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Journal of Solution Focused Practices

Volume 5, Issue Number 2 – 2021

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The Glint of Light on Broken Glass Or: The Power of the Micro-Moment – Katti Jisuk Seo

Leave No Trace, Willful Unknowing, and Implications from the Ethics of Sustainability for Solution-Focused Practice Outdoors – Stephan Natynczuk and Will Dobud

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EDITORIAL POLICY

The *Journal of Solution Focused Practices* is a scholarly journal that aims to support the Solution Focused community through the publication of high-quality research in outcome, effectiveness or process of the Solution focused approach and the publication of high quality theoretical and/or case-study related material in the area of Solution Focused practice.

The journal invites submissions as follows:

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

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

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

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

SUBMISSION OF MANUSCRIPTS

Manuscripts

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

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

Co-Creating Solution-Focused Conversations in Disagreement

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That's a way to see it and there is also another way to see it. -Insoo Kim Berg

During the autumn of 2020, a group of solution-focused (SF) practitioners from around the globe gathered virtually for two months to discuss possibilities for applying solution-focused practice to antiracism work. We collected articles, blog posts, podcasts and other media relevant to racism in therapeutic contexts, first person accounts and theoretical investigations. We used our engagement with these resources as the basis of our discussions, both to raise our own consciousness and to improve our professional practice.

A topic that seemed to regularly arise involved conversations with those with whom we disagree, especially when we have an emotional investment in the topic/cause. Talking about race and white privilege had, in our experience, resulted in conversations with family members, friends and colleagues that had sometimes become unpleasantly personal, heated or worse, sometimes resulting in damaged relationships. It seemed that for all of us, our passionate conviction that racism should be dismantled to create a more just and peaceful world was in stark contrast with the consequences of the way we were expressing that conviction.

In response to a 1959 interview question about what advice he would give to future generations, British philosopher Bertrand Russell shared:

"In this world, which is getting more and more closely interconnected, we have to learn to tolerate each other, we have to learn to put up with the fact that some people say things that we don't like. We can only live together in that way. But if we are to live together, and not die together, we must learn a kind of charity and a kind of tolerance, which is absolutely vital to the continuation of human life on this planet." (Metzger, 2015, 1:25).

Russell's words are, in our minds, even more relevant today for humans in community. As an increasing number of people engage in public discourse, it appears that the world is becoming more polarized. This polarization is particularly noted through social media where the expression of fiercely opposing views can take the form of personal attacks that demonize an opponent. To hold a particular view is no longer simply taking a position in an argument, but can often be experienced as an expression of the core essence of one's being. Rejection of that view has become an excuse to reject the whole person. This was played out for instance during the U.S. presidential elections of 2016 and 2020 and throughout the period of Trump's presidency, where families were 'torn apart' because of conflicting political allegiances

(Tavernise, 2020). In the U.K., similar rifts were reported regarding ‘Brexit’, Britain’s exit from the European Union (The Guardian, 2016).

Solution-focused practitioners are just as susceptible to such behaviors in these times of conflict as anyone else, and although we may consider ourselves to be well intentioned and feel justified in our respective positions, we sometimes miss the mark. It is easier to remain neutral in a professional context with clients, even clients who disagree with us, than with our own family and personal contacts. As much as SF practitioners try to minimize hierarchy, there is a power differential when someone is seeking our assistance, and our professional role allows us to extend grace in these instances. We adopt the mindset where the client is the expert, believing they are applying their best possible solutions and resources, and we aim to be cooperative, not confrontative. We respond with curiosity and respect, conveying confidence in the other person, frequently applying questions recognized by many as solution-focused. Yet, when a discussion becomes heated while engaging those with whom we are close (and who are NOT necessarily seeking assistance), remembering these SF qualities and putting them into action becomes more challenging. For the purposes of this article, we are limiting our discussion of disagreement to divisive conversations occurring in the personal context.

We invite you to reflect on this in your own life. Can you recall a time when you were dealing with a disagreement where it resulted in an undesired outcome? Were you left with a nagging feeling that ‘being right’ was a hollow victory in comparison to the disrupted relationship you left in your wake? These are questions we asked ourselves in our group. One of us asked, “how can I imagine a world without racism, but where I can still be angry about racism?” We accept that the world is always changing, and we must be able to recognize the shape of hatred even when we are striving for a community of love.

This article is an exploration of how solution-focused conversation could be used when people disagree, especially where passionately-held views are at stake. In her interview with Kirsten Dierolf (2021), Loretta Ross suggests self-assessment is necessary prior to attempting difficult conversations. If we are too angry to be gracious, it is better to walk away and come back later. She advises to “practice some form of self-awareness and responsibility for the consequences of your actions, that we can actually successfully build a human rights movement, dealing with our differences as strengths instead of liabilities.” Framing difficult conversations as part of human rights work positions SF (as a conversation-based practice) as a potential contributor to human flourishing, while also cautioning against complacency; the model might be neutral, but humans rarely are. We therefore approached raising our own awareness of racism, entitlement and privilege as a way of holding ourselves accountable and ready to engage in such constructive conversations.

Difficult conversations tend to happen spontaneously and can catch us unawares. It can be helpful to have a few phrases at the ready, such as “Hmm. I’ll have to think on that” or “I see it differently.” Allowing ourselves the time to get our emotions in check and adopt a SF mindset may prevent us from emotionally reacting in an unhelpful manner. Solution-focused practice tends to create a change in the way we regard others, not just in professional contexts, but also personal. Through our everyday practice, we become able to see others as (even) more capable, resourceful and cooperative—a change in us leading to further changes in our lives. We are exploring how SF thinking can influence living in ways that change our ways of being outside of professional spaces. It is similar to how Ghul (2015) in “The Power of The Next Step” explores solution-focused living or how Tara Gretton and Elfie Czerny are exploring solution-focused parenting (forthcoming The Blossoming Family course starting in 2021).

Similarly, reflecting together on our own relationship to racism in our group created a profound shift in our subjective experience. We recognized increased calmness, humility and willingness to listen rather than argue. It was as if the understanding of the complexity of the issues nurtured greater compassion for how hard the work to dismantle racism in ourselves actually is, and made it less of an imperative to fight. Listening became mutually authentic and less performative or forced.

Imagining Solution-Focused Disagreement

We warmly invite you to join us in imagining conversations with disagreement where we can draw on our SF practice and other wisdom, being at our best in those moments, while remaining true to our convictions. We examine the presuppositions, stances and practices of the solution-focused approach and how they could be utilized in improving the quality of conversations around disagreements. We also bring in some of the complimentary ideas and practices developed in our Dismantling Racism group. We present an amalgam of our thoughts, but we hope you will build and

improve on this imagining. What would you notice? What would you be doing differently? How can SF practice help us to have better conversations when disagreeing in a personal context?

Radical Acceptance

Steve de Shazer introduced the concept of radical acceptance as a useful stance for SF practice (de Shazer, 1997), noting the importance of accepting all of the client's utterances and responses. de Shazer's experience in the therapeutic context demonstrated that rejecting the client's response hampers the conversational process itself. He suggested that although making judgements is not easy to give up, with self-discipline and a good deal of close listening, practitioners may find that "clients are more reasonable than we expect" (de Shazer, 1997, p. 378). Likewise, we propose embracing just how radical "radical acceptance" can be, not just in the therapeutic context, but also in our personal lives.

Commonly-held SF assumptions that extend acceptance, such as 'people are applying their best possible solutions and resources,' lead to a stance of curiosity and respect. We recognize this in the SF questions we often ask, which probe the other person's imagining of their preferred future/outcome to elicit a rich description of noticeable difference/s. We are encouraged not to judge these descriptions, to resist imposing our own ideas of what is realistic, possible or desirable. If we notice our own judgmental thoughts, we put them aside; we do not use our concerns as a starting point for discussion. Like an anthropologist, we assume the other is strange, and we treat even the familiar, as exotic (Agar, 1996). In our professional roles, we want to know what 'happy', 'confident' or 'safe' look like for clients, in their world. Outside of the professional conversation space, however, perhaps we see others as part of our world; a world we are heavily invested in shaping the way we think it should be. Our attachment to our own preferred future(s) may blind us to what we know to be true in our SF work: that every person has a unique life experience and is trying to live it to their best ability. When we interact in a way that highlights hopes, strengths and resources, people blossom.

Cultural Humility

Developing *cultural humility* could also help us extend radical acceptance. Cultural humility (Hook et al., 2013) describes a stance to working with clients from different cultural backgrounds than our own that is based on humility. This form of humility involves having "an interpersonal stance that is other-oriented rather than self-focused, characterized by respect and lack of superiority toward an individual's cultural background and experience" (Hook et al., p. 1). Cultural humility is characterized by a stance which is open to the other, particularly in relation to aspects of cultural identity that are most important to the person. Hook et al. discussed the need to understand the unique intersection of the client's various aspects of identities and how that affects the therapeutic alliance. One can already begin to see the relevance of this stance in the personal context where, as we have discussed above, we would adopt postures of radical acceptance, cultural humility, curiosity of the other and openness to learn. Our passionate convictions, political or otherwise, are often strong aspects of our identities and closely linked to cultural groups and practices. Being part of an activist group, a member of a political party or simply taking on attitudes and beliefs within a family or friendship group are all ways that we identify with and perform cultural roles. Therefore, the idea of understanding the intersections of the other's culture and cultural identity with our own adds another useful dimension to help us navigate these trickier conversations.

In order to support the development of cultural humility, we believe that we, who are white or 'white-passing' people, must engage in critical self-reflection on our own individual, deep-rooted perceptions, misconceptions and behaviours that contribute to the ongoing racism and discrimination faced by black and other minority ethnic groups (Saad, 2020). In our discussion group, we noticed that through thinking, talking and reflecting together on real life experiences of discrimination, oppression and neglect, our ways of being have slightly, but significantly, changed. Differences in our way of inviting others into or holding the space for conversation has enabled more respectful discussions. This has been particularly true when the clashing of beliefs and perspectives occurred with people closest to us. We are finding that the process actually improves our capacity to acknowledge, accept and invite other people to also be in a brave and safe enough space for what could be difficult conversations.

Reflecting on what it might mean to be human and the various ways it is imaginable to be in the world seems to help us to better adapt to our fellow conversationalist. Conversations can be calmer, and both parties more receptive, as a

result of our own inner work. By offering compassion for ourselves, compassion can be found more readily in the spaces we offer others. Conversations are complex and nuanced; attempts to control them through pretending that we are listening (or interested or open) rarely succeed. For authenticity to be perceived, it is necessarily embodied. The assumptions we hold dear as SF practitioners become embedded within the dialogue, not just as spoken language but also as sentiment, atmosphere and instinct, minutely and momentarily offered and co-constructed with our clients or our family members and/or other significant others.

Focusing on Outcomes Rather than the Problem

Solution-focused practice is characterized by engagement that shifts the focus from analysis of the problem to a detailed exploration of desired outcomes. Problem analysis is not always useful for human situations because the tools of problem-solving are limited; you have to find something broken to mend ('fix'), or some deficit to correct ('add') or a barrier to remove ('take away'). Furthermore, for problem-solving, we need an idea of what the perfect state of the object or process would be—the well-functioning washing machine, for example. Problem-solving works well even for complicated problems, like finding what has caused an aeroplane to malfunction, because it is still possible through detailed analysis to find something to fix, add or take away. However, it is rarely effective for complex situations, which are dynamic, unpredictable and contingent on other factors (e.g., all characteristics of people in their contexts, otherwise known as 'everyday life').

In difficult conversations, a problem-solving mindset will be seeking things to fix, add or take away. There are various options to focus on. Firstly, one might concentrate on the other person, who can be regarded as 'difficult', 'racist', 'woke', 'naïve', or 'stupid'. Secondly, one could emphasize the person's attitudes or beliefs, which could be perceived as wrong-headed, illogical, biased or unethical, for example. Thirdly, attention may be given to the other person's behavior, which might be viewed as aggressive, rude, or patronizing and so on. If we think about the kinds of things which might be said in an argument, it's not hard to see how the three problem-solving tools are being used. For example,

"You need to start developing some compassion" **(add)**

"You should stop watching XXX News Channel, it's all fake news" **(take away)**

"You need a course in logical thinking, what you've said makes no sense" **(fix)**

In SF practice, we are aware that spending time on problem-solving/analysis tends to limit the discussion to the problem's parameters while reinforcing it. Research has shown that it can increase feelings of negativity and does little to generate hopefulness or self-efficacy (Grant, 2014), which is why these kinds of conversation can leave everyone feeling frustrated, drained and upset. A dissonance develops between defending one's own deeply held belief and tending the relationship.

Adopting a SF stance could offer a way out of this downward spiral by shifting the conversation early on to each other's best hope for the conversation. By focusing on a preferred future, it becomes easier to collaborate. This preferred future could be at the macro-level (e.g., related to the state of the world) or micro-level (i.e., what they hope to achieve in the conversation). In nonprofessional conversations, introducing a 'best hopes' question might need a more naturalistic phrasing and tone, such as "I really don't want to end up falling out with you over this. So how would we know, despite our differences, that we ended up in a good place?" At times, you may need to set boundaries and make the limits of negotiable issues clear. For instance, you may be able to discuss the issue of racism in criminal justice but not whether a police officer murdered George Floyd. You have the right to make clear what you do and don't want to discuss, compromise or negotiate. Sometimes you can do that in a clear, but warm manner; other times, it requires a firmer tone.

A way to approach these conversations, engaging an outcome-focused mindset, could be to think about the underlying relationship between the two parties; what are the significance, benefits and values of it to you (both)? Thinking about your desired outcome for the continuation of the relationship could help to manage some of the trickier aspects of difficult conversations, like sharing pauses or silence, listening with respect and choosing your battles (what to argue and what to drop). The least useful desired outcome would probably be one where you want the other person to change, and yet, if we are honest with ourselves, it is probably the most common way we enter such conversations. Rather than adopting a curious, not-knowing stance, we may behave in ways that are not aligned with SF practice in our personal lives. In such cases, it may be necessary to accept the limits of what we can do and co-construct a good enough outcome for the conversation. For example, modifying expectations to understanding and respecting one another's perspective may be helpful.

Once parameters for the conversation have been agreed upon, it may be helpful to ask about the person's preferred future at a broader level. In one political conversation, one of us asked her partner "I know who you want to win the election, but what is it that you want the future to look like regardless of who wins?" In this case, her partner responded with who would win a specific part of the election (which party would control the U.S. Senate, rather than the presidency). In our collective professional experience, we note that clients don't always provide a clear response to a question about their hoped-for outcome, at least not in the way we intend. Rather than responding with what they want to come from the work, they respond with how they think the work should go. Knowing this, the individual above persisted by asking her partner what he hoped might happen in the country as a result. Asking questions such as "How would that be helpful?" and "What difference might that make?" allowed her to discover more points of agreement with her partner. As the conversation continued, the two noticed that they shared a preferred future of people getting along and looking out for one another because they choose to rather than being forced to do so. These shared values were more important than differences in political allegiance.

Compliments

In their book, "I think you're wrong (but I'm listening): A guide to grace-filled political conversations," Holland and Silvers (2019) issue a series of challenges to help the reader engage with those who disagree with them. One such challenge is to compliment the other side. In fact, the authors make point of doing this regularly in their podcast. Although the purpose, methods and frequency of complimenting in SFBT may differ (McKergow, 2020), most SF practitioners use some form of complimenting as they look for strengths and resources that might be amplified. Yet, we may find that the practice is more challenging in personal situations involving emotional disagreement. Perhaps putting ourselves in the SF trainee seat can be beneficial in applying these skills to our personal lives. In Rayya Ghul's training exercise "Moan, moan, moan." (see Nelson, 2005), one partner complains about a problem in depth, going into great detail for three minutes. The second partner simply listens to the complaints without interruption, and afterwards they offer compliments based on what they have heard. For example, after listening to someone complain about disrespectful drivers who speed and ignore stop signs, the partner may note that the individual is a person who values keeping people safe. Participants note that in the exercise, this process very quickly elicits the other person's strongly held values and/or principles. When we find ourselves in disagreement with someone, finding the value or principle that underlies the person's position facilitates greater understanding.

Much has been written about the art of complimenting. Thomas (2016) writes about three types: *direct compliments* (as illustrated in the aforementioned 'moan, moan, moan' exercise), *indirect compliments* (questions that probe favorable implications about the person), and *self-compliments* (those which ask the person to answer a question that involves explaining their own accomplishments). When disagreements become emotional, it may be difficult to find something positive to compliment directly, and in some cases, any attempt could be received as disingenuous. When simply struggling to stay curious, indirect compliments and self-compliments may prove more useful because they draw upon the person's words and perspective.

Indirect compliments often use relationship questions (De Jong & Berg, 2013) to entice the person to reflect on the affirming perspective of someone they respect and care about (e.g., what would your son say about you?). In 2016, in a debate between U.S. political adversaries Donald Trump and Hillary Clinton, the candidates were asked if they could say anything nice about the other. It was a question that took the rivals aback. Clinton responded that she found Trump's children to be able and devoted, which Clinton felt reflected well on him. Although the context was different (debates are intended to show contrast rather than agreement between two perspectives), we might use this same strategy to gain a new perspective of the person with whom we are engaged. Learning about the good their loved one sees in them can help us to find that good as well. Alternatively, self-compliment questions, such as "How did you know to do X?" and "What does it say about you that you are the sort of person who . . .?" allow the individual to fill in the blank and provide you with information about what they value. For instance, in asking "How did you know that your preferred political candidate was the right choice?" may allow you to affirm the person's decision making, while discovering the person's priorities in a candidate. Learning about these priorities and qualities from an authentically curious stance (as opposed to with a snarky tone) may provide useful information for finding common ground.

Intentional Language

In a disagreeing conversation, we can use our language as a catalyst for hopeful and mutual understanding, or as a hurtful and destructive weapon. Disagreement sharpens all our senses so every word can make a difference; every word can be perceived with double the intensity than in other conversations. This means we should be extremely conscious of our own language in these interactions. The disagreements discussed in this article are often rooted in semantic reactions. Rather than comprehending objective definitions of the words used, we automatically evaluate and respond on an emotional level to the idiosyncratic meaning we have associated with the words. This is why presenting rational, factual or academic arguments rarely has an impact on disagreements. Our sharpened senses will make sure we are already extremely conscious of the language the other party is using. Honing that sharpened sensitivity so you are able to notice some, maybe surprisingly, positive messages is a useful activity.

In the Bruges' SF model (Isebaert, 2017), language is reality. Successful conversations are defined by solution talk, and questions are viewed as the shortest way to the solutions of a client. Things or issues don't have an inherent meaning; they acquire a meaning through our language. Consciously putting on a positive lens when thinking about and listening to others has many advantages: it feels more comfortable, it aligns with resources, problems and symptoms become 'the best solutions for now', and it is guilt reducing. It is hopeful and encouraging, and it implies responsibility and trust.

When we step into difficult or disagreeing conversations, it might be more crucial to do so with a positive lens that encourages us to look at the other person, our relationship and our conversation in the brightest, most hopeful way possible. When this lens is too difficult to find within the issue of the disagreement, we should look for it in other domains twice as hard, before entering the conversation. The lens will not only have an impact in our own minds (e.g., allowing us to step in with wide open arms, enabling us to listen to whatever the other person is saying with the expectation that he/she will say something interesting, inspiring, or surprising), but it will also shine through in our words, gestures and facial expressions. You are thereby able to influence safety and opportunity within the space of your conversations. Thinking, "I will get the opportunity to learn about a world I have no clue about," will orient one completely differently than "I am stepping into a debate with an extremist who is so dumb to get brainwashed by politicians."

Using Their Words

The positive lens discussed above does not equate with only looking at the positive. A former military chaplain posited that people who tell the same sad stories over and over are people who have never felt fully heard (Manning, 2011). This is probably true for people who argue the same points over and over. So how do you help people to feel fully heard? The first way is obvious—fully listen. This means listening completely, rather than half-way listening while you plan out counterarguments in your head. A listening exercise often prescribed by couples counsellors involves having Person #2 listen to Person #1 without interruption and then repeat back what was heard to Person #1's satisfaction before moving on. This often involves different attempts at paraphrasing what was said. In SF work, we encourage simply using the other person's own words, which appears to help people feel heard (and validated). When Nelson Mandela was fighting Apartheid from his prison cell, he wrote: "Because when you speak a language, English, well many people understand you, including Afrikaners, but when you speak Afrikaans, you know you go straight to their hearts" (Mandela, p. 144). Mandela knew the impact of the speaking his opponent's language. Doing so validates their concerns more forcefully than any reframe we might use to make *their* words more palatable to us.

Amplifying What Works

Many SF practitioners would argue that a tenet of SF practice is to 'find what works and do more of it'. It is therefore ironic that in our personal conversations with those with whom we disagree, we seem to persist in courses of action which seem ineffective or make things worse. We have presented some ways that shifting to a SF stance within these conversations might give us greater opportunity to find 'what works', especially if we have gained greater clarity of the direction of the conversation. We can then use our self-awareness to focus on the ways of presenting and questioning ideas that are more likely to produce conversations where we can disagree more respectfully and with love. For example, one of us noticed that she is better able to disagree with love when she reminds herself of her partner's character and life experiences. One disagreement with her partner was about the existence of "rape culture" or the idea that some

groups minimize the occurrence of sexual assault and defend men who commit such assaults; her partner did not accept that anyone minimizes or defends the crime of rape. By reminding herself that her partner is a man of character who would never dream of harming a woman, as well as an introvert who rarely engages with females outside of the family on a personal level, she was able to understand why he sees the issue differently than a female counsellor who has had multiple interactions with survivors of assault. Although they still disagree, such reminders are helpful in preserving the relationship in a variety of disputes.

Respectfully Taking a Stand

So far, we have discussed ways to use SF and associated ideas and practices to make disagreeing conversations more respectful, productive and less destructive. We acknowledge, however, that sometimes you might need to take a stand. Deciding whether or not to take a stand is a personal choice, and knowing when to do that will depend on wisdom and experience. Following the murder of George Floyd in 2020 and the ensuing public outrage, many SF associations and organizations put out statements of condemnation of his treatment in solidarity with the black community. What is important is why, how and when you take a stand. If you choose to take a stand, we suggest that: (a) you make a conscious choice to do so, knowing very well why you make this choice, (b) you do it respectfully, and (c) you consider your moment and timing. The relationship, the context of the conversation, and the time you have to manage the consequences of your stance should be taken into account.

Loretta Ross makes a distinction between *calling out* and *calling in* when we take a stand (Dierolf, 2021). She suggests that calling people out when an offense (intended or not) is committed may come from a place of trauma. Calling out can result in a toxic environment that alienates people. She describes calling in as *calling out with love*. When you call someone in, you respectfully communicate your beliefs in a private setting with the intent of maintaining your own integrity rather than changing the other person. We believe Ross's work gives us many options for enriching our ideas of what taking a stand, in a good or better way, might look like.

Productive Anger

Although we don't want to call people out in anger, the emotion itself may be useful. Anger is often considered the opposite of love and depicted as an emotion that disrupts harmonious scenes, or even worse, makes it impossible to get along and live together. Work carried out by Touché, a SF agency working with ex-prisoners and youth at risk in Belgium has shown that we couldn't be more mistaken. Touché develops therapy, training, boxing, stillness and sensitization programs that enable people to better recognize, control, and channel their anger and utilize the energy to realize positive life goals. Several ex-prisoners, who had been previously labelled as extremely aggressive, switched roles over time by utilizing the exact same angry energy in a positive sense and with one purpose: to play a meaningful, positive role in the life of somebody else who is struggling. Ex-prisoners serve as mental coaches for youngsters in boxing classes, provide workshops in schools and trainings in other organizations, or offer one-on-one mentorship for starting clients. They show immense willpower, hope, goal focus, dignity, gratefulness, belief, resilience, energy, strength, and ability to engage in fair fighting. The impact of this work is shown on various levels: increase in self-respect; positive emotions; more sustainable, solidary relationships; more successful re-integration trajectories; fewer ruptures in life, school, professional or developmental trajectories; less harmful violence; and even an economic return for society of 72 euros per invested euro (Gryson & De Waele, 2017).

