up test > post-test; ^c follow-up test = post-test; ^d based on positive ranks; ^e based on negative ranks.

* $p < .05$.

Changes in Post-breakup Perceptions of Adjustment Ability and Confidence

Changes in members' self-assessments of their ability and confidence in adjusting after the breakup are shown in Table 6. Responses were measured on a 10-point Likert scale.

Table 6*Descriptive Statistics for Post-breakup Adjustment Ability and Confidence at Different Stages*

	N	Post-breakup adjustment ability		Post-breakup adjustment confidence	
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Pretest	6	6.00	2.53	5.92	2.46
Posttest	6	7.58	1.50	7.25	1.48
Follow-up	6	7.87	1.18	8.00	1.41

At pretest, members' average self-assessments of perceived adjustment ability were 6.00. These scores rose to 7.58 and 7.87 at posttest and follow-up, respectively. Similar results were found for members' perceived confidence in their ability to adjust. Average scores at pretest were 5.92, while scores rose to 7.25 and 8.00 at posttest and follow-up, respectively. The higher scores after completion of the group suggests that members' participation in SFGC resulted in greater perceived ability and confidence to adjust to the breakup and continued to be high after completing the group.

Post-session Feedback

Table 7 displays attendance numbers for each of the eight group sessions, in addition to means and standard deviations for members' scores on each of the three feedback items. Responses were scaled on a five-point Likert scale.

Table 7

Descriptive Statistics for Feedback Item Scores for Each Group Session

Group session	Number of participants	Engagement		Satisfaction		Helpfulness	
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
1	6	4.17	.75	4.33	.82	4.33	.52
2	4	4.00	.00	4.25	.50	4.00	.00
3	5	4.40	.55	4.40	.55	4.40	.55
4	4	4.75	.50	4.75	.50	4.00	.00
5	6	4.17	.75	4.00	.63	4.00	.00
6	5	3.80	.45	4.40	.55	4.00	.00
7	6	4.33	.52	4.33	.52	4.00	.89
8	6	4.33	.52	4.83	.41	4.50	.55

Except for the sixth session ($M = 3.80$), average scores for engagement were all higher than 4. Average scores on satisfaction were higher than 4 across all group sessions and were particularly high for the fourth ($M = 4.75$) and eighth ($M = 4.83$) sessions. For helpfulness, average scores for all sessions were also at least 4, and the eighth session had an average score of 4.5. These results indicated that members generally agreed that participating in the days' group had been engaging, satisfactory, and helpful.

Members' Overall Experiences in the Group

Analysis of data from individual interviews conducted after completion of the group showed that members' perceptions of the effects of this SFGC can be analyzed into three main factors.

The first factor was the warm, safe, and trustworthy atmosphere of the group. Members were affected by the group's warmth, other members' genuine support, and the leaders' acceptance and abilities to empathize. Also, members

reported feeling at ease in the group process. Reasons for this included the group's emphasis on positivity and possible sides of life which had been ignored, and its emphasis on having clear thematic focus and group rules for giving feedback.

The second factor was members' support and learning from each other and the shared feeling of universality. Sharing breakup-related issues and addressing the associated emotions helped members feel comforted and less lonely, enhancing their abilities to accept their emotions. Dialogue and sharing in the group helped members reflect and clarify their relationship experiences, feelings, and thoughts about themselves and all aspects of their lives. Besides meeting new friends and expanding their interpersonal learning, members also learned from their encounters with other members' experiences and coping methods. Understanding other members' positive and negative states assisted in their own self-examination and helped them feel more prepared for the future. Members also felt that other group members' positive traits and constructive changes had a contagious quality. For members, these factors meant that participating in the group was an opportunity to establish new relationships and to re-examine the breakup process. Receiving direct feedback helped members validate themselves and make adjustments to their previous goals and ways of thinking.

The third factor was the beneficial effects of the group design and participation in group activities. Members were impressed with the activities of sharing or discussing their miracle pictures, compliments, coping actions, homework, and scaling their improvement. During group activities and tasks, the leaders' leading questions and members' discussions were highly encouraging for members, and greatly validated their own resources, strengths, and coping abilities, including their ability to accept that emotional ups and downs are inevitable, to reflect on different strategies for coping with breakups, to clearly see their own changes and development at various stages, and to get reminders and strategies for how to maintain and solidify changes. All these benefits from the group served to facilitate member's increased self-efficacy and sense of competency, enhanced abilities to learn to set and adjust goals and to sketch an outline of a good future, which regained a strong sense of power, hope and of control over their lives.

Discussion

Although the SFGC only met eight times, the group showed a positive impact on its members, both immediately and at the later follow-up. The unmarried Taiwanese women who participated in the group reported improved adjustment abilities and superior confidence compared to before they participated in the group. Overall, the participants had a very positive experience, largely due to the interpersonal support the group offered.

SFGC Promoted Positive Emotions and the Transformation of Negative Emotions During the Solution Building Process That Showed an Effect Both Immediately and at the Follow-up Survey

Significant differences were found between average pretest and posttest scores for overall RPGI scores and the pleasure, flow, and hope subscales, indicating that this SFGC intervention demonstrated immediate therapeutic effectiveness. Analysis of differences between averages scores at pretest vs. at follow-up found significant differences on the overall RPGI score and for the pleasure, flow, optimism, hope, and personal growth subscales, indicating follow-up therapeutic effectiveness. No significant differences were found for changes in the four weeks after completion of the group, which suggests that the eight group sessions account for most of the group's effectiveness.

Results from this study suggest that SFGC interventions have a limited impact on positive emotions regarding the past (ex. forgiveness and gratefulness), but can contribute to a significant increase in members' present-orientated (ex. pleasure and flow) and future-orientated (ex. optimism and hope) positive emotions, both at posttest and at follow-up. These findings are to be expected, as the SFBT principles upon which SFGC is based emphasize present- and future-oriented thinking and a focus on the client's desired goals rather than focusing on the past (Bavelas et al., 2013). Also, as Kim and Franklin (2015) claimed, the solution-focused approach helped clients produce positive emotions and bring about changes.

Activities in this SFGC intervention were particularly helpful for inspiring positive feelings. This SFGC group plan was grounded in the solution building approach and is grounded in the belief that clients themselves possess the powers and resources necessary to create better lives. Therefore, many group activities were aimed at helping members discover and increase the solutions they believed to be effective for coping (particularly in the first, second,

and fifth group sessions), focusing on the concrete goals and small steps that are possible in their current lives (fourth and sixth sessions), and review and encouragement of progress (at the start of every session and especially in the fifth through eighth sessions). The concepts and strategies of a solution-focused approach can produce feelings of hope (Reiter, 2010), and put emphasis on the sense of hope that can potentially arise in the aftermath of loss, not on the impact of the loss on the clients. Also, the effect of the SFGC on members' optimism and empowerment came from reasonable senses of power and control which reinforce members' senses of hope and expectations for change. As Steinbrecher et al. (2021) suggested, the miracle question is a future-oriented question that co-creates a preferred future and provides hope for clients experiencing loss and trauma of various types. Discussion of the miracle question in the fourth session and the "welcoming the future" activity in the eighth session were both highly praised by participants as especially enhancing their sense of hope.

As for members' progress in post-breakup recovery and growth, members better understand how to adapt to present and future challenges by establishing goals, strengthening personal resources and strengths, and exploring exceptions in which they coped with difficult situations (Sharry, 2007). From activities such as pre-session change (first session), praise and homework (at the end of every session), and exceptions and coping (second and fifth sessions), members gained a stronger sense of competence through seeing others in similar situations deal with similar difficulties. This comradery helped externalize problems and advance members' senses of confidence and ability to deal with the breakup. Members were able to continually adjust their goals via hearing praise, strengthening original behaviors and trying new perspectives and actions. Because the effectiveness of SFGC groups does not come from imposing knowledge or techniques, when members are able to find their strength, goal, and preferred future, they can continuously make themselves engage in every moment of the life they desire. This also reflects the emphasis in SFBT on client's own powers and the belief that the most important task of the group is to help members start out on the process of change, which helps members understand the methods and means of change most appropriate for them and to have some direct personal experience of change.

The findings of this study provide evidence that it is not necessary in group work to focus on exploring past breakup experiences, corresponding to Eads and Lee (2019)'s suggestion that the benefits of a solution-focused approach for clients do not rely on a focus on past trauma. This SFGC group did not spend much time addressing members' unresolved issues, but when members were able to find preexisting small treasures in their life, this further increased their confidence in maintaining or even improving their life. As indicated by the reframing activity in the third group session, clients' transformative responses in response to loss can be facilitated when the diverse information contained within their responses to loss is respected and when leaders help explore and lead clients to see things from new perspectives (Li, 2006). Even if members did not fully resolve their perceptions towards their breakup by the end of the group, they still reported more enjoyment and passion in their present life (i.e. could concentrate on what is important to them at present, and fully engage in their current life by actions). In other words, the solution-focused approach helps people transform negative emotions through adopting new perspectives and trying new behaviors (Kim & Franklin, 2015).

Reflections and Development of Sense of "Who I Am" and Romantic Relationships Are Important Progress in Coherent Narrative in SFGC

Though breakup loss can significantly impact one's self-respect and sense of worth (Kaczmarek & Backlund, 1991), this result reflects the principle that the emphasis in SFGC on exploring strengths and providing validation can increase members' self-worth, a change which can require successfully putting into practice the solutions developed in the group. This result corresponds to the findings of Martenstyn and Grant (2021) that solution-focused questions increased expectations of success, perceived goal progression, and self-efficacy. Grant and Gerrard (2020) also found that solution-focused questions are more effective than problem-focused questions at increasing self-efficacy and mitigating the negative impact of dysfunctional attitudes. This process matches the belief in SFBT that clients' own capacity to generate effective meanings from their experience of loss is much more important than accepting the reality of the loss (Simon, 2010). Tashiro and Frazier (2003) similarly found that individuals can report positive changes following a breakup such as feeling more self-confident, independent and stronger.

Neimeyer (2001) mentioned that helping clients create changes and new senses of identity and building bridges between the losses of the past and the unknowns of the future all are important parts of the grief counseling process. In this study, the drawing activities in the fifth and seventh group sessions helped members discover new aspects of themselves, and the whole group process helped members give feedback to each other and see reflections of themselves in other members. Feedback from others stimulated members to develop new understandings of themselves. In the third group session, as members reflected on “who am I?” during the process of restructuring their personal meaning frameworks, they came to understand that one does not need to be completely dependent on others or the outside world as they heal from loss. Instead, clients can make decisions for themselves, and can construct new identities for themselves as they get to know themselves again, bringing a feeling of self-empowerment, as De Jong and Berg (2012) emphasized. Such a change process is like what Hebert and Popadiuk (2008) mentioned in their “Theoretical model of change and personal growth following breakups,” that the post-breakup process is centered around the theme of “self,” while “moving-self-forward” was a key aspect of the growth process.

These findings serve as further support for the claim that the processes of grief and healing can co-exist (Simon, 2010) and matches the emphasis in solution focused approaches on clients’ self-care while they are dealing with the problem (Hsu, 2014). When members worked in SFGC, they experienced themselves as people undergoing change, who do not merely possess the ability and willingness to rewrite their life stories, but who also are shaping and re-shaping, negotiating and changing their on-going relationships. These results highlight the important role of creating a coherent narrative following a romantic breakup in these therapeutic dialogues. As Berg and Dolan (2001), and Kansky and Allen (2018) claimed, nonmarital dissolutions provide emerging adults with time to reflect on successes and failures in past relationships can increase the potential to learn and grow from prior relationship experiences that lead to more satisfied, stable, and fulfilling romantic relationships in the future.

Group Supportiveness and Interpersonal Learning Were Important Therapeutic Factors and Foundations

According to members’ reports of their experiences in the group, integrating the SFGC spirit into the design and running of a group can be extremely valuable for establishing a warm, safe, trusting, and supportive group environment. When members collaborate with other members in the process of exploring and constructing solutions, they not only help the other members find their potentials, but also learn from other members’ solutions, and therefore develop new resources through their interactions in the group (Chang, 2006; Cooley, 2009; Lin, 2011). The finding suggests that SFGC can integrate various methods and resources for members’ positive coping after break-up, which encourages members to find their strengths, generates an enhanced sense of worth, and contributes to high engagement, satisfaction, and helpfulness.

