Back to Basics: A Solution Focused Take on Using and Teaching Basic Communication Skills for Health Care Professionals

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ARTICLE

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Abstract

This project proposes that immediately teaching health care professionals basic communication skills in a Solution Focused way will provide therapeutic benefits for both client and care provider. Firstly, this article focuses on the development of a small set of core principles for Solution Focused work, easily explained to any audience. Secondly, it addresses the question "how can basic communication skills be applied immediately in a Solution Focused way?"

Keywords: Solution Focused therapy, basic communication skills, teaching, nursing, midwifery

Introduction

"The map is not the territory" (Korzybski, 1996).

Communicating effectively is far from simple. The complexity of communication is in the influence and balance of the words used, the way they are combined[1], the context they are used in, and how non-verbal signs and cues influence the overall meaning and interpretation of the recipient(s). When we try to shape our communication towards certain goals, e.g., in a professional relationship, it gets even harder to achieve that goal, despite our sharpened attention towards achieving good and clear communication.

Communication is a means towards achieving the most diverse ends.[2] Looking through a Solution Focused lens, communication is a tool used within a therapeutic relationship to work with our clients towards therapeutic goals they

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[1] Eg. Wittgenstein's concept 'language-game' (Wittgenstein, 1976) or Niklas Luhmann's concept 'semantic cluster' (Commers, 2004).
[2] There is a Kantian remark to be made that within a Solution Focused vision on therapy communication, understood as the privilege to engage and be allowed to keep engaging in conversation with a client, is not a 'means to an end', but 'a goal in itself'. Speaking from virtue ethics this imbues the activity of 'conversing' with immediate moral value (Gardner, 1999). Similar ideas were later on developed by, among others, Emanuel Levinas (Cohen, 1985) and many current time care-ethically inspired moral philosophers (see e.g. Vanlaere et al., 2012).

set. While the therapist[3] manages the process of communication and the words they[4] use to direct that process, the process is always directed by the goals of the client. The client is the expert of their own life, questions, and problems. The therapist is merely expert in the process of enabling the client to search for and realize what their actual needs are and enabling the client to discover the solutions inherent within them.

This kind of Solution Focused take on the therapeutic process allows the professional to help the client help themselves.

Realizing that communication is such a complex endeavor, we need to be sure that engaging with clients, session after session, is worth the trouble. Lambert (1992) made clear that 45% of what determines if therapy, or in essence 'talking to clients,' is actually effective and helpful is the quality of the therapeutic relationship. In other words, the quality of the connection established between client and therapist combined with the extent to which clients believe that 'talking to the therapist will be helpful' –placebo effect in communication – will determine the benefit from engaging in the process. To build a good therapeutic relationship, we have to navigate into the unclear waters of interpersonal communication.

Many models already exist that claim to effectively direct the process of therapeutic communication. The Bruges Model of psychotherapy (Isebaert, 1998; 2016), which is situated within a Solution Focused vision on professional communication, already provides some answers to how the therapist can direct the process. Most important, the Bruges Model provides an answer to questions regarding both timing and nature of interventions directed towards the client.

The Bruges Model offers guidance for making the right intervention at the appropriate time within the process of creating change through conversation. Good timing is achieved by constantly reflecting on the nature of the relationship between client and therapist. So called 'non-engaged relationships,' in which the client does not have any clear goals of their own, would ask for a different conversational strategy then 'consulting' relationships, where client and therapist are both working towards clearly defined and realistic goals (Isebaert, 2007).

Communication is more than a means to reaching the goals stipulated by the client. Any form of communication takes place within a relational context and influences the relationship between those communicating (Watzlawick et al., 2011; Struiving et al., 2017). Many health care professionals who come into contact with Solution Focused work for the first time have already acquired basic communication skills, often both in their preliminary training and through years of professional practice as nurses, midwives, psychologists, MDs, and more. Training, both at bachelor's and master's level that leads to a qualification as health care professionals, often starts with teaching basic communication skills such as active listening, summarizing, and reflecting on feelings. Often these basic communication skills are thought of as pure techniques and not explained by starting from a clear vision on how communication works in a therapeutic setting.