Anger only shows up when something important is at stake. It can help you decide whether to take a stand and/or if there is potential for a constructive conversation to take place. Anger also energizes, unlike anxiety or sadness. It mobilizes and gives us the courage we need to take action, to make a stand, to oppose. To face disagreement with somebody important to us, or about an issue that touches our heart, we need a sensitive balance, like a tightrope walker. If we are not true to the strength of our convictions, we may end up feeling as if we are selling our soul, compromising our self-esteem and causing inner grief. Conversely, holding too tightly to our own beliefs may hurt the other person or the relationship deeply. Only standing our ground bravely while listening until we truly understand what the other person is trying to say, what they are longing for and find important enough to fight for, opens the possibilities for a win-win outcome. Anger may be the ingredient we need to be willing and daring enough to face this difficult task.

When it comes to conversations with people with whom we disagree, we should not be afraid to add at least a spark of anger. We sometimes tell ourselves we have to be completely calm before we are able to go into this kind of conversation effectively; we would dare to disagree a bit, or at least add nuance. To be willing to start and persevere in such a conversation, we need to be in touch with the importance of it for ourselves. And maybe the other party must feel at least a bit of our anger, or the importance of the issue to us, to be willing to listen to what we have to say. It is only when we feel the importance, or the genuine curiosity of the other person that we are willing to dive into a real conversation about differences, with enough trust in the possibility of a positive outcome. Of course, this spark of anger should not become a fire. It should not become the driver of the conversation, take over control, or burn the other one down. But we would dare to plead in favor of a spark of anger to make difficult conversations possible, effective and maintained.

An Ethical Perspective

Because disagreement can evoke strong moral and emotional responses, we would like to conclude with an ethical perspective. Could values or assumptions that are critical for successful SF practice with clients also be relevant for healthy human relationships in wider contexts of disagreement? Could the approach to engagement, as described in this article, be understood as virtues critical for building the common good in the face of disagreement?

A relational connection between client and SF practitioner is, of course, foundational in SF work, and it is part of the practitioner's responsibility to nurture the partnership to enable clients to build their solutions. The client's wider relational network is also seen as a resource for the work of constructing the client's solution – the solution will have to be worked out in these relationships. Could part of the reason for this be that we have a wider good or purpose (*a telos*; MacIntyre, 1985, 1999, 2016) of ensuring the integrity of the relational framework of our lives in different dimensions in the workplace with colleagues, in the home with our partners and family, with our friends, and in wider social spaces even with diverse strangers with (to us) strange opinions? This would explain why we want to retain a SF stance with people who hold an opposing point of view in various life contexts.

We have noted some skills from SF practice that we can draw on to enhance relationships with those with whom we disagree. Our discussion has indicated that there are characteristics or dispositions manifest in our attitudes, thoughts and behaviors that incline us to make the best use of our SF skills toward the greater human good. In moral philosophy, these characteristics or dispositions are defined as “virtues” (Jennings, 2009; Peterson & Seligman, 2004; Wright et al., 2021). When we listen carefully to those with whom we disagree and emphasize *humility*, *curiosity* and *openness* to discovery; these virtues also complement our virtues of *compassion*, *respect* and *affirmation* of the person with whom we are engaging. These virtues enable us to understand more of the other person's stories and the strengths and resources they have developed. We can then develop a deeper understanding of their situation and gain new understanding and insight.

We do not ask questions to belittle, disempower, and push people to the margins. Rather, we converse with a positive intent to discover and build those areas of shared interest that might contribute to potential for collaboration in life and work. Such a process of questioning indicates deep respect for the person(s) we engage with as human beings who are to be valued, welcomed as partners in building community. These are all expressions of compassion.

Similarly, when we are using compliments, our purpose is neither to manipulate nor flatter but to recognize real strengths, achievements and values and enable those with whom we engage to have a more positive view of themselves. In such interactions, it is then possible to build on these strengths collaboratively, which may be more significant when occurring in private spaces with partners, family and friends. Compliments possibly intensify the virtue of respect to affirmation and ultimately, expectation that these strengths are of value and may be enhanced even further. This is a person with the potential to learn and grow and who offers us opportunities to do the same for ourselves.

In conclusion, utilizing SF ways of thinking in this manner can be more challenging when experiencing discord in personal relationships, particularly when discussions are a departure from pre-established conversational norms. When we work with clients, we are often paid for our work, or we are prompted to do so out of professional duty or training. But to have SF conversations with personal contacts we disagree with is all just so much bother! Why would we do it? Perhaps the ‘*spark of anger*’ is one of the clues. In SF practice, we learn to cherish the relational framework of human life that becomes so real to us in the moments with clients. Maybe when we see relationships challenged in the wider

social context by what appears to us to be hateful and destructive (e.g., racism), we are impassioned to affirm the strengths and resources that build possibilities for enhancing the relational framework of life. By using SF strategies in disagreement, perhaps we can contribute to creating the kind of charity and tolerance (described by Russell) essential for creating a sustainable human community.

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*ARTICLE***Impact of Self and Therapists' Evaluation of Responses to Miracle Question and Goal: Survey of Japanese Undergraduate and Graduate Students**

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Abstract

Solution-Focused Brief Therapy is a psychotherapy which does not focus on the problem, but on the clarification of the goal state and the extension of the exception. The purpose of this study was to examine the effects of both clients' and therapists' evaluations of goal clarification on the variables which is considered important in SFBT. A total of 223 participants who responded to all questionnaires were the subject of the analysis. The results of this study showed a correlation between self and therapists' evaluations for the imagination of the Miracle Question, the concreteness of the goal, and the reality of the goal. On the other hand, none of the relationships were strongly correlated, confirming that the self evaluation and the therapists' evaluation differed to a certain extent. Goal-related evaluation by the therapist had a positive impact on solution building, solution orientation, and causal analysis. Besides, self evaluation related to Miracle Question and goal had a positive impact on self-efficacy and degree of problem-solving. These findings indicate that self and therapists' evaluations related to Miracle Question and goal have a diverse effect on problem-solving.

Introduction

Solution-Focused Brief Therapy (SFBT) is a psychotherapy proposed by de Shazer et al. (1986). de Shazer (1984) pointed out that the therapist and client have an equal and cooperative relationship. This view helped to establish the notion that clients have the capacity and resources for resolution. Furthermore et al. (1988) showed that conversations about change are associated with treatment outcomes, and the SFBT questioning technique was developed to elicit conversations about change from clients. With these backgrounds, SFBT considers that understanding the problem does not necessarily lead to solving the problem (De Jong & Berg, 2013), and attempts to build a solution collaboratively by focusing on the client's wishes and resources.

Greene and Grant (2003) state that "if you know where you are headed it is easy to get there. So, imagining a future helps you to reach it" (p. 25). The characteristic of solution building is to focus on the clarification of the goal state and the extension of exceptions (De Jong & Miller, 1995). In SFBT, Miracle Questions (MQ) are used to clarify the goal state that reflects the client's desires (de Shazer & Dolan, 2012). MQ is a guidepost for support because it defines the client's

desired future and life after problem-solving (de Shazer, 1982). Greene and Grant pointed out that both a fuzzy vision of the solution by MQ and a specific goal following that vision is necessary. Therefore, in the process of goal clarification, a well-formed goal should be set in addition to MQ's. As the condition for well-formed goal, de Shazer (1991) points out the following: the goal should be (1) important to the client, (2) limited to the situation, specific, actionable, and measurable, and (3) realistic. Such goals make the solution image clearer, and the hopes for future life and the efficacy for problem increase (Jordan & Quinn, 1994; Shilts et al., 1997). Thus, clarification of the solution image and setting of specific goals by MQ play an important role in SFBT. In summary, the clarification of the solution image by MQ and the setting of specific goals will help to build the solution.

Next, Exception Questions are those questions that focus on the time when a problem is not occurring, or when something is a little better. Even the most persistent problems are not absolutely always present, and there are always some exceptions (Greene & Grant, 2003). When clients start looking for exceptions, they can find and reproduce previously unrecognized exceptions (Berg & Dolan, 2001). Solution-focused principles and techniques help clients to utilize their inherent, perhaps unconscious thought processes and experiences of situations to have them find the solution (Greene & Grant, 2003).

De Jong and Berg (2013) recommend looking for exceptions after the Miracle Question for two reasons. First, at the beginning of the therapy, clients are so focused on talking about the problem that they are unlikely to notice exceptions. At that point, it may seem out of place to ask questions to find exceptions. However, after the client has given a concrete description of his or her life when the miracle occurred, the search for exceptions can begin quite naturally. Second, such an order makes it easier for the client to find exceptions that are directly related to the miracle (a detailed description of what they want to be different in their life). These are the exceptions that are most helpful in building the solution because they are closely related to what the client wants. Thus, it is important to look for exceptions after the well-formed goal has been set.

Worksheet of SFBT

In recent years, self-care tools that do not require therapist involvement, such as worksheets and the internet, have been developed and shown to be effective (Cuijpers & Schuurmans, 2007). In SFBT, there have been studies on the effects of worksheet format, for example, Grant (2012) showed that worksheets structured around MQ increased problem solving and self-efficacy compared to problem-focused questions. Besides et al. (2019) developed a worksheet consisting of EQ and MQ and found that it increased the degree of problem-solving, self-efficacy, and solution building. Thus, while the effectiveness of a worksheet consisting of SFBT techniques was demonstrated, the impact of individual elements of SFBT was not examined in detail. Therefore, this study focuses on clarifying the solution image and setting specific and realistic goals among the elements of SFBT, and examines its effectiveness in detail.

Many studies on goals have been conducted in Personal Project and industrial domains. In research on Personal Project, personal goals have been linked to subjective well-being (Brunstein, 1993). From an approach-avoidance perspective, Emmons (1996) categorizes goals into three categories: what we want to achieve, what we want to maintain, and what we want to avoid. Avoidance goals, even if achieved, simply acquire the absence of negative consequences, not the presence of the positive consequences that are needed to meet the needs of the individual (Elliot & Sheldon, 1998). In fact, Coats et al. (1996) found a negative correlation between avoidance goals and optimism and self-esteem, and a positive correlation with depression. In addition, cultural differences were also examined, and while avoidance goals were negatively associated with subjective well-being in the United States, no significant correlation was found in Korea (Elliot et al., 2001). In Japan avoidance goals may not have negative effects. However, there is no cultural difference in the fact that approach goals are more likely to confirm outcomes than avoidance goals, and approach goals are more important in solution building. Furthermore, Elliot and Friedman (2007) pointed out the importance of shifting from pursuing avoidance goals to pursuing approach goals. In Japan, Kurosawa (2012) has proposed the condition of "do" rather than "don't" as a condition for goal in the SFBT, and this study also requests that approach goals be set in accordance with this condition.

Research on performance in the industrial domain has shown that concrete and difficult goals lead to higher performance (Locke & Latham, 2013). In addition, Emmons (1992) showed from a quantitative study that abstract goals are associated with psychological distress such as depression. Therefore, it is expected that having concrete goals will

lead to better performance and mental stability. On the other hand, difficulty can have negative effects such as lowering morale and efficacy if the task is complex or at a level that the individual feels is unachievable (Locke & Latham, 2013). In particular, the achievement of various goals in daily life requires complex task execution, such as the need to change strategies in interaction with the environment. In order to maintain a sense of self-efficacy in solving such tasks, it is important that the reality of the goals be highly evaluated. From the above, it is important to clarify the image of the solution and to set specific and realistic goals as the clarification of goals in solution-oriented short-term therapy. Therefore, by measuring the imagination of the solution image, the concreteness of the goal, and the reality of the goal separately, we examine the individual effects of these elements.

The Purpose of This Study

The setting of specific and achievable goals is particularly crucial in SFBT. Emmons (1992) shows from a quantitative examination that abstract goals are associated with psychological distress, such as depression. On the other hand, there is still no research that has quantitatively examined the influence of goal clarification on the variables such as solution building, which is considered important in SFBT. Also, no research has discussed in detail what influences the evaluation of characteristics on goals from both therapists and individual subjective aspects. Subjective client evaluation of goals may not always coincide with assessment by therapists. For example, a client may feel that a goal is specific and realistic, but from the therapists' point of view, it may seem insufficiently specific or that a more realistic goal is needed. Therefore, the purpose of this study was to examine the effects of both clients' and therapists' evaluations of goal on the variables which is considered important in SFBT. In SFBT, the importance of goal has been cited as a condition for good goals. However, the importance of the goal is largely subjective to the client and difficult to assess by others. In addition, since this study deals with goals set by the client, rather than goals given by others, there is little possibility that unimportant goals will be set. For these two reasons, we decided to focus on concreteness and reality among the goals.

As a measure of effectiveness, we used the scale of Solution Building Inventory (SBI). Smock et al. (2010) identified three important components of solution building: having a clear vision of the desired state, recognizing exceptions, and having hope about the future. Based on these important components, a solution building inventory was developed to evaluate the ability to build solutions (Smock et al.). In particular, in the process of clarifying goals using the Miracle Question, solution building is thought to be enhanced because the participants imagine a desirable state and set specific and realistic goals. In SFBT, solution building is the most important variable, and when solution building is enhanced, self-efficacy and coping strategies are thought to change positively.

On the other hand, since the solution building is not a direct measure of self-efficacy or coping strategies themselves, four indicators of effectiveness were used: self-efficacy, degree of problem solving, ideal level of life, and coping strategies to capture the positive changes caused by SFBT in detail. Self-efficacy is confidence in solving problems, and people with high self-efficacy tend to be optimistic, confident in their actions, and proactive in carrying them out (Kelder et al., 2015). Therefore, increasing self-efficacy is an essential element for improving problem situations. SFBT techniques have been shown to increase self-efficacy (De Jong & Berg, 2013; Grant, 2012; Takagi & Wakashima, 2019), and it is expected that imagining solutions and setting specific and realistic goals will increase self-efficacy.

Next, the degree of problem-solving is a measure of whether the problem is serious or close to resolution. De Jong and Hopwood (1996) examined the effectiveness of SFBT using a problem-solving index graded on a scale of 0 to 10, and reported that 74% of the students improved by one point or more. In addition, the ideal level of life is an index that measures whether the current life is far from the ideal or close to the ideal. Pakrosnis & Cepukienė (2012) point out that the effects of SFBT can have a positive impact not only on the specific topics and situations discussed in therapy, but also on various aspects of the client's life. Therefore, it is expected that in SFBT, not only the specific problem but also the client's whole life will improve. In summary, the degree of problem solving and ideal level of life will be enhanced by fully imagining the solution and setting concrete and realistic goals.

Finally, coping strategies are indicators that measure how people cope with problems. Tsukahara (2010) classified coping strategies into two categories: primary control, which directly attempts to solve the problem itself, and secondary control, which attempts to solve the problem by adjusting the perception of the problem. And both primary and secondary controls were found to be effective in reducing depressive symptoms. As Greene and Grant (2003) recommend determining an action plan after goal clarification, it is important to create a change in the way clients

deal with their problems in SFBT. On the other hand, how the imagination of the solution image, the concreteness of the goal, and the realism of the goal affect coping strategies has not been examined. Therefore, the present study examined the effects on coping strategies in an exploratory way.

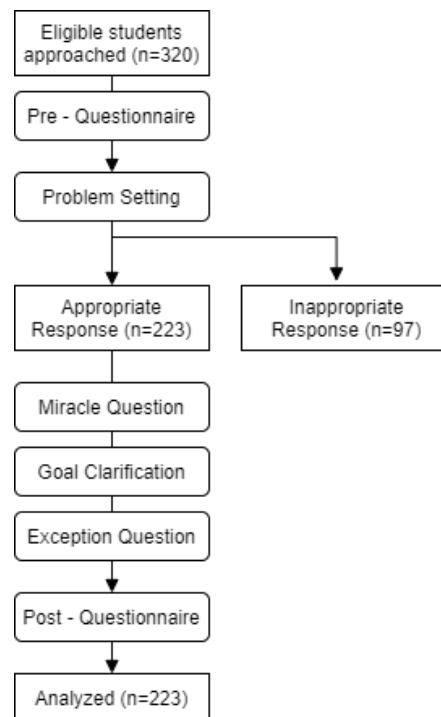
Method

Procedure

The survey for this study was conducted in November and December 2018. Japanese undergraduate and graduate students were recruited to participate in this study through an internet research company. The internet research company registered people who wanted to cooperate in the research, and through the internet research company's platform, it was possible to request them to cooperate in the research. In the recruitment of survey collaborators, the participants were asked to cooperate in the study by explaining on the permission screen the contents of the study, the questionnaire form, that they were not obliged to answer the questions, and that their answers were statistically processed and their personal information would not be identified. Only those who agreed to cooperate in this study could proceed to the questionnaire response screen. Participants responded twice to the effectiveness measure, just before and just after responding to the worksheet based on SFBT (see Figure 1). In this study, we did not seek cooperation from people who needed counseling or were familiar with SFBT, but rather randomly disseminated the survey through an Internet research company and obtained cooperation from those who agreed to cooperate. In addition, no individual or group counseling was conducted in the implementation of this study, and the participants were asked to work on their own problems.

Figure 1

Experimental Design



Participants

320 undergraduate and graduate students participated in the survey. They were asked to respond to the questions about problems, MQ, and goal clarification with worksheets. The 97 respondents who answered “Not particularly”, “Nothing” or “I don't know” to the question about the problem were not included in the analysis for two reasons: (1) there is a high possibility that the respondents are trying to minimize their response efforts, and there is a concern that their response attitude may not be appropriate, and (2) it is difficult to work on clarifying MQ's and goals unless a problem is set. Therefore, 223 (74 males and 149 females; age range = 18-25 years, mean age = 20.77, SD = 1.62) were included in the analysis of this study.

Questionnaire

Demographic Data

Participants were asked about their gender and age.

Solution Building Inventory

Solution Building Inventory was measured using 14 items from the questionnaire, which was originally developed by Smock et al. (2010). This questionnaire can assess an individual's ability to identify exceptions, solutions, and hope in the future. Takagi et al. (2015) developed a Japanese version of this scale. Moreover, Takagi et al. (2019) revised the Solution Building Inventory Japanese version into easy-to-understand Japanese expression. This scale has a one-factor structure. Items were scored on a five-point Likert scale ranging from “1=strongly disagree” to “5= strongly agree”. The total score of the 14 items was used as an indicator of solution building.

Self-Efficacy

Self-efficacy was measured using 10 items from the General Self-Efficacy Scale, which was originally developed by Jerusalem and Schwarzer (1992) and then translated into Japanese by Ito et al. (2015). This scale has a one-factor structure. Items were scored on a four-point Likert scale ranging from “1= not at all true” to “4= exactly true”. The total score of the 10 items was used as an indicator of self-efficacy.

Degree of Problem-Solving

Degree of problem-solving was measured using 1 item, referring to Iwamoto et al. (2016), we asked, “A score of 0 means the problem is very serious and bad, and a score of 10 means the problem is manageable on your own. What score do you think the problem is now for you?”. The score of this item was used as an indicator of degree of problem-solving.

Ideal Level of Life

Ideal level of life was measured using 1 item, we used the same format as the questioning of the ideal level of life, asked “A score of 0 means that your life in general is very serious and the worst, and a score of 10 means that your life is very ideal. What score do you think your current life is?” The score of this item was used as an indicator of an ideal level of life.

Coping Strategy

Coping strategy was measured using 20 items from the primary and secondary control scales developed by Tsukahara (2010). This scale has the following four subscales: solution orientation (6 items), causal analysis (4 items), meaning

acceptance (6 items), and thought adjustment (4 items). Items were scored on a five-point Likert scale ranging from “1= strongly disagree” to “5= strongly agree”. The validity and reliability of this scale has been confirmed by Tsukahara (2010). This scale can measure both coping strategies that attempt to solve the problem itself and coping strategies that adjust one's perception of the problem, and since SFBT is expected to produce changes not only in solving the problem itself but also in adjusting one's perception of the problem, this scale was used. Solution orientation is a proactive problem-solving coping and is measured by items such as “I will do something about it by my own efforts. Next, causal analysis is a coping strategy that analyzes the causes of the problem and is measured by items such as “I will try to solve the problem by my efforts.” Solution-oriented and causal analysis are positioned as primary controls that directly attempt to solve the problem itself. Next, meaning-acceptance is a coping mechanism that elicits the positive meaning of the problem and is measured by items such as “I think this was a meaningful experience in my life.” Lastly, thought adjustment is a coping mechanism that adjusts thoughts positively, and is measured by items such as “If I can overcome this, the rest of my life will surely get better.” Meaningful acceptance and thought adjustment are positioned as secondary controls that attempt to solve the problem by adjusting the perception of the problem.

Structure of the Questions on the Worksheet

Questions That Ask About the Problem

They were asked to describe a problem with the instruction, “Tell me about a problem that has had an ongoing negative impact on your life.”

Assessing the Problem

In order to confirm their assessment of the problem, we asked the following questions. First, to ascertain the attribution of causes to the problem, we asked “Do you think you are the cause of this problem or do you think it is caused by others, the environment, etc.?” and requested a response on a scale ranging from 1 (strongly agree that I am the cause) to 5 (strongly agree that others, environment are the cause). Second, to ascertain their efficacy of solving the problem they answered, we asked “How much do you feel you can cope with this problem by yourself?”, and requested a response on a scale ranging from 1 (don't feel it at all) to 5 (feel it strongly). Third, to ascertain the motivation to solve the problem, we asked, “How motivated are you to solve this problem?” and requested a response on a scale ranging from 1 (very low) to 4 (very high). Finally, to ascertain how much the problem is affecting life, we asked, “How much of a negative impact does this problem have on your life?” and requested a response on a scale ranging from 1 (very small) to 4 (very big). In this study, the evaluation of the problem was not used in the analysis, because the purpose of this study was to examine the effects of evaluations of the responses to MQ and goal clarification on important variables in SFBT.

Miracle Question

Participants' were required for answers to the Miracle Question by asking, “If a miracle happened and this problem went away, how do you think your life would be different? Please be as specific as possible, even if it's just your imagination or your hopes”. They were also asked about the degree of their imagination, and they were asked to rate on a scale ranging from 1 (not at all) to 4 (very well). This self evaluation of imagination for MQ is denoted as self-MQ-image.

Goal clarification Participants were required to set their goals by asking, “Set goal based on the answer to the MQ. Make a goal that meets the following conditions.” The conditions are as follows:

- Action-level goals that are as specific and visible as possible
- As small and realistic a goal as possible (the first small signs, not the ultimate goal)
- The positive goal of “I will” rather than the negative goal of “I won't”.

They were also asked about the concreteness of their goal, and they were asked to rate on a scale ranging from 1 (not at all specific) to 4 (very specific). They were also asked about the reality of their goal, and they were asked to rate on a scale ranging from 1 (very difficult) to 4 (very easy).

Exception Question

Participants were required to answer their exception by asking, "Look back on a time when the goals you set were achieved in some measure or when the severity of the problem was a little better. What was different about you at that time that made it so? And what can you do to help increase those situations?"

Ideas for Solving the Problem

Participants' were required to answer ideas for solving the problem by asking, "Please answer what you can do to solve your problem for the week ahead."

Assessing Ideas for Solving the Problem

In order to confirm their assessment of ideas for solving the problem, we asked the following questions. First, to ascertain the effectiveness against the ideas for solving the problem, we asked, "How useful do you feel the idea is going to be?" and requested a response on a scale ranging from 1 (completely useless) to 5 (completely useful). Second, to ascertain the reality of the ideas for solving the problem, we asked, "How likely do you feel you are to realize the idea?" and requested a response on a scale ranging from 1 (never do that) to 5 (definitely do that). Third, to ascertain the novelty of ideas for solving the problem, we asked, "How different is that idea from anything you have ever thought of?" and requested a response on a scale ranging from 1 (Completely different) to 5 (Exactly the same). In this study, the evaluation of ideas for solving the problem was not used in the analysis, because the purpose of this study was to examine the effects of evaluations of the responses to MQ and goal clarification on important variables in SFBT.