Even the act of agreeing to participate in the group itself gave members more strength in coping with their breakup. As Quick and Gizzo (2007) suggested, clear and specific themes help members feel more prepared before group sessions and help them safely engage in the group. The clear themes in this group intervention helped members share similar experiences and empathize with each other. Cultivating a sense of group comradery and resonance made participants feel less alone and less stuck. This encouraging environment corresponds to the SFGC therapeutic factors of group support (Sharry, 2007) and universality.

Another key therapeutic factor was group members’ interpersonal learning. Members’ perceptions of other members’ stories were reflections of their own experiences, so they gained insight and preparation for the future. Providing positive and effective feedback to other members also increased their self-worth. Rosa and Riva (2021) emphasized the importance of social and relational aspects of group psychotherapy in the process of recovery and participating in the group was an opportunity for members to make new friends in this safe environment for interpersonal interaction. This new social support provided members the opportunity to try out new ways of interacting and break free of their fixed patterns of relationships. Members of SFGC also receive validation from leaders and other members as they undergo changes, strengthening their determination to change (Cooley, 2009; Lin, 2011). Additionally, other members’ specific goals and areas of progress in the process of the group’s discussions further served as reference points for members to adjust to their own goals and progress.

In sum, these results provide validation for Quick and Gizzo's (2007) discussion of group process effects. Important therapeutic factors for this group included group learning, helping others (Sharry, 2007), imparting information, interpersonal learning, development of socializing techniques, imitative behavior, giving hope, and altruism (Yalom, 1995).

Limitations and Suggestions

This study investigated the experiences of female clients still dealing with loss from breakups and supported that SFGC's effective interventions involve a focus on future and present-oriented goals, strengths, coping, steps and actions. The study demonstrated that SFGC can help members restore a sense of satisfaction and order in life, thus contributing to members' post-breakup recovery and growth.

Due to a lack of potential participants, we were unable to set strict limitations on members' demographic characteristics, so we were unable to include more diverse data. This resulted in unavoidable shortcomings in participant characteristics, including a wide variation in the length of the ended relationships, initiator status, differences in members' degrees of post-breakup adjustment, members' available opportunities for ongoing interaction with their former partners, and other members' demographic characteristics. We therefore suggest that future research investigate in depth the influences of group members' background variables on post-breakup adjustment.

In addition, without a control group, we were unable to rule out the possibility that influences external to the counseling group account for some or all of members' changes, so there are limitations to the ability to explain the effects found. Future research can simultaneously lead two groups of different therapeutic orientations or use an experimental and control group method with the aim of comparing the effectiveness on members' adjustment to breakups. Meanwhile, when inviting subjects in the future, a suitable screening scale can be used.

Finally, no significant therapeutic effectiveness was found for the forgiveness and gratefulness subscales on the RPGI in this study. Future SFGC research and group designs can investigate further breakup-related loss issues, including how to further increase positive emotions and how to use the SFBT framework to develop measures of relevant variables. For example, future research into SFGC can address how best to produce immediate and continuing effects corresponding to the emotions of pleasure, flow, and hope, and can attempt to develop methods of leading groups in which leaders can utilize the power of language in more structured ways, such as to more clearly convey information that helps members perceive the leader's intentions.

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*ARTICLE***‘Mapping’ Moral Engagement in the Solution-Focused Approach Through MacIntyre’s Model of Practice**

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Abstract

I attempt to answer Trish Walsh’s two questions about the ‘maps’ that might exist for moral engagement in the ‘helping’ professions and how these might relate to the Solution-Focused Approach (Walsh, 2010). I seek to do this by exploring the narrative of the emergence of the Solution Focused Approach from the perspective of Alasdair MacIntyre’s concept of a ‘practice’ (MacIntyre, 1985) with the aim of providing the basis for ‘map’ for moral engagement by Solution-Focused Practitioners. To this end I attempt to interpret the Solution Focused Approach as a MacIntyreian ‘practice’ in which virtues (as ‘human qualities’) emerge out of collective activity through distinctive narratives and skills which are oriented towards the internal goods of the Solution-Focused Approach as a practice. Next, I evaluate the institutions that host and nurture the Solution-Focused Approach in the light of MacIntyre’s theory to gauge whether they have a positive or negative effect in promoting the internal goods of the practice. Finally, I consider how practice demonstrates MacIntyre’s ‘essential’ virtues of justice, courage and honesty in its initial development and in subsequent codes of practice developed by associations that promote the Solution-Focused Approach (SFA). My analysis and discussion should furnish a sketch for a ‘map’ for practitioners that will support them in their moral engagement both in ‘helping’ situations with clients and in building, relationships, alliances, and institutions with colleagues. I conclude with suggestions for further study and research around this topic, including a second article in which I intend to identify some virtues specific to the Solution-Focused Approach.

Keywords: Solution-Focused Approach, moral maps, virtue ethics, moral practice, virtues, internal goods, external goods, moral role of institutions, moral traditions, essential virtues of a practice, moral codes, MacIntyre.

Introduction

Trish Walsh, in *the Solution-focused helper: ethics and practice in health and social care* (2010) asks the following questions: “What maps do professionals have for guiding action in moral decision-making? How do these maps relate to the process of solution-focused helping?” (p. 27). In exploring these maps of principles and rules she finds them too abstract and distant from the moral complexities involved in situations of professional practice that require moral engagement to be at personal, individual, and relational levels of engagement. I would add that the maps are also very likely to be problem focused and therefore incongruent with the Solution-Focused Approach (Solution-Focused Approach)(De Jong & Berg, 2013). She considers whether virtue ethics might provide a means for negotiating these complexities from a more person focused perspective. However, Walsh steps away from this option citing Houston’s concerns about the issues around definition and framing of virtues (Houston, 2003).

This is a valid concern (although Houston (2003) does not explore it adequately) for what exactly is a ‘virtue’? One (popular) approach is to define a virtue as a persistent personality trait formed through a person’s life experience, especially in their early years (Sanderse, 2020). Now, this definition is open to challenge on two fronts: First of all, it becomes entangled in the complex psychological discussion about what constitutes personality and what might be inherent and what might be formed (Wright et al., 2021). Secondly, it is vulnerable to situationalism that argues, on the

basis of (disputed) experimental data, that there are no persistent personality traits that transfer from one situation to another (Besser-Jones, 2015; Snow, 2010).

I suggest that a more fruitful approach (and one more congruent to the Solution-Focused Approach (SFA)) is provided by social constructivism in which we can define virtues as aspects of character formed through human interaction in relationships (Darr, 2020) which connects with Houston's 'dialogical' emphasis (Houston, 2003). The implication here is that we develop different virtues within the context of specific relationships through specific interactions. Social contexts such as family, work, religion, sports, and hobbies all proved the venues for such relationships and interactions. This brings us to Alasdair MacIntyre's understanding of virtue ethics. MacIntyre understands virtues to be particular human qualities that are necessary to engage in the practices that realize particular internal goods of practice that contribute to qualitative human flourishing (MacIntyre, 1985). I believe that this approach will provide us as Solution-Focused practitioners with the beginnings of a more helpful map for moral engagement. In this article I will concentrate on tracing the formation of the SFA as a practice and its internal and external goods and conduct as the setting for the development and exercise of virtuous action (Donozo, 2014) This will serve as a prelude to a more thorough exploration of the distinctive virtues that arise from, and guide, practice in a subsequent article.

Pedalling Virtue

MacIntyre's Understanding of a Practice

So, what does MacIntyre understand as a practice? A practice is a cooperative endeavor with its own narrative and traditions that realizes particular internal goods (Bielskis & Mardosas, 2014; Knight, 2008; MacIntyre, 1985). 'Internal goods' here are 'excellences' internal to the practice itself and relate to the 'product' or outcome of the practice (which I call the '*practice good*') and to the development of the practitioner in the skills, knowledge and qualities necessary to excel in the practice (which I designate the '*practitioner good*') (Higgins, 2010; Ward, 2017)¹. As practices are cooperative efforts that entail a community with shared traditions, purpose and disciplines they require social institutions for their sustainability. MacIntyre places great emphasis on the role of institutions for providing the framework for the formation of practitioners and the development of the practice (MacIntyre). MacIntyre also notes the limiting, even 'corrupting' effects of institutions (MacIntyre). In order to sustain the practice to which they are connected institutions need to promote and ensure that it is viable. This entails seeking what he calls 'external goods' such as reputation, money, and influence². The danger is that these goods can become ends in themselves that can eclipse the internal goods that are at the heart of the practice. A second danger posed by institutions identified by MacIntyre is the enforcement of conformity, under the guise of ensuring standards, that can limit the diversity and development of practice.

Cycling as a Practice

Cycling, from my experience, is a good example of a practice. I began cycling in earnest during a period of unemployment and I needed a cheap means of transport to get around, and then I began to love it! I began to understand and embrace the internal goods of cycling. I developed as a practitioner in developing skills of riding, negotiating different terrain and contexts (urban, rural, offroad), exercise, and bicycle maintenance (*practitioner goods*) that are necessary for the outcomes of health, vitality, existential engagement, awareness and adventure (*practice goods*) (Ballantine, 1984).

¹ MacIntyre later called these internal goods 'goods of excellence' (Knight, 1998; Ward, 2017).

² MacIntyre was later to these 'goods of effectiveness' (Knight, 1998 Ward, 2017).

Traditions for the Road

Cycling, of course, has its stories and traditions (McGurn, 1987). It has a complex technical history from visionary sketches by Da Vinci to running machines, high bicycles, safety bicycles, tricycles, and recumbents. Machines of esoteric materials and sophisticated design such as the Moulton ‘advanced engineering bicycle’ (Hadland, 1994) which I ride. Cycling also has a complex social history that includes highly regimented and status-oriented groups, workers’ associations who went from using their machines for commuting to (re-)claiming the countryside, women’s groups for whom cycling became a way of asserting their freedom and latterly environmental groups promoting cycling as a form of Green transport. There are also heroes who serve as exemplars such as Tour de France winners such as Eddy Merckx, Bernard Hinault and Chris Froome, long distance tourists such as Bettina Selby and Richard and Nicholas Crane and inventors such as Alex Moulton. These traditions and exemplars have given cycling its unique form. All practices have such traditions and stories that provide the narrative and social context the exercise of their unique knowledge, skills and internal goods of practice and practitioner. (Bielskis & Mardosas, 2014; Knight, 2008).

Institutions for the Road

In cycling institutions tend to function at two levels. A wider association (such as the Cyclists’ Touring Club (<https://www.cyclinguk.org/>) and the British Cycling Federation (<https://www.britishcycling.org.uk/>) that would promote the internal good of the practice of cycling through sharing its positive traditions and the stories of its heroes and its internal goods, issue the authorized rules of competitive cycling, and organize competitions, championships rides and rallies. At the local level would be the club where novices are taught to ride and initiated into disciplines of good riding, competitive strategies and cycle maintenance by more experienced members of the club.

As MacIntyre (1985) notes, institutions may also have a negative effect in the world of cycling by running competitions only for money and not for the experience of the sport so that some players and spectators are locked out. At the local level it might mean that the club is dominated by just one or two individuals and everyone else is side-lined. There is also the danger of conformity as the wider associations might develop new rules that authorized the use of particular strategies and machines and prohibited others, such as the inexcusable exclusion of small-wheeled bicycles, such as Moultons (<http://www.moultonbuzz.com/>), from competition! In the local club this might mean the senior members insisting that new members adopt their styles of clothing, equipment and practice while opposing all innovation.

Virtues for the Road

Virtues are those human qualities that are necessary to excel in the disciplines of a practice and realize its internal goods (Darr, 2020; MacIntyre, 1985). MacIntyre argues that there are three key virtues that are necessary to sustain any practice:

We have to learn to recognize what is due to whom; we have to be prepared to take whatever self-endangering risks are demanded along the way; and we have to listen carefully to what we are told about our own inadequacies and to reply with the same carefulness for the facts. In other words, we have to accept as necessary components of any practice with internal goods and standards of excellence the virtues of justice, courage and honesty (MacIntyre, 1985, p. 191).

Without *justice* we are unable to embrace the traditions and skills of a practice by acknowledging their sources and authorities and so being in position to learn and participate fairly with those both within and without the practice. Without *courage* we don’t be able to take the risks that engaging in a true practice requires. Both in terms of engaging in the practice as we have received and in developing it further. Lastly, without *honesty* we will be in no position to develop any excellency in practice as we need openness and reflectiveness to build our understanding and skills. Without these virtues a practice will fail. Practitioners will be seeking to do each other down rather than learning from each other

(like the Master and Apprentice of the Dark Side in Star Wars!). No practitioner will have the nerve to take the first step in existing skills, let alone try new experiments. Nor will any practitioner acknowledge any weakness and so the practice will stagnate. The practice will not be a site for the learning of virtue, nor will it contribute to wider human flourishing. Rather it will become something like a criminal syndicate which will be destructive of society and eventually of itself (Sellman, 2011; Ward, 2017).