The gain for both client and therapist when the process of 'talking to clients' immediately starts from a Solution Focused vision has already been clearly documented in research (e.g., Duncan, 2010). As one of the founding fathers of Solution Focused therapy, de Shazer is often quoted as saying 'If something works, do more of it' (de Shazer, 1994). Building on this premise, this project hypothesized that immediately teaching health care professionals basic communication skills in a Solution Focused way could provide additional therapeutic gain for both client and therapist.

Aim

This paper has two main aims:

1. To generate additional therapeutic gain for both client and therapist, starting from the idea that focusing on creating a good therapeutic relationship helps generate additional therapeutic gain even in short-term or with single-contact interventions. A Solution Focused approach can help therapists achieve these additional gains.

   Teaching a Solution Focused approach, applicable to any welfare and healthcare profession, gives rise to the question, what elements are the building blocks of professional conversations in these different settings? That common denominator is basic communication techniques. By applying these basic communication techniques in a Solution Focused way, any welfare and health professional can generate a therapeutic relationship with

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[3] For the purpose of this paper the concept 'therapist' is meant to encompass any health care professional entering into a professional relationship with a client/patient.

[4] Therapists can be of all genders and can be gender non-conforming. The same is also true for clients. Thought the course of this paper, for purposes of style and uniformity, we will refer to 'the therapist' and 'the client' as 'he'.

the client more quickly, leading to additional therapeutic gain. This calls for the development of basic Solution Focused communication techniques.

2. How to teach these same techniques to such a diverse group of professionals and, in the end, reach the same added value? This paper therefore also aims to give an overview of how basic communication techniques can immediately be applied in a Solution Focused way. These theoretical and practical insights can then be combined to create a general template, a teaching tool aimed at introducing these new techniques both in higher education settings as well as in post-graduate professional trainings.

Developing Solution Focused Basic Communication Techniques

Developing a package of Solution Focused basic communication techniques comes down to asking if basic skills like summarizing, reflecting on feelings, can be done in a Solution Focused way? This in turn echoes the need for a simple and concise version of the core ideas of Solution Focused practice, matching the level of basic simplicity of the previously mentioned basic communication techniques.

Solution Focused Practice in a Nutshell

Always Start with the Client

In any situation or setting, the client always is the greatest expert of their own life. They are the expert with regards to both their strengths and successes concerning their problems. Starting with the client, activating them to tell their story, allows them to further connect to their current reality, helping to make the therapeutic process run smoother. 'Go fast by going slow (de Shazer, 2002), and always engaging your client from a not knowing stance'[5] (de Shazer & Dolan, 2009).

De Jong and Kim Berg (2007) also point to a 'not knowing stance' as the most important mindset of any welfare or health professional. They start from the idea that the therapist can never know the meaning and contents of the experiences and actions of the client beforehand. Therefore, the therapist has to start from the story, vision and explanations of the client.

The Korzybski Institute's view on life sees our existence as a complex web of interwoven habits: big habits and small ones flowing over one another in a never-ending spiral towards inevitable change.[6] Each habit in itself is viewed as a combination of four factors, namely:
- Logos - cognitions, semantic reality of the client
- Pathos - emotional reality of the habit
- Ethos - habitual' behavior
- Oikos Oikos habitual' context (Isebaert, 2007).[7]

These components define different aspects of the habit. The habit itself is experienced as a whole, as undivided. To effectively help our clients it is vital to have a very detailed understanding of all of these components of the habit, not in the least the Oikos, the context which simultaneously is both the space that co-constructs the habit itself and is the space in which the habit takes place. Start with the client. Only they know their habits inside out. By inviting the client to clarify all aspects of their habits the process of creating change through conversation is already set-in motion as this process often leads clients to a better and more differentiated understanding of their own habits.

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[5] The idea that starting from the premise of not knowing can help one to arrive faster at true knowledge stems from a Socratic stance in philosophy (Taylor, 2001). Within the Solution Focused vision on therapy the Socratic stance on 'true knowledge' can be replaced by the actual reality and habits of the client.