Evaluation of Responses to Miracle Question

The content of responses to the MQ was assessed for imagined concreteness by two university faculty members (first and second authors) with Ph.D's. specializing in SFBT. First of all, the following criteria were prepared for the evaluation (see Table 1).

Table 1

Criteria for evaluating imagined concreteness for Miracle Question

0 Inappropriate goal

1 The goal is entirely unspecific

2 The goal is not very specific

3 The goal is somewhat specific

4 The goal is very specific

Next, two people rated the 23 responses to the Miracle Question, which is 10% of all 223 analyzed responses, and calculated the rate of concordance. As a result, the inter-rater reliability was .887, which was almost a perfect coincidence. Therefore, the first author assessed the content of the remaining responses to the Miracle Question. This value was used as the therapist's evaluation score for the concreteness of the imagination to MQ. This therapist's evaluation of imagination for MQ is denoted as therapist-MQ-image.

Evaluation of Responses of Goal

The content of responses of the goal was assessed for concreteness and reality by the same two people mentioned previously. First of all, the following criteria were prepared for the evaluation (see Table and 3).

Table 2

Criteria for evaluating concreteness of the goal

0 Inappropriate goal
1 The goal is entirely unspecific
2 The goal is not very specific
3 The goal is somewhat specific
4 The goal is very specific

Table 3

Criteria for evaluating the reality of the goal

0 Inappropriate goal
1 The goal is no realistic at all
2 The goal is not very realistic
3 The goal is somewhat realistic
4 The goal is very realistic

Next, the two people rated the 23 responses of the goal, which is 10% of all 223 analyzed responses, and calculated the rate of concordance. As a result, the inter-rater reliability for concreteness was .951, and for reality was .933, which were almost a perfect coincidence. Therefore, the first author assessed the content of the remaining responses to the goal. This value was used as the therapist's evaluation score for the concreteness of the goal and reality of the goal. This therapist's evaluation of concreteness and reality of goal is denoted as therapist-Goal-concrete and therapist-Goal-reality.

Data Analysis

SPSS (version 24.0) was used to analyze the data. Cronbach's alpha coefficient was used to check the reliability of the scale. In examining the correlations, Pearson's correlation coefficient was calculated. A stepwise method was used in the multiple regression analysis to identify variables that influence the variables considered important in SFBT. All statistical analyses used a two-tailed test. In all statistical evaluations, a p-value of less than 0.05 was considered to indicate a significant difference.

Results

Descriptive statistics and scale reliability

The average score of each scale was calculated and used as a score. Besides, alpha coefficients were calculated to confirm the reliability of the scales. The results showed that solution building was .91, self-efficacy was .88, solution-oriented was .88, causal analysis was .82, and meaning acceptance was .89, and positive thought adjustment was .74, with all scales above .70 with sufficient reliability indicated. The descriptive statistics for each are shown in Table 4.

Table 4

Descriptive statistics of scale (N=223)

Variables	<i>M</i>	<i>SD</i>
Solution Building	3.27	0.72
Self-Efficacy	2.45	0.53
Degree of Problem-solving	4.94	2.17
Ideal Level of Life	4.98	2.04
Coping Strategy		
Solution Orientation	3.48	0.90
Causal Analysis	3.40	0.93
Meaning Acceptance	3.27	1.00
Thought Adjustment	3.49	0.92

Also, self-MQ-image scores, therapist-MQ-image scores, self-Goal-concrete scores, and therapist-Goal-concrete scores, self-Goal-reality scores, and therapist-goal-reality scores were used in the analysis. The descriptive statistics for each are shown in Table 5.

Table 5*Descriptive statistics of the evaluation score (N=223)*

	M	SD
self-MQ-image	3.12	0.80
self-Goal-concrete	2.72	0.80
self-Goal-reality	2.29	0.78
therapist-MQ-image	2.65	1.00
therapist-Goal-concrete	2.70	0.86
therapist-Goal-reality	2.62	0.84

Changes in scores before and after work sessions

Corresponding t-tests were conducted to examine changes in scores before and after work sessions (see Table 6). The results showed that significant differences were obtained for all variables, with higher scores after the work than before.

Table 6*Changes in scores before and after work sessions (N=223)*

Variables	Before Score		After Score		t-Score
	M	SD	M	SD	
Solution Building	3.27	0.72	3.40	0.82	-2.81**
Self-Efficacy	2.45	0.53	2.57	0.64	-3.31**
Degree of Problem-solving	4.94	2.17	5.33	2.19	-4.13***
Ideal Level of Life	4.98	2.04	5.18	2.14	-2.43*
Solution Orientation	3.48	0.90	3.67	0.92	-4.30***

Causal Analysis	3.40	0.93	3.54	0.99	-3.15**
Meaning Acceptance	3.27	1.00	3.46	1.00	-4.54***
Thought Adjustment	3.49	0.92	3.62	0.96	-2.91**

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

Relationship between self and therapist grading of responses

Correlation analysis was conducted to examine the relationship between self-evaluation and therapists' evaluation of the responses to the work (see Table 7). The results showed that self-MQ-image showed a significant positive correlation with self-Goal-concrete, therapist-MQ-image, therapist-Goal-concrete, and therapist-Goal-reality. Self-Goal-concrete showed a significant positive correlation with self-Goal-reality, therapist-MQ-image, therapist-Goal-concrete, and therapist-Goal-reality. Self-Goal-reality showed a significant positive correlation with therapist-Goal-reality. The therapist-MQ-image showed a significant positive correlation with therapist-Goal-concrete and therapist-Goal-reality. Finally, therapist-Goal-concrete showed a significant positive correlation with therapist-Goal-reality.

These results showed a correlation between self and therapists' evaluations for all of MQ-image, Goal-concrete, and Goal-reality. On the other hand, none of the correlations were strongly correlated, confirming that the self evaluation and the therapists' evaluation differed to a certain extent. Besides, while self evaluation indicated that higher MQ-image was associated with higher self-Goal-concrete, no association with self-Goal-reality was shown. On the other hand, therapists' evaluation showed that the higher the MQ-image, the higher the therapist-Goal-concrete and therapist-Goal-reality. These results suggest that the higher the concreteness of the imagination for the MQ from a therapist's point of view, the higher the concreteness and reality of the goals.

Table 7

Relationship between self and therapist's evaluations of responses (N=223)

		1	2	3	4	5	6
1	self-MQ-image	—					
2	self-Goal-concrete	.17*	—				
3	self-Goal-reality	-.01	.30***	—			
4	therapist-MQ-image	.14*	.15*	.08	—		
5	therapist-Goal-concrete	.14*	.22***	.13	.48***	—	
6	therapist-Goal-reality	.18**	.28***	.19***	.44***	.75***	—

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

The impact of self and therapists' evaluations of the responses on the variables which is considered important in SFBT

In order to examine the impact of self and therapists' evaluations of the responses on the variables which is considered important in SFBT, change scores were obtained by subtracting the pre-scores from the post-scores for solution building, self-efficacy, degree of problem-solving, ideal level of life, and coping strategies. If this change score is large in the positive direction, it indicates that the score increased after the work. Multiple regression analysis was conducted with self and therapists' evaluations of the responses as the independent variable and the change scores as the dependent variable (see Table 8 and 9). In the analysis, the stepwise method was used in accordance with the purpose of this study, which is to identify the variables that affect the variables which is considered important in SFBT.

Table 8

The impact of self and therapists' evaluations of the responses on the psychological aspects (N=223)

	Solution Building	Self-Efficacy	Degree of Problem-solving	Ideal Level of Life
self-MQ-image	.08	.15*	.00	-.07
self-Goal-concrete	.00	.06	.04	-.03
self-Goal-reality	.00	.02	.16*	-.09
therapist-MQ-image	.03	.08	.09	.14
therapist-Goal-concrete	.14*	.06	.07	-.04
therapist-Goal-reality	.08	-.01	.04	-.01
R^2	.01	.02	.02	.00

Note. For the excluded variables that were not significant, the standard regression coefficients at the time of entry are noted. For the models that did not show significant variables, we noted the R^2 when all variables were forced in.

* $p < .05$ ** $p < .01$ *** $p < .001$

The results showed that therapist-Goal-concrete had a positive impact on solution building. Therefore, the more specific goals are set from a therapist's point of view, the higher the solution building becomes. Self-MQ-image had a positive impact on self-efficacy. Therefore, the more concrete imagination for miracle questions are subjectively perceived, the higher the self-efficacy becomes. None of the independent variables had a significant effect on the ideal level of life.

Regarding coping strategies, for solution orientation, therapist-Goal-concrete is a positive impact. This results suggests that those who can set goals that are highly specific from a therapist's perspective are more solution-oriented. Besides, therapist-Goal-reality had a positive impact on causal analysis. This results suggests that those who can set

realistic goals from a therapist's point of view had a higher level of causal analysis. None of the independent variables had a significant effect on the other sub-factors of the coping strategy.

Table 9

The impact of self and therapists' evaluations of the responses on the coping strategy (N=223)

	Solution Orientation	Causal Analysis	Meaning Acceptance	Thought Adjustment
self-MQ-image	.07	-.01	-.02	-.02
self-Goal-concrete	-.05	-.07	-.02	.00
self-Goal-reality	-.11	-.02	-.08	-.09
therapist-MQ-image	.04	.02	.02	-.01
therapist-Goal-concrete	.21**	.00	.01	.10
therapist-Goal-reality	.02	.15*	.12	-.02
R^2	.04	.02	.00	-.01

Note. For the excluded variables that were not significant, the standard regression coefficients at the time of entry are noted. For the models that did not show significant variables, we noted the R^2 when all variables were forced in.

* $p < .05$ ** $p < .01$ *** $p < .001$

Discussion

The results of this study showed a correlation between self and therapist's evaluations for both the imagination of MQ, the concreteness and reality of Goal. On the other hand, none of the correlations were strongly correlated, confirming that the self evaluation and the therapists' evaluation differed to a certain extent. De Jong and Berg (2013) point out that therapists need to organize and highlight useful information in order to set goals and utilize resources effectively. Since the therapist can evaluate the goals from a different perspective from that of the client, it is important to provide feedback to make the goals more concrete and realistic, and to encourage the client to gain new insights.

The effects of the imagination of Miracle Question, the concreteness and reality of the goal on the variables considered important in SFBT

The results of this study indicate that concreteness of goal evaluated by the therapist showed a positive impact on solution building. Therefore, by setting goals that therapist would rate as highly concrete, the client's solution building is enhanced. Besides, concreteness of goal evaluated by therapist also had a positive impact on solution orientation. Solution orientation and solution building are similar concepts; however, while solution building is a concept specific to SFBT practice, solution orientation is a concept presented as part of a coping strategy. Solution orientation is a coping

strategy that focuses not on “what is the problem” but on “how to solve it.” Therefore, increasing concreteness of goal evaluated by therapist is likely to increase the proactive solution and attempted coping. Emmons (1992) showed that abstract goals are associated with psychological distress such as depression. The results of the present study support this, and suggest that setting more concrete goals and engaging in SFBT work, such as exception questions, may promote a more positive attitude toward dealing with problems and building solutions.

Self evaluation of imagination of MQ had a positive impact on self-efficacy. Shilts et al. (1997) reports a more hopeful feeling after answering the MQ. The results of this study are supportive of this. It is also crucial for self-efficacy to feel sufficiently imagined from the client's point of view, rather than the therapist's. Therefore, it is important to confirm the client's imagination for MQ, rather than judging that the therapist has sufficiently imagined it. Also, detailed consideration should be given to how to implement the MQ in order to make the client feel more imagined. For example, De Jong and Berg (2013) mentions that one of the cautions in the implementation of MQ is to “take several pauses, giving the client time to understand the questions and to see different aspects of their experience.” It also pointed out that the questions must continue to ask clients in a way that allows them to express a satisfactory image of the future, rather than ending with MQ only (De Jong & Berg, 2013). The results of this study suggest that client satisfaction is essential for self-efficacy, and that it is vital to work with clients through questions and responses so that they can fully imagine the solution.

Self evaluation of “reality of goal” had a positive impact on the degree of problem resolution. De Jong and Berg (2013) stated that questioning feasibility for clients who exhibit unrealistic goals allows them to review their ideas. Accordingly, the client's assessment of the reality of their goals could likely change their perception of the degree of problem-solving. In practice, therapists select a way of responding by assessing reality in order to make the client's goals realistic. However, the effective practice requires that clients feel that their goals are achievable through the therapists' approach, thus increasing the degree of problem-solving. On the other hand, reality of goal evaluated by therapist showed a positive impact on causal analysis. Therefore, the increased reality of the goal assessed by therapists facilitates the client's analysis of the causes of the problem. From the above, feasible goals should be set collaboratively from both therapists and client perspectives. Locke and Latham (2013) showed that in the industrial domain, specific and difficult goals lead to higher performance. However, it has been pointed out that the level of difficulty can have a negative impact on morale and efficacy when the target is a complex task or when it is at a level that the individual does not feel is achievable (Locke & Latham). The problems presented by clients in SFBT are more complex than those targeted by research in the industrial domain. In fact, this study showed that the higher the reality of the goal, the better the impact. Thus, it can be said that setting highly realistic goals in SFBT can improve the problem situation.

Finally, all evaluations showed no effect on the ideal level of life, meaning acceptance, and thought adjustment. The imaginative nature of MQ and character of goals are not expected to have any effect on perceptions of life. Similarly, they do not affect coping strategies by cognitive transformations, such as meaning acceptance and thought adjustment. On the other hand, the comparison of pre- and post-scores revealed significant changes in all variables. Therefore, regardless of the content of responses to MQ and goal clarification, implementing SFBT work is likely to increase the ideal level of life, meaning acceptance, and thought adjustment. This study examined the effects of evaluation on responses to MQ and goal clarification, but the effects of the implementation of SFBT work need to be compared with those of the control group, and more detailed investigation is required in the future. Besides, the results presented in this study are limited in that they are short-term impacts. In the future, it will be essential to conduct a one-month longitudinal survey to confirm the long-term impact of the goal.

SFBT practices for Japanese people

Since the subjects of this study are only Japanese, it is necessary to examine their cultural background. Kunio Yanagida (1875-1962), a Japanese folklorist, pointed out that in Japan, the word “crowd” (tide of public opinion) has been in vogue for a long time, and when a new trend emerges, the Japanese culture tries to follow it without checking its value. And, as interaction with foreign flourished, this tendency intensified, and people began to uncritically accept the opinions of a few superior people without thinking for themselves (Yanagida, 2015). The Japanese tendency to uncritically accept the trends around them greatly facilitated the acceptance of Western culture. As a result, the spirit of Western utilitarianism and capitalism has been adopted in Japan today. Regarding the spread of utilitarianism in Japan,

Daisetsu Suzuki (1870-1966), a Japanese Buddhist scholar, said, "There are times when we think we are using machines, but in fact we are being used by machines. When we try to produce achievements efficiently, we become fixated on that purpose, and we cannot do what we really want to do as we want to do it purely, freely as human beings, beyond the calculating interests. They will not be able to exercise their true independence and creativity, a way of life that emanates from a deep human standpoint" (Takemura, 2018). Furthermore, Kunio Yanagida points out that "Japanese people have originally formed themselves based on the sanctions brought by outsiders in a small society. This tendency is more pronounced in today's world of social networking sites, where many people live their lives by referring to the value standards of others and focusing on so-called "worldliness" rather than realizing what they really want to do. It is precisely in this kind of Japan that it is important for people to consider what they want to be based on their own value standards and to have clear goals through SFBT. In fact, the results of this study showed that the SFBT approach is effective even in Japan. In particular, the fact that the self evaluated imagination of MQ had a positive effect on self-efficacy suggests that it is useful for Japanese people who are concerned about the world to think about how they want to be according to their own value standards. On the other hand, we need to be cautious about whether or not the results obtained in this study are culturally influenced. The reason for this is that this study targets only Japanese people, and therefore, it is not possible to make comparisons between cultures. It is a future task to investigate the effects of self and therapist's evaluations of MQ and goal on people from various cultural backgrounds, and to examine the cultural differences.

Clinical implications and limitations

In summary, the results of this study indicate that the therapist's evaluation of the concreteness of the goals, the self and therapist's evaluation of the realism of the goals, and the self evaluation of the imagination of the MQ are associated with good results. Although it should be noted that this study was conducted on Japanese subjects only, and that it was conducted in a worksheet format, three clinical implications can be drawn from the results of this study. First, when the therapist asks the MQ, he or she should work to increase the imagination of the solution image, which will increase the client's confidence in solving the problem. In particular, it is important to check the degree of imagination of the MQ with the client, rather than judging it only from the therapist's point of view, because the client's sense of being able to imagine sufficiently leads to good results. Second, when the therapist works to increase the concreteness of the client's goals, it is expected that solution building will be facilitated. Based on the results of this study, it is important to try to clarify the goal until the therapist feels that it is a concrete goal, because good results were obtained when the therapists evaluated it as a concrete goal. Third, it is expected that the degree of problem solving and causal analysis will increase as the therapist works to increase the reality of the client's goals. In particular, in order to increase the degree of problem solving, it is important for the therapist to pay attention to the reality of the client's evaluated goal and to work to increase this. As described above, the impact of the therapist's and client's perspectives on evaluating MQ and goal is diverse, and it is important to use both effectively rather than sticking to one perspective. Therefore, it can be concluded that it is important to proceed with the therapy in a collaborative process, utilizing the evaluation of MQ and goal from both the therapists' and client's perspectives.

Finally, two limitations of this study are discussed. First, from a therapist's perspective, the researcher assessed the imagination of the MQ, goal concreteness, and reality based on the content of the responses to the worksheets. This point may differ from the evaluation of responses to MQ and goal given orally in actual therapy. Therefore, a more detailed study is needed when applying the results of this study to therapy. In addition, since the consistency rate of the two people who evaluated in this study was high, we thought that the validity of the evaluation was sufficient. However, it is a future task to obtain rating data from more therapists and to conduct research based on highly generalized evaluations that many therapists agree on. In addition, it is necessary to examine whether a third party's perspective is needed or the therapist's perspective by comparing the therapist's evaluation with those of people who do not have expertise in clinical psychology. Secondly, the results presented in this study are limited in terms of short-term effects; while the immediate effects of working with SFBT were evident, longer-term effects need to be identified. For example, people who are able to set concrete and realistic goals may be able to achieve those goals, but it will take some time to achieve them. Therefore, it is necessary to conduct a longitudinal survey with a survey period of one month or six months.

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*ARTICLE***Fidelity Monitoring in the Solution Focused Wellness for HIV (SFWH) Intervention for Women**

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Background

Solution Focused methods are often interpreted by different practitioners with a degree of flexibility and adaptation to specific practice settings (Lehmann & Patton, 2012). This flexibility is one of the features that makes SFBT a very client-centered approach and has been highlighted as one of the key aspects of successful co-construction of desired outcomes with clients (Franklin et al., 2017). This collaborative approach is possible due to SFBT's utilization of social constructionist principals in the solution-building process (Blundo & Simon, 2015). While encouraging flexibility of implementation of SFBT, identifying the main tenets of the therapy, including specific techniques and mindsets is helpful to researchers who are interested in determining SFBT's success in certain clinical and research efforts (Lehmann & Patton; Trepper et al., 2012). To help with this process, members of the Solution Focused Brief Therapy Association (SFBTA) created a treatment manual that outlined these major tenants to serve as a guide and to reach a consensus about how to understand and implement SFBT (Trepper et al.). In publishing their SFBT fidelity instrument, Lehmann and Patton recommended that the field of SFBT focus more seriously on the issues of treatment fidelity in SFBT practice and research. However, continued discussion on the topic has been limited in the peer-reviewed, published SFBT literature. To continue this discussion among SFBT researchers and practitioners, the process for planning, monitoring and reporting fidelity to SFBT in the Solution Focused Wellness for HIV Intervention for women (SFWH) will be presented. The SFWH fidelity monitoring process will be explained in the context of both common SFBT fidelity processes and the latest accepted behavioral intervention research guidelines for the fidelity process.

This article is the third in a series of articles that outlines the research process of the SFWH. The first article explained the process of developing the intervention with expert feedback from SFBT and HIV researchers as well as women living with HIV (Yates et al., 2019). The second article explained the results of a pilot study conducted to examine the effect of the intervention on a small group of women living with HIV (Yates & Mowbray, 2020). This third article will focus on the SFBT fidelity process adopted during the pilot study.

SFWH is a client-centered group counseling intervention that was implemented in community-based HIV case management agencies with the aim of improving the wellness of participants. During pilot testing, a comprehensive approach to fidelity monitoring was adopted to ensure inclusion of each therapeutic component of the intervention (Yates & Mowbray, 2020). This approach was based on guidelines outlined by the Behavior Change Consortium (BCC) of the National Institutes of Health and Tomioka & Braun's Four-Step Protocol for Assuring Replication with Fidelity (2013). This comprehensive approach to fidelity helped to ensure that the results of the pilot study fully explained the effect the intervention had on the wellness outcomes of the women who participated. The approach also aimed to honor the flexible nature of SFBT as it was originally outlined (De Jong & Berg, 2002) as well as incorporating the major tenets of the method outlined in the SFBTA's published treatment manual (Trepper et al., 2012).

The treatment manual used for this pilot study was designed to be a guide for the counselor based on the three mindsets and eight techniques detailed in the Solution Focused Brief Therapy Association's published treatment manual (Trepper et al., 2012) as well as client and researcher expert input about living with HIV and multidimensional wellness. The SFBT manual describes an expected level of flexibility in the application of the techniques due to the collaborative nature of SFBT. However, the mindsets and techniques have been presented formally according to the intentions of the original SFBT authors, and the Solution Focused Wellness for HIV (SFWH) intervention development process sought to honor that work by using that manual as a basis.

The focus of this article is on the fidelity to SFBT including how it was measured and the frameworks for the fidelity monitoring process itself. To explain the process of planning, monitoring, and reporting fidelity in this project, we will first present the frameworks we used to understand best practices in intervention fidelity monitoring in behavioral research.

Frameworks for Monitoring Treatment Fidelity

Basic treatment fidelity measures such as the use of "treatment manuals, training of implementers, supervision of implementation, and measures of adherence to treatment protocol" are recommended in intervention research (Naleppa & Cagle, 2010, p. 679). However, there is some question as to what extent the use of fidelity measures is helpful, and various fidelity frameworks exist. To provide clarification, the Behavior Change Consortium (BCC) of the National Institutes of Health created a workgroup for treatment fidelity. Their recommendations were used to outline the framework by Bellg et al. (2004). Tomioka and Braun's Four-Step Protocol for Assuring Replication with Fidelity (2012) offers another framework for measuring treatment fidelity. Each framework offers several strategies and poses both strengths and weaknesses. Together, they provided guidance for measuring treatment fidelity in the current solution focused wellness intervention for women living with HIV.

BCC Framework

According to the Treatment Fidelity Workgroup of the BCC, "treatment fidelity refers to the methodological strategies used to monitor and enhance the reliability and validity of behavioral interventions" (Bellg et al., 2004, p. 443). The authors argue that adopting best practices in treatment fidelity research of health behavior interventions contributes to the development of "innovative, credible and clinically applicable" programs (Bellg et al.). Four areas of focus with underlying goals and suggestions are outlined by the BCC to monitor and improve treatment fidelity, and those include:

1. Study Design
2. Treatment Delivery
3. Receipt of Treatment
4. Treatment Enactment Skills

To address the wellness needs of women living with HIV using Solution Focused Brief Therapy (SFBT) methods, the application of number 1 *study design* goals and strategies and number 2 *treatment delivery* goals and strategies and was useful. Those two areas of focus will be discussed in relation to the SFWH intervention study.

Study Design

According to the BCC, focusing on study design ensures that a study can "adequately test its hypotheses in relation to its underlying theory and clinical processes" (Bellg et al., 2004, p. 445). Variables should reflect the active ingredients of the treatment. The intervention should be congruent with relevant theory and pragmatic roots. To ensure consistent treatment dose (or number and length of sessions), an established number of contacts as well as their length of time should be delineated. A scripted curriculum can be created to ensure the consistent delivery of information at sessions. External and self-monitoring instruments can be developed to assess adherence to the dose and record deviations by providers (Bellg et al.). Researchers should also stipulate the minimum and maximum dose, and record frequency (Bellg et al.).