What is the place of these three virtues in cycling? In competitive cycling members of the team have to act *justly* by recognizing their place in the team and learning from the team's leaders to play their role for the sake of all, especially their key riders. Team members will have to show *courage* in breaking away and the right moment and containing their movements of their rivals in the peloton and lastly *honesty* in competition without cheating in the form of sabotage or doping but rather relying on their own ability. But these virtues are also necessary for the commuting or touring cyclist. *Justice* in relating to other road users appropriately and learning from and supporting members of the club when riding together. *Courage*, in actually getting on a bike in the first place! But also in engaging with traffic and setting off to new places. And then *honesty* in talking about one's journeys and encounters.

In addition to these I would suggest some further virtues: *persistence* in cycling in bad weather, *generosity* in stopping to help other cyclists, *courtesy* and *friendship* in riding and socializing with other cyclists, especially club members. However, as a novice cyclist I did not begin with these virtues. They were formed as I learnt how ride with the support of more experienced cyclists and senior group or club members who themselves modelled these virtues. As I became a more experienced cyclist, I began to display these virtues myself, at least within the context of cycling. Some of these virtues might even be encoded in the rules adopted by national associations and local clubs.

Identity On and Off the Road

In MacIntyre's (1985) model of virtue ethics particular virtues are specific to the practice in which they have been learnt and exercised. They might not be exercised outside of the context of the practice. So, as a cyclist I might be generous and courteous in the setting of the ride or the club but mean and rude when it comes to getting on the train to go home after the club ride. This, of course, is exactly what the situationist would expect! Yet if I am an experienced cyclist who is really enthused by my practice, I am likely to make the virtues it entails part of my life narrative and to incorporate the practice into my sense of identity so that the virtues that I have learnt in the saddle will be displayed in my behavior at the train station and into my other relationships and practices, say as a partner to my spouse, or as a teacher in the classroom. In this way cycling as a practice would have a wider impact on the other communities and practices to which I as a cyclist belong.

Solution-Focused Practice as a Virtuous Practice: Internal Goods, Theory and Disciplines

I would like to suggest that like cycling, the SFA is a practice (although admittedly very different as a therapeutic practice, though doubtless many cycling aficionados would promote the therapeutic value of their pastime) with traditions and stories that frame its internal goods, particular disciplines that promote the good and virtues that are essential to the exercise of those disciplines. The SFA also has its institutions such as local teams and practices, and national and international organizations that seek to promote and develop the practice and its internal goods. We shall see that the local practices have been of particular importance in its development. So, what does it mean to describe The SFA as a virtuous practice with particular internal goods? To do this we will need to consider the story and traditions of the SFA.

The Development of Solution-Focused Therapy as a Practice

Critical to defining a practice, in MacIntyre's sense, is to identify its internal goods (Bielskis & Mardosas, 2014; MacIntyre, 1985) as this will provide us with the focus and purpose of the practice – why practitioners value the practice for its own sake. However, to try and do this with an abstract definition will be meaningless unless it is set in the context of the formation of the tradition or narrative of the discipline (Darr, 2020). This narrative will provide both the context of the emergence of the internal goods of the practice and the explanation of their significance, which is the basis of theory of the practice. As the narrative develops, the context of the practice may change, and with it the significance of its internal goods in terms of both *practice goods* and *practitioner goods*. Such changes will require further theoretical explanation and justification resulting in a dialectical relationship between the internal goods and their explanation. Theoretical understandings of the good can provide insights into how to enhance practice further. Enhanced practice through the engagement of practitioners may lead to a development of the goods of a practice that requires further theoretical explanation. This leads to a further consideration concerning the development of the perspectives and skills of the practice. These are the skills and exercises that are adopted, emerge or are designed to promote the practice's internal good (such as cycle design and cycling techniques that promote the 'engagement of the ride'). Skills, I would suggest, are developed in the moment, through engagement, or designed on the basis of theory, once it is understood how they work to promote the internal goods. Just as there is a dialectic between the internal goods and theory there is also a dialectic between the skills of a practice and theory. I believe that this will be demonstrated in the narrative of the development of Solution-Focused practice that I give below. Given the dialectical relationship between the development of skills, theory and the internal goods of practice and practitioners it is necessary to consider the development of skills and internal goods as an evolving system in some detail.

Antecedents of Solution-Focus Practice

The antecedents of the rise of the SFA are to be found in the revolt among a number of therapists, especially family therapists, against the interiority of the psycho-analytic and psycho-dynamic approaches (Visser, 2013) which sought to diagnose client problems in terms of some interior condition that first had to be addressed before external conditions could be improved. Therapists who identified with this movement sought to become experts, not in interior pathology, but in the external dynamics of client's family and social systems. This would allow discovery of the external causes of client problems in, and their resolution, through behavioral patterns and strategies that would disrupt such 'problem systems' (Cade, 2007; Miller, 1997; Visser). On the radical edge of this movement were Milton Erickson and his close collaborators in the team at the Mental Research Institution (MRI) led by John Weakland in Palo Alto, California (Cade, 2001; Visser).

Both Steve de Shazer and Insoo Kim Berg had engaged extensively with MRI and adopted many of the theories and practices that Weakland and his colleagues had developed. When they both relocated Milwaukee in 1977 to begin their new life together, they sought to apply these systemic and strategic approaches with their clients the Milwaukee Family Services where they were employed. At Family Services they soon found themselves entangled in arguments and controversies around those who supported a systemic approach and those who favored a more traditional psychodynamic approach. Eventually these disputes reached the point that de Shazer, Berg and others decided to establish their own independent practice where they could develop more constructive therapeutic approaches. Thus, in 1978, was born the Brief Family Therapy Center (BFTC) (Visser, 2013; Miller, 2004).

Evolving Practice at Brief Family Therapy Center

Overview

Once the new centre was fully established a *modus operandi* emerged in which the core team worked collaboratively attempting new initiatives with clients that all observed, both 'live' through a one-way mirror or by video recordings. Practice was analysed and new approaches and methods suggested (Miller, 2004). In the course of this activity de Shazer

emerged as the main theoretician and author while others like Berg, Eve Lipchik, and Elam Nunnally were key experimenters. de Shazer synthesised the results and insights of the team and became the centre's main spokesperson (Kiser, 1995). This pattern continued until the middle to late 1980s when the original BFTC team began to disperse.

Process of Evolution

In describing the evolution of Solution-Focused practice that follows I have drawn on three main substantive sources. Gale Miller's *Becoming miracle workers: language and meaning in brief therapy* (2004) that records his qualitative research with the BFTC (which is given the pseudonym of 'Northland Clinic' in his text) developing a grounded-theory study on the interaction of therapists and their clients, and with each other from 1984, finally published in 1997. Miller's methodology largely involved participant observation supplemented by interviews of team members. Secondly, David Kiser's doctoral dissertation: *The process and politics of solution-focused therapy theory development: a qualitative study* (1995). Kiser conducted his research in the early 1990s also using a grounded-theory approach but focusing on interviews with the founders of BFTC. Lastly, the study of Steve de Shazer's theory development conducted by Harry Korman et al. (2020) 'Steve de Shazer's Theory Development'. This last source is an article based upon an extensive literature study of de Shazer's published work.

These three texts all take different approaches in tracing the evolution of the SFA during its 'heroic' age. Miller takes a wholistic approach and identifies two stages in the therapy used in BFTC, the 'ecosystemic' and 'solution-focused' (Miller, 1997; 2004.) and focuses on the outcome of practice at each stage. Kiser identifies 'nodal points' – shifts in therapeutic disciplines that indicate a change of focus to a participatory systemic approach and then to a SFA (Kiser, 1995) and concentrates on the development of practice and practitioners. Korman and his colleagues track the evolution of the SFA by discerning four stages in de Shazer's theory development which, I will suggest, traces the development of *practice goods* and *practitioner goods* of the practice. Given that de Shazer became the key spokesperson of the team at BFTC it would be reasonable to assume that change in his theory would also reflect therapeutic developments at BFTC. In the light of this I will use this latter work to provide the main framework for understanding the narrative of the growth of the SFA and locate the contributions of Miller and Kiser within this framework. I anticipate this narrative will disclose the internal goods of the SFA in this key period.

Phase 1: Early de Shazer 1978

In 1978 de Shazer, Berg and the BFTC team began their new venture working from a systemic-strategic foundation heavily influenced by MRI and Erickson (Visser, 2013; De Jong, 2019). In this early phase they see client's troubles as rooted in malfunctioning social, especially family, systems. At this time, the team saw the therapist as the expert who designs a behavioral strategy, often complex and counter intuitive, to disrupt the system and move it into a more constructive pattern (Kiser, 1995; Miller, 2004).

Korman and his colleagues present two axioms that they believe that characterize de Shazer's thinking at this stage:

- Axiom 1: Therapy is an observable interactional process, that is, a conversation.
- Axiom 2: The minimum unit of analysis is the therapist interacting with the client in the therapy setting. This unit cannot be subdivided further (Korman et al., 2020, p. 21).

Axiom 1 captures de Shazer's commitment the systemic perspective that therapy concerns external relationships rather than internal psychic pathology and relates to the *practice good*. *Axiom 2* expresses his (advanced) conception that the therapist and client constitute a single system and contributes to the internal good or excellence of practitioners. In this respect de Shazer appears to be ahead of his colleagues who come to share his understanding only at the next phase of the evolution of the practice (Kiser, 1995; Korman et al., 2020).

Phase 2: Early BFTC 1978-1982

During the 'Phase 2' period the BFTC team pushed the limits of the strategic approach that they have adopted. Miller, who begins his research while the transition from Phase 2 to Phase 3 is taking place in 1984 designates the approach to practice that is taken in this period as 'Eco-Systemic'. In this phase, the BFTC therapists begin to work more cooperatively with clients to develop change in their systems. This has two results. Firstly, the general realization that the therapist, and even the team behind the mirror, is part of the therapeutic system (Miller, 2004) and thus should be regarded as practitioners. Secondly, the expertise of the client comes to the fore, to the extent that the client is regarded as the expert in their desired change. Miller notes that during this period the team is concerned that the client defines their 'trouble' as a clear problem so that problem solving strategies can then be formulated by the team in cooperation with the client to disrupt the problem system (Miller).

Kiser notes the disciplinary 'nodal points' that seem to be connected with this phase: *compliments*, *Death of resistance*, *Future Focus* and *Presupposing change*, and *research on Change-Talk* (de Shazer, 1984; Kiser, 1995). All of these 'points' relate to the relationship and interaction between therapist, the therapeutic team, and the client. These relate to the developing excellence or good of practitioners as they engage in and are formed by their practice.

First of all, Kiser notes how *compliments* as a way of building the relationship between the team and clients worked to comply with the interventions formulated by the team. This occurred after a client had asked about who was behind the mirror in the therapy room and the team was introduced. After the introduction, the team felt obliged to say 'nice things' about the client (Kiser, 1995 p. 126). Thereafter compliments seem to have assumed an important role in building a positive/constructive/good relationship between the therapeutic team and the client. This was important for building the cooperative interaction between the therapist, team, and client to create change (Kiser).

The *Death of Resistance* was also a key step in establishing this cooperative interaction. 'Resistance' was reframed as an issue for the therapist and not the client. If the client did not comply with the tasks recommended by the therapist and the team, it was because the therapist had not yet found the right way to cooperate with the client in building change (Kiser, 1995, p. 128).

The emphasis on change naturally led to *research on change* talk in which the BFTC team sought to understand through observation and (video) review how particular questions, responses and suggestions might encourage the client to initiate change in their relational system. Through this research the team sought to find better ways to collaborate with clients through apt questions and language in their responses and suggestions to work with the client in bringing about desired change (Kiser 1995, p. 130).

This Phase of the evolution of practice is captured in two axioms:

- Axiom 3: Change is the purpose of the therapist and client's meeting.
- 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).

Axiom 3 gives a clear statement of the *practice good* of BFCT practice at this time – to create change in the life of the client. Miller amplifies this in terms of change strategies to disrupt 'troublesome behavior' (Miller, 2004, p. 45). *Axiom 4* indicates the means or the skills of practice whereby this good will be achieved – the cooperative interaction between therapist (and team) and client and captures the continuing development of the *practitioner good*.