[6] The idea that change is inevitable most likely stems from the pre-Socratic theories of Herakleitos (2014). His philosophical legacy is only known through citations and anecdotes, identifiable within the texts of others such as Plato, who attributes the known quote 'Panta Rhei', literally translated as 'everything flows' to him (2014).

[7] This view on the structure of habitual behaviour has firm roots in cognitive behavioural therapy (eg Margraf 2003) and finds its origins in Aristotle's 'Retorica'.

In closing, starting with the client makes sure that the client will feel validated as being the expert in matters of their own life, placing them immediately on the same height as the therapist who is also an expert, albeit not with regard to the client's life but in regard to the process of communication as a way to direct the inevitable change occurring through conversation in such a way that is helpful for and/or desired by the client.

Make Room for All Positive Things

Solution Focused practice starts from the idea that every situation still contains aspects that can be viewed as positive by the client, when pointed out by the therapist. Often clients have become overwhelmed by the events in their life, making it hard or even impossible for them to not experience their current situation as solely made up of negatives. Positive aspects of their current situation no longer register on their radar. This however does not mean that there are no aspects of their day to day lives in which they show commitment to things not getting worse or even to things getting better in their lives. These could be called aspects of the client's life that are positive because they are oriented towards the client's own goals and wellbeing. Once the therapist deliberately directs their attention to these aspects and invites them to see these aspects of their lives in a positive light.

Solution Focused practice focuses on doing what works. What works in therapy is making a true connection, creating an alliance between client and therapist (Lambert, 1992; Duncan, 2010). Combining these two premises leads to a simple rule of thumb: when talking to clients, make room for the positive[8]. Making room for the positive aspects in the client's current situation, no matter how small, is always possible. Any, even the most traumatic situations, still contain positive aspects. A mother who gave birth to her stillborn child (mors in utero) just gave birth in impossible circumstances and still succeeded in showing perseverance and courage. The 16-year-old telling you that he stood there, yesterday with a box of pills in his hand ready to take them all at once, is today sitting there with you, telling you about it, having decided not to die.

Making room for the positive elements in the client's story of what has come to pass or is happening in their current life creates connection between therapist and the client. This can be the start of a process that changes the client's way of looking at their life at that point, re-orienting them from solely focusing on the problematic and enabling them to start to see the positive aspects once again. Connecting these positive elements to the client's own skills and resources is a first step towards installing a feeling that the client themselves has the ability to bring about positive change in their life.

Every Client Holds (the) Solution(s) for His/Her Problemevery Client Holds (the) Solution(s) for His/Her Problem

Life is a chain of choices, some made through conscious deliberation and reflection and others made unaware, on autopilot. So, any situation and any client still have a certain degree of free choice. Clients experiencing problems of any kind often lack the capacity to imagine the behavioral and/or cognitive options that enable making helpful choices which could lead to the client's desired change. Once the therapist assumes that any client walking through the door holds at the very least the basic building blocks for a possible solution to their current problematic situation, it means that it is no longer the therapist's responsibility to offer solutions for the current problem to the client. They view the client as the expert of their life as it now is, and their life as they desire it to be. The therapist is the expert of the process of 'getting from here to that desired future. This is one of the basic premises for The Bruges Model for Psychotherapy (Isebaert, 2016).

Offering solutions would be extremely difficult, especially if one realizes the client themselves, not the therapist, is the expert as far as their life, including their problems, are concerned. The sole responsibility of the therapist is to help give shape to the process of therapy through which it can become apparent to the client that they can make other choices, that they do have skills that they do not remember, or to develop new skills when necessary.

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[8] The concept 'the positive', used throughout the article is not merely the 'happy' elements of the client's life, but actually serves as a container term for those aspects of the client's desired future that already exist in the present, the client's motivation at this point in the process, resources the client has, etc. The concept 'the positive', used throughout the article is not merely the 'happy' elements of the client's life, but actually serves as a container term for those aspects of the client's desired future that already exist in the present, the client's motivation at this point in the process, resources the client has, etc.