Another BCC treatment fidelity strategy for study design is adequate data collection planning procedures. Gitlin and Czaja (2016) recommend creating a study procedure manual including the codebook, interview protocols, and training

procedures. They also recommend having a Data and Safety Monitoring Board or DSMB to participate in fidelity assessment and monitoring for an impartial review of treatment fidelity and other data integrity issues. Cook and DeMets (2008) also recommend a DSMB to improve quality control efforts and interim data monitoring.

The benefit of paying close attention to the design of a study is that confounding and bias can be avoided or minimized, allowing for the effect of the treatment to be attributed as completely as possible to the treatment. Also, researchers can claim they treated and measured the condition they intended to. Adequate study design makes the research more trustworthy, replicable and generalizable. Good study design saves time and money because it can prevent unnecessary statistical issues because variables are clear, measurement is accurate and there is no “noise” in the data. Good study design also helps minimize anticipated problems like training issues, provider drift, participant dropout and dosing issues that can affect intervention fidelity (Gitlin & Czaja, 2016).

Treatment Delivery

The delivery of the treatment should focus on ensuring that the intervention is provided in the way it was originally intended. Drifting from the protocol or dose of an intervention or combining it with other interventions during a research study is problematic. Therapeutic drift and contamination mean that study results may not accurately reflect the independent variable and will not be reliable or valid. To ensure that providers adhere to treatment protocol, the BCC advises using recordings, in vivo observation or behavioral checklists to improve intervention fidelity. These techniques improve the standardization of treatment delivery, and helps providers remember the key components of the intervention. Specific strategies for improving delivery of treatment for fidelity purposes include (a) controlling for provider differences, (b) reducing differences within the treatment delivery, (c) ensuring adherence to the intervention protocols and (d) minimizing contamination between treatment and control arms (Bellg et al., 2004).

Provider warmth can be confused with actual therapeutic techniques that affect behavior change in counseling settings, which is problematic for research. One way to distinguish provider warmth from the methods is to monitor the use of specific techniques outlined by the method. This monitoring helps to control for provider differences that could affect research outcomes. Another strategy for mediating provider warmth is to make adjustments during training and supervision to ensure that the characteristics of specific providers are not overshadowing the counseling methods themselves (Bellg et al., 2004).

The use of manuals and scripts can improve fidelity by increasing uniformity so that all necessary components of the intervention are provided. Recordings and observations can be used to check for adherence specific counseling methods during training and research studies (Bellg et al., 2004). Video recordings and meetings with providers can be held to discuss the appropriate application of the counseling methods. Worksheets and tracking sheets can also be used to monitor dose and intensity of sessions (Gitlin & Czaja, 2016).

A strength of strategizing about the delivery of a study is that it enhances the consistency and accuracy of the delivery of the program or counseling method. This ensures that any positive results of a study are truly due to the intervention and no other factors. Alternatively, the weakness of focusing on delivery strategies for fidelity are that they can be tedious, and in smaller studies there may not be enough staff to evaluate the delivery of the intervention closely. For example, checklists may be practical, but reviewing video recordings for fidelity may not be possible. In research with sensitive and vulnerable groups who are frequently exposed to stigma, confidentiality issues can develop with external fidelity monitoring, and could deter people from agreeing to participate. For example, people living with HIV may be willing to attend a counseling group but may not want to be recorded or filmed.

Tomioka and Braun's Framework

In addition to the BCC framework, it is useful to examine Tomioka and Braun's (2013) framework for improving behavioral intervention fidelity in research. They recognized treatment fidelity issues in health promotion research and implementation that are caused by community planning and organizational capacity issues. They argued that key components of interventions must be delivered with fidelity even as interventions are adapted for new communities. To accomplish fidelity, they offer the following four-step protocol:

1. Deconstruct the program components and make an implementation plan

2. Identify agencies ready to replicate the program and provide staff training
3. Monitor the fidelity of the program delivery with checklists
4. Track program participant outcomes to assure the expected outcomes are achieved

The fidelity approach for the SFWH Intervention for women included steps three *Fidelity Monitoring* and four *Tracking Participant Outcomes* from Tomioka and Braun's framework and those steps are described below before applying them to SFWH.

Fidelity Monitoring

Monitoring fidelity involves tools that assess the degree to which practitioners adhere to the program they are implementing. It can also measure their competence in delivering the program and is a critical step in ensuring true replication in research. In the case of Tomioka and Braun's Hawaii Healthy Aging Partnership (HHAP) program, trainers created a tool to measure eight areas of fidelity and instructors were rated according to three categories (2013). The instrument moved beyond a simple checklist and allowed for monitoring of the degree to which each area was implemented, rather than rating it in a "check yes or no" manner. The tool was used at four different points during the study. This allowed for senior trainers to provide additional feedback when needed and helped identify areas of weakness in training that could be improved in future staff education.

A strength of this type of fidelity monitoring is that research is often available on previously validated checklists. This can make fidelity planning convenient and concrete. Additionally, the checklists are easy to complete and can be done through observation, video recording or be self-administered by practitioners. Another strength is that they can alert researchers to practitioners who are straying from intervention protocol or experiencing therapeutic drift. Rarely, practitioners involved in research studies that are unable to adequately follow intervention protocols after training, monitoring and feedback have been removed from the study to maintain fidelity (Gitlin & Czaja, 2016).

Using checklists for fidelity monitoring may reduce the odds of a type I and II errors in hypothesis testing. Type II errors can occur when the outcome of a study shows that it was not effective, but it actually was because the results were due to fidelity issues such as a different intervention being implemented than the one that was intended. Checklists can reduce the chances of a type I error as well, which occurs when researchers espouse an intervention's efficacy in error because they actually measured the effect of a different intervention. Measuring a different intervention can occur because it has been contaminated by components of other interventions that the study practitioners are used to implementing.

A weakness of Tomioka and Braun's fidelity monitoring strategies relates to fidelity checklists (2013). Sometimes a measure has been validated by previous researchers but does not include all the intended elements of the intervention. Therefore, interventionists may need to develop and test a new tool. This could delay research and be costly, possibly delaying potentially helpful treatment in the community. A checklist can oversimplify fidelity monitoring even when all the elements of the intervention are included. Manualizing the intervention and including the key components in worksheets, client forms, and provider instructions promotes better fidelity in combination with monitoring.

Tracking Participant Outcomes

Tomioka and Braun (2013) recommend carefully tracking participant outcomes to improve treatment fidelity because the outcomes should reflect the intentions and components of the intervention. This step helps measure achievement of expected outcomes among participants. Tracking outcomes includes both (a) pre-tests and post-tests of participant health status and (b) post-test evaluation of participant satisfaction with the program.

As an example of pre-test and post-test use, Tomioka and Braun (2013) point to fitness assessments included in their health intervention for older adults. The tests were required at baseline and at four-month intervals during the study. Similarly, HIV researchers often use blood tests that monitor the immune system and viral replication status of study participants. These biomarkers known as the CD4 count and viral load can be used to assess whether a wellness intervention is effective and are already collected at regular intervals by prescribers. The HIV biomarkers are associated with ART uptake, and morbidity and mortality for people living with HIV (Aschengrau & Seage, 2014). HIV biomarkers were useful in the Johnson et al. (2015) study of the Making our Mom Stronger (MOMS) intervention, which showed improvement in CD4 counts after women participated in a parenting support and disease self-management program.

To track participant outcomes, satisfaction with programs can be measured in addition to pre-tests and post-tests with instruments. Satisfaction instruments measure how well the intervention was received by participants. To measure satisfaction with the HHAP program, researchers used Likert-type scale questions. The questions measured participants' "satisfaction with the program and confidence to exercise regularly" (Tomiooka & Braun, 2013).

Measuring participant health outcomes demonstrates participants' progress and provides valuable data to community stakeholders. It also is key to reliable data analysis and hypothesis testing. Collecting client satisfaction information also benefits both participants and stakeholders by indicating how well the intervention was accepted by participants. In larger multi-site studies and programs, sites can be compared to evaluate program delivery issues. The client-centered approach of gathering participant feedback gives participants a sense of accomplishment and inclusion in service delivery research. Qualitative feedback about satisfaction and outcomes can be woven into the early phases of the intervention pipeline according to Gitlin and Czaja (2016). This improves translation to real world settings after research is complete.

The drawback of collecting data and satisfaction information is that these procedures add time and cost. Therefore, Gitlin and Czaja recommend collecting qualitative data during the manual development stage when sample sizes are smaller. Collecting biomarker data can be invasive. Cook and DeMets (2008) recommend using existing medical records, when possible, to minimize invasive research procedures. Careful quality control measures are required to ensure the privacy of the participants, particularly when they are members of a vulnerable population, such as people living with HIV.

Treatment Fidelity's Relevance to Solution Focused Research and Practice

SFBT seeks to be recognized among other behavioral interventions by increasing listings on evidence-based practice registries and clearinghouses. The process for acceptance in these registries and clearinghouses is rigorous and has been a major focus of SFBT researchers in recent years. It is based on submitted studies that are judged on their outcomes and the quality and reliability of the results. This is an increasingly important requirement to be recognized as an effective intervention method to secure access to funding for essential programs in behavioral health, child protective services, juvenile justice and educational settings (Kim et al., 2019). SFBT researchers benefit their field by monitoring and reporting a study's fidelity planning, monitoring and evaluation because it strengthens those studies for submission to registries and clearinghouses for evidence-based practices.

Excellent work has already been done to strengthen fidelity to SFBT in research studies. Lehmann and Patton's Solution Focused Fidelity Instrument (2012) was piloted with graduate students in social work and included many facets of solution focused methods. The reliability coefficient of the instrument was very good ($\alpha = .88$). Lehmann and Patton indicated that it was important for SFBT researchers to strengthen intervention efficacy testing by monitoring SFBT fidelity but indicated that more research in the area was needed.

Subsequent studies have utilized the Solution Focused Fidelity Instrument with similar reliability results. In a randomized controlled trial applying SFBT to college students to decrease stress and improved wellness, Beauchemin (2018) used the instrument and found results within the acceptable range.

Though paying close attention to fidelity in research is important, some SFBT practitioners and researchers have grappled with the issue of finding a balance between fidelity and flexibility. As some studies have indicated, fidelity including provider adherence to intervention protocols and provider training does not always lead to the best outcomes (Brady et al., 2017). Therefore, SFBT researchers may consider a more flexible approach that allows for differences among providers and program locations.

The utility of flexibility in fidelity monitoring is explained by Washington et al. (2014). Their evaluation of an intervention for older adults that utilized the miracle question, a key SFBT component revealed that some degree of flexibility was necessary. This flexible approach in delivering the miracle question helped to establish the optimal dose and training requirements that would most benefit families and be practical to implement. Similarly, Choi et al. (2011) outlined their adaptation of an HIV prevention curriculum for building safe sex skills. It was modified to fit the needs of women who abused alcohol for implementation in a residential treatment setting. The program was adapted to "speak to the participants' direct experiences" (Choi et al.). This adaptation created a more culturally competent intervention.

Given the experiences of seasoned clinician-researchers, it seems best to follow suit and adopt a more flexible yet comprehensive picture of fidelity measurement in SFBT intervention research. The reasons for this choice include valuing

cultural competence, improving implementation, acknowledging provider and community differences and honoring the flexibility of the SFBT approach itself.

Cultural competence refers to the ability to respect and consider the diverse backgrounds and experiences of individuals, families and communities. Lee and Green (1999) recommend cross-cultural skills and self-awareness to accomplish this. The National Association of Social Workers (NASW) recommends standards and indicators for cultural competence in clinicians that include self-awareness, cross-cultural knowledge and skills in service delivery (NASW, 2015). This requires researchers to adapt existing evidence-based interventions to meet the needs of diverse people.

Gitlin and Czaja (2016) encourage considering the “*cultural relevance* or fit of the intervention with the values and preferences of implementers, administrators, and those who may benefit” (p. 393). These stakeholders include participants of the intervention. They posit that interventions must align with the values of those the intervention will affect if they are to be beneficial. For example, if women living with HIV do not value wellness, an intervention focused on a wellness outcome is not going to be effective regardless of strict fidelity to the intervention’s components.

Implementation settings are often significantly divergent from where the intervention was originally developed and tested. In the HHAP study, each clinic and community varied in terms of location, resources, and clinical setting. Therefore, the intervention required some flexibility in delivery to improve implementation.

Washington et al. (2014) had a similar need to allow flexibility in the delivery of their long-term care intervention for families of older adults. Reducing the intervention to a shorter period allowed them to be able to offer it to families that could not have otherwise participated. These are examples of how some degree of flexibility allows for more feasible delivery of effective interventions in the community.

Provider Variability

Provider soft skills sometimes affect client outcomes more than strict fidelity to intervention components. Soft skills include things like coming across as warm and competent and being a naturally good listener. This was highlighted in a Motivational Interviewing study where providers who were more highly scored on fidelity had the poorest outcomes with clients but were rated very highly on provider warmth scales (Wilson et al., 2018). Unexpected outcomes like this may be due to overly scripted interventions coming across as less than genuine to participants. It is possible that providers who went “off script” and adapted their language appeared warmer and more competent, and therefore had better client outcomes. This process of going “off script” may allow the language and flow of the sessions to be more natural to participants. It is reasonable to adopt a fidelity strategy that ensures the key components of an intervention are delivered but allows for some flexibility in how and when they are delivered so that during studies, the soft skills of providers are not given credit for the specific techniques delivered in the intervention. This flexibility can help to ensure that successful techniques are replicated and implemented during subsequent training and implementation. Flexibility in delivery is a strength of the SFBT approach, which through the co-construction of knowledge encourages a more tailored approach to solving problems (Franklin, et al., 2017).

A more flexible view of behavioral intervention fidelity encourages culturally competent approaches like SFBT. It also accounts for differences in providers and improved implementation. Since the goal of intervention research is to inform and enhance practice, it is best to create interventions that will be well received by diverse people, locations, and practitioners. Overly rigid interventions may not be easily replicated and risk abandonment in the field if contextual fit is neglected. Interventions should reflect underlying theories and key components while being flexible enough to be adapted to new areas of need in the community. This allows for more practice-based evidence with vulnerable populations (Gitlin & Czaja, 2016).

Methods for Monitoring Fidelity in the SFWH Intervention for Women

To ensure a more comprehensive approach to fidelity while implementing the SFWH, efforts were made to carefully focus on study design and intervention delivery in a flexible, yet thorough manner. A session-by-session treatment manual with an introduction to the topics gender, health and HIV, Solution Focused Brief Therapy (SFBT) and group leader instructions was used to promote a thorough approach to fidelity. The use of the manual ensured that each component of SFBT was utilized during the sessions and included worksheets to address wellness areas as well as brief

scripts to guide conversations relevant for HIV wellness. The manual was developed in a previous qualitative study that combined research about SFBT, multidimensional wellness and HIV in Women (Yates et al., 2019). Additionally, the group leader attended multiple SFBTA (Solution Focused Brief Therapy Association) conferences that included multiple workshops to ensure adequate training and ongoing practice in SFBT. A self-administered fidelity questionnaire was created and completed after one randomly chosen counseling session. The checklist, which expands on the work of Lehman and Patton (2012) included each of the three mindsets and eight techniques outlined in the SFBT Treatment Manual (Trepper, et al., 2012) and measured the extent to which each technique and mindset was delivered in the session. Practitioner self-monitoring of a single session was practical in this case due to the limited time and resources of implementation during the group leader's doctoral studies and was appropriate due to the stigmatizing nature of living with HIV. During primary training in SFBT, much more frequent monitoring for fidelity and feedback from trainers is recommended, including the use of direct observation and video recording of sessions.

Our detailed plan for monitoring treatment fidelity during the pilot study of the SFWH Intervention for Women is outlined in Table 1. The plan includes components from the BCC's framework including the strategies of study design and treatment delivery. It also includes components from Tomioka and Braun's (2013) framework including strategies for monitoring fidelity and tracking outcomes.

Table 1

Plan for Monitoring Treatment Fidelity for SFWH Intervention for Women

Framework	Strategy	Plan
BCC	Study Design	• Create DSMB • Establish therapeutic “dose” by indicating the number of sessions (6) as well as the hours of each session (1) • Ensure dose equality in sessions • Create session by session manual with expert feedback and client experts (qualitative focus group data) • Include provider instructions, scripts, worksheets and participant goal tracking sheets • Use role plays and expert feedback in trainings • Annual SFBT training for provider
BCC	Treatment Delivery	• Use SFBT trained provider to deliver the intervention • Require use of the manual during sessions. Ensure that the 3 SFBT mindsets and 8 techniques reflected in worksheets • Use reminder calls and texts the day before each group • Update contact information at each session • Use calendar at first meeting to avoid missed sessions • Provide refreshments, transportation, childcare or parent-friendly timing • Provide mobility and visual assistance • Provided small incentive to participants
Tomioka & Braun	Monitor Fidelity	• Adapt existing fidelity instrument to include extent to which each SFBT technique was used • Self-administer fidelity instrument after one session
Tomioka & Braun	Track Outcomes	• Collect biomarker data (CD4, viral load) before and after intervention from existing records • Give 5 Factor Wellness Inventory before and after intervention • Give Solution Building Inventory (SBI) before and after intervention (Jordan, 2014)

Ethics

We received approval from the University of Georgia Institutional Review Board of the Human Subjects Office before recruitment began. We also received permission to conduct the study from the Executive Director of the community agency. As an incentive to participate, we provided \$20 gift cards to participants as well transportation and childcare vouchers. The incentives received by the research participants were designed to be large enough to compensate them for their time and limit burdens of transportation and childcare. The incentives were small enough that they would not be coercive. The women receiving the intervention could decline to participate at any time with no fear of detrimental effects to the case management services at the study agency. We used participant numbers to organize the data in a way that protected the identities of the women who participated in the study.

Results

Fidelity to SFBT was encouraged and monitored in several ways during the SFWH Intervention for Women. The training of the facilitator in SFBT, the development of a treatment manual, a fidelity checklist and a rigorous study design were the fidelity improvement and monitoring techniques that were used. The group leader completed a fidelity checklist at one randomly chosen session to evaluate adherence to the SFBT components and the results are displayed in Table 2. It measures the extent to which each SFBT component was used by the facilitator.

Table 2

Solution Focused Brief Therapy Fidelity Checklist Results from SFWH Intervention for Women Pilot Study

	Possible Points	Scored Points	%
SFBT Mindsets			
Future-oriented	10	8	80
Strengths-oriented	10	10	100
Client as expert (stance of not knowing)	10	8	80
SFBT Techniques			
Best hopes question	10	8	80
Scaling	10	10	100
Therapeutic Break	10	0	0
Genuine Compliments	10	7	70
Miracle Question	10	0	0
Finding Exceptions	10	9	90
Goal Setting	10	10	100
Relationship questions	10	7	70
Total/Average	110	77	70

Note. Developed from the Solution Focused Fidelity Instrument and the Solution Focused Brief Therapy Treatment Manual (Lehmann & Patton, 2012; Trepper et al., 2012)

Solution Focused Brief Therapy Fidelity Checklist

We used a treatment manual developed with input from experts in SFBT, HIV and with feedback from women living with HIV as a means of improving treatment fidelity (Yates et al., 2019). During the initial intervention development phase, we incorporated components in the treatment manual published by the Solution Focused Brief Therapy Association (Trepper et al., 2012) into scripted suggestions and session-by-session instructions for the SFWH intervention. Behavioral intervention researchers recommend the use of a manual to improve fidelity. As suggested by Gitlin and Czaja (2016) we used worksheets and tracking sheets to ensure equivalent “dose” and intensity of sessions. The member of the research team who delivered the intervention received SFBT training updates over a four-year period in addition to previous academic training.

The manual was used as instructed for each session, and each session in the manual was delivered as written. Participants were offered each session. However, some participants did not attend all offered sessions. The range of sessions attended was from 0 (no sessions) to 7 (all sessions). The average “dose” or number of sessions received by participants was 3.07 ($SD=2.60$).

Fidelity was monitored by an SFBT checklist that included the techniques and mindsets endorsed in the SFBT treatment manual. The checklist was self-administered at one session. The results indicated that 70% of SFBT techniques and mindsets were adhered to in the randomly monitored session.

Though it may seem low, we believe that 70% fidelity to SFBT in a single monitored session represented adequate fidelity given the flexibility of the model of SFBT (each technique of SFBT does not necessarily need to be utilized in every session). For example, one technique “the miracle question” was not used in the session that was monitored, and scaling questions were used the most heavily among all eight techniques. All three mindsets (strengths-orientation, future-focus and client-as-expert) were utilized in the monitored session.

It is interesting to note that had we used the previously validated SFBT fidelity checklist, the score of the session would have been 77%, which is slightly higher than our result of 70% (Lehman & Patton, 2012). This was due to measuring the extent to which each technique or mindset was used on a scale of 1-10. Scoring each technique according to how much it was used, gave a slightly different result, and in this case showed that we delivered less SFBT technique in the session. However, we were still able to achieve statistically significant improvements in the multidimensional wellness of the women who participated in the study (Yates & Mowbray, 2020).

Several limitations of the fidelity monitoring process for this study are notable. First, the use of a treatment manual with worksheets and suggestions for therapeutic conversations is not a foolproof way to ensure all aspects of SFBT are offered in an intervention. Second, using the newly adapted SFBT fidelity checklist rather than the previously validated Solution Focused Fidelity Instrument means the checklist was not a formally validated instrument with established reliability. Though the checklist shows promise for monitoring SFBT fidelity, a study to determine its Cronbach’s Alpha level would be necessary to justify future use in research.

Conclusion and Implications

Behavioral intervention research in community-based settings can be difficult to monitor, measure and report. Yet, delivering interventions as intended is key to telling the truth when reporting results, and is of importance during pilot studies when new interventions are being developed and tested. The SFBT field continues efforts to be formally identified as an evidence-based practice on national registries and clearinghouses (Kim et al., 2019). Perhaps a comprehensive and transparent approach to fidelity in published in SFBT studies could support these efforts. To improve fidelity during the pilot testing of the SFWH Intervention for Women, a treatment manual, leader training and a fidelity monitoring instrument were used. The results indicated that adequate fidelity to SFBT was achieved, and the intervention was delivered as intended with favorable results (Yates & Mowbray, 2020).

In addition to the use of a fidelity checklist, we recommended SFBT researchers discuss the additional ways they have planned and monitored intervention fidelity in their studies. We believe this will enhance researchers’ abilities to offer valid results to the research community, and to meet the needs of the communities they serve.

The NIH BCC has proposed multiple strategies for monitoring fidelity to improve the reliability of behavioral intervention research results (Bellg et al., 2004). The best hope of these fidelity improvements is that the research can be more applicable to the communities researchers are serving. Gitlin and Czaja (2016) provide recommendations for planning adequate fidelity measures for studies, and Tomioka and Braun (2013) provide a framework for fidelity monitoring in studies. The use of adequate training, adherence to key intervention components and using a detailed treatment manual are strategies for improving fidelity monitoring and reporting in behavioral intervention studies. Using these concrete strategies for improving intervention fidelity will help to produce SFBT research that is reliable and valid. The flexible nature of SFBT means that not all techniques will be implemented in every SFBT study, but adequate fidelity to the model can still be achieved by implementing the mindsets and some of the techniques outlined by the SFBTA’s published treatment manual (Trepper et al., 2012). Research that is both clinically flexible and reliable may guide practitioners in the use of evidence-based practice to benefit the field of SFBT.

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ARTICLE

Language Analysis in Solution-Focused Therapy Training: Comparing Trainees with their Trainer

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When the question of expertise arises in the field of psychotherapy, many authors question whether it is achievable or not (Hill et al., 2017; Shanteau, 1992; Shanteau & Weiss, 2014; Tracey et al., 2014), and some ask how to characterize it (Levitt & Piazza-Bonin, 2016; Norcross & Karpik, 2017). Ultimately, we need to know what specific actions are performed by an expert psychotherapist (Hill et al., 2017); the importance of research on expert psychotherapists does not reside solely in establishing the effect that experience has on clinical performance. Experts are also models who teach and supervise new psychotherapists (Hill et al., 2015; Hill & Knox, 2013). Therefore, we need to look more closely at what psychotherapists do.