Phase 3: Emergence of SFBT 1982-1989

In Phase Three of the evolution of de Shazer's through and practice we see the emergence of the SFA from systemic therapy. Systems still feature in the thinking and practice of the BFTC team, but the emphasis is now, as Miller notes, on the SFA (Miller, 2004). Kiser also begins his doctoral research at the end of this period but was a student at the center earlier in the 1980s (Kiser, 1995).

The evolution of practice at this point at BFTC is decisive for the SFA. Miller (2004) indicates that in this period we see therapist and client cooperating not just for system change, but for the client's solution. It is also characterized by the discovery that clients already have the basis for their own solutions in exceptions and changes they make arising from commitment and engagement in therapy (Korman et al., 2020). The focus of therapy now shifts decisively from the expertise of the therapist to that of the client in formulating their solution. In this phase the therapist is now more of a facilitator or an 'expert' in the process of the therapeutic conversation. There is no longer any discussion of 'problem definition' as the solution is now considered to be entirely independent of the troubles or problem (Miller).

The changes in this phase are characterized, in Kiser's research, by the following 'nodal points': *The First Session Formula Task*, *Pretreatment Change*, *The Miracle Question*, *A shift to the Interview Before the Break*, and *Briefer I and II* (Kiser, 1995, p. 71). These points mark the emergence of the Solution-Focus Approach as a distinctive practice in which the therapist works to support the client in developing her own solution rather than 'change' per se.

The *First Session Formula Task* was first used in 1982 and asks the client to notice and later describe to the therapist any change that they would like to 'continue to have happen' (de Shazer, 1985, p. 137). In this task we see the shift away from the problem that might be besetting the client to the changes in their life and behavior that they make and that they would like to continue. These would constitute exceptions to the problem and possibly strengths that could be the basis of a solution.

Pretreatment Change

First presented in 1987 constitutes more of the same as the client is asked to focus on the positive changes that had occurred after the client had made the appointment but before seeing the therapist. The client's action in making the appointment was a decisive act towards a solution and, as such, it likely triggered other positive changes that could contribute to the solution desired by the client. Again, this question is designed to draw the client's attention to exceptions and changes that could form the basis of the solution.

The Miracle Question

'If you woke up one morning and a miracle had happened, what would tell you that your problem is solved?' (Kiser, 1995, p. 135), which originated in the mid 1980s is often regarded as the defining feature of the SFA. In this question a radical emphasis is placed on the solution as the client is asked to envision a future in which the solution has occurred. This entails a complete shift away from any consideration of the problem and requires the client to give their attention entirely to the description of their solution.

A Shift to the Interview Before the Break.

In the earlier ecosystemic phase of therapy at BFTC the intervention task that was presented to the clients after the traditional break was considered to be the main business of the therapeutic interview. However, with the shift away from therapist expertise is framing a strategy to disrupt the system Kiser (1995) notes that the client's own responses, as expert in their own solution, assume far greater importance as the center of therapeutic interaction. Greater attention is now placed on language that the client has used that indicate strengths and exceptions that might provide a basis for forming a solution. In the ecosystemic approach the formulation of the intervention to be delivered to the client after the break would involve a great deal of cleverness on the part of the therapist and team (Miller, 2004). However, in this phase, it is the client's cleverness that is central as 'clues' from the client's responses in the interview are now used to frame the intervention, rather than the recommendations of the therapist.

As de Shazer saw therapeutic practice in the new approach becoming an interactive process of developing solutions with the client, he attempted to map the process and even attempted to develop computer programs that could (help to) facilitate the process. This led to the development of *Briefer I and II* with a team from Marquette University (Kiser,

1995). While the process of constructing solutions seems to have some simple, and repeatable, common features, the way these were repeated in each individual interaction was so specific to that conversation that, Kiser suggests, it proved impossible to develop a program that could cope with the range of unpredictable and idiosyncratic diversity! However, what this does indicate is that the emphasis was now being placed on the interactive process to co-create solutions that both problems and therapist expertise in problem solving had been left far behind. The result of this is that the *practitioner good* now embraces both therapist and client. The good or excellence of the client is in framing their own solutions from their resources and within their context. The excellence of the therapist is in enabling the client through this process. This constitutes such a complex excellence that it is unsurprising that it proved too challenging for a computer program!

Only one axiom is presented for this stage:

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

Axiom 5 indicates the refinement of the *practice good* of the SFA as it emerged. The purpose of Solution-Focused practice is developing good solutions with clients. This axiom also suggests a refinement of practitioner excellence as the cooperative interaction between the therapist and the client is enhanced through the use of more refined skills.

Phase 4: Late de Shazer 1989-2005

The final Phase that Korman and his co-authors identify is the fourth phase titled the 'Late de Shazer' period from 1989-2005, the year of de Shazer's death. Both Miller and Kiser conclude their research projects early in this period. Wittgenstein's language philosophy dominated de Shazer's thought at this time. Kiser (1995) suggests that this turn comes because of the failure of Briefer I and II leading de Shazer to use Wittgenstein's philosophy of language to gain a better understanding of the solution framing interaction between therapist and client. This contributed to de Shazer viewing Solution-Focused Brief Therapy through a Wittgensteinian lens as 'interactive constructionism' (de Shazer, 1991, p. 48). He construes therapy as a language game in which therapists and clients engage in creative misunderstandings to frame change and solutions. While de Shazer was enthusiastic about Wittgenstein it is not clear how many of his colleagues at BFCT understood the philosopher or shared de Shazer's passion (Kiser).

Korman and his co-authors present one final sixth axiom for this stage:

- Axiom 6: Therapy is a visible interactional, dialogic process negotiating the meanings of the client's language (Korman et al., 2020, p. 21).

Axiom 6 does not suggest any change in the *practice good* of the SFA which remains that of developing solutions. It does, though, suggest a refinement of the *practitioner good*. Therapy is now conceived as a language game in which change is negotiated through the co-construction of solutions.

The Internal Goods of the SFA

I have engaged in a rather technical exploration of the narrative of the evolution of brief therapy and solution-focused brief therapy at BFCT with the aim of discovering the internal goods of the solution-focus approach as a practice. Relating Korman and colleagues' axioms (2020) to the narrative of the emergence of the SFA we see that Axioms 1, 2, 4, and 6 relate to the development of the disciplines of practice at BFCT and *practitioner goods* or excellences while Axioms 3 and 5, relate to the *practice goods* that are developed by practice skills. The third axiom relates to the purpose of what Miller (2004) calls ecosystemic therapy in instigating change in the client's system. The sixth axiom does not replace this but rather builds on it in the Solution-Focused stage of BFCT evolution by (re)defining change in terms of developing collaborative solutions with the client. I particularly favor the way that Miller frames the *practice good*, in a way that captures the ethos of the late de Shazer. The *practice good* of the SFA is 'constructing progressive stories' (Miller, p. 74). What is perhaps unique in the SFA is that this *practice good* entails that clients be regarded as co-practitioners with the therapists and so also share in the *practitioner good*.

The Role of Institutions in Solution-focused Ethical Practice

As I have already indicated MacIntyre argues that institutions are critical for developing and sustaining practice through external goods or ‘excellences of effectiveness’ (Knight, 1998; MacIntyre, 1985). This means that they begin to assume the following functions: defining the heart of the practice in terms of its internal goods and supporting disciplines, initiating others into the practice through education in its traditions and disciplines, sustaining the integrity of the practice and promoting the practice (Bielskis & Mardosas, 2014; Darr, 2020; Knight, 2008).

Kiser (1995), notes the critical role played by the Brief Family Therapy Center in the development of the SFA. The ‘Founders’ (Kiser, p. 22) found themselves constricted in the environment of Family Services in Milwaukee and so established an independent practice in which they would be free to experiment to discover what therapeutic approaches would serve their clients best. The independence and isolation (and even ostracism) of the BFTC, being outside of received structures of regulation and accountability, allowed the BFTC team and their collaborators to work cooperatively and creatively to develop a new therapeutic approach. Kiser argues that many ideas similar to those that found expression, first in ecosystem therapy and later in solution-focused therapy were already in circulation within the therapeutic world but it was only in the dynamic setting of the BFCT that they could be ‘re-discovered’ and incorporated into a coherent practice. In this regard, BFCT as an institution was critical for the development of Solution-Focused Therapy (Kiser & Piercy, 2001).

Once the SFA had achieved some coherence and identity as a practice, the Milwaukee center then became the hub for its promotion (Kiser, 1995). This occurred through education offered in Milwaukee itself, key members of the team presenting at conferences, especially de Shazer and Berg, and through de Shazer’s writings (1985, 1988, 1991, 1994). Interestingly, while de Shazer was keen to promote the practice, he was reluctant to define it (Miller & de Shazer, 1998). At the same time the BFTC team believed that it was possible to specify the elements that would define a solution-focused therapy session (de Shazer et al., 1986). This ambiguity both allowed for the formation of a general understanding of the SFA but also allowed for its further development as a practice. From a Wittgensteinian point of view de Shazer would have been quite pleased with this as it means that the SFA will always be understood in terms of ‘family resemblance’ rather than a definition of its ‘essence’ (Wittgenstein, 1967, p. 33).

Current Institutions Sustaining and Extending SF Practice

Once BFTC had completed its pioneering work in developing the SFA as a distinguishable practice, other institutions, both (local) centers of practice and wider associations, began to emerge that facilitated the further development and spread of the practice around the world. Two of these are particularly worthy of mentioning: BRIEF in London, a center for therapy and education, and the European Brief Therapy Association, the first international association promoting the approach.

BRIEF (<https://www.brief.org.uk/>) first began as private consultancy, The Brief Therapy Practice that adopted and developed its own ‘minimalist’ Solution-Focused practice on the basis of de Shazer’s work, and then held annual conferences from 1989, often with de Shazer and Berg as featured speakers. BRIEF’s activities helped further spread the approach through the UK and other parts of Europe. It is interesting that BRIEF and similar centers (<http://www.iasti.org/>) follow the model set by BFTC in continuing to develop the solution-focused practice, provide education in the practice, and promote the practice through presentation and publication.

The European Brief Therapy Association (<https://www.ebta.eu/>) was formed in 1993 by a group of European practitioners, including Evan George from BRIEF, in partnership with de Shazer and Berg who were present at its inaugural conference in 1994 (Isebaert, 2011). The EBTA continues to be at the forefront of developing and enhancing the theory or ‘definition’ (Sunderman et al., 2020) and ethical engagement (EBTA 2021) of the SFA. Some of the wider applications of solution-focused practice were first mooted at EBTA Conferences (Sunderman et al.).

Nine years later, in 2002 de Shazer and Berg took the initiative in forming the Solution Focused Brief Therapy Association (SFBTA) in the United States. In its early years the SFBTA largely hosted conferences but after the death of Insoo Kim Berg in 2007, the SFBTA took over the archives of the BFTC and now seeks to promote rigorous research into the effectiveness and further development of the SFA (<https://www.sfbta.org/>).

These and other institutions have had considerable success in establishing the Solution-Focus approach around the world, with centers and organizations on all continents (except for Antarctica!) The approach has also been extended beyond psychotherapy with applications in education (Franklin & Streeter, 2004), coaching (Jackson & McKergow, 2007), management (Lueger & Korn, 2006), organizational development (Polgar & Hankovszky, 2014), leadership (Brooker et al., 2019), conflict resolution (Bannick, 2010), community development (Walsh, 2010), and even radical political engagement (Shennan & Gardener, 2018; Shennan, 2020).

By and large it does seem that the SFA has been very well served by its institutions. They have continued to enhance and extend the SFA into many areas with considerable human benefit, both individual and social. Thanks to these institutional efforts the profile of solution-focused practice has been raised and many practitioners have been inducted into it. Significantly, institutions connected to the SFA seem to have largely avoided the pitfalls that MacIntyre associates with institutions namely inflexible regulation that strangles the practice, and an emphasis on external or extrinsic goods of status, profit, and dominance that effectively sacrifice the internal goods of the practice (MacIntyre, 1985).

The SFA and the Demonstration of MacIntyre's Key virtues

The Development of Virtue at BFTC

I have described the internal goods of the Solution-Focus Approach through a detailed study of its formative narrative at BFTC and reviewed the development of external goods by noting the role of some key institutions related to the SFA. However, identification of the specific virtues that relate to the skills required to facilitate the solution construction process that is the heart of the practice will require further empirical research. But, as I have stated above, MacIntyre (1985) identified general virtues of *justice*, *courage*, and *honesty* that he argues are required if we are to engage in any practice. These are virtues we need to form appropriate and productive relationships with others involved in the practice and with the wider community in which the practice is situated. How were these virtues developed over time and demonstrated in the team in BFTC?