Results

Basic Communication Skills (BCS)

What are the core communicative techniques that form any welfare and healthcare professional's basic communication skills? Which techniques form the basis of any 'helping' conversation?

A literature review was conducted, focusing on communication skills textbooks published in Dutch and describing themselves as covering basic communication skills. Most of these textbooks list what they see as basic communication skills and are in line with De Jong and Kim Berg (2007) who describe the following list of basic communication skills, immediately situated within the Solution Focused tradition:

1. Solution Focused listening - hearing the client's story and sticking to their lived experience of events rather than our interpretation of experiences
2. showing attention through non-verbal behavior of the therapist
3. echoing keywords in the client's story
4. asking open ended questions
5. summarizing thoughts, actions and feelings
6. paraphrasing
7. using silence
8. observing the client's non-verbal behavior
9. Self-reflection - the therapist introducing feelings, thoughts and behavior of the client into the conversation
10. building the process - building the process that the therapist and client will go through together and deciding which intervention is appropriate, and when
11. complimenting on personal qualities (strengths) and previous success (experiences)
12. confirming the client's perceptions
13. empathy - tuning in on the client's feelings, the underlying meaning to these feelings and responding in an appropriate way)
14. keeping the focus on the client
15. encouraging solution-talk (De Jong & Kim Berg, 2007).

Most of these basic skills are found in all of the general communication skills handbooks, while others are specifically part of a Solution Focused approach to communicating with clients. When we apply the core of Solution Focused practice as a filter to separate the general communication skills from the ones that are specific to a Solution Focused tradition, and one also takes into account several other manuals on communication skills in the healthcare sector (e.g., Brunklaus, 2015; Knipsel et al., 2015; Struiving et al., 2017), one finally comes to the following list of basic communication skills:

1. echoing,
2. summarizing/paraphrasing
3. reflecting feelings
4. eye contact
5. concretizing

These five communication techniques can be seen as absolute basic communication skills required. They form the basis of any helping conversation. [9]These five techniques will be framed below within a solution focused framework. When thinking and applying these skills this way, these basic skills will immediately yield a gain in alliance between therapist and client.

A Solution Focused Take on Basic Communication Skills

The above described how communication skills are used to have sessions go as well as possible for both the client and the therapist. What follows is a description of how each of these basic communication skills can immediately be used in a Solution Focused way in any helping conversation.

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[9] For more background on basic communication skills see e.g., Bauer (2006), Goleman (2006), Knispel (2015), Hasson (2017), and Vogel et al. (2018).

The Parrot-Technique/Echoing

Seligman, the father of positive psychology, introduced the term 'learned optimism' (Seligman, 2002). Positive psychology emphasizes the strength of the client. Positive psychology starts from the assumption that feeling good is not the result of 'the right genes' or blind luck but rather the consequence of identifying and putting to use resources the client already has like kindness, humor, optimism, and openness. Erickson adds to this his vision of man as holding a vast well of wisdom. The craft of the therapist is to bring these strengths already present in the client to the surface so they can create desired change (Rossi, 1980).

Second, Erickson emphasized the competencies of the client. He deemed it necessary to look, together with the client, for opportunities to put the wheels of change into motion by themselves instead of tailoring the therapeutic process to diagnostic criteria (Rossi, 1980).

One of the many techniques the therapist can use in this regard is the parrot technique - repeating, in the same words, short statements made by the client (Isebaert, 2007). The parrot technique is in itself already Solution Focused because it fixes the client's attention on the constant focus of the therapist on the client's story. An extra dimension of Solution Focused gain can be achieved if the therapist does not echo client statements at random but instead deliberately repeats positive statements made by the client. The therapist can choose to parrot the positive elements within the often predominately negative story of the client. These positive elements could be anything ranging from strengths of the client, client successes, strengths in the client's system or even broader context. This way of using the parrot technique fixes the client's attention on the constant attention of the therapist to the client's story and focusses the attention of both client and therapist on the client's strengths and resources. By consciously parroting those elements the therapist deems useful for the therapeutic process, parroting both strengthens the alliance with the client – see the core of the Solution Focused vision and becomes a small extra step in the therapeutic process. It makes a start in changing the client's outlook on their current situation, helping them realize that they can view their lived reality in a more positive light, and that they does hold various strengths within themselves that they can tap into during therapy to start making those changes they desire.