The available research presents some contradictions. Eells et al. (2005) compared the quality of their case formulation of novices with less than 1000 hours of supervised practice, *experienced therapists* with more than 10 years of practice, and *experts*, who had more than 10 years of experience and were also recognized through their publications, manuals, or workshops. The ratings of the formulations by the experts were better than for the novices and the experienced therapists but, surprisingly, the ratings of the novices were better than those for the experienced. In the Witteman et al. (2012) study, the master's-level student group was better in a diagnostic task than practicing counsellors. However, research in the outcomes of actual psychotherapy treatment has found no significant differences due to experience (Okiishi et al., 2003; Okiishi et al., 2006), with outcomes for experienced therapists even becoming poorer in a longitudinal design (Erekson et al., 2017; Goldberg et al., 2016).

Along with this, the results of the meta-analyses are also inconclusive. Walsh et al. (2018) does indicate that greater experience goes hand-in-hand with greater effectiveness. However, previous meta-analyses yielded results indicating that greater experience brings about less effectiveness (Hattie et al., 1984; Weisz et al., 1995), or that the two variables are not related (Berman & Norton, 1985).

Something that all these studies do have in common is that they have not investigated process variables as use of language (i.e. verbal behavior, communication skills, helping skill, interpersonal skill). According to research, a high level of interpersonal skill (which points at being capable of making clients feel comfortable and understood, thus facilitating the dialogue) is connected with obtaining good clinical outcomes (Anderson, Crowley, et al., 2016; Cuijpers et al., 2012; Heinonen, 2014; Kadur et al., 2020), and can even be seen as an essential part of generating predictive models for success (Anderson, McClintock, et al., 2016; Schöttke et al., 2017).

These results are not surprising, after all, psychotherapy is a spoken profession (Isaacson, 2019), a conversation between at least two people. The psychotherapeutic context has, however, one characteristic that differentiates it from everyday face-to-face dialogue: therapists present an intentional use of language. This intentional use of language refers to the fact that, the theoretical knowledge causes therapists to modify some basic aspects of language such as the way in which they ask questions and the way in which they construct formulations in response to the client's content, highlighting certain aspects, ignoring others, doing so frequently or barely speaking (Jordan et al., 2013; Korman et al.,

2013; Tomori & Bavelas, 2007). For example, Huang and Hong (2015) found through microanalysis that skilled SF trainees (not less than five years of experience) used more complex formulations, opened questions and positive utterances than novices (less than 3 month of experience). MacMartin (2010) results indicated that solution-focused trainees tend to restructure their questions when an optimistic presupposition of improvement has not been accepted to make them more acceptable. Expert CBT therapists seem to perform more interventions with: new information, encouraging comments for the client, explanations regarding how the client's problem works, and greater authority, making direct requests to the client about the tasks to be performed out of session (Froján-Parga et al., 2011; Vargas-Cruz et al., 2014; Vargas-de la Cruz et al., 2018).

All these results should be taken as preliminary studies, since, as the authors point out in their studies, sample sizes and the descriptive nature of the research do not allow the generalization of the results. The differences found could be due to the therapist's experience, but also to differences between clients (their problems, their adherence to the treatment, etc.) or to the idiosyncrasy of each therapist (e.g. he/she could be more authoritative because of some personality trait, and not because of his/her experience) or they could be caused by the precise moment of evaluation. It should also be noted that none of the studies reviewed compared the level of responsiveness (Norcross & Wampold, 2018; Stiles & Horvath, 2017) based on experience, nor did they perform analyses that provide insight into the therapist-client interaction.

So far, the research could give the impression that language is an isolated characteristic of psychotherapists. Even the language-coding instruments developed tend to place more emphasis on the role of one (the therapist) of the (at least) two participants (Gumz et al., 2015). When research focuses on the therapist-client interaction, there is some evidence that the psychotherapist and client produce the dialogue together, such that it becomes impossible to understand what one does without taking into account the other, and vice versa (Peräkylä, 2011; Ruiz-Sancho et al., 2013; Stiles & Shapiro, 1995). However, at present we do not have enough evidence about the differences between experts and novices when it comes to client interaction and use of language.

We conducted an exploratory study on these interactions and whether they differ for trainees (or novices) and the supervisor (or expert). Since no consensus has been found on the most accurate definition of experience, expertise or expert (Hill et al., 2017; Norcross & Karpia, 2017; Shanteau, 1992; Shanteau & Weiss, 2014; Tracey et al., 2014), we have chosen a simple definition that facilitates grouping the participants through a questionnaire. Thus, in this study an expert is a person with more than ten years of experience working continuously as a psychotherapist. In addition to that, they must also be trainers or supervisors of new therapists. The definition of a trainee is a person who has two or less years of experience working continuously as a psychotherapist and who is in training at the time his/her performance is recorded.

The main reason for this study is to rethink the process of training psychotherapists. This research argues that by investigating the dialogue between therapists and clients, we may come to understand the process of therapy (Stiles et al., 1998). From this approach, this work aims to understand the differences in the use of language (process) between novice and expert therapists, to make improvements in training procedures. To our knowledge, this is the first such study conducted within a training program and this type of sample.

Method

The therapist-client interactions were examined in individual sessions where a novice therapist began the treatment, and an expert therapist continued it. This sample is selected with the intention of minimizing the alternative explanation to which the language used would depend on the case investigated. In this way, the client acts as a constant to investigate the use of the language of the expert and the trainees. The design of this study is observational and inter-subject, carried out in naturalistic settings. Descriptive analyses and exploratory hypotheses are performed as a first step toward the study of differences between experts and novices.

All participants had given their permission to be video recorded for research purposes. The Ethical review board (University of Malaga) approved the study and all ethical standards were followed (CEUMA: 14-2016-H).

Participants

There were six sessions, each with three participants: a client, a trainee therapist, and the expert. Sessions analyzed were of an integrative systemic model (Beyebach, 2009; Beyebach & Rodríguez-Morejón, 1999) that has solution-focused brief therapy as its foundation (SFBT; de Shazer, 1985), combined with techniques from MRI therapy (Fisch et al., 1982) and narrative therapy (White & Epston, 1990). Sessions are divided into two parts: an interview where client and therapist share information and an intervention where the therapist suggests homework or tasks; see Table 1 with descriptive data. The video-recordings of these sessions were selected from 23 sessions recorded at a Spanish private psychology center between 2012 and 2018. The selection criteria used to choose recordings were two: a) the expert, who supervised trainees and was viewing the session in real time on a monitor, entered the session to continue the treatment's first phase and b) when this happens, the conversation is entirely between the client and the expert, with no verbal contribution from the trainee.

Therapists

The expert was a male, 52 years old, with over 25 years of experience as a psychotherapist. He is a clinical supervisor supported by three professional Spanish psychotherapist associations. Moreover, he is the author or co-author of more than 20 book chapters and articles about SFBT. The trainees were six graduate psychologists with no prior experience in psychotherapy. At the time of collecting the data, they were in their second year of a three-year training program. In the first year of training, novice therapists received theoretical training on an integrative model of systemic therapy (Beyebach, 2009; Beyebach & Rodríguez-Morejón, 1999). They carried out at least 90 hours of specific technique practices (for example, miracle question, ineffective solutions, externalization) and basic interview skills (summaries, backchannels, open-ended questions, etc.). All practical skills are taught through a model where the expert performs the action for students to imitate, receiving constant feedback from their peers and teachers.

Clients

The sample is made up of four women and two men (their characteristics and the issues they presented are shown in Table 1). All clients received free treatment.

Data

All databases and extended tables can be accessed from the repository Open Science Framework (<https://osf.io/vstxj/>).

The continuous recording of language was divided into speech turns. These turns are the unit of analysis (i.e. the sample) of this research and are defined as: what the client says until the therapist speaks again and what the therapist says until the client speaks again. This includes all interjections used to maintain the conversation, such as “mmmh” or “alright”. The six sessions produced 3,672 speech turns; see Table 1.

Instruments

The SICOLENTE is a reliable and valid observational instrument (Rodríguez-Morejón et al., 2018) that consists in 20 categories with three dimensions: Conversational Act (7 categories), Therapeutic topic (6 categories) and Content (7 categories). It is used with psychotherapy samples recorded in audio or video, in which only the verbal aspect is coded. Each speech turn receives a unique code of three letters, a code for each dimension of the instrument (see Table 2).

Procedure

The codifications have been carried out by the main author of this research. To work with one encoder only, the analyst (AZ) was trained with the SICOLENTE manual. Then we decided to check the reliability of its encodings in comparison with a gold standard. The gold standard chosen was the coding sample performed in the intra-coder

concordance test of SICOLENTE development (Rodríguez-Morejón et al., 2018). This procedure implies, as Bakeman and Quera suggest (2011), the existence of correct and objective coding. According to the authors (Bakeman & Quera), an encoder was considered reliable if it obtained a .95 result in Cohen's kappa index. These data include the total number of categories (20), their equiprobability (it was agreed that all categories could occur with the same probability), and the high accuracy sought in the encoder (95%).

After obtaining these results, the search for recorded sessions that meet the aforementioned inclusion criteria was started. Speech turns were coded using LINC software (Gabín et al., 2012) configured with the SICOLENTE categories. The three dimensions of the instrument were used to code the data. Since the objective of the study is to investigate the therapist-client interaction, only the results obtained from the Conversational Act dimension will be reported. The complete data can be retrieved at <https://osf.io/vstxj/>.

Table 1

Description of The Sessions Analyzed

	Year	No. of session	Interaction ^{ab}	Observed sessions duration	No. of speech turns ^b	Problem
Trainee 1 Supervisor	2013	1 st	M-M	30' 39"	252-215	Drug abuse
			M-M	20' 10"	153-129	
Trainee 2 Supervisor	2013	2 nd	F-F	42' 43"	215-199	Couple issues
			M-F	10' 08"	62-48	
Trainee 3 Supervisor	2013	2 nd	F-F	28' 28"	109-94	Anxiety and social skills problem
			M-F	20' 24"	130-82	
Trainee 4 Supervisor	2012	1 st	F-M	33' 21"	279-221	Couple issues
			M-M	10' 29"	94-74	
Trainee 5 Supervisor	2015	1 st	F-M	26' 39"	201-138	Low mood issues
			M-M	16' 19"	161-111	
Trainee 6 Supervisor	2016	1 st	F-F	44' 16"	307-299	Low mood issues
			M-F	04' 17"	52-45	

^aM = male; F= female.

^bThe first is the therapist and the last the client.

Table 2

SICOLENTE Dimensions, Categories and Examples

Conversational Act	Therapeutic Topic	Content
Exploration (E)	Improvement (I)	Behavior (B)
Support (S)	Problem (P)	Thought (T)
New information (N)	Goal (G)	Emotion (E)
Exploration introducing new information (I)	Rules (R)	Physiology (P)
Comment (C)	Neutral (N)	Relationship (R)
Follow (F)	Mixed (X)	Mixed (X)
Reject (R)		Unspecific (U)
Examples		
1 Client: I've had a bad week...I was worried and I couldn't stop thinking about it		Follow-Problem-Thought
2 Therapist: It's good that you start to reflect on it		New information-Improvement-Thought
3 Client: I can't see it as good...I'm very overwhelmed		Reject-Problem-Thought

Note: Complete definitions of instrument categories can be found in the manual, published in Spanish and English at the online repository Open Science Framework (<https://osf.io/dyuz2/>)

Results

Two statistical analyses were planned: (a) comparison of proportions through Pearson's chi-square and two sample Z-tests; (b) one-lag sequential analysis through transitional probabilities (Bakeman & Quera, 2011; Escudero & Rogers, 2004). Following the guidelines set out by Bakeman and Quera sequential data was analyzed only when the row sum was at least 30 and the adjusted residuals were $Z \leq \pm 2.58 = p < .01$. This procedure is followed so as not to incur in an overestimation of the adjusted residuals and, therefore, a Type I error.

To perform both analyses, participants were grouped according to their experience. It is presumed that any differences that could be generated by clients are controlled since trainees and the expert have interacted with the same client.

It was observed in the descriptive analyses that the three most used categories by the novice and expert therapists are: *Support*, *Exploration* and *New information*, which constitute 90.2% of what the expert does and 91.8% of what the trainees do. The least-used categories are *Comment* (2.8% the expert and 2.5% the trainees) and *Exploration introducing new information* (7.1% the expert and 5.8% the trainees). Taking this all into account, the statistical test shows that there are significant differences between the two groups [$\chi^2 (4, N = 2015) = 24.292, p < .000$]. This indicates that this first global percentage is broken down differently for each group: the expert presented 25.5% of *New information* code and the trainees 17.4%. The *Support* code was encoded on 60.5% of the occasions for trainees, compared to 50% in the expert ($Z = 4.46, p < .01$).

To continue analyzing the results, the two main categories that handle common information with the client (*Exploration* and *Support*) and the two that introduce new information by the therapist (*New information* and *Exploration introducing new information*) were collapsed. Despite the fact that the expert spent less time in therapy session, the ratio of shared information/new information was $422/212 = 1.99$, while that of the trainees was $1012/316 = 3.2$. This shows that for approximately every two occasions in which the expert talks with the client using common information, he introduces new information on at least one occasion. Trainee therapists, in contrast, introduce a new information approximately every three occasions. This difference in the use of information is statistically significant. [$\chi^2 (1, N = 1963) = 20.289, p < .000; Z = 4.49$].

Client language was similar in both experience groups, with the *Follow* code used 99.8% of the time when talking to the expert and 99.1% when talking to trainees. The *Reject* code (which indicates client's disagreement with or clarification of what the therapist has said) has an extremely low appearance, accounting for only 0.2% of the conversation with the expert (only one occurs) and 0.9% of the conversation with trainees (12 rejections distributed in four of the six trainees, with a minimum of 2 and a maximum of 4 rejections per session). Table 3 includes descriptive data and the statistical analyses.

Finally, the differences between the expert and the novices are investigated taking advantage of the three-dimensional structure of the SICOLENTE. To do this, categories were collapsed to generate two new ones. The results by dimension indicate that the *Neutral* (46% for the expert and 52.8% for the novices) and *Unspecific* (57.7% for the expert and 58% for novices) categories are the most used in the Therapeutic Topic and Content dimension respectively. Since these two categories tend to appear when therapists perform backchannels, the idea was to investigate this element in depth. The triad of *Support-Neutral-Unspecific* codes ("of course", "aha", "I understand", "ok"), was called *Weak supports*, and all other *Supports* (except for the *Support-Rules-any category*) were called *Strong supports* (i.e. validate the problem, client goals or improvement; regardless of whether they are behavioral, cognitive, emotional, relational, etc. For example: "you're sad without reason, crying all day, alright"; "I understand, before you could be pessimistic too, but now you feel that you've lost something, right?").

Results indicated that there was a significant difference based on experience [$\chi^2 (1, N = 1146) = 23.304, p < .000$]. Trainees used more *Strong supports* than the expert and the expert more *Weak supports* than the trainees ($Z = 2.28, p < .01$) (see Table 3).

Regarding sequential analysis, only the trainee-client sequences were significant [$X^2 (8, N = 1212) = 73.17, p < .01$]. Three relational patterns were found. First, the *Support* code always activates the *Follow* code in clients ($Z = 3.10, p < .01$). The other two patterns indicate that whenever novices made changes of meaning (*New information* or *Exploration introducing new information*), this activated the client's *Reject* code (*New information* $\rightarrow$ *Reject*: $Z = 2.85, p < .01$; *Exploration introducing new information* $\rightarrow$ *Reject*: $Z = 3.78, p < .01$).

As indicated at the beginning of the previous paragraph, the sequential analysis of the expert with clients was not significant [$\chi^2(4, N = 489) = 2.40, p = .67$]. These results were expected considering that, in the contingency table, the combined frequencies of the Reject code for clients display 0 in four cells. This means that, given the testing requirements, statistical analyses cannot be performed. Despite the lack of statistical significance, describing the result is understood to be relevant: there can be no relational pattern with a code that does not occur, in this case, the rejection of the expert therapist (see Table 4).

Table 3

Differences in the Use of Language Between Trainees and the Expert Therapists

		Expert		Trainees		Z
		f	%	f	%	
Conversational Act ^a	Exploration	96	14.7	189	13.9	
	Support	326	50.0	824	60.5	**4.46
	New information	166	25.5	237	17.4	**4.25
	Exploration INI	46	7.1	79	5.8	
	Comment	18	2.8	34	2.5	
		$\chi^2(4, N = 2015) = 24.292, p < .000$				
Information ^b	Shared	422	66.6	1012	76.2	**4.49
	New	212	33.4	316	23.8	**4.49
		$\chi^2(1, N = 1963) = 20.289, p < .000$				
Support ^c	Weak	256	78.5	523	63.8	**4.81
	Strong	70	21.5	297	36.2	**4.81
		$\chi^2(1, N = 1146) = 23.304, p < .000$				

Note. ^a - INI: exploration introducing new information; only values that obtained significant test results appear in column Z.

^b - *Shared information*: all Exploration and Support codes were collapsed into this new category; *New information*: all New information and *Exploration introducing new information* codes were collapsed into this new category.

^c - The *Weak support* code is the triad SNU. The *Strong support* code consists of the following triads: SIB, SIT, SIE, SIP, SIR, SIX, SIU, SPB, SPT, SPE, SPP, SPR, SPX, SPU, SGB, SGT, SGE, SGP, SGR, SGX, SGU, SNB, SNT, SNE, SNP, SNR, SNX, SXB, SXT, SXE, SXP, SXR, SXX, SXU

* $p < .05$

** $p < .01$

Table 4

Sequential Analysis of the Conversational Act

	Expert		Trainees	
	Clients (targets)			
Therapists (givens)	Follow	Reject	Follow	Reject
Exploration	1	.00	1	.00
	0.48	-0.48	1.50	-1.50
Support	1	.00	1	0
	0.84	-0.84	3.48	-3.48
New information	.99	.01	.97	.03
	-1.55	1.55	-2.86	2.86
Exploration introducing new	1	.00	.94	.06
information	0.32	-0.32	-4.88	4.88
Comment	1	.00	1	.00

NI	NI	NI	NI
$X^2 (4 N=489) = 2.4, p = .67$		$X^2 (4 N=1167) = 32.12, p < .01$	

Note: The transitional probabilities appear first and below the adjusted residuals (Z). NI = The adjusted residues were not interpretable due to low code frequency. * $Z \geq \pm 2.58 = p < .01$

Discussion

To our knowledge, this exploratory study was the first to compare trainee-client communication and expert-client communication in actual therapy sessions with the same client. In this case, in addition to the treatment (all therapists are systemic), the client is constant for all therapists and that allows us to study the variables of interest (language and experience).

Results showed that the expert therapist performed more interventions intended to modify the clients' meaning than the trainees did, although he had less contact time with clients. Trainees spent most of the session performing summaries, exploring questions and using backchannels. Furthermore, when the trainees did intervene to modify meanings (e.g., using reframing, deconstructions or establishing new relationships with prior information), clients were significantly more likely to reject this change according to sequential analysis results.

An example of this can be seen in the following trainee-client interaction. The therapist is asking about client exceptions. Language between brackets indicates that both participants overlap when speaking:

- 1) T: One more thing Julian, we would like to ask if ... it ever happens that you... are there moments in your life when you feel closer to saying "hey, well, I'm close to feeling better, today I'm, like, a little more active, a little more positive"
- (2) C: No, I really never feel like that [and ...] I'm always negative like this...
- (3) T: [Never]

The novice therapist asks a question with a weak presupposition (using the conditional and asking a closed question) about the existence of moments of improvement. After the client's blunt response, the therapist did not explore these advances again; he accepts what the client has said through a formulation that presents an exactly preserved word (Korman et al., 2013). MacMartin (2010) found a similar response in the sample of systemic novices she investigated. Among the possible linguistic strategies, as in our trainee's example, some novice therapists in her sample simply accepted the client's disagreement with the presupposition and changed the subject.

On the other hand, the sequential analysis of the expert-client interaction did not present statistical significance. However, as discussed in the Results section, these data should be interpreted with caution. The chi-square test is not significant in this case because the low frequency of the *Reject* code prevents calculation in the expert-client interaction. However, the fact that this code does not appear indicates that practically all the new information suggested by the expert therapist was accepted by clients. Overall, the expert therapist receives fewer rejections than novices although he introduces many more changes of meanings (while the expert only obtained one *Reject* code from the client, novices accumulated up to 4 rejections in a single session).

We might therefore provide two suitable explanations for our results showing client refusals in the trainee-client interaction: they could be understood as evidence of the difference caused by experience, but also as a sign of a bad session seen by the expert, explaining why he decided to enter.

More detailed research is needed to understand how the new information-rejection interactions work, since this process could be helpful in shedding light on research with bad outcomes, but also on how the therapist reacts to these moments (Muntigl & Horvath, 2014). Especially for the model of brief systemic therapy that has been studied, being able to introduce changes, which the client does not disagree with, seems more positive than counterproductive. As Muntigl and Horvath (2014) indicate, these discrepancies compromise the therapeutic relationship and with it, the clinical outcomes; these would go to demonstrate that a proper collaboration between therapist and client is not being achieved (Bordin, 1979).

Regarding the supports, novices use more interventions to create therapeutic relationships and, in addition, the type of validations they perform are qualitatively different. Novice supports are longer, including more information such as behaviors, emotions or thoughts that they perceive in the client; these were known as *Strong supports*. Meanwhile, experts seek to validate with shorter interventions, more in the line of backchannels (yeah, right, uh-hum, okay); these were called *Weak support*. This can be understood again as part of a strategy focusing more on creating a therapeutic relationship, which seems characteristic of novices. This is perhaps related to the training they have received and have a hard time giving up in their first sessions. The expert therapist, guided by a strategy that focuses more on change, not only diminish supports, but he supported the client more concisely and with the objective of maintaining the

conversation. This does not mean that the expert stops making empathic comments or worrying about the therapeutic relationship; it could be that the lower frequency of *Strong supports* merely indicates that the expert knows how to differentiate when it is crucial to validate certain aspects, and which others can be omitted.

Lastly, another plausible explanation to our results is that the expert is not only being responsive to the client's needs but also to the previous trainee's performance. Given this, the expert's results could be elicited by both client and trainee. For example, differences in the language use (e.g., *strong/weak supports*, *shared/new information*) could be related to this reaction in the expert therapist to the previous dialogue between the trainee and the client.

Limitations

In order to carry out this design, with a constant client, some assumptions had to be accepted but these also imply limitations. Thus, this naturalistic study has implications for the sample and its external validity. We researched one psychotherapy model with just one expert. In addition, the small sample size detracts from the solidity of our conclusions and interpretations. Another limitation is that the sequential log-linear analysis used in the research assumes that what is important in dialogue is the relationship between the consecutive turns. In other words, we cannot easily analyze the context or track the accumulative effect of previous turns.

Conclusion

This study in a naturalistic setting makes the client a constant, while therapists change. This allows us to study differences in performance between novice and expert therapists. The results are:

1. Novice therapists make a greater effort to take care of the relationship, using more support and exploration maneuvers.
2. The expert therapist introduces more changes of meanings.
3. The expert therapist has a higher proportion of short supports (backchannels) than novices.
4. When novices introduce changes in meaning, they are more likely to be rejected than the expert.

Furthermore, this kind of analyses allows us to obtain a feasible feedback to use on training settings. According to our results, during the training an effort must be made to improve interventions directed to modify clients' meanings looking to obtain less refusals from them, since these interactions could probably correlate with disaffiliation and, therefore, treatment failure (Caspar et al., 2005; Muntigl & Horvath, 2014). This use of language is simple to teach; novices can be encouraged to introduce more changes and perform shorter validations to emulate the interaction implemented by the expert. When referring to teaching skills, procedures such as role playing, and modeling may be the most appropriate (Hill & Knox, 2013). The fundamental aspect in training is that novices may become capable of better adjusting to clients (Stiles & Horvath, 2017). Along with the use of language, training should seek to make novices feel effective and skilled, since all three aspects predict good clinical outcomes, especially in brief therapists (Heinonen, 2014, p. 64). In addition, it seems sensible to think that they are related: a greater sense of efficiency and skill in therapy, more attempts to change and introduce meanings and less insecurity about the state of the therapeutic relationship.