Firstly, de Shazer and his colleagues were certainly *just* in recognizing the inheritance that they had received from MRI and Erickson. de Shazer acknowledges this debt in his books (de Shazer, 1985, 1988, 1991, 1994) and John Weakland, the director of MRI provides the Prefaces for a number of his works (Weakland, 1985, 1988, 1991). In his interviews with the founders of BFTC, Kiser encountered a similar spirit among the team as participants acknowledged the different roles each had played (Kiser, 1995). Lastly, there was a very clear commitment to be just with clients in seeking their preferred outcomes (Miller, 2004).

Secondly, the team at BFTC was certainly *courageous* in initiating a very risky enterprise at high cost and risk to themselves (De Jong, 2019; Kiser 1995; Lipchik, 2014). Their initiatives went against received orthodoxy and attracted both opposition and rejection in local therapeutic and academic circles (Kiser, 1995; Visser, 2013). The therapeutic experiments conducted by the team were also very adventurous. The team went out on a limb in all manner of ways!

Thirdly the team had a great deal of *honesty* with each other, especially in the initial stages of their work together, as they held rigorous discussions around the way that each was doing therapy and the strengths and weakness of their practice and theory (Kiser, 1995; Miller, 2004). As the SFA developed there was also a growing commitment to be honest with clients as co-constructors of solutions and to desist from any ambiguous techniques to gain a therapeutic result that possibly characterized practice in the earlier stages of the approach (especially in the framing of end of session messages). On one occasion de Shazer insisted that it was never appropriate or necessary to lie to clients (Cade, 1985).

The founders of the SFA did demonstrate the virtues of justice, courage, and honesty within their context. This seemed to set the scene for subsequent developments as the Approach spread.

Virtues and Codes

As SFA practitioners began to extend the approach, they established organizations as vehicles for to ensure the external goods of their practice. These organizations have developed Codes of Practice that seek to articulate, preserve and communicate the core values and standards of the approach based on the legacy of the narratives I have considered. Three Solution-Focused associations have produced such codes practice: the United Kingdom Association for Solution Focus Practice (UKASFP, 2012), the Association for Solution Focus in Organizations (ASFIO, 2016), and the European Brief Therapy Association (EBTA, 2021). We are sometimes tempted to think of codes of practice as rules formulated to counter misconduct as it arises and then imposed from above to prevent further misbehavior. However, they can also be expressions of best practice and capture those standards and values that practitioners most cherish (Joyce & Rankin, 2010; Sellman, 2011). These codes represent the virtuous behavior we expect of ourselves and of each other.

Indeed, the virtues justice, honesty, and courage are all expressed to some degree or another in the Codes of Practice of all three of the above organizations. Justice is expressed in three ways: What is owed to the Founders, to colleagues, and, above all to the client. Both the ASFIO and EBTA codes make explicit reference to acknowledging the contribution of the Founders of the approach:

All Members of the ASFIO acknowledge the open source ethos of SF, stemming from the pioneering work of Steve de Shazer, Insoo Kim Berg and their colleagues at the Brief Family Therapy Center (ASFIO, 2016).

IV. The SFBT Practitioner respects the work of their Teachers and appreciates the heritage of the Founders of SFBT. Moreover, they respect their colleagues working with SFBT as much as those working with other approaches or in different professions. The SFBT Practitioner acknowledges the fact that their expertise and skills are merely a continuation of the achievements of their Teachers and predecessors. Therefore, they make sure it is known that they acquired their knowledge and skills as a result of training (EBTA, 2021, p. 3).

Acknowledgement of what is owed to colleagues is captured in these statements:

...make clear their respect for colleagues with whom they have a working relationship, and they will listen to and become aware of approaches adopted by colleagues (UKASFP, 2012, p. 7).

Acknowledge and credit the work of others (ASFIO, 2016).

What is owed to the client is foremost. Practitioners are to give greatest respect to the client's expertise:

Respect their clients' expertise: clients know what they want (ASFIO, 2016).

III. The SFBT Practitioner recognises the Client as an expert with regard to Client's life, abilities, needs (EBTA, 2021, p. 3).

The confidentiality practitioners owe to the client:

Any helping relationship will be developed within an environment of trust, so that a client is able to trust a practitioner with sensitive personal information. Such a relationship acknowledges that the client may expect confidentiality, with a restriction on the sharing of information which the client has identified as private and personal, unless there are safeguarding issues. The personal autonomy of the client is respected when the practitioner ensures a commitment to being explicit about the parameters of this confidentiality (UKASFP, 2012, p. 2).

Respect for clients' confidentiality:

The SFBT Practitioner respects the Client's right to privacy and does not disclose any information that was passed to them (EBTA, 2021, p. 4).

Practitioners accept and respect client's diversity:

It is understood that the practitioner will work at all times to promote and sustain actions which recognize diversity and show a total commitment to equality of opportunity. This applies to both a pro-active approach to welcoming diversity and an on-going awareness, including a reflective approach, to ensure effective practice to avoid discrimination (UKASFP, 2012, p. 3).

Set, communicate and observe clear, appropriate and culturally sensitive boundaries governing their own behavior (ASFIO, 2016).

The SFBT Practitioner bases their relation with the Client on the premise of respect for Client's beliefs, autonomy, safety and needs (EBTA, 2021, p. 3).

Courage is expressed in two ways. The desire to extend the boundaries of practice for the sake of the client and in willingness to confront wrongdoing within the practice. Solution-Focused practitioners need to be willing to engage in the innovation of our practice for the sake of their clients:

An effective practitioner will, by the application of principles of the Solution Focused Approach, look to enhance work in their own scope of practice. It is recognized that, at times, application may be restricted by the demands of a particular situation. Adapting to real working environments is part of an effective application of the Solution Focused Approach (UKASFP, 2012, p. 7).

The SFBT Practitioner is able to strike a balance between being loyal to the core philosophy of SFBT and searching for novel and useful methods of work (EBTA, 2021, p. 3).

It is also expected that practitioners will be willing to engage with colleagues who have lapsed into malpractice:

The Chair will act on behalf of the committee to implement an appropriate response to any formal complaint. This may be: ... Complaint by a member of the Association about another member of the Association (UKASFP, 2012, p. 8).

Whenever encountering unethical behaviour on the side of their colleagues or other professionals, the SFBT Practitioner strives to understand their motivations and rationales and attempts to help them find a better solution to the current situation. Should these attempts fail or seem to be fruitless, the Practitioner appeals to the Advisory Task Group (EBTA, 2021, p. 5).

Finally, *honesty* is expressed in truthful towards the client and in the practitioner's self-awareness of their own limits. To this end it is essential our communication with the client and others be truthful:

... the practitioner will have an awareness based on the development of an open, honest and effective communication with the client (UKASFP, 2012, p. 3).

Make clear agreements with their clients and honor these agreements (ASFIO, 2016).

The SFBT Practitioner voices their opinions and concerns about the Client and their mutual relation accordingly to the Practitioner's subjective understanding of the truth and with regard to Client's expectations and reservations. The Practitioner aims to reconcile this principle with legal regulations and the requirements of the institution they are employed with. In all formal documents they present an accurate and positive description of the Client, focusing on Client's achievements and abilities (EBTA, 2021, p. 3).

Practitioners, will also seek to be honest with ourselves concerning their limitations:

...practitioners will be aware of the scope and limitations of their training and experience and be prepared to be explicit about this if the need arises, (e.g. if assigned to a situation/task outside their level of competence)... (UKASFP, 2012, p. 3).

Act within the limits of their skill and knowledge and refer clients to another professional if appropriate (ASFIO, 2016).

The Practitioner acknowledges the fact their abilities are limited, as well as considers other possible personal limitations and impediments to the helping process. They discuss them with the Client and offer their help in finding other professional help if it promises to be more beneficial to the Client.

Whenever health problems, personal beliefs or other personal circumstances might halt or impede the helping process, the Practitioner is willing to discontinue working with the Client (EBTA, 2021, p. 4).

This review of the Codes of Practices indicates that practitioners who have sought to continue and develop the legacy of the Founders by adopting and developing their therapeutic practice are also continuing their moral legacy expressed in the Codes of Practice to which they have contributed and now subscribe. These Codes set out the signs and markers of the kind of virtuous behavior to which we all as practitioners aspire building on the legacy of the founders.

Conclusion

A Map of Ethical Engagement in Solution-focused Practice?

I began this article with Trish Walsh's two questions: "What maps do professionals have for guiding action in moral decision-making? How do these maps relate to the process of solution-focused helping?" (Walsh, 2010, p. 27). I believe that I have shown that Alasdair MacIntyre's concept of a practice with internal and external goods which provides the context for the development and exercise of virtues and virtuous action provides the 'cartography' for such a map – one which has been adopted by a number of professions including therapeutic professions (Fitzmaurice, 2010; Higgins, 2010; Sagut, 2015; Sellman, 2011; Sinnicks, 2019.). In exploring the evolution of the SFA at BFTC I believe I have identified the main traditions, insights, skills and internal and external goods of the practice.

I have presented the narrative or traditions of this practice from its formative period during which its key internal goods: The expertise of the client, the helping stance of the practitioner, its interactive process of co-construction and the centrality of client goals or outcomes at the Brief Family Therapy Center. Further, I have explored the dynamic role played by the BFTC and other key institutions (such as BRIEF and the ETBA) in developing the practice's external goods in sustaining and further developing the SFA so that it has a wide range of applications, beyond the therapeutic context in which it first emerged. Lastly, I have shown how MacIntyre's key virtues of *justice*, *courage* and *honesty* were demonstrated in the evolving practice at the BFTC and continue to be affirmed in the Codes of Practice developed by organizations supporting the SFA as part of current practice. In doing this I believe that I have also demonstrated the viability and applicability of MacIntyre's practice-based approach to virtue ethics for Solution-Focused practice. We have a sketch of the terrain. We now need to fill in details in terms of specific virtues developed within the context of the practice of the SFA. This will be the subject of a subsequent article.

Further Research

This article, then, is only a beginning as my explorations and arguments here suggest a far wider research agenda. The first place to begin is with my own practice. I could conduct a self-study of my work. I could conduct a self-study of my work in using a solution-focus approach in professional development with middle level university administrators (Willis & Jennings, 2015, 2020) to explore what virtues might have motivated and been demonstrated in my practice and whether this facilitated the development of virtues in the participants in the development programme. This self-study research will feed into the second and third areas.

The second will be some empirical studies to give a more generalized view of the virtues that enable practitioners in their work. This might be gained in three ways (a) an extensive review of case studies to see what practitioner virtues or qualities they display, (b) a review of interviews on social media to see what qualities and virtues practitioners themselves may indicate or display as being important for solution-focused practice, and (c) a Delphi study among solution-focus practitioners to establish the human qualities or virtues that they believe to be critical to their work.

Thirdly, the role of solution-focused conversations in the character formation of clients could be explored (Waring, 2016). What personal qualities or virtues are enhanced or emerge in clients because of the solution-focused interaction? Is the solution-focused conversation a form of 'phronesis'?

A fourth area for study is the role played by institutions and organizations in the solution-focused world in maintaining and enhancing the internal good and virtues of practice across such a wide range of applications and the role that conferences as learning venues (Zuber-Skerritt, 2017) might play in this and the impact of the key policy documents, such as explanations of solution-focus practice and codes of practice as expressions rather than prescriptions of virtues in the conduct of the SFA.

Fifth, and last, what is the wider context and impact of virtues developed in Solution-Focused practice? MacIntyre argues that practice-oriented virtues become part of a person's character when they are demonstrated in other areas of the practitioner's life and community. Miller (2004) suggests that Solution-focus might have its home in more

affirmative movements in post-modernism that see the demise of ‘meta-narratives’ as the basis for greater ‘bottom up’ human agency. I am left wondering if the Solution Focused Collective (<https://solfocollective.net/>) (in which I am a participant) and the recent article on ‘disagreement’ that I co-authored (Stark et al., 2021) might not be expressions of such a wider impact.

All of these studies rest upon the viability of the ‘map’ I have introduced. The immediate task is to establish its validity by identifying some specific virtues that promote the internal goods of the practice. I intend to do this in a subsequent article in which I explore the claim that the solution-focus approach is a ‘value free’ approach (Ratner et al., 2012, p. 84) and therefore has no map of moral engagement, and perhaps does not need one.