Summarizing/Paraphrasing

In the Solution Focused view on creating change the client is seen as expert of their life, problems and possible solutions, with the therapist focusing on competences, possibilities and strengths instead of limitations, shortages and weaknesses. Isebaert (2007) emphasizes that central to the Solution Focused view is creating a context of freedom of choice in every session, thus enhancing client-autonomy. It is about creating a repeated process of the client, making choices of their own, and on their own making more functional choices, more desired choices and by doing so regaining control of their life little by little. Ultimately, within a Solution Focused framework the client is seen as a motivated individual, wanting change and possibly needing help to find the desired direction for change (Evans, 2013)."

We start from the assumption that even when 'just summarizing' the therapist can create an additional layer of client autonomy and free decision-making[10]. We aim at creating as many opportunities as possible for the client to practice their autonomous decision-making within the therapeutic process. As Isebaert (2007) stated, the client is already free to choose whether they come into therapy by themselves or with significant others, which goals we will be setting in each session, and in which order they need to be addressed. We would take this one step further by incorporating the client making autonomous decisions on a micro level within the conversation. This can be done by asking the client's permission to summarize what has just been shared. By presenting the client with the choices if it is ok or not to summarize, the therapist shows respect and appreciation towards the client and their constant contribution to the therapeutic process. When we incorporate client autonomous decision making on a micro level within the conversation itself, we as therapists instill the client's decision-making competencies into the core of the therapeutic process. In this way the sessions themselves become a constant practice ground for the client to actively make decisions and experiences

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[10] Making the technique of summarizing solution focused within itself as is suggested in this paragraph can be seen as another approach towards the possible negative effect of summarizing voiced by clients who feel that therapists summarizing comes across as criticism. Instead of not summarizing at all the therapists makes sure that the summarisation does not have negative effects, moreover, it is used as one more way to install solution focussed gain throughout the session.

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over and over. They are free to make choices and have their choices, once made, respected. It bolsters client autonomy when the therapist actively gives the client the choice to decide whether they feel it is a good time to summarize or not, or even if they feel like summarizing themselves? What would they want the therapist to see as the most important points thus far? This rise in client autonomy and choice-aptness bolstered on a micro level strengthens the alliance and offers clients small, simple practice chances in autonomous decision making with a maximum success rate.

Acknowledging Feelings

It is central to the Solution Focused way of looking at the client's problems that significantly less time is spent figuring out possible causes or explanations for the client's psychopathology. This stems from the assumption that psychopathology is a collection of symptoms that together form the best way possible in which the client still succeeds to keep their proverbial head above water. Starting from this idea, creating a context of ample freedom of choice inevitably brings about change through the renewal of the choice process, where people will always choose those options that cause them less distress or suffering when they see multiple ways of dealing with current life challenges. Thus, it becomes interesting to know what other attempts the client has made to create change and most of all, what/when this brought about positive change (O' Hanlon & Weiner- Davis, 1989). Often three rules of thumb are maintained in this process:
- if something works, do more of it
- if it is not broken, don't try to fix it
- if it doesn't work, quit and try something else (Carpenter, 1997; De Bisscop, 2018).

Within the Solution Focused framework problems are viewed as nothing else but well- intended, albeit failed, attempts to solve problems instead of viewing them as symptoms within a larger framework of illness and dysfunction (O' Hanlon & Weiner-Davis, 1989; Evans, 2013). Problematic attempts of dealing with problems can be related to not doing things that should have been done (problem-denial) or just the opposite - having done things that should not have been done, whilst striving for an ideal and desired situation. On top of this humans are creatures of habit. The formation of habits serves the function of creating and maintaining the illusion of stability in an ever-changing world. Non-functional solutions are repeated over and over and form self - reinforcing patterns of action, thought and feeling which ultimately lead to situations growing ever more problematic (McKeel, 2003). For instance, in The Bruges Model of Psychotherapy clients are seen as actors, constantly making the best possible life choices based on the information they perceive at any given point in their life. Therapy then becomes the process of making new information available to the client, both by shifting their gaze on their current situation, for example by exploring the client's desired future, searching for situations in which aspects of the desired future are already present, as by providing new input as a therapist, so that the client can then make new, less problematic life choices (Isebaert, 2016).