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*ARTICLE***The Glint of Light on Broken Glass Or: The Power of the Micro-Moment**

Katti Jisuk Seo

In August 2020, I attended the BRIEF Online Summer School, hosted by Chris Iveson and Evan George of BRIEF in London, joined by their international colleagues, Elliott Connie and Adam Froerer in Atlanta, Georgia. It was the first time for me. Little did I know this journey would take me to a broken bottle in the moonlight.

About ninety participants from five different continents appeared on the screens. In the background windows, you could witness the dawn in California and the dusk in New Zealand. Some attendees were sitting in the warmth of European Summer, others in the cold of South-African winter. I joined from the heart of Berlin, where I was surrounded by the ambient sounds of choirs and Kung-Fu groups, coming in through my window, pushed to practice outside by the pandemic.

When I watched the first couple of live sessions, I must admit, I was baffled. It was not the central questions themselves that surprised me, like the Best Hopes Question ('What are your best hopes from our talking together?') or the Tomorrow Question ('If you woke up tomorrow and you had achieved your best hopes, what is the first thing you would notice?') but the surprising part was the way the practitioners took it from there. Three things were hugely different from my training and my practice. For one thing, the follow-up questions sounded strangely repetitive to me. I was under the impression that the practitioner asked the Difference Question ('What difference would that make?') and 'How would you notice' again and again. For another, the sessions mainly focused on one moment or narrowed time window in the preferred future and wouldn't go to other places like times of exceptions in the past or some other point farther in the future. Thirdly, the ending of the sessions appeared very abrupt to me. There was no sum up, no experiment invitation, no next steps for the client on how to take it from here. I wondered, if I was in the client's shoes here, I might feel lost. First this deep dive into my preferred future and now what? How do I actually get there, I might think. These three things, the seeming repetition, the focus on a narrow time frame, and the ending without any bridge from reality to desired life, perplexed me. But the further the Summer School went on, the more this style of solution-focused practice grew on me. The eventual eye-opener was the final coaching demonstration where I was the client.

I was experiencing traumatic flashes back then. Evan George was the practitioner for my session. This is how I remember the most impactful parts of the session, roughly and shortened:

Evan: What are your Best Hopes from our talking together?

Me: I want to separate the past from the present. I want to live in the here and now and not have painful memories attack me.

Evan: So, if you woke up tomorrow and you were able to separate the past from the present, what would be the first sign that would tell you that you are living in the here and now?

Me: I would wake up with still having some visuals from my dreams in my head and eyes. I would notice the room. Instead of scrolling through memories of yesterday, searching for things to regret or to mourn, I would feel every part of my body waking up. I would feel my toes, my feet, my legs, my knees.

Evan: So on that morning if you still have some visuals from your dreams in your head and you feel every part of your body waking up, if you feel your toes, feet, legs, knees, what difference would that make?

Me: My mind would feel so free, I would just have blue sky in my head.

Evan: If you have blue sky in your head, what would be different about the way you are getting up?

Me: I would float like a feather. I would just feel light and free. And I would appreciate how independent my life is. That I can make my coffee exactly the way I like it because I make it only for myself.

Evan: So, how do you like your coffee?

Me: Not very strong. A French press coffee, a very yum coffee.

Evan: When you have that blue sky in your mind, what would be different about the way you are going from your bed to where you make your yum French press coffee?

Me: There are two routes from my bed to the kitchen. That day, I would take the sunnier route. I usually take the shorter, darker route through the corridor, but that day I would take the sunnier route.

Evan: When you are on your way to making yourself a very yum coffee, when you are taking the sunnier route, floating like a feather, having blue sky in your head, how would you know that today you can separate the past from the present and live in the here and now?

Me: I would feel my bare feet on the wooden floor. I would think to myself how beautiful it is to have a wooden floor. I would see the sun reflecting on it and feel how warm it is.

Evan: And at that moment when you feel your bare feet on the wooden floor and when you see the sun reflecting on the wooden floor, if an attacking thought came up, what might be different about the way you respond to it?

Me: This time, I would notice the thought before it is hitting me, and I would just leave it in its envelope. I would not open it. I wouldn't give it any landing place. I know what's in there anyway. I would see the envelope in the corner of my right eye, and I would just send it far away to the horizon where it fades instead of letting it hit me and dwell on it.

Evan: And if you send the envelope to the horizon, what difference would that make?

Me: I would feel that I am able to protect myself. I am able to take good care of myself.

I am sharing this part of the session to show the three aspects that make this approach so impactful for me: (a) *weaving*, (b) *zooming in* (c) *staying in the micro-moment*.

Why *weaving*? That's the term Adam Froerer used to describe the way of building solution-focused questions. The practitioner would take the client's words and weave them into the next question. And from the following answer, they would again take some words and weave them into the next question, and so on. That is how the moment becomes fuller and fuller of all the ingredients that make the preferred future. For example, Evan took my "visuals from my dreams" and me feeling "my toes, my feet, my legs, my knees" as the thread that he interlaced with the question "what difference would that make". Next, he would pick up my "blue sky in my mind" to weave into the conversation, again asking what would be different, and so on. What had seemed to me like repetitive questions at the beginning of Summer School, now started to make sense. I realized it might be the same Difference Question over and over again, but every time they are filled with new material delivered by the client. What makes this so powerful? It is not only the words that are interwoven. It is moments and meanings that become interlocked with one another. In the aftermath of the session, it has become impossible for me to not associate the bright reflections on my wooden floor with that »blue sky« state of mind. I automatically connect my beautiful floorboards with my ability to protect myself, to take good care of myself. Those things are inseparable now.

What do I mean by *zooming in*? Compared to most solution-focused conversations I had experienced so far, including my own practice, the Summer School sessions focused on a remarkably narrow timespan. They wouldn't talk about upcoming weeks, months, future milestones, but only focus on one or two slots, mostly the morning in the preferred future, not even the whole morning, but the tiny moments, the fractions of those moments. The conversation with Evan made me zoom in on the few seconds between the bedroom and kitchen. Thereby it led me to unlock body sensations, thoughts, images that are waiting for me in my preferred future and that I didn't know about before. My feather float, my sunnier route, my appreciation of my independent life, expressed in French press coffee.

The third aspect I noticed is staying in the *micro-moment*. What makes this so important? In one of the live demonstrations, Elliott Connie relentlessly stayed in the microsecond before the client would leave the bedroom to make coffee — very similar to my session with Evan. I asked Elliott what made him focus on the moment before leaving the room rather than the actual coffee-making or any moment after that. He said because there is richness in every moment. What fascinated me about all the sessions I witnessed at Summer School was this persistence to stay in the micro-moment, the nano-second between the previous step and the following step. To me, that means resisting the temptation to shift attention, to move on to any other moment in the future was so present. That requires a high level of trust in the process from the practitioner. Firstly, you have to believe that there is more to discover if you keep the focus on this point in time. Secondly, you have to truly believe that big change can thrive from the tiniest moments. Taking this approach, you rely on the belief that it is not necessary to zoom out on more extensive periods or jump to several points

in the future to ensure significant change. You purely count on the power of the micro-moment that might spread to other times in the client's life after the conversation.

That's what I experienced in the months after Summer School: My desired change was infused into every fraction of my morning, into the smell of fresh furniture in my kitchen, into my pillow, my bedding, my relaxed eye muscles, the summer sounds of Berlin from outside. And from there into every cell of my system. Looking back now, I can say that the number of painful memory attacks has gone from thirty per day to three per week first and now to zero per month. The session endings that had seemed so abrupt to me at the beginning of Summer School, make total sense in hindsight. You wouldn't make the client define practical steps on how to get from reality to the preferred future because you just let the session unfold in its aftermath.

My first session as a coach after the Summer School was with a client who said she was longing for a feeling of having arrived in her life. Her whole life, she had felt as if she was waiting for arriving. I applied the approach of weaving, zooming in, and staying in the micro-moment. After our journey into her morning when she would feel like she has arrived in her life, she told me something that fascinated me. She said that she had never quite believed that this feeling to have arrived existed at all. She always reckoned that it was just a weird utopian theory of hers, something that is absolutely out of reach, something she had made up. And now, during our session, she did experience this feeling with every fibre of her system. It was like time travelling, and not only as in you jump into a different time but also you jump into the body of that version of yourself, with everything it comes with, the mind, the bodily sensations, the emotions.

In comparison to the Summer School live demonstrations, my coaching sessions before had a zooming out perspective and focused on practical steps how the client would get to the life they wish for, be it change in their inside or outside or both. I still value that approach and the new angle I learned is not a replacement but an extension of my coaching practice.

The power of the micro-moment is also nurturing other fields of my work. Besides solution-focused coaching, I teach scriptwriters and write screenplays myself. In the art of storytelling, the rule of "show, don't tell" is crucial. This doctrine is graphically described by the Russian playwright, Anton Chekhov, writing, in 1886, to his brother, Alexander:

In descriptions of Nature one must seize on small details, grouping them so that when the reader closes his eyes he gets a picture. For instance, you'll have a moonlit night if you write that on the mill dam a piece of glass from a broken bottle glittered like a bright little star, and that the black shadow of a dog or a wolf rolled past like a ball. Throughout time Chekhov's instructions have been reformulated and compressed into the beautiful tagline

Don't tell me the moon is shining; show me the glint of light on broken glass

The style of questions that I learned from Summer School has enriched my creative process of teaching and writing when I aim at finding that "glint of light on broken glass". It inspires me to ask my students and myself questions like 'What will be the first sign that will let the audience know it's a moonlit night even before we see the actual moon?' And then I keep staying in the micro-moment to gather lively details by asking for more signs. It feeds into creating visual scenes. As writers, we don't want to simply inform our audience by stating the facts. Instead, we want to paint images in our reader's mind, we want to take them through a whole inescapable lively experience. And that's what the approach of weaving, zooming in and staying in the micro-moment enables.

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*ARTICLE***Leave No Trace, Willful Unknowing, and Implications from the Ethics of Sustainability for Solution-Focused Practice Outdoors**

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Leave no footprints in your clients' lives
 -Insoo Kim Berg (2009)

Abstract

Taking talking therapy outdoors is becoming increasingly popular, especially gaining traction in response to COVID restrictions on what can be done face-to-face indoors, and with increasing awareness of benefits from being outdoors in nature (Ewert & Davidson, 2021). In this paper, we draw on ethics of sustainability from the outdoor activity sector to look for metaphors for therapeutic practice outdoors, especially solution-focused brief therapy. We start with what is currently regarded as good practice for the preservation and conservation of the environments and habitats we frequent. We then develop these tenets of ethics, such as Leave No Trace, as metaphors for deliberate solution-focused therapeutic work outdoors, especially with regard to honoring the voices of our clients. Metaphors are provided to demonstrate why, and how, outdoor therapy practitioners should aim to 'leave no trace' in the lives of those they serve, as they would leave no trace of their presence on the land they travel. We illustrate how our practice can draw on sustainability ethics to enable the decolonization of our solution-focused outdoor work (Mlcek, 2017), and consider how a privilege-aware approach to practice can be used to help 'decolonize' therapeutic practice. We suggest that solution-focused approaches to outdoor therapy require additional work in counselling theory and ethics to supplement outdoor leadership qualifications.

Introduction

Solution-focused brief therapy (solution-focused) has been previously described as a useful theoretical framework for outdoor and adventure-based therapies (Gass & Gillis, 1995; Natynczuk, 2016; Natynczuk, 2020; Pyror et al., 2005). Despite contributions to the literature, little has been discussed about how the ethical attitudes of solution-focused practitioners and outdoor sustainability can inform therapy outdoors. According to Harper and Dobud's (2020) review of outdoor therapies, there are many who engage in therapeutic work in natural areas.

While we know of psychotherapists, social workers, counselors, educators, and other clinically trained helpers doing this work, we also include the professionals without clinical training, such as adventure guides, instructors, and coaches providing *de facto* outdoor therapy services in this discussion. With that in mind, we refer to outdoor therapy and solution-focused providers as *practitioners* throughout this paper to remain as inclusive as possible. Throughout our paper, we make clear links to solution-focused assumptions of practice as a useful orientation for informing our therapeutic work outdoors, and by extension, to address privilege, and decolonizing therapy.

For many, and with therapeutic intent put aside, outdoor experiences are often perceived anecdotally as 'character building' for 'troubled youth'. In our hopes as solution-focused outdoor therapy practitioners, the modern outdoor industry is, in a very real sense, becoming a caring profession in which clients' needs and preferences are honored. Cook (2001) and Loynes (2002) wrote how the instructed outdoor sector in the UK has moved on from its origins of preparing

young people for war and running the British Empire. In the present adventure leadership award system, a drift towards what we generically call the soft skills of facilitation, such as listening and coaching, has gradually gained more credence within the role of outdoor leaders as the therapeutic value of time in nature has gained traction (Harper et al., 2021). In addition to this, outdoor therapy practitioners require a refreshed and easily accessible ethic, from the seasoned psychotherapy clinician to the adventure guide, and vice versa. Blending ethics from therapy, outdoor leadership, and sustainability is an important aspect of shaping outdoor therapies as a professional undertaking (Natynczuk 2016; 2020).

Though brief, our discussion about this solution-focused ethical stance steered us towards power and privilege, the decolonization of therapeutic practices, and how the sustainability ethics of Leave No Trace (LNT) can inform the helping professions. LNT consists of seven principles: (a) Plan Ahead and Prepare, (b) Travel and Camp on Durable Surfaces, (c) Dispose of Waste Properly, (d) Leave What You Find, (e) Minimize Campfire Impacts, (f) Respect Wildlife, and (g) Be Considerate of Other Visitors. While at first glance the therapy practitioner might wonder how respecting wildlife and other visitors could lead to useful metaphors in solution-focused practice, we found our inquiry into these deceptively simple principles led to such inspiring metaphors for practice.

Addressing our own positionality, we write this paper as the sons of refugee fathers displaced by events in history and growing up both vicariously and directly different to our peers. Our ethical stance is informed by the dangers of the enforced removal of people, on the rounding up of ethnic groups in Europe for removal to labor and extermination camps, and on the dispossession and forcible displacement of other ethnic groups that should teach a lesson from history, let alone from the stance of Human Rights. One hopes that an anti-oppressive solution-focused approach (Natynczuk, 2014) can shortcut cultural barriers by being non-normative, with practitioners remaining the ultimate in client-centered practice; advising practitioners to tread lightly in clients' lives (George, 2007). We link to principles of decolonization, power, and privilege. Not only were we informed by the death of George Floyd and the associated movements protesting this, but the theme of anti-oppressive and inclusive practice from the Solution-Focused Brief Therapy Association's online conference in 2020.

Doing No Harm, Doing Least Harm, and Caring in Outdoor Therapy

Do no harm is a well-established primary ethic among the helping professions and is often attributed to Hippocrates' famous oath. Though it can seem apocryphal, this is an aspirational stance helping ensure those that come to us with challenges leave in a better condition than when they arrived. To 'do least harm' might seem more pragmatic, while illustrating the complexity of both defining and adhering to ethical behavior, as Pope et al. (1987) showed among therapy practitioners. In writing about Outward Bound founder Kurt Hahn's interest in developing compassion and service through outdoor experiences, McKenzie and Blenkinsop (2006) pointed out that while care for others is a universal concept, the construction of adequate care varies from culture to culture. While outdoor experiences can be useful in building a sense of co-existence and reconciliation between individuals and communities (Stidder & Haasner, 2007), combining therapy and outdoor activities is not always as simple as holding a meaningful conversation outdoors. According to Becker (2015), nature has much to remind us regarding our connection to it. Nonetheless, there are important conversations to be had and there are many ways of going about them (Harper & Dobud, 2020). We consider a solution-focus approach, as presented by Natynczuk (2014), to be a user-friendly guide for outdoor practitioners, drawing attention to aspects of outdoor professionalism that translates directly as metaphors for therapeutic practice, such as creating a climate of competence, success and mastery, and co-constructing a preferred future, duty of care, and being useful.

When we venture into wild places, there is a requirement for skills and experience to lead, navigate, and survive in what can quickly become harsh and unforgiving environments. Nature does not always heal, and has many ways of injuring, maiming, and killing the unwary and unprepared. Hence, insurance companies and regulating authorities' requirements for thoroughly considered risk assessments and safety protocols. Aspirant outdoor therapy practitioners learn quickly that their influence goes beyond teaching skills, such as how to navigate with a compass, and depends largely on interpersonal skills (Gray & Collins, 2016) and risk management (Hickman & Stokes, 2016). Everything outdoor therapy practitioners do through their leadership influences the quality of therapeutic alliances (Natynczuk, 2019). There are numerous relevant acronyms, such as CLAP, which derives from river leadership, though applicable to other activities, such as abseiling underground. CLAP reminds us of elements of outdoor leadership: Communication,

Line of sight, Avoidance of hazards, and Position of maximum usefulness. The therapeutic equivalence is readily apparent: good communication is essential. We keep a clear line of sight towards a client's preferred future, avoid anything not pertinent to a client's best interests, and remain most useful in our co-facilitation. Most importantly, there are considerations of safety, and when duty of care is not upheld, there can be serious consequences for all involved. Clients and practitioners can lose their lives (Kellet 2015). We are also concerned with how the environment is conserved and protected from erosion, pollution, and how flora and fauna are not damaged or destroyed. These ethics serve to protect people camping in wild places from infecting each other through inconsiderate hygiene practices and burning down the forest or dry moorland. Of course, there are too many metaphors we can borrow from best practice outdoors for this one paper. For example, a rock climber should avoid chipping rock to create holds to make the climbing easier. The result being a cheat that destroys the original grade of the climb with physical graffiti. In climbing circles, this would probably lead to the chipper being ostracized as a traditional climb would be ruined, both aesthetically and for the sport. As solution-focused practitioners, we would not endeavor ourselves to make our client's life easier by doing the work for them; we do the equivalent of helping them find the natural holds themselves. As we have found, outdoor therapy practices include many useful metaphors for solution-focused brief therapy, challenging our privilege, and the decolonizing of therapeutic practice. Working outdoors is a practice rich in cheesy metaphors (for instance, not polluting water sources (client's sense of authentic self perhaps, or their own useful resources) with one's own waste (countertransference)). Thus, we can avoid the twin pitfalls of transference and countertransference, which we generally avoid in solution-focused practice. We invite our readers to consider the metaphors they can use for their solution-focused practice. Below are a few of the metaphors we uncovered while developing our inquiry into LNT and solution-focused therapy outdoors.

Readily transferable solution-focused metaphors include:

1. *Not being a tourist in your client's life:* We do not do the therapeutic equivalent of wandering around without purpose. When working outdoors, we should have a map so that at any given time we know exactly where we are, where we have been, and where we are going next. As solution-focused practitioners, we help clients draw their own figurative map to their own preferred future by inquiring about their best hopes for our work together (Ratner et al., 2012). Outdoor therapy practitioners are encouraged to consider the model of therapy they provide. Is their work a confused amalgamation of psychodynamic, trauma-informed, cognitive-behavioral, NLP, and solution-focused? If so, they may be reading from too many maps and can quite easily get lost or stuck, as well as perhaps sending mixed messages about their navigation skills. After all, how will they know if therapy is 'off-track' if there is no track to take?
2. *Not leaving your own rubbish behind:* Giving advice from your own hindsight, or even mis-judged hindsight, can backfire should the practitioner get it wrong for the client. Remember as the song "Sunscreen" suggests, "Advice is a form of nostalgia." By giving unsolicited advice, practitioners invite clients to blame them to the detriment of the therapeutic alliance. When clients notice positive change in their life, practitioners avoid appropriating that change to their own expertise and explore with their client how, despite their own real adversities, they demonstrate resilience, fortitude, and determination. Likewise, if the client reports deterioration to their wellbeing, practitioners do not blame the client or use terms like resistant, denial, pre-contemplative, or any other theoretical justification to rationalize the lack of progress.
3. *Avoid digging deep:* Berg and de Shazer (2012) advised practitioners to stay on the surface, not to dig too deep; like how we avoid digging deep trenches at a remote campsite. We aim to camp on firm surfaces and not disturb sensitive environments. We avoid collecting flora, or trampling habitats for endangered fauna, like gravel stream beds, non-compacted soils, cave sediments, and speleothems. Underground explorers would expect to be guided by conservation tape placed to keep people away from fragile artefacts and calcite formations. It can be tempting to use these actions as a metaphor for re-awakening a client's trauma, which is not useful when we strive to work towards outcomes rather than digging thoughtlessly through the past. We avoid going beneath the surface, respecting the fine line between careful and careless. Practitioners might know where, in a client's narrative, it is not safe to venture for the risk of causing damage and might know the effects of bad practice outside of an ethical code.

Leaving No Trace in Outdoor Therapy Practice

As solution-focused practitioners, our therapeutic ideal is to leave no trace of one's intervention (George, 2007). Clients should experience doing the work to bring about change themselves; being their own intervention. Ratner et al. (2012) reminded us that Insoo Kim Berg was a proponent of the aspirational ethic of *leaving no footprints* in a client's life, including asking questions that do no harm; for example, through re-invoking trauma. This ethic relates directly to one foremost in recent sustainability ethics, Leave No Trace (LNT, 2020), which builds on the old saying: *Take nothing but photographs and leave nothing but gratitude*. For 25 years or so, LNT (2020) has grown into a stand-alone training course for outdoor instructors with a claimed reach of 15.5 million people. Such training educates people in practical ways to take the utmost care in considering their impact, and the impact of the groups they lead in fragile environments. There is evidence that LNT is generally accepted in the adventure community (Sharp et al., 2020) and features internationally in mountain leader and wilderness guide training. The ideal is that no trace of a group's presence can be noticed once they have moved on. There is no rubbish; no trace of anyone camping the night. The environment at that location is as pristine or better than when the group turned up. With increasing demand on ever accessible natural environments, such an ethical stance to do no harm and leave no trace is necessary.

We are indebted to our outdoor therapy colleagues with whom we piloted these ideas. For example, [Second Author] discussed our preliminary findings with Boandik Aboriginal Elder Uncle Ken Jones at an adventure therapy event in South Australia. With decades of experience working with vulnerable incarcerated populations, Uncle Ken's attention was quickly drawn to the fifth LNT principle: Minimize Campfire Impacts. He said we should never smother a client. We must use small sticks to engage our fire, and never move ahead of our client. Most importantly, Uncle Ken argued against building a fire you cannot extinguish before a session's end, thus avoiding retraumatization. In Table 1 below, we have taken the seven principles of LNT, compared the outdoor ethic with a therapeutic equivalent, and drawn on assumptions in solution-focused practice (Wheeler & Vinnicombe, 2011).

Our inquiry into how the LNT principles can lead us to useful metaphors for outdoor therapy practice reminded us to consider our own ethical stance. For example, by positioning our clients as experts in their own lives, we are reminded of the importance of anti-oppressive practice, to question our privilege, and acknowledge the many ways of knowing, thus decolonizing our approach. We expand on these themes below.

Revisiting Power and Privilege in Outdoor Therapy

Kliman (2010) urged practitioners to reflect on their privilege, which was described as the "overlooked or minimized differences in relative power... in familiar, therapeutic, and supervisory relationships" (p. 39). For outdoor practitioners, Rose and Paisley (2012) argued that experiential learning is a privileged pedagogy, a product of whiteness, to maintain the status quo. Mitten (2020) reminded us that privilege can lead to assumptions about what is appropriate for clients, especially in regard to what we might consider as clichéd adventure participation models, such as 'comfort zones.' Aiming to push our clients out of their comfort zone is a precarious assumption for therapy practitioners to make. First is the speculation that our therapy clients are, in fact, comfortable, even when seeking change for something better through therapy. Second, practitioners who aim to move people beyond their 'comfort zone' might become too prescriptive or coercive, and risk ignoring clients' existing strengths, and ways of coping. Third, as solution-focused practitioners, we explore what is working in a client's life and ask, "What difference would more of what works make?" In effect, we are asking what is within a client's comfort zone that would be most helpful rather than looking for new strengths that are not within their coping repertoire. The importance of bringing these questions in a topic about solution-focused outdoors is in challenging the status quo of outdoor facilitation, which often seems to be about pushing the sporting aspects rather than taking opportunities for therapy (Dobud, 2021). We must address the 'taken for granted' that has come from the origins of outdoor work.