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BOOK REVIEW**The Practical Negotiation Handbook: A Five-Step Approach to Lasting Partnerships**

Melissa Davies

Kogan Page Limited, 2021, 248 pages, ISBN 978 1 3986 0180 2 £23.29 paperback (hardback and kindle available)

Review by Andrew Gibson

Coach, Consultant, Author, and Speaker (UK)

When we listen to news and current affairs, virtually all stories involve negotiation. Whether dealing with global affairs such as Climate Change talks and Brexit, or local affairs such as neighbourly disputes over boundaries, negotiation plays a significant part in our daily lives. It is into this environment that Melissa Davies offers us her new book.

Based in Switzerland, Melissa has an incredible base of knowledge and experience, having worked in negotiations for over 28 years. She has developed a specific, successful methodology that she has applied to business, politics, and humanitarian environments. This book distils her approach into a practical, five step process that others can follow. The book draws on her Solution Focused practice as a coach helping people across all ages with personal and professional challenges.

Central to her approach is that the parties involved in any negotiation are co-creating a solution that works for all, in whole or in greater part. The use of Solution Focused Practice in this book is explicit throughout. It is interesting to see how Melissa has used SFP where the conversational aim is to realise a negotiated settlement for all parties. This is an application of SFP that differs from the more familiar 'coach/coachee' or 'therapist/client' dynamic.

When you consider 'negotiation', it is possible to enter a complex world full of problems and competing views. Competition exists in the approach to take, the outcomes sought, and the conversational tools that could apply at any stage. As can be seen in the global examples above, even agreeing the common goals, or as Melissa describes them, the 'Interest' that binds the parties together, can be complex in itself.

Melissa explains and illustrates every step of the process from initiation to completion. In her methodical approach, examples are given, tools shared, and the process starts to emerge as you read through her work. She uses well-chosen examples to provide context which helps the reader's understanding as the model builds.

One area I would like to explore further is the definition of the Goals as part of the Prerequisites and Preparation stages of her process. As described in her book, these are defined in isolation from the other parties at the start of the planning phase. There is a possible contrast with the use of SF to explore Goals in Coaching. When a client presents their goal to the SF Coach, the coach will accept what their client wants before exploring in conversation what they and others will notice when they get it. This opens alternative ways of the client getting what they want other than just the initial idea. It would be interesting to see if the SF Coaching approach has helped negotiating parties to clarify and simplify their Interests early in the negotiation process.

Melissa covers her five-step process in detail, with practicalities explained and illustrated by examples. She builds the process in a step-by-step way and offers comprehensive references for further reading. Her approach will work for negotiations from the very simple to the hugely complex. Bringing her approach right into modern times, she covers on-line negotiations, and how gender can influence negotiations too. The process resolves beautifully at stage 4 in her process, the chapters on 'The Offer and Implementation'. This stage turns the theory into practice and completes a solid structure that will help you co-create a solution through negotiation, just as Melissa intended.

I congratulate Melissa on taking a very complex, multi-layered subject matter, and offering us her wisdom in a format we can adopt. It is especially impressive when you consider Melissa has written this book in English which is not her native language.

This book will appeal to people working in business, politics and humanitarian settings, just as Melissa has enjoyed throughout her career. This book will also add dimensions to those of us who do not contribute to complex negotiations regularly, but who perhaps get involved in multi-party discussions within organisations of all types.

The reviewer

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BOOK REVIEW**Sustainable Hedonism: A Thriving Life That Does Not Cost the Earth**

Orsolya Lelkes

Bristol University Press, 2021, 224 pages, ISBN 978-1529217988, £80.00 hardback, £21.99 paperback, £21.99 ebook

Review by Guy Shennan

Solution-Focused Practitioner, Consultant and Trainer

I found it hard to resist this book given its title, for who would not want a thriving life that does not cost the earth? That might not have been enough though, and it was probably the main rather than the sub-title that really drew me in. It seemed to be almost an oxymoron, as I associated hedonism with the seeking of pleasures in the moment, so I was curious about how this could be 'sustainable'. I hope it draws in many more readers, as it is a fascinating book, full of interesting ideas, though unusual and rather hard to categorize or summarize. I shall endeavor to convey here some of its content and spirit. I should add that it is not a book about solution-focused practice, though it receives a brief mention, but it is a spirit that connects, and I believe there is much within its pages for readers of this journal to learn from.

The book's personal vision reflects its author's diverse experiences, studies, and interests, set out in an important preface that gives the book a biographical context. Originally an economist, Orsolya Lelkes went on to study social policy, happiness economics, positive psychology, and psychological counseling, and to develop her own version of psychodrama, which she terms the Theatre of the Soul. From these experiences emerges a series of reflections, on the social and environmental challenges we face, exacerbated by some of the responses made to them, on what a good life might consist of and look like, and on what might help to realize such a life.

The discipline of economics, the neoliberal market economy of the early 21st century, and the ways in which many of us seek happiness are all subjected to critique. Economists say that 'desires drive the world', without pausing to think what desires these are. Economics is seen by its practitioners as a value-free science, a view that is convincingly debunked here. Our desires and preferences are not given to us, by nature or fate, but are formed, and we can play a role in this formation especially if we pay careful attention to their underlying values. The book includes an invitation to the reader to identify their own values, via a personal value inventory, and then to connect these values to those held by others across cultures around the world.

This relationship of the personal to the collective is a theme that runs through the book. When studying happiness economics and positive psychology, the author experienced their separation, as if there was 'a blind wall' between these disciplines that focused exclusively on institutional or inner life respectively. Much of her work involves bringing them together, and there are some inspiring passages, especially in the middle section on what makes up a good life, that reminded me of the "moments of collective joy" in Lynne Segal's 2017 book, *Radical Happiness*. One such passage beautifully exemplifies not only the social and interactive aspects of happiness, but on how we are active agents in its creation. The quest for happiness via searching for a 'best' thing, whether a job, partner, or film, is gently critiqued, as it may 'underestimate our creative power as humans, may forget about our role as co-creators of our experiences'. The way we are and relate can lead to whatever we are seeking becoming the 'best' for us.

Attention is given to the benefits of happiness, and there are echoes to be found here of the solution-focused practice of eliciting descriptions of preferred futures. These benefits extend from the happy individual to the people and community around them, as happiness leads to more social participation and community-oriented behavior. I found myself thinking this is a two-way street, with such behaviors likely to have a positive impact on the individual and their happiness. A number of ancient Greek philosophers are drawn upon in this exploration of what makes up a good life, Aristotle in particular. In short, happiness is not just, or even primarily, a sensation to be perceived or an emotion to be felt, but involves doing, and the essence of Aristotelian happiness is 'values-based action accomplished in friendship and community'.

Another theme of the book, perhaps already evident in the foregoing given the references to paying attention to our desires and our values, is that of mindfulness. We have already learned that there are more types of hedonism than its contemporary thrill-seeking meaning suggests, by the time we are invited into a hedonism that is termed 'conscious' as well as 'sustainable'. Bringing a mindful presence to them can make ordinary experiences - such as drinking a glass of water - extraordinary and can assist us in dwelling on moments of 'static pleasure', rather than leaving them to immediately seek out the next pleasure-giving thing. This connects with the earlier account of co-creating someone or something to be the 'best' for us, as a wonderful example of the potential impact of our human agency.

The book's final section includes one suggested route to the good life developed here, based on the psychodrama of Jacob Levy Moreno, who believed in human agency to the extent that 'ordinary people can also become the artists and creators of their own lives'. It is an interesting account that left me keen to know more. As it is clearly not intended as a 'how to do it' guide to psychodrama, the reader needs to engage with the text to co-create its usefulness for them, and one thing I took from it was the importance of experiential learning and the usefulness of working with people in groups.

I shall conclude by quoting from the book's conclusion: 'This thriving life is a utopia that already lives with us and among us... We already have the needed repertoire of tools for such a life'. This book is itself one of these tools. You might want to pick up a copy and add it to your belt.

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The reviewer

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BOOK REVIEW**Developing and Sustaining a Successful Family Business: A Solution-Focused Guide**

Louis Cauffman

Routledge, 2022, 230 pages, ISBN 9781032045603, \$160.00 hardback, \$39.54 paperback (eBook edition available)

Review by Julio Príncipe

Coach and Systemic Consultant

Louis Cauffman is, without a doubt, a pioneer in the application of the Solution-Focused Approach in the organizational world. He had been trained in psychology and economics already, to which he added his Solution-Focused training in the 1990s. He then combined those three approaches. At that time, Louis had been working in the field of family businesses. This book is a well-sourced account of the experience he has accumulated in those fields

Developing and Sustaining a Successful Family Business: A Solution-Focused Guide is one of those books which are generous in models, practices, and possibilities, both from a theoretical and a practical perspective. The main storyline involves John and Annie and their family, and how they went from employees to entrepreneurs and then founded and led an innovative and successful family business which faced generational transitions. The book promises to unfold this story line and it completely delivers, while including conceptual and practical models drawn from the author's experience with family businesses, while emphasizing the Solution-Focused Approach.

As we know, the global economy is, directly or indirectly, largely driven by family businesses. There is a substantial number of family businesses being born and dying every year, regardless of the economic growth of their home countries. This means that this book is tremendously relevant both for entrepreneurs and for managers, as well as for researchers and business school faculty members, and for coaches and consultants, since, quite likely, we will find ourselves working in a family business, with a family business, or we will be founding our own! Of course, if you are already in the field of family businesses, this book will provide you with valuable examples. And if you are in the field of the Solution-Focused Approach, it will provide you with examples of interventions with members of a family business which might be inspiring and encouraging to aim your practice in that direction.

The book covers various aspects of family businesses, such as general concepts, leadership, and transitional and generational succession processes. In addition, the author has skilfully combined the principles of the Solution-Focused Approach with the demands and parameters of a book about family businesses. This means that, although the book title reads *A Solution-Focused Guide*, strictly speaking, it is not a typical book on the Solution-Focused Approach, but it uses its principles and features useful management techniques for family businesses. In addition, it includes the reality of LGBT+ people in family businesses, without turning it into the focal point or dramatic focus of the plot.

As an organizational consultant I found the book refreshing, even when it presents already known models. It does not organize them as a classic textbook or step-by-step manual would. Rather, the spirit of finding resources is present. As a practitioner of the Solution-Focused Approach, the book showed me possibilities, especially in conflict situations. Moreover, I wonder which other possibilities might appear if the book also included, in addition to solution-focused practices, a more systemic and contextual paradigm, particularly to look into matters such as leadership not only in terms of leadership qualities but to address the conditions in which leadership occurs and is co-created by the team, the family, and the rich world of family businesses. I imagine that this perspective would slightly change some of the ideas presented as tools, and would, maybe, open other conversations, at the risk of decreasing the book's attractiveness for consultants and managers, who pay more attention to straightforward application.

In any event, I highly recommend this book to anyone who wishes to know more about –as the book title says– how to develop and sustain a successful family business in time, with interventions and outlooks which privilege resources and solutions rather than delving into problems and limitations. I encourage you to read it and implement its advice.

The reviewer

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BOOK REVIEW**Truancy as an Opportunity for Development? A Systemic Solution-Focused Approach - The Nine-Phase Model of Truancy**

Johanna Kiniger

Carl Auer Verlag GmbH (Heidelberg), 2021, 199 pages, ISBN 978-3849790493, €22.95 (e-book available) (German language only)

Review by Katalin Hankovszky Christiansen

Solutionsurfer, Coach, and Trainer

At the beginning of this book there were the tears of a teacher. She was desperate -once again- to find further chances when it came to supporting a talented youngster and getting him back to school. Or luring. Or forcing. Or whatever. It is difficult to ensure that one's own possibilities as a teacher are exhausted, when there is really nothing left but personal concern for a young person.

Starting with the title, Johanna Kiniger sets you in motion, in dialogical struggles with a question mark and an apparent oxymoron. The subheading with the nine-phase model also made me sit up and take notice, action-guiding processes that have more phases than I have fingers on one hand... and the term 'systemic solution-focused', which is so widespread in German-speaking countries, both promise a certain complexity. It's already gratifying that one of the Forewords comes from "Max", a school dropout, and he also has the final word. Hope comes up as soon as you scan it, because "those affected" get a voice here, they have an active part.