Virtually any package of basic communication skills places importance in learning to paying attention to emotionally charged behavior or clearly expressed feelings on the part of the client during sessions. This practice is commonly referred to as acknowledging feelings (Knispel, 2015). Looking at this technique from a Solution Focused point of view, we can stipulate two dangers when acknowledging feelings during session. On the one hand, when acknowledging negative feelings, you run the risk of enhancing these feelings by emphasizing something that is difficult for the client at that given time. This could be viewed as a light version of the broadly accepted risk of re-traumatization, when asking trauma victims to recant their traumatizing experiences to the therapist in session (Sweeney et al., 2018). The second risk in acknowledging feelings is that the therapist runs the risk of positioning himself above the client - I'm feeling fine and you're not (Le Fevere de Ten Hove, 2016).

Starting from a Solution Focused framework acknowledging feelings is only helpful when it either strengthens the alliance, enhances the client's autonomy and decision-making skills, or gives room to client's resources or positive elements in their story. Students often try to acknowledge the client's feelings in a very basic way (e.g., I can see that this makes you feel bad), often followed by a respectfully intended silence, leaving room for the client to fully experience his emotions at that moment. From a solution focused point of view this basic approach is at best a gamble. Where one client feels recognized in their emotional state at that time, another client might feel more discomfort than before, after having their negative emotions being placed in the spotlight and given room to grow throughout that respectfully intended silence.

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In Solution Focused work we try to combine the helping effect of acknowledging feelings, the client feeling emotionally validated by the therapist, with an intervention aimed at minimizing the possibility of negative effects of giving room to the client's negative emotions during session. We still recommend that therapists acknowledge their client's feelings in session. On top of that we feel it to be the Solution Focused therapist's responsibility that the client does not get invited to get stuck in their negative emotions. Hence the therapist should, before acknowledging negative feelings, already have in mind a suitable Solution Focused intervention to follow up with. An example would be reflecting on feelings and then asking a Solution Focused question: what has helped you in the past to get past this negative feeling? What can help you now? In this way the client is invited to move away from this undesirable feeling, going back to resources discovered previously in this or earlier sessions.

The therapist can also explicitly acknowledge positive feelings detected from or by the client during the session. The same logic applies here: thinking of a suitable Solution Focused follow-up question beforehand enhances the positive effects of acknowledging positive feelings during session. An example could be: When were the other moments you felt this good? What triggered your happiness at that time? Or any other question that places the client in a strong and active position within the session itself.

Eye-Contact

When bringing to bear indirect emotional and affective empathy the therapist tries, using their mirror neurons and based on their experience and creativity, to reconstruct in themselves the emotional state of the client. We try to feel as the client does, albeit in a more contained manner. The therapist then tries to communicate this to the client in their choice of words and body language. In this way the therapist makes clear that they accept the way the client is now experiencing the world and shares, in a sense, this mental and emotional state. Within the Solution Focused framework empathy is closely connected to the therapist's caring for the client's well-being, starting from an unconditional acceptance of the client as who they are and what they do. Part of this is acknowledging all signals, both verbal and non-verbal, the client is sending us about their current emotional state.