Table 1

The seven tenets of Leave No Trace, their outdoor best practice, therapeutic, and solution-focused practice equivalents.

Leave No Trace	Outdoor Practice	General Therapeutic Practice	Solution-focused Practice
Plan Ahead and Prepare	• Consent and contracting. • Appropriate medical history and next of kin details. • Thorough risk assessment is recommended. • Choice of venue, route, timings, duration, location of facilities, pacing, late return/emergency call out & communication, local bye-laws, access restrictions, maps, compass, technical equipment, rescue kit, clothing with regard to climate & weather forecast, spare clothing, head torches, first aid kit, emergency shelter, facility to make a hot drink and so forth.	• Being able to cope with unexpected occurrences takes on a new meaning, especially in unfamiliar environments. • Walk and talk pace can be very slow, the weather has a huge impact. • Terrain has to be appropriate to clients' fitness - it is difficult to talk when out of breath. • Pacing conversation with respect to the effort of moving. • Know places on your route where privacy is easier to find. • For short walks know the route, timings, and places you can stand aside from the path while deep contemplation occurs. • There are so many metaphors in the outdoors that can help or hinder. • Understand the importance of landscape and how environment and nature can interact as co-facilitator. • Anticipate the impact of distractions, such as playful dogs and chatty interlopers. • Know how to finish the session if the route outlasts the conversation or vice versa.	• Clients bring their own resources and strengths, both personal and in their social networks. • Prepare to acknowledge the changes occurring all the time. • Regard clients as resourceful and capable of change. • Before the session, think of your client at their best.

Travel, Work, and Camp on Durable Surfaces	• Reduce erosion, soil damage, habitat destruction.	• Stay on the surface, not digging too deep unless it is helpful. • Do not make assumptions. • Do not give unsolicited advice.	• Work with your clients' resilience, strengths, and instances of coping well. • Clients' solutions are more likely to fit their particular situation and are more likely to be implemented and maintained. • Work with what works well. • Understand what your client wants from the session. • Work with your client to navigate to their preferred future, or the destination for the session.
Dispose of Waste Properly	• Bag and take away all forms of waste in a hard leakproof container. • Do not pollute water sources. • Do not bury or burn rubbish.	• Take care not to ask careless questions and apologize for the 'stupid' questions. • Avoid 'diagnosing' your client through the lens of your own experience, or through poorly understood theories and hypotheses.	• Avoid countertransference and prescribing 'solutions' from one's own narrative and experiences. • The client is the expert.
Leave What You Find	• Do not remove flora, fauna, or artefacts. • Do not add graffiti or carve natural surfaces. • Do not hack at vegetation unnecessarily or throw rocks recklessly over cliffs or down steep slopes.	• Respect the client's experience and position of expert on themselves. • Maintain confidentiality.	• Respect clients' knowledge and preferences of what they want from talking with you. • Do not be a tourist in clients' lives. • The client is not the problem.

Minimize Campfire Impacts	• Avoid scorching the ground, take care not to set peat or grassland or forests on fire. • Use established fire pits, avoid excessive smoke, and keep fires as small as possible. • If the fire is too big, we do not know what damage we will find should we leave it unattended. • Extinguish all fires as soon as they are done with. • Tidy fire pits and replace turf if digging a fresh pit.	• Avoid re-invoking or causing further trauma. • Do not dig deep into issues you cannot extinguish before the session's end. • Avoid insensitivity and insincerity.	• Be careful giving praise, should it sound inauthentic. • Validate the client's experience and avoid prescribing your own solutions • Problems that appear complex might not require a complex solution. • In wet weather we find dry wood within a log and focus on growing a fire from it, as we would listen for exceptions and instances of a preferred future already in existence.
Respect Wildlife	• Do not chase, intimidate, damage fauna and flora. • Keep disturbance through noise, for example, minimal.	• Respect everything our client brings to the session. • Do not take anything away from a session without clear permission.	• Recognize everything the client brings, especially ways to survive, their determination, perseverance, and determination for a better future. • Tread lightly, conscientiously, and with respect.
Be Considerate to Other Visitors	• Be polite and considerate to other trail users, campsite users, river access and egress points. Give way to smaller or faster groups. Keep noise to a minimum at night.	• Be considerate to other stake-holders important to our clients.	• Respect others supplying third person narratives. • Be aware of solution-forced influences.

Note. The seven tenets of Leave No Trace, their outdoor best practice, therapeutic, and solution-focused practice equivalents.

Privilege can blind us to others less privileged and structures in society that maintain positions of disadvantage, such as through racism, sexism, heteronormativity, classism, differently abled, or neurologically divergent. We have termed the refusal to notice this as *willful unknowing*; it being a choice not to reflect on the impact of one's own privilege. However, through a client friendly version of willful unknowing, we position our clients as experts of their own lives, respect all people, and trust they know what they want from our services.

Solution-focused practice requires us to manage privilege by becoming active and constructive listeners, collaboratively selecting aspects of our client's preferred future to build together a detailed and evidenced description of what is possible; to stretch their world (McKergow, 2021). Solution-focused practitioners maintain respectful curiosity to help reduce inequality in privilege between practitioner and client. Froerer and Connie (2016) firmly identified solution-focused practitioners as allies and co-facilitators for change. We trust our clients, listen to everything they say, and ask questions to clarify our clients' route to change; partly to ensure we do not make novice errors from our assumptions and privilege, though mostly to empower our client's best interests. Our role as co-facilitators and allies of change is as tangible as our expert knowledge in the technical aspects of adventure guiding, which contributes to the collective sense of safety in any extreme environment: shared experiences and quality time are fundamental in hosting change (Natynczuk, 2019).

The ally of change listens with a constructive ear (Shennan, 2019), maintaining an intense focus on the client's language (Froerer & Connie, 2016), just as we should when belaying, or using a rope to protect a rock climber from falling to the ground, so they can climb confidently. We give all our attention to the safety of the person doing the most challenging work: *the climber*. We are alert to the climber's movement and listen intently for the climber's voice to give more slack, to tighten the rope, prepare for a fall, to know when they are attempting the crux of the climb, resting, or safe on completing the climb. We feel through the rope every move and every hesitation the climber makes. Despite our position of power in maintaining safety, we listen for anxious questions that communicate vulnerability at the crux, "Have you got me?" Questions that demand the ultimate level of trust between two people and to give requested support immediately when needed. Privileging the client's experience, by not over coaching, by focused care and attention, and through the trust we share adventuring help to position practitioners as reliable allies, and witnesses, to the inevitable change to come. This privileging of client experience, by aiming to leave no trace, ought to assist us in decolonizing our practice, where we invite the knowledge and perspectives of those we work with and decenter ourselves from acting as experts in another's lived experience.

Using Solution-Focused Brief Therapy to Decolonize Outdoor Therapy Practice

Linking our outdoor solution-focused practice to decolonization requires clarification. Our work here is informed by consultation with scholars and practitioners from Indigenous backgrounds in the United States, Australia, Canada, and New Zealand. For example, critical guidance provided by Maori Associate Professor Susan Mlcek helped us understand decolonization as not a binary position in which Western philosophies are 'bad,' but a way of acknowledging how culture, history, oppression, and power can inform the theoretical lenses we bring to our work (Mlcek, 2017). The experiences of Indigenous peoples cannot be untied from the impacts of decolonization.

After consultation with elders and scholars, we settled to use Traditional Custodians to refer to the people who lived on land with unique practices, language, appearance, and beliefs (Cohn, 2011), later colonized by Europeans. We acknowledge that terms like Aboriginal, Indigenous, First Nations, Traditional Owners, Natives, and others have been used appropriately in the past, though we will use Traditional Custodians as this is commonly used for an Acknowledgement of Country in Australia (see https://www.indigenous.gov.au/contact-us/welcome_acknowledgement-country). Of course, no single term should homogenize the many different cultures, tribes, and peoples under the umbrella of 'Traditional Custodians.' Thus, we echo Harper, Gabrielson, and Carpenter's (2018) acknowledgement of the influence of Traditional Custodians on outdoor and adventure practices and would ask outdoor therapy practitioners to research who the local Traditional Custodians are where you live, work, play, seek recreation, and acknowledge their presence in the land; and to avoid homogenizing anyone, or any group, in any sense.

This issue is wider than outdoor therapies. Jones and Segal (2018) wrote that issues around Settler Colonization are largely not considered within the allied field of ecopsychology, which seeks, as Brown (1993) reinforced, to bring about

“the sensitivity of therapists, the expertise of ecologists, and the ethical energy of environmental activists” (p. xvi). Thus, Harper, Rose, and Segal (2019) recommended practitioners:

“...make efforts to educate themselves the particular history of relations between Indigenous Peoples and settlers in their own countries, inform themselves of the lived realities of Indigenous Peoples by seeking out their voices through scholarship and building genuine relationships, and finally investigate how they may be able to support local Indigenous-led initiatives regarding addressing the ongoing injustices and reconnection with the land” (p. 245).

While addressing moral deliberation and environmental awareness, Thorburn (2018) reviewed the pedagogy of outdoor learning and reminded us that learners can be encouraged to “live more emotionally engaged and imaginative lives amidst the conflicts which are an everyday feature of life” (p. 32). What is missing, as Ritchie et al. (2015a, b) pointed out, is the voice of the Traditional Custodians, especially directly from local perspectives and with respect to culturally relevant experiential learning. Beringer and Martin (2003) argued that some outdoor therapy definitions silenced “the pivotal contributions . . . natural environments make in many an adventure therapy program” (p.31). We suggest that many approaches to the outdoor therapies unknowingly silence the voices of Traditional Custodians from the unceded lands many of our therapeutic programming operate.

For example, Cohn (2011) argued that ways of knowing from these communities have the “potential to inspire a fundamental change” (p. 15) in outdoor therapy by providing new frameworks for theory and practice. This is echoed through the authentic voice of Rameka (2016), writing about Māori perspectives and drawing attention to ‘philosophical’ and ‘religious’ considerations that contrast strongly with Eurocentric world views, such as how various peoples might understand their lived and spiritual relationships with time, ancestors and the past, future and present, birth, death, and the ‘in between’ to land and water. The interpretation of much Traditional Custodians’ knowledge, though useful in filling a philosophical gap in outdoor therapy, is often interpreted through Western eyes. In many parts of the Western world, it is not uncommon to be trekking or paddling on uncaded territory. In essence, we are benefitting from our experiences on *uninvited lands* (Skidmore, 2017). Trekkers might be, at worst, willfully unknowing of rites, sacred places, lore, or archeological best practice concerning artefacts, and be the unwitting victims of cultural over generalization, a sort of Disneyesque view of nature, land, and the people who were there first (Loynes, 1998). By being a tourist in other peoples’ lives, this perpetuates subjugation, stigmatization, and discrimination (Leglisé & Migge 2007), maintains the Anglo-Saxon dominance of outdoor therapy interventions in terms of language and cultural concepts (Chang et al. 2017), leaving the Traditional Custodians effectively invisible and voiceless (Nelson & Wilson, 2012) by simply being ignored.

Here, the onus is on practitioners to demonstrate an informed respectful behavior (Berg, 2009), both as solution-focused practitioners and outdoor guides, with an eye to avoiding tokenism and romanticism, perhaps radicalizing solution-focused practice as Shennan (2020) proposed for a deeper alliance between practitioners and clients with respect to cultural and political influences. Embracing clients’ preferences, world views, and ways of knowing may help practitioners to move beyond models of outdoor therapy heavily influenced by Western Philosophy, hence decolonizing their approaches (Mckenzie & Blenkinsop, 2006; Russell & Farnum, 2004).

Conclusion

Decolonizing our therapeutic practice outdoors begins by ‘de-centering’ the practitioner and privileging our clients’ experience of care, their preferences, knowledges, and best hopes for the future. We avoid colloquially ‘staking our flag’ in our clients’ lives. Thus, we find revisiting our ‘care’ essential to the ethical stance of leaving no trace in our clients’ lives, thus reaffirming our solution-focused values and ethical considerations. As described by Rameka (2016), practitioners must “critically reflect on the lenses they utilize, and work towards new lenses and ways of seeing the world, teaching and children” (p. 394). Taking a broad stance and mindful of Shennan’s (2020) call for collective action, we invite solution-focused therapy practitioners, those working indoors and out, to explore how their own theoretical stance informs their practice.

Besides specific techniques, such as the miracle or scaling questions, solution-focused practice is unique in how practitioners view those they work with. As we examined outdoor sustainability ethics and engaged with some of our First Nations colleagues, we found similarities in the ethics of solution-focused practice worth revisiting. Again, relevant current events strengthened our drive to explore the importance of privileging the preferences and ways of knowing of

those we work with. Discounting the aims of leaving no trace can reinforce paternalistic mental health practices, where the practitioners take center stage in the journey of change, and client experiences are neglected.

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RESPONSE**Solution-Focused Collective Action: A Response to Harry Korman, Peter De Jong, and Sara Smock Jordan**The Solution-Focused Collective

A Response to Harry Korman, Peter De Jong, and Sara Smock Jordan

The July 2021 edition of this journal carried both a response (Shennan, 2021) to the article *Steve de Shazer's Theory Development* (Korman et al., 2020), and a reply to that response by the article's authors (Korman et al., 2021). These authors gave their reply the subtitle: "A Response to Guy Shennan and the Solution Focused Collective", though Guy's response was an individual one, and the Collective played no part in its writing (and from our reading of his article, it does not appear to us that Guy suggested otherwise). However, given that Korman et al. have made some critical comments in their reply in relation to our manifesto (Solution-Focused Collective, 2019/2021), we would like to enter the conversation.

The title of Korman et al.'s response is "We Don't Want to Blur the Boundaries", and boundaries are a concern of ours too, albeit different ones, those between practitioner and client, which we believe do need to be blurred if not eradicated altogether, at least in the case of social change, as we shall argue below. The boundaries Korman et al. are referring to are those between solution-focused brief therapy (SFBT) and other forms of therapy, which they believe should be firmly demarcated. It is not our intention here to focus on these particular boundaries, other than to say that while it is important to be clear about what distinguishes solution-focused practice from other approaches, we also see value in looking for connections between ourselves and practitioners of other approaches, which is one reason to look for connections between our approaches.

We want to focus here on our manifesto, not only because Korman et al. have subjected it to critical scrutiny, but also as they have expressed resentment about the position they believe the manifesto puts them in. We were sorry to learn that this resentment has arisen, and initially we were puzzled too. We believe this reaction has come about from a misunderstanding of the manifesto's intentions, and we appreciate the opportunity to provide some clarification of these. We hope that we might be able to shed sufficient light for an alternative position to be taken.

The manifesto arrived in its current form after being in development for more than a year, from the time an initial draft was unveiled at the 2018 UK Association for Solution Focused Practice conference, where one of the workshop streams was on social change. It continued to be developed by people attending meetings of the newly formed Solution-Focused Collective, who also consulted with the wider solution-focused community, via email discussion forums and European (EBTA) and American (SFBTA) conferences. The manifesto can be found on the Collective's website, in both its original English and - so far - in seven other languages (Solution-Focused Collective, 2019/2021).

We have called it a solution-focused manifesto for social change, and want to explain why we have given it the label, "solution-focused". First, it is a document that has been created by a group of solution-focused practitioners, who share the belief that a solution-focused approach can be used in the pursuit of social change. We want to share this belief with our fellow solution-focused practitioners, to make it public within the solution-focused community, and the manifesto ends with an invitation to our fellow solution-focused practitioners to join us. In addition to this, it is a future-focused manifesto, in which we set out our hopes for social justice, and outline a preferred future "of communities characterized by equality, reciprocity and interdependence, which enable people to lead fulfilled lives on their own terms". We also share our belief that there are instances of such a future and progress towards it, and that we are inspired by others who have taken action for social justice. In short, we believe the manifesto has taken a solution-focused approach in how it has framed our beliefs and intentions.

Yet in their response article, Korman et al. challenge our use of the term "solution-focused" to describe the manifesto. They are right in saying that the practitioners who wrote the manifesto have an agenda - we want to see social justice

and we believe that a solution-focused approach can be used in working towards this aim - and their concern is that “when the therapist has an agenda for the client he is no longer doing solution focused brief therapy” (Korman et al., 2021, p. 69). We believe that their concerns are mis-placed and arise from confusing collective action with therapy.

We did not write the manifesto as a group of professionals, to declare that we wished to do solution-focused brief therapy with another group of people - our clients - with the agenda of this therapy being to work towards social justice - an agenda driven by us, the professionals. These are the boundaries that we want to blur, or to break down. No, we wrote as solution-focused practitioners about our own hopes for social justice, our own preferred futures of equality, reciprocity and interdependence, our own ideas of progress towards these futures. And we believe we share these hopes with many other people, with whom we can take action together, to which endeavors we hope we can bring our experience and skills in solution-focused practice. We believe in collective action and that as solution-focused practitioners we can work collectively, “with groups, organizations and communities, and join in collective actions led by others, including those who are experts by experience” (Solution-Focused Collective, 2019/2021).

In taking collective action, there is no separation between helper and helped. A similarity may be noted with self-help, and there have been a number of books describing solution-focused forms of self-help (see, for example, Ghul, 2015). The shift here is from helping ourselves to changing the world. As collective actors, we are all simply fellow humans, concerned about the state of the world, who are all in this together. There is no therapist, somehow positioned somewhere outside of these concerns, to ask the people with the concerns what their best hopes are from some therapy - because there is no therapy taking place. We would agree with Korman et al. that “using solution focus ‘in the pursuit of social justice’ with clients, is doing something that is not solution focused brief therapy” - except that there are no clients. We wish to take collective action with whoever wishes to do this, and our solution-focused offering to this will include the question, “What are our best hopes from taking action together?”

We are sorry that reading our manifesto led to resentment on the part of Korman et al., who felt they had been “put in the position of being against doing political work for social justice to create a better world”, because they did not agree with the manifesto being called “solution-focused”. We have no desire to put anyone in such a position, and we hope that our account here of the ways in which we see the manifesto as solution-focused might assist in this respect. In sharing our idea that a solution-focused approach can be used to help create a better world, we are not saying that this is the only way that people who happen to be solution-focused practitioners can do political work for social justice.

Finally, as the manifesto does not concern the doing of SFBT, we are not so worried about departing from Steve de Shazer’s theory, which has been so well set out and elucidated by Korman et al. Steve was writing about doing therapy with clients and we are talking about taking collective action as fellow humans. We believe that a solution-focused approach can be taken with both. We invite our fellow solution-focused practitioners and human beings who believe the same to join us.

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*RE-PRINT ARTICLE***How Your Listening Affects Your Conversations**

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With big thanks to Heather Fiske for her support in editing the English version of the text.

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"Listening is important." Although this statement has been circulating in management and leadership for a long time, very few know what really happens when they listen. Or do you know how you influence what is said in a conversation with your listening?

Statements such as "I didn't do anything, I just listened" or "My employees only tell me about problems" make it clear that very few managers see the connection between listening and what is being said. And this despite the fact that listening, and its effects have been scientifically researched.

Listening Is an Interactive Activity

Listening is often understood as something passive. As something that has no bearing on the story being told. However, research of Microanalysis of Face-to-Face Dialogue (Bavelas & Gerwing, 2011), which uses video analysis to investigate what happens in conversations moment by moment, shows that listening is something that we do visibly, audibly and interactively.

As listeners, we do a lot in conversations:

- **We confirm what is being said**, for example, by nodding. We blink our eyes. We smile. We confirm with «Mhmm». We look the other person in the eye at this moment. We say « ok». We reinforce with "yes, exactly" or "ah, yes", etc.
- **When something is unclear**, we may frown. We widen our eyes. We keep our eyes open without blinking. We tilt our heads. We raise our finger, etc.
- **When we are amazed**, we for example open our mouths and keep our eyes wide open. We may confirm with «Wow», etc.

In Microanalysis of Face-to-Face Dialogue we call these visible and sometimes also audible signs that display that we are listening, generic and specific listener responses. **Generic listener responses** are behaviors such as nodding, "Mhmm" or smiling, that we also use in other conversations. They show the other person that we are listening. **Specific listener responses** relate specifically to the content of what is being said. A specific listener response, for example, is repeating a specific word or part of a sentence.

What we do while listening is interactional:

- **Listener responses are visible and partly audible:** They show the other person that we are listening and signal the extent to which we can follow what has been said. Our conversation partners see and hear them and they often react to them.
- **Listener responses influence the conversation:** Our listener responses have a significant impact on how our counterparts continue with what they are telling. For example, if you are telling something and the other person nods in confirmation, then you will likely continue the story that you are telling. If, on the other hand, the other person is frowning and is looking at you with open eyes, then this may irritate you. You might then, for example, ask a question, justify what you just said, try to convince the other person, etc.

Listening Carefully Enhances the Storytelling of Others

Not only existing listener responses influence the conversation. If they are missing or appear in the wrong place, it can be quite irritating, too.

You have experienced this for sure: You are telling something and the other person, who may be busy on the smartphone or computer, does not react to what you say - no eye contact, no nodding, no listener response - or they react in strange moments - e.g. with a "Mhmm, Mhmm" after a question that you asked. You will likely wonder whether the other person hears or understands you. You might even ask. And it is very likely that the lack of listener responses will affect the quality of the story you are telling.

Bavelas et al. (2000) showed exactly this in their study. They divided narrators into two groups. The narrators in one group were listened to attentively. In the other group, the listeners had to count the words that begin with the letter "T". The stories told were recorded on video. The recordings were then shown to an audience who had to evaluate who the better storytellers are.

The result is not surprising: the attentive listeners showed normal listener responses that encouraged the storytellers to continue telling the story. The distracted listeners, on the other hand, reacted less to what was said. As a result, the narrators who were not listened to carefully were rated as the significantly worse storytellers.

As listeners, we collaborate constantly with our conversation partner. The quality of the storytelling is directly related to our attentive listening. If you want to hear good stories then you need to listen attentively.

Deliberate Listening Influences the Content

But what should you focus your attention on? On what you want to hear more. Listening is something we learn from an early age and we do it naturally. "We can do that. We don't have to learn that separately.", You may now object. On the one hand, that's true. On the other hand, you can influence the content of the conversation through your listening.

We cannot listen neutrally. Microanalysis research shows that what we listen to makes a difference. We often hear from managers that their employees only talk about problems (Jordan et al., 2013). If we then analyze their leadership conversations with them, it becomes clear that they are making a significant contribution to what is being said by listening. They confirm, for example with a nod or an "aha", when problems are discussed and not when employees talk about exceptions or goals. This encourages the employees to go on with the problem description. Or the managers mainly include negative aspects of what has been said in their statements instead of the words that are already going in a wished for direction.

Example 1 from a management interview analysis:

Employee: "It's not going so well at the moment."

Supervisor confirming: "Mhmm"

The employee continues to describe the problem: "It's not that easy because ..."

Variation:

Employee: "It's not going so well **at the moment**."

Supervisor listens to exceptions: «**At the moment?** That means it was better before? "

Employee explains: "Yes, it was better two months ago ..."

Example 2 from a management interview analysis:

Employee: "I don't want that anymore."

Supervisor confirming: "Ah, ok."

Employee continues to describe the problem: "Yes, you know, because ..."

Variation:

Employee: "I **don't want that anymore.**"

Supervisor listens to exceptions: "Ah, you you **don't want that anymore.** What do you want instead?"

Employee explains: "I would rather ..."