The book is the publication of research work which earned funding from the Austrian Solution Circle in 2019, based on the author's master's thesis. Johanna Kiniger provides an extensive literature review to clarify the term 'truancy' with its history and related terms. She also provides an overview of approaches to school refusal. Process models and other illustrations help the reader to keep up. In short sketches (in chapters 8-11), the author describes her ideas and approach to making solution focus usable for her research. In doing so, she uses the wording "systemic solution-oriented approach", a common term in German-speaking countries.

She develops a pragmatic picture of consulting, coaching and qualitative research. At this point, the author refrains from a critical discussion of the terminology used, but her detailed procedure and research results effectively illustrate the chosen concept. This is arguably more satisfying for solution-focused practitioners than for those interested in capturing clear distinctions of the currents in the solution-focused approach.

In the qualitative research work, Kiniger focuses on the young people's school refusal as a coping action. The questions for her guided interview were created in cooperation with three school dropouts. When she uses a specially developed phase model, the author relies on solution-focused questions in the interview: "*Solution-focused questions stimulate individual solutions and open up new approaches and perspectives*" (Bamberger 2015, p. 72, as cited in Kiniger, p. 99).

The rich quotation material (in chapters 15-16) makes the voices of school dropouts audible and "solutions, coping strategies and new individual approaches" emerge.

The conversations show that truants increasingly learned to focus on what was effective or what worked well, that they developed visions of the future and were able to draw hope from it. Their wish for counseling, coaching and other conversations grew and they understood how to make use of such offers. A special insight is that former school refusers are in demand as interlocutors. Among the individual attempts to cope, it is often mentioned that figuring out one's own rhythm of life is helpful, as well as finding ways to distance oneself. Many use the time for creative activities and experiment deliberately with provocation or traveling.

The author lists in detail the competencies that the interviewees developed in times when they were refusing to go to school. Johanna describes the life skills based on the 10 core competencies of the WHO and adds technical and methodical skills.

The visions of solution that result from the interviews seem particularly stimulating to me:

- Changes in the school system and curricula
- Interdisciplinary subject 'solution competence'
- More systemic solution-oriented counseling and brief coaching
- Interlaced prevention, intervention, and rehabilitation
- Support groups at schools with external experts
- Participation, co-determination, and collaboration
- Expertise through gained (life) experience
- Changes in teaching, e.g., towards more flexibility and agility
- Systemic solution-focused developmental kit and platform for school dropouts (Kiniger, 2021, pp. 176-179)

It is good to read that the author is still working on this last item...

Reading the author's conclusion and summary gives us hope that "truancy" can actually be the "fact that a young person or child does not go to school and this behavior does not meet the expectations of the systems" (Rotthaus 2019, p.112, as cited in Kiniger, p. 81) and this can be used to renegotiate expectations and redesign options for action.

So this book is an encouragement for teachers, school social workers and even parents who face student dropouts. The questionnaire itself might be even useful for initiating conversations with actual truants. In a sense of prevention this is also a book for all school communities to think over their practice of participation and to extend the possibilities for development and learning of all.

The reviewer

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The book is published in German as Johanna Kiniger: *Schulverweigerung als Entwicklungschance? Ein systemisch-lösungsfokussierter Ansatz – Das Neun-Phasen-Modell der Schulverweigerung*. Carl Auer Verlag GmbH (Heidelberg) 2021.

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BOOK REVIEW**Counseling Toward Solutions: A Practical, Solution-Focused Program for Working with Students, Teachers, and Parents**

Linda Metcalf

Routledge, 2021, 214 pp, ISBN 9780367640903, £35.99 (pbk); £32.39) (eBook) (Third revision of this book, but the first with Routledge)

Review by Leah Davcheva

Coach and Solutions Focus Business Professional

“Inside every elder branch, there is a flute – your job is to find it” (Metcalf, 2021, p. 24).

The news about the third revision of Linda Metcalf’s book got me doubly curious. Having been gratefully using her *Field Guide to Counseling Toward Solutions* (2008) with school teams, I was keen to see what the new *Counseling Toward Solutions* (2021) was offering. And secondly, a couple of days before I got the manuscript for review, I met a friend of mine, a school counselor, who was telling me how much her freshly emerging professional community needed resources to support members towards making progress in their work. All throughout the review writing task, I have been trying to imagine what difference the book might make to the practices of my friend and her counselor colleagues should they choose to have it in their hands. What might they be able to do better?

Dr Metcalf describes the audience and purpose of her book as “... school counselors [...] working alongside students, parents, teachers, and everyone on the school campus, engaging them in decreasing misbehaviors, encouraging mental health, and growth mindset” (Metcalf, 2021, p. iii). Herself an all level school counselor, a licensed professional counselor supervisor, former teacher, and author of 11 books and numerous articles, the author supports her readers on their Solutions Focus route and welcomes them to a school world where possibilities are created. Dr Metcalf does so by seamlessly blending together the principles of solution-focused conversations, systemic thinking and narrative therapy techniques.

The author has organized her book around two parts, more or less equally sized, with five chapters in each. *Basics Behind the Approach* is the title of the first part. As the title suggests, the emphasis here is on the fundamental principles of solution-focused work in the domain of school counseling. Notwithstanding the seriousness of the task, her language is simple, ‘theory’ is elegantly accessible, and examples abound. Dr Metcalf’s extensive experience makes for the richness of content, a theory-in-the service-of-practice approach and an unwavering hopeful stance.

In the first chapter, titled *Learning to think with a Solution Focus*, Dr Metcalf focuses on ways of being a solution-focused school counselor. She creates a strong conceptual canvas weaving in the threads of Solutions Focus principles, conversation scripts, case studies, work sheets, and training exercises.

In chapter Two, *Creating Possibilities Through Language*, the author urges school counselors to grasp the role of language in constructing counseling action. She treats her readers to lively accounts from her own practice, e.g. a) working with re-descriptions and new descriptions, to the purpose of replacing the stubborn use of labeling, (b) re-authoring, i.e. encouraging school clients to think of who they wish to be, (c) using presuppositional language to afford an optimistic look into the future, (d) composing powerful questions, and (e) using appropriate language to articulate exceptions so that clues are provided to developing solutions for change. Here is an interesting metaphor about the use of exceptions:

The exceptions are the music of the solution-focused approach. [...] many counseling tasks fail when school clients are asked to do tasks that are new tasks or so foreign to them that they simply do not have the skills to carry them out. [...] letting exceptions become the solutions [...] because the school client has done them before (Metcalf, 2021, p. 40).

Chapter Three, *Solution-Focused Conversations*, abounds in snippets of conversations addressing a variety of critical school situations. The author brings together key notions from the previous two chapters to outline a conversational process involving three solution-focused steps:

1. Find out the best hopes of the school client
2. Design a preferred future with the school client
3. Discover exceptions to create confidence for success

Chapter Four, titled *Reviving Piaget: Helping Teachers to Become Solution Focused*, comes across as strongly persuasive. There is no point whatsoever in leaving teachers out of the counseling loop. Respectfully, yet firmly, the author invites school counselors to consider guiding teachers into “solution-focused land” (Metcalf, 2021, p. 79). Collaboration and admiration for what teachers already know and do are key. By stepping into the worldview of teachers, meeting them there, using their language, counselors are seen as allies in the development of a better context for change to occur.

Applications of the Approach is the title of the second part of the book. Its opening chapter, *Supporting All Students through Challenges*, is my favorite for its explicit and decisive emphasis on working with ‘all students’. Seeing all students, teachers, and parents, regardless of diversities, as persons who have wishes or goals for their life, is a guiding principle for the conversations school counselors hold with them. Less easily visible perhaps, and yet strongly discernable here, is another key message Dr Metcalf sends across about the importance of “coaching the person rather than the issue”. Vital is the honoring what the school client, a competent human being, wants, ‘listening’ to their direction, and letting them drive the process. Demonstrated is the power of the approach to create space for students to develop grit and resolve.

The remaining three chapters of the book are new material. The author has responded to challenges that schools and, indeed, the whole world present. Employing resources from fellow Solutions Focus authors and practitioners, Metcalf offers an abundance of specific coaching scripts with LGBTQ students, those with traumatic experiences, abandonment, or mental health issues, substance abuse. And again, she reinforces the importance of systemic thinking while using the solution-focused approach. The school counselor is more likely to have change noticed and amplified when she enters the system, family or the school team.

I am already recommending Linda Metcalf’s new book to all the educators I happen to encounter in my local and wider coaching practices. I investigate possibilities for having it translated into Bulgarian so that school counselors, teachers and parents here start experimenting with her road-map and make their own way into looking beyond problems and revealing the flute inside every elder branch.

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The reviewer

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BOOK REVIEW**Solution-Focused Coaching for Agile Teams: A Guide to Collaborative Leadership**

Veronika Jungwirth and Ralph Miarka

Solutions Books, 2021, 270 pages, ISBN 978-0-9933463-4-7, £28.99 paperback

Review by Louise Bower-Hatchard

IASTI Certified Solution-Focused Practitioner

With “agile” approaches to organisational ways of working becoming increasingly common and the power of coaching increasingly understood, this book provides a toolkit for coaches, leaders, and team managers in a wide range of fields. The blurb promises accessible, detailed, and practical guidance and it delivers that well. I particularly liked the balance between theory, ideas of how to utilise the theoretical models in a variety of kinesthetic ways with teams, and practical tips (clearly learned from experience) of the (sometimes small) things that can make a big difference to the way the tools are received by teams.

The examples in the book describe workplaces that fully use the “agile” way of working - and as a leader in a more traditional organisational setting I found this to be a really interesting insight into the benefits and potential pitfalls of this way of working, along with suggestions of how to maximise engagement and support individuals to fully commit to team success.

The book describes a range of solution focused tools and techniques that can be used with teams in team meetings, in development sessions or in dealing with difficulties with team dynamics including in conflict resolution. These are useful for anyone working with or leading teams, regardless of whether the organisation uses agile ways of working. The book includes good explanations of how Nancy Kline’s *Time to Think* principles can help in meetings (Kline, 1998), and how the SCARF model (Rock, 2008) supports understanding of when & why individuals in a team may feel at risk and respond defensively. Most importantly, the book explains how awareness of these elements combined with solution focused approaches can support people to work together in the most productive and successful way.

The authors come across as skilled experienced coaches sharing their experience and lessons learned with the reader, to encourage the reader to give these techniques a go and to offer assurance that the reality of working with teams is complex. The stories from practice give insight into real world case studies that describe the difficulties that the authors have overcome, and the persistence, flexibility and re-framing needed to find the approach that got the best out of the team. The variety of ways the tools can be used are described well (down to the detail of the stationery needed) and give inspiration of using space, props, visual cues, movement and sociodrama techniques to facilitate the team to communicate their differing views and reflect on progress and strengths in a way that stimulates learning, sharing and growth. Helpfully, and unusually for most coaching books, there is also guidance on when coaching is and is not helpful/appropriate – which feels like a friendly warning for managers to heed so as to consider what approach is most useful in a given circumstance.

The book also gives helpful suggested questions to ask and ways to phrase appreciation to team members to literally give words to the reader that can be tried out with the teams that they work with. This feels like friendly hand-holding to support the reader to translate the theory into observable behaviour that they could easily enact.

The end of each chapter gives prompts for self-reflection and suggestions for experiments and exercises that could be tried by the reader, which prompt consideration of what the reader may wish to put into practice and to gently encourage trying out something new.

Overall, this book is a fantastic resource for learning and applying solution focused team coaching approaches and certainly a book that I will revisit often for inspiration and ideas.

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The reviewer

Louise Bower-Hatchard is an IASTI Certified Solution-Focused Practitioner. Louise works full time as a senior manager in Children & Families Services in Sheffield, UK, where she applies solution focused approaches to organisational change, provides formal 1:1 coaching sessions, and trains frontline practitioners in understanding solution-focused approaches to child protection and family wellbeing.

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BOOK REVIEW**This Book Will Change Your Mind About Mental Health: A Journey into the Heartland of Psychiatry**

Nathan Filer

Faber & Faber Ltd, 2020, 256 pages, ISBN 978-0571345977, paperback £9.99 (hardback and Kindle editions available)

Review by Mark McKergow

Author, Speaker & Teacher of Solution-Focused Work

This is an unusual and very readable book. Nathan Filer is a mental health nurse. He is also an author and not just of this book – his debut novel *The Shock of The Fall* (Filer, 2013) won the Costa Book Of The Year 2013 in the UK and has been translated into 30 languages. The novel tells the story of Matthew Homes, a 19-year-old boy from Bristol, dealing with the death of his older brother. It explores the central themes of loss, guilt, and mental illness, in ways which have clearly resonated with readers around the world.