From this point of view, we propose that the therapist's is on their best Solution Focused behavior if they try to take into account the client's nonverbal signals concerning their emotional state and perhaps even copies them to a certain extent. With regard to eye contact a much asked question by students is 'how much eye contact is enough, appropriate, how much is too much?'. As Solution Focused therapists we suggest to follow our client's lead, even in their non-verbal communication habits. When a client does not make eye contact with the therapist, it is the therapist's job to notice this and as a consequence not try to force eye contact with that client. When the client makes eye contact almost in a constant manner, the therapist enables this large amount of eye contact as long as it is comfortable and authentic for them to do so. The limit here being therapeutic authenticity. When the therapist forces themselves to do something, e.g., make more eye contact than feels authentic for them, the client tends to pick up on this, creating feedback, which negatively affects the therapeutic alliance. If the client makes eye contact, then breaks it, makes eye contact again and then breaks it again, the Solution Focused therapist follows the client. Our client is the barometer for the appropriate amount of eye contact. They know what is 'just the right amount.' The therapist needs only to follow their lead. Even in the appropriate way of communicating non-verbally our clients are the experts of what makes a therapeutic connection work. In the ideal therapeutic relationship client and therapist would find themselves in eye-contact-memesis.

Concretizing

O'Hanlon and Wilk (1987; 1989) stated that the more detail used to describe a problem in therapy, the more clear the possible steps towards change become. A simplistic focus on the problem will not function as a catalyst for change. Within a solution focus view such a focus on the problem can only be helpful when the therapist searches for possible resources or aspects of the client's motivation that can become apparent when the client describes their problem. This can bring to light resources and skills the client is possibly not aware of themselves. On the one hand, concretizing – even the problem - communicates a sort of emphatic interest for the client's life; on the other hand, the client is complimented on their resources already present in their story. Taking note of how the client describes their problem can thus shed light on the existential choices the client makes, which can serve as motivation factors for fostering change.

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Focusing in this way on those elements already helpful on the road to the desired future, even when they are found in the currently problematic parts of the client's life, helps to re-orient the client's view of themselves from failing to capable.

Within this technique it again becomes possible to build in an extra element of being able to make desired choices. By asking the client's permission to pursue a line of concretizing questioning beforehand, the client's feelings of autonomy can be bolstered. On top of that the client is given more control over the way the therapeutic process will continue, actively putting the client more in an equal position to the therapist. Both client and therapist are so made equal as experts, the client being the expert of their own life story and the possible solutions or avenues to take towards desired change, the therapist as expert of the process to bring about that same desired change (de Shazer & Isebaert, 2004).

Reflection, Discussion and Conclusion

McKeel (2003) concluded his large review with the insight that when basic communication skills are applied in the right way this always leads to significantly more positive treatment outcomes. Still, he warned that too large a focus on just conversational skills could lead to diminished attention for the other keys to the success of therapy: forming a working alliance with your client. He ultimately claims that Solution Focused therapy can only be successful if it is both Solution Focused and directed by the client at the same time. Odell, Butler and Dielman (Odel et al., 1997), came to a similar conclusion, stating that when techniques are used in the right way, but the client did not feel understood and heard by the therapist, this client leaves therapy prematurely.

Because Solution Focused work is more about a basic attitude on the part of therapist characterized by a specific way of thinking about, looking at and listening to the client, these communication skills would be applicable to almost any and all terrains where people purposely engage in helping conversations. Immediately applying these basic communication skills in a Solution Focused way has the potency to add to the basic benefits of good professional communication, the bonus a Solution Focused mindset brings by already approaching your client in a positive, resource oriented way. Solution Focused basic communication skills will immediately focus both therapist and client on restoring the freedom of choice and the competence to choose differently by installing a temporarily healing alliance as means to achieve the goals set forth by the client, not the therapist.

This of course today remains a hypothesis, based on our joint experiences as psychotherapists and lecturers. Still, immediately teaching these basic communication skills to students in social, health and well-being-oriented courses gives both these new, young professionals and their clients the opportunity to achieve the above described extra therapeutic gains a Solution Focused approach brings.

This conceptual framework can be used to form a skill teaching package, aimed at a basic level (e.g., first-year students in higher education courses like social work, nursing, midwifery) and teaching these basic communications skills in a Solution Focused way. Such a skill teaching package would be broader than just the communication techniques highlighted in this article, giving a broader, Solution Focused introduction. Such a skills package could be highly interesting to practice lecturers in professional bachelor's degrees such as social work, nursing, midwifery, creative therapy, etc.[11]

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[11] Readers can contact the lead author for input on how to build the mentioned skill teaching packet

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