Focus on what you want to hear more about. It is worth it! If you want to hear more about exceptions, more about what is already working, more about the goals of the employees or their hopes and wishes, more about their successes, etc., then train your listening skills.

Listen specifically for these elements. Confirm these elements in the statements of your conversation partner with general and specific listener responses. You will see how your conversations will gradually develop in this direction.

Further training on the topic

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*RE-PRINT ARTICLE***Communication Today: Were Watzlawick & Co. Wrong?**

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With big thanks to Heather Fiske for her support in editing the English version of the text.

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The sender-receiver model and the 5 axioms of communication have influenced how communication is spoken about and how communication is taught for more than 50 years. And this despite the fact that recent research calls into question some of these ideas. So, were Watzlawick & Co. wrong?

What do you know about communication? It is very likely that you were introduced to communication as a sender-receiver model. And you have almost certainly heard of the 5 axioms of communication formulated by Paul Watzlawick et al. (1967). Even if you cannot list them off the cuff, we are sure that “You cannot not communicate” or the idea that every communication has a content and a relationship aspect is part of your general knowledge.

Although both the sender-receiver model from the 1940s and some of the 5 axioms of communication based on it from 1967 are now scientifically refuted (Bavelas et al., 1967), they are very persistent. Communication is often still taught today as it was propagated over 50 years ago.

Does recent research call these outdated communication theories into question? Yes. So, were Watzlawick & Co. wrong? Yes, in terms of content in a few points. And again not, because for Watzlawick, Beavin and Jackson the 5 axioms were already at that time only provisional formulations which could neither claim to be complete nor claim to be final (Watzlawick et al., 1969). Who might have thought that up to today many take them at face value.

Communication Theories as Technology Metaphors of the Last Century

The sender-receiver model is a classic communication model on which many communication theories that are still in use today are based. It was developed as information theory in the 1940s by the two telephone technicians and mathematicians Claude E. Shannon and Warren Weaver (1949).

And as is so often the case, the existing technology shaped the theoretical considerations. The metaphor, which is still used today, describes communication as a transfer process in which one person sends information and another receives and decodes it. This idea was directly derived from the telephone technology of that time.

Watzlawick et al. (1969) were particularly interested in the observable interactions of human relationships that result from an interpersonal sender-receiver relationship. With their 5 axioms of communication, which they formulated as hypotheses in 1967, they investigated these interactions. With terms such as information, feedback, black box, redundancy and cybernetics, they too based their ideas on the telecommunication and control technology of that time.

Things Have Changed in 50+ Years

Much has changed in more than 50 years. On the one hand, we live in a technologically different world today than back then with potentially new metaphors. On the other hand, we also have 50 years more of experience and research in the field of communication.

And who could judge this better than Janet Beavin Bavelas herself, who was co-author at the time and who has researched the hypotheses of the past decades as a communication researcher. When we asked her what has changed since 1967, she gave the following answer: “It was my goal to become a research psychologist. (...) And so, I have done that for 4-5 decades of my life. And that changes things. If it didn't, we'd really be worried. If I've been looking at data for that long, and I found exactly what we said was happening in "Pragmatics", I would be cheating. (...) In fifty years a lot of things have happened. (...) Some [of the axioms] have worked pretty well, others do not” (Czerny & Dominik, 2018).

Communication Today: Ongoing Co-Construction Instead of Sending and Receiving

How can we describe communication in a contemporary way? Bavelas and her research team provide answers themselves.

In recent years with Microanalysis of Face-to-face Dialogue, they have developed a video- based conversation research method that reveals what actually happens in conversations moment by moment. And what they discovered is much faster and more created together than what we would expect with a sender-receiver idea. They show that conversation partners influence each other every few seconds. They constantly influence one another and thus co-construct the conversation together (Bavelas et al., 2017).

Conversation partners influence each other, for example, with their statements and formulations, with their questions, with their co-speech gestures and with their generic and specific listener reactions. And not just after something has been said, but continuously while the person is speaking. For example, they could show that the way we listen strongly influences what the other person says (Bavelas & Gerwing, 2011)

With this, conversations change from something that happens alternating to something that we do together on an ongoing basis.

Co-Creating Together

This difference between communication as an alternating sending and receiving and of communication as something, we do together moment by moment seems small at first glance. However, this view has potentially world-changing implications.

While the traditional view of communication focuses on sending and/or receiving, this new view raises the question of how we interact together. Imagine the differences it would make if everyone realized that they, as conversation partners, are always jointly responsible for what happens. If everyone was aware that they influence conversations as much as their other conversation partners. And this, even if they “only” listen.

In this view of communication, the result of a conversation can no longer be assigned to just one person but is always jointly created. Statements like “My employees only talk about problems.” or “He talked all the time.” would need to change to “How can we interact more usefully together? We can neither blame conversation partners for what was said in terms of content nor for the course of the conversation but are always involved.

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*RE-PRINT ARTICLE***The Big Misunderstanding: Not Everything Is Communication!**

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Do you practice reading body language? Do you see hidden messages in how your conversation partner sits or moves? Then you have probably fallen into one of the most common misunderstandings about communication: that all human behaviour is communication that can be interpreted and understood. It may be true that it is impossible not to communicate anything in an interactive setting. However, not all behavior is communicative or meaningful.

There are innumerable books on body language. Most postulate that certain poses, certain postures, certain body reactions have specific meanings, regardless of a person's words. The non-verbal and the verbal are described as separate channels with separate, often different meanings. Although this position is ubiquitous, it is not empirically tenable, and is based on a misunderstanding that has lasted half a century.

You Cannot Not Communicate

Every student of communication knows the five axioms of communication formulated by Watzlawick et al. (1967). These axioms have shaped the way we talk about communication for 50 years, even though Watzlawick et al. saw them as tentative or provisional hypotheses only. In the authors' view, the five axioms were neither complete nor final and required empirical verification (Bavelas, 1990). Despite their unproven status, the axioms have been accepted as facts. This misunderstanding has been especially prevalent for axiom 1, "You cannot not communicate".

Axiom 1 consists of two hypotheses:

1. All behavior in an interpersonal situation has message value, i.e., is communication.
2. Thus, one cannot not communicate.

Part 1 in particular has generated intensive focus on body language, with the following flawed conclusion:

Since one cannot not communicate, every body reaction is communication and has to mean something. Thus, it is important to know and interpret these meanings.

Two Different Logical Arguments

This hype around body language still persists, although the conclusion is based on two logically different statements and is empirically untenable.

Janet Bavelas (1990) herself points out that her two hypotheses make two different logical arguments. "Every behavior is communication" is a universal statement that assumes communicative properties for every behavior, while "one cannot not communicate" simply states that in the presence of other people some behavior must be communicative.

This means that if the first statement is true, the second statement must also be true. If all behavior is communication, then it is also true that one cannot not communicate. However, if the first statement is false and not all behavior is communication, then the second statement can still be true. Even if not all behavior is communication, it can still be the case that one cannot avoid communicating something in the presence of others.

Or the other way round: Even if “you cannot not communicate”, not all behavior has to be communication.

Non-Verbal Behavior and Non-Verbal Communication

Wiener et al. (1972) made the distinction between non-verbal behavior and non-verbal communication as early as 1972. They saw non-verbal communication as a sub-group of non-verbal behavior.

They distinguished between two different forms of non-verbal behavior:

- **Communicative behavior:** Behavior with which the person intends to communicate something and to which the other person reacts.
- **Informative behavior:** Behavior by which the person doesn't intend to communicate something and that is only interpreted as communication by the person observing the behavior.

Informative behavior is behavior of one person, interpreted by another one. The interpretation of the behavior depends heavily on the ideas of the interpreter. Since it takes place primarily "in the head" of the person interpreting and not as an interaction between people, it cannot be empirically researched through observation. Informative behavior is not considered to be interactive and is seen as non-verbal behavior, but not as non-verbal communication.

Communicative behavior, on the other hand, is interactive and can be seen as an exchange between people in conversation. Since communicative behavior takes place “between people” - one person intends to communicate something, and the second person relates to the behavior of the first person - it can be observed empirically and is seen as non-verbal communication.

Not All Behavior Is Communicative

The above distinction results in three non-verbal behaviors:

1. **Non-informative, non-communicative behavior (non-verbal behavior):** behavior by which nothing is meant to be communicated and that is not interpreted by the other person (e.g. moving the little toe or stretching out the fingers of a hand that is on the table).
2. **Informative behavior (non-verbal behavior):** behavior by which nothing is meant to be communicated but that is interpreted by the other person (e.g. the visible scratching of a mosquito bite with the interpretation by the other person that the bite is itching).
3. **Communicative behavior (non-verbal communication):** behavior by which the person intends to communicate something (e.g., signaling a telephone receiver with the right hand while saying, “I spoke to my mother yesterday”) and to which the other person responds (e.g. with a listener's response like “Ah, so” or “Mhmm” or with a comment or a question afterwards).

So not all behavior is communicative and certainly not all behavior is meaningful. The first kind of non-verbal behavior (non-informative, non-communicative) isn't meaningful to either person. The second type (informative behavior) has a meaning for the interpreter. However, informative behavior does not necessarily have to have the same meaning (or indeed, any meaning) for the other person. Only the third type of non-verbal behavior (communicative behavior) is communicative.

Bavelas and Chovil specify that non-verbal communicative behavior takes place only in the presence of other people (to communicate something), but not when the person is alone (Bavelas, 1990). For example, researchers were able to show that people who bite into a salty sandwich show the facial expression of “disgust” when other people are present (Brightman et al., 1975).

It has long been clear in research circles that the 1967 hypothesis that all behavior is communication, is wrong. Yet the idea persists in the general public. In the words of Janet Bavelas (1990): "As for 'all behavior is communication', I thought that this error was only in the literature for five years before being corrected by Wiener et. al (1972)."

Can't You Not Not Communicate?

Does this mean that axiom 1, "One cannot not communicate", is wrong? No, not necessarily. Even if the derivation of the axiom has been refuted and not all behavior is communication, it can still be the case that certain behavior must be communicative in the presence of others.

Current microanalysis studies show that communicative behaviors (e.g. nodding, gaze, facial gestures, words) occur continuously in human interactions (Bavelas et al., 2017). Even if there is no verbal interaction, it seems impossible not to communicate anything. The presence of other people seems to make it necessary to communicate at least personal availability or unavailability for communication. In situations in which people want to avoid communication, for example, they often quickly look away when eye contact occurs, communicating that they are not available for further interaction. "You cannot not communicate" is thus an hypothesis that can and should be tested empirically.

How Should I Deal With Non-Verbal Behavior That I Cannot Interpret?

Even if many books on body language propagate the idea, not all behavior is communicative and not all behavior is meaningful. Some might say "Still, it makes sense to at least interpret informative or communicative behavior."

From our point of view, this usually makes little sense. On the one hand, it is often clear what the behavior of the other person shows. If the other person scratches their arm after a mosquito bite or sips their coffee and smiles, no further interpretation is required.

Interpretations are highly dependent on the person making them and have often nothing to do with the other person's experience. People are different and often react differently. Although books about body language try to tell a different story, they don't build on scientifically proven findings that show that behavior in general - that is, regardless of individual characteristics and the current interaction - has a meaning. Still, many writers promote this fallacy without a scientific base. An example is the idea that "If someone crosses their arms, it means that the person is rejecting you or your idea". However, the person may just be cold, or more comfortable with crossed arms, or easing a sore back. If each behavior has a generic, person-independent meaning, then this would mean that all humans generally behave in the same way. Instead, we see every day that this is not the case.

Therefore, instead of interpreting, it is worth asking the other person about their behaviour. The only person who can possibly know if their non-verbal behavior might mean something is the person you're talking to.

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BOOK REVIEW**Content! Simpele Oplossingen Voor Een Leven Vol (Content! Simple Solutions for a Happy Life)**

Els Deboutte and Rilla Lysens

Borgerhoff & Lamberigts, 2021, 230 pages, ISBN 978-9463935135, €24.95 paperback, in Dutch

Review by Elke Spinnewyn

Organizational, Business and Agile Coach

Although we live in the same country, I have not met Els & Rilla in person yet. What I do know is that their names pop up very quickly when you search for solution-focused coaching in Belgium.

It was therefore a great honor for me to be one of the first readers of the new book *Content, Simple Solutions for a Happy Life*. “Content” is a Dutch word, which is difficult to translate in English, but I think “Happy, Feeling Good” does say what it means. Unwrapping the book was already a little party. The colorful cover immediately attracted my attention and invited me to dive into the book.

What struck me as I read the book was that Els and Rilla are not ladies who like long and boring talks. They go straight to the point. And this is exactly what fits in with the principles of solution-focused work.

As a reader you are only a few pages into the book when you are immediately invited to reflect on several aspects of your life by use of the scaling question. The book is not only a reading book but also a real workbook. There is no escape from really getting to work.

The common thread throughout the book is that Els and Rilla teach you to really take control of your life. To live a life you can be really 'content' with. They do this by using numerous examples from their own practice. I love reading about the concrete cases. You can really see how to apply the insights they provide in real-life situations - situations in which we can all recognize ourselves. No theory that makes you wonder how it can ever work in practice. Els and Rilla immediately show how a certain principle can be applied, what works and they are also very honest about what does not work. I am surprised at how much experience both women have built up in the field of solution-focused work!

The solution-focused principles are interwoven throughout the book. Sometimes they are mentioned in concrete terms, sometimes not. For the average reader this is not necessary; it is about the questions the reader asks him- or herself. The reflections the reader makes about his or her own life.

The book is particularly suitable for people who want to take the next step in their lives. The book gives readers concrete handles and invites them to get started right away. Each chapter consists of a piece of theory built around the principles of solution-focused work, combined with practical cases and exercises you can apply immediately. It almost feels as if I am sitting in Rilla and Els' coach's chair!

The book reads very smoothly. In addition, the book is nice to browse back to a certain chapter or a certain insight. You don't have to read the book from front to back in one go, you can start with that part you need at that moment.

I definitely recommend the book to readers who:

- Want to work on more happiness in their lives
- Are willing to do the exercises in order to take concrete steps
- Are curious to experience the power of Solution Focused

The reviewer

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BOOK REVIEW**Make Life Simple**

Andrew Gibson

Fisher King Publishing, 2020, 196 pages, ISBN 978-1-913170-52-3, £12.99 (Kindle edition available)

Review by Rayya Ghul

Academic and Author

It has always interested me that the solution-focused approach can be interpreted in so many different ways, given how simple it is. Every year there are a variety of conferences for solution-focused practitioners taking place around the world. Each conference has at least 20-30 speakers. How can they all be presenting something different, useful or engaging when the solution-focused approach provides a limited set of tools? The same is true of books and articles. The key is, I think, in that limitation. Like the colours of the rainbow, the tools can be used individually, blended together, toned up or down to create a seemingly infinite palette. The experienced solution-focused practitioner, like an artist, can begin to use the tools in such a way that they develop their own style, still recognisably a solution-focused approach, but a unique 'take' or perspective.

Make Life Simple is clearly derived from Gibson's practice as a business coach, often with third and public sector clients, and resonates with positivity, practicality and warmth. For him, being solution-focused is about slowing down, making better decisions and focusing on tangible benefits – desired or existing. He makes a clever distinction between being action-oriented and outcome-focused that I have not seen framed in this way before. He uses an example from the film, *Raiders of the Lost Ark*, to help the reader understand the distinction between the two orientations. The film's protagonists are constantly focused on taking action in response to what is happening right now, with no real regard for consequences and with mostly disastrous results. Gibson suggests that this reactive approach to life is what complicates it. We are constantly solving immediate problems that take up our time and energy and do not take us any closer to the outcomes or future we desire. Solution focus, on the other hand, slows us down and invites us to spend time determining our preferred outcomes so that we can make better decisions about which action (if any) to take. I think many readers will recognise the truth in this and it works well as a hook to engage the reader further.

From there on, *Make Life Simple* provides similar metaphors, examples and vignettes to illustrate putting a solution-focused approach to work in everyday life. Early on he brings out the importance of interaction and that 'change is out there'. This is expanded upon in a subsequent chapter that focuses on the importance of noticing signs of success. He addresses the 'problem with problem-solving' very well and I really liked the process diagram he uses to illustrate the value of identifying the differences when using a solution-focused approach instead. This is followed by a nice subversion of SMART goal setting into SOMIT; specific, observable, measurable, interactional and time-related – the natural outcome of asking about observable differences.

The final section of the book, Social Capital, was in my view an excellent way to bring the ideas to bear on career and business development. Gibson is well-known for his fun workshops on how to network and here he expands on the methods to build one's reputation and communicate about what you offer through storytelling. This links well to Gibson's other book, *What's Your URP?*, and together they would be an essential resource for anyone wanting to set up their own business and stay sane.

My only concern about the book would be that some of Gibson's examples, such as Brexit, the Covid-19 pandemic and cultural references such as Indiana Jones might make the book quickly outdated or less accessible to an international audience. I personally found the many, different examples began to feel like a bit of an assault of ideas, but they would also make dipping in and out of the book easy to do and this is often the way people use self-help books.

Solution-focused practice famously has no underpinning theory to explain how and why it works and for trainers, and particularly authors seeking to communicate the approach with others, this poses a challenge. For authors of self-help books, rather than professional ones, the challenge is immense. We cannot rely on existing knowledge of context

and practice. We are speaking to people who may never have engaged with ideas about how to live life beyond what they have learned from family, friends and pop psychology largely derived from deficit-based approaches. *Make Life Simple* has succeeded in communicating about the solution-focused approach in an engaging and enlightening way.

The reviewer

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BOOK REVIEW**Mental Hospitals, Care Homes and Other Stories**

Frank McCutcheon

Fulmar Books. England: Taunton, 2021, 254 pages, ISBN 978-1-9196451-0-0, (paperback) £19.99 (Amazon)

Review by Steve McCarthy-Grunwald

University of Cumbria (UK)

The impact of reading stories about individual lived experiences can be very powerful, providing a ‘fly on the wall’ perspective to the stories enabling the reader to enhance personal knowledge and understanding. Experience Based Learning is a well-established pedagogical approach which is favoured in healthcare education programmes due to its ability to build bridges between theory and practice (Stacey et al., 2015) and promotes meaningful learning opportunities which are influential to multi professional roles.

Mental Hospitals, Care Homes and Other Stories is a new book for 2021 which offers 138 stories, gathered not only from the author's personal experiences; there are also stories which have been shared with the author from colleagues and other professions who they have worked with over an extensive career spanning over 45 years.

The author is clear from the outset of the potential impact this collection of stories harbours, therefore ensuring the need for privacy, respect and confidentiality are embedded throughout, reducing the potential of shame, embarrassment, or trauma to those who were directly affected in the stories, and for the potential of retribution. Consequently, the names, places, regional locations, and sensitive data from the real events have been significantly altered. Furthermore, the author's name ‘Frank McCutchen’ is a nom de plume to prevent those who know his real name from being able to piece together the identity of the experiences used.

The book provides a historical narrative of the lives of many individuals within mental health institutions or care homes whose ordeals involve very traumatic physical, psychological, or sexual abuse which most of the examples used were perpetrated by individuals who were supposed to be there to provide care, support, and protection for the individuals at a time of increased vulnerability. Although most of the stories are harrowing to read, some do offer a more light-hearted moment of humorous encounters, or potential outcomes which showed insight into the creative ways and solution focused approaches which can happen when services and staff ‘get it right’ by working collaboratively.

The book's content and focus should offer potential interest for both clinical or academic practitioners in a range of healthcare roles including counsellors, psychologists, doctors, nurses, Occupational Therapists or Lecturers to name a few. The content is well supported with detailed explanation alongside limited use of medicalised/psychiatric jargon with a helpful glossary of terms which anyone with an interest in this topic would find easy to follow.

As the reader makes their way through the book, there are several stories which interlink with either those involved, or similar themes to consider. Thematic analysis can offer a more comprehensive understanding of the values, attitudes and behaviours which present in these stories, which can then help to provide clarity on how and why certain actions can either help, hinder or hurt personal recovery (Smith & McDuff, 2017). If anything, this was one area which led to some repetition in the narrative stories, consequently, the book would benefit from having a reference section looking particularly at the themes and linking the relevant numbers of the stories/pages which would then increase the navigability of the book especially for those interested in using the text as a means of providing examples for an education purpose or bespoke sessions on a particular topic.

From a solution focused perspective *Mental Hospitals, Care Homes and Other Stories* offers a portal for the reader to use self-reflection, association with the lived experiences, personal and professional development and increasing self-awareness. The experiences show the importance of compassion and person-centred philosophy (Jakimowicz et al., 2018; Zhang et al., 2018) particularly from a constructivist paradigm which claims that people generate knowledge and meaning by engaging with their own and others experiences by critically analysing them and applying them to similar personal accounts from practice (Jakimowicz et al., 2018; King et al., 2019).

This book will take you on a roller-coaster of emotions from anger and despair to hope and reconciliation. The realities of mental health services from the early 1900s to present are laid bare for all to dissect, offering examples of the best and worst of humanity to help recognise (from a solution focused perspective) what ‘works well’, what certainly needs to be less of, and how to work on fixing those examples which appear seriously broken...

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The reviewer

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*BOOK REVIEW***Community: The Structure of Belonging**

Peter Block

Second edition. Oakland, CA: Berret-Koehler Publishers, Inc., 2018. 236pp, ISBN 9781523095568, €21.82 (pbk); €16.77) (Kindle)

Review by Leah Davcheva

Coach and Solutions Focus Business Professional

“The hard part of building community is
that it is always a custom job. It is born of local people,
with unique gifts, deciding what to create together in this place.”
(Block, 2018: 5)

Looking for resources to support my growing interest in neighborhood building, the 2018 edition of *Community: The structure of belonging* grabbed my attention. I had only just turned a couple of pages, when I started noticing ideas and making meanings which strongly resonated with the Solutions Focus approach (as I know it). I was tempted to refer to the “Clues” suggestions and tick off the visible signs of resemblance but decided to first enjoy the book in its entirety and welcome any and every sign of SF thinking.

Peter Block is a training practitioner, consultant, author of several best-selling books, speaker and, as he typically introduces himself, a citizen of Cincinnati, Ohio. He is a social pioneer!

His *Community* is a passionate read about making the world better. It engages us, conceptually and on the level of practical application, in ways to transform the isolation and self-interest within our communities into connectedness and caring for the whole. The overall premise of the book is positioned around change: **shifting conversation** from the problems of community to the **possibility** of community, bringing together people **not used to** being together into **conversations**, commitment to **creating a future** distinct from the past. The very definition of community - the collective way of people to make a difference - testifies to the strong SF ethos of the book.

The author has structured the book in two parts and they both have a metaphor for a title: *The Fabric of Community* and *The Alchemy of Belonging*. The thread that holds Part One together is the idea that community building is created one room at a time and from an infinite number of small steps, each of them important in its own right. Each invitation made, relationships sustained, and every meeting attended are powerful ingredients of the move that communities seek.

I am particularly attracted by the idea of grasping the crucial role of language. Our language, or conversation, is the action step that makes the desired future possible. Communal transformation and change occur through language, so much so that every community or neighborhood gathering takes the action forward and becomes an example of the future we want to create. In the “shift” fabric of the first part we can also discern the bright colors of elements such as relatedness, learning something of value, choosing to notice possibility rather than get stuck in problem solving, agreeing on what matters, completing tasks and producing physical things, and, equally, viewing differences as a source of vitality and gift.

In Part Two of the book, *The Alchemy of Belonging*, Peter Block connects his ideas from the previous part with actual practice and lays out his methodology. Clearly and succinctly, he specifies the tools to make transformation happen.

The first ingredient he chooses to bring to our attention is leadership. Rather than a (scarce) personality characteristic he views leadership as a set of universally available acts of convening of citizens and designing interactions. Notably, these experiences are in themselves the desired future.

Further, Block picks up the conversation strand from the earlier pages and goes an abundant distance in developing the specific elements of conversations “that count”. He describes six different types of building community conversations and we explore them in three chapters. The conversations that produce something more than just talk bear the following titles:

- Invitation
- Possibility
- Ownership
- Dissent
- Commitment
- Gifts (of the gathering and the ones each brings to the world)

Far from