Since its publication, Nathan Filer has been exploring the world of mental health both as portrayed in fiction and in the media, through his 2017 BBC Radio 4 documentary *The Mind in The Media* (Heaven, 2022). Filer's second book is definitely a non-fiction work, which continues to explore this territory, this time taking clients' eye views and experience as a starting point.

This Book Will Change Your Mind About Mental Health is written for the general public. It explores how mental health issues appear to the unaffected outsider (perhaps as a version of physical medicine with diagnoses, drugs, patients and cures) and then takes that view apart step-by-step. Filer has interviewed experts with different views of the field of psychiatry. The book is fully documented with references and quotes, often given directly to the author rather than taken from the literature, from people like psychiatry professor Robin Murray and clinical psychologist Lucy Johnstone. Johnstone is co-author of *The Power Threat Meaning Framework* (Johnstone & Boyle, 2020), an alternative view on why people sometimes experience a whole range of forms of distress, confusion, fear, despair, and troubled or troubling behaviour, which gives an indication of her standpoint. The way these expert inputs to the book are integrated in a conversational, rather than strictly academic, way gives the book a highly personal quality, as if the author is now talking to the reader rather than addressing them from on high.

What really makes this book stand out, however, is the stories from those who have suffered both from distressed thoughts, feelings and behaviour (and yes, he addresses the question of what to call those people early in the book – Service users? Patients? Survivors?), and those who have suffered at the hands of professionals who are (apparently) trying to help them. And that includes himself. As a mental health nurse, Filer has plenty of experience of this from close-up. The book opens with a stark revelation:

I REMEMBER THE FIRST TIME that I forcibly medicated a person against his will. It was thirteen years ago, not long after I'd qualified as a mental health nurse, and I had started my career working on a psychiatric ward providing assessment and treatment for adults in acute phases of serious mental illness. There was a patient (or service user or client or son or brother or friend, depending on who you ask) whom I'll call Amit. Amit had been refusing any medication for nearly three weeks and with good reason. The medicine we were offering him contained a poison (Filer, 2013, p. 8).

Many of the chapters focus on extended stories from sufferers. Molly the journalist who drank a bottle of bleach. Steve the soldier who thought his whole life was an army-set test. Clare the mother whose teen son died alone in a dirty flat. Filer has interviewed these people too, and the personal connection overflows from their words and experiences. It will be startling to the general reader how much each of these cases concerns a distressed individual or family who are forced into a generic hole by those charged with helping them, in ways which seem to make matters worse more often than they make them better.

Over the course of the book Filer shows the confusion of much of the mental health world, uncertainties and muddles which look unimportant to the outsider but are life-changing for those involved. Diagnosis, the role of the brain, the role of chemicals and medication, the DSM, stigma and anti-stigma campaigns, the nature of 'schizophrenia', the interests of professionals and governments, hallucinations and delusions, genes, early life experiences, people helped and people let down. He is admirably open about the difficulties, the paradoxes, the progress made and the continuing uncertainties. And, he can really write! The skills of the award-winning novelist come alongside the curious mental health nurse in a combination which is engaging, incisive and profound.

There is so much in this book which supports the kind of person-first, every-case-is-different way that Solution Focused practitioners work. I did my best to address some of these issues in my own book *The Next Generation of Solution Focused Practice* (McKergow, 2021) and did my best with only a few pages (pp. 77-84), and Lucie Duncan, Rayya Ghul and Sarah Mousley have written specifically about using SF to recover from mental distress (Duncan et al., 2021). Here Nathan Filer brings his personal experience (which I can never match), his direct conversations and his literary skills to create an accessible look into the topsy-turvy world of mental health. Read it, share it, listen to it, be informed by it.

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BOOK REVIEW**Coaching A-Z: The Extraordinary Use of Ordinary Words**

Haesun Moon

Page Two, 2022, 302pp, ISBN 978-1774580462, £12.99 paperback (Kindle edition available)

Review by Mark McKergow

Author, Speaker & Teacher of Solution-Focused Work

This excellent new book, the first solo effort from Canadian Solution Focus (SF) practitioner Haesun Moon, takes a novel approach. Rather than going through the usual range of SF questions, the author focuses on how individual words, carefully deployed, can transform a coaching or therapy conversation.

This work is very much within the established SF tradition of examining actual dialogue and the use of words very closely, and it feels very good to help practitioners of all kinds look at such tiny details. Although the book is clearly aimed at a coaching audience, the author addresses the question of ‘who is this book for?’ early on. She writes, “is this a book about therapy or coaching or training? And the quick answer is a big, smiley Yes” (Moon, 2022, p. 5).

The book starts by looking at Haesun Moon’s realisation that, while originally coming from a communication science background and therefore being interested in stories, not all stories cure. She then presents the four quadrant model (Preferred Future, Resourceful Past, Troubled Past, Dreaded Future) a very useful set of distinctions which can first be seen (in a different order) in *The Solutions Focus* (Jackson & McKergow, 2007, p. 3). One difference, however, is that while previous authors have sought to focus on the first two elements, she hints that all four might give clues which can inform an SF conversation.

The heart of the book is the A-Z mentioned in the title. For each letter of the alphabet, Moon finds a single word and looks at how it can be used in coaching or therapy conversations. For example, A is for ‘Already’. She invites us to: “focus on the efforts a person has made in the desired direction, rather than on next steps” (Moon, 2022, p. 9).

And of course, this is a fundamental piece of SF practice. What is delightful here is the invitation to look at the world ‘already’ and think about how adding it in really changes the nature of the conversation. So (in my own example):

“What have you done to exercise more?”

Can turn into:

“What have you done already to exercise more?”

The first can sound rather accusatory, the second is more clearly a request for some facts about prior efforts. The author connects the word ‘already’ with personal and everyday stories about her own experience which offer easy-to-connect-with insights into how come this word can be important, as well as stretching out to think about how looking to the past can also inform the bigger picture of why this change is important to the client, which is a good focus before we come onto how to do it.

Each chapter ends with a set of reflection questions which, while they could be used in a coaching context, seem more inclined to help the reader explore the ideas within their own lives. I like this approach very much; having learners ‘feel the difference’ has always been important to me as an SF teacher, and people are much more inclined to believe their own experience than any amount of learned discourse (which can help to amplify in professional contexts, but is rarely the starting point).

And that’s just the first chapter! There are 25 more chapters, each just a few pages but packed with practical wisdom and personal vignettes from the author’s own experience and family life. Personal favourites – F for ‘First’ (as in ‘what do you notice FIRST?’), which is very different from a simple ‘what would you notice?’) and Y for ‘Yet’ (as in reflecting ‘I don’t know what to do’ as ‘So you don’t know what to do YET.’)

These delicious, tiny and profound adjustments to language have been part of SF work since the very start (and indeed before, with Steve de Shazer’s early hero Milton Erickson’s close focus on suggestion). This is a wonderful book

that helps the reader be even more aware of our language and how we can tweak it to help both our clients and ourselves. Very highly recommended. And of course, this is an English language A-Z – how might it be in other languages?

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BOOK REVIEW**Solution Focused Harm Reduction: Working Effectively with People Who Misuse Substances**

Seán Foy

Palgrave Macmillan, 2017, 141 pages, ISBN 978-3319723341 (hardback/paperback) £38:00-£50:00 (e-book available from multiple online sources including Google, Amazon and Kobo)

Review by Steve McCarthy-Grunwald

 Senior Lecturer & Pathway Lead for Mental Health Nursing

When it comes to substance misuse services, harm reduction within a medicalised model of care remains a stubborn point of contention between many practitioners, Vearrier (2019). Quite contradictory in fact if you consider the discussion paper from the United Nations Office on Drug and Crime (2010) who suggest:

Harm reduction is often made an unnecessarily controversial issue as if there was a contradiction between prevention and treatment on one hand and reducing the adverse health and social consequences of drug use on the other. This is a false dichotomy. They are complementary.

These points of contention are of global concern, stemming from the legal enforcement of prohibition of illicit substances within society with numerous laws carrying the risk of criminal prosecution or incarceration. This directly contradicts the theoretical approach to potential abstinence of substances through a reduction of their use over time with clients.

Solution Focused Harm Reduction: Working effectively with people who misuse substances by Seán Foy provides a nicely balanced viewpoint of the potential harm reduction strategies offer whilst bringing into this discussion the potential beneficial use of solution focused brief therapy as a conduit for creating change. The style of the book itself is very much solution focused as it approaches each chapter from a stance of 'not knowing' which enables the reader to develop knowledge and understanding on themes including an introduction to Solution Focused Brief Therapy (SFBT) and harm reduction, addiction theory and service design before providing case studies from Seán's clinical practice to help galvanise the learning further applying theory to practice.

From the start Seán sets the tone of the book as more a 'labour of love' offering his experience over many years working in clinical practice as testament to the importance of harm reduction strategies offering a viable approach in substance misuse. This is further explored by illustrating his use of solution focused brief therapy and how it has opened potential avenues of change or 'preferred futures' for many clients. What is particularly endearing about the book is despite this breadth and depth of Seán's experience, he still recognises his own limitations when developing as a practitioner which for readers new to this field of study offers a more encouraging platform with which to develop from. Seán also offers many helpful hints and tips providing examples he has used previously as a way of illustrating the points he is making without feeling like this is the definitive guide of what to do. This approach in itself, lives and breathes the philosophy of SFBT where small change can influence greater motivation to more change.

What stands out for me as a Mental Health nurse lecturer is how approaches such as motivational interviewing (which has been used extensively in addiction services for many years) have a similar ethical positioning, (Hall et al., 2016). The focus throughout Seán Foy's book is very much a convincing narrative to try and encourage the reader to see the benefits of potentially using a solution focused approach within substance misuse/harm reduction, whereas motivational interviewing has an already recognised and accepted position in substance misuse services. When comparing SFBT and Motivational Interviewing, they both have surprisingly similar approaches, which could enable Solution Focused approaches to have a greater foothold to become established.

Motivational Interviewing was developed through the 80s and 90s as a therapeutic approach to alcohol addiction by focusing on behaviour change through the empowerment of personal motivation (Frost et al., 2018). Motivational

Interviewing consists of four distinct phases (engaging, focusing, evoking, and planning) (Schumacher & Madson, 2014). Collectively, these four processes are designed to work on altering particularly ambivalent views towards encouraging a process of change (Levounis et al., 2017). If we were to take a SFBT principle of helping clients past those moments where they feel 'stuck' and unable to move forward, you can see the links starting to develop.

Engaging, which is thought to be the most important element of motivational interviewing, looks toward building therapeutic relationships which are person centred and full of empathy and unconditional positive regard for the person's lived experience. Saarnio (2011) in a study looking at interpersonal functioning and personality traits concluded that it is essential for clinicians to show empathy towards clients within the treatment of substance misuse whilst Dobber et al. (2018) take this further to identify how empathy also promotes continuity in building rapport between therapist and client resulting in clients showing increased willingness to engage.

With respect to the other 3 processes, focusing encourages the client to start identifying a particular goal they would like to achieve before the evoking process takes over fine tuning this desired goal to identify what the personal motivators for change are. Finally, planning starts to develop the person's commitment to change, and identifying the plan of how they aim to achieve their desired goal.

The enhancement of motivation is guided by four principles represented by the acronym 'RULE': Resist the righting reflex; Understand the client's own motivations; Listen with empathy; and empower the patient (Rollnick et al., 2007). By adhering to the 'RULE' principles the clinician is more likely to reduce any resistance for change (Beauvais, 2019). These four principles combined promote greater therapeutic communication and constructive conversation towards identifying a basis for future change (Amrhein, 2004; Rollnick et al., 2007).

From this brief overview of the components of motivational interviewing, there are direct parallels which can be drawn to solution focused brief therapy. Motivational Interviewing remains highly valued as a therapeutic intervention when it comes to substances misuse although interestingly, research conducted by De Jong et al. (2013) whilst looking at co-construction in psychotherapy, concluded that motivational interviewing requires a higher proportion of clinical interpretation when formulating a basis for change, whereas solution focused brief therapy was noted to be more neutral allowing more recognition of the need for a truly person centred philosophy. This most certainly reflects the not knowing stance (mentioned previously) of the clinician which Seán recognized within the book. He quotes Anderson and Goolishian (1992) who state:

The not-knowing position entails a general attitude or stance in which the therapist's actions communicate an abundant, genuine curiosity. That is, the therapist's actions and attitudes express a need to know more about what has been said, rather than convey preconceived opinions and expectations about the client, the problem, or what must be changed.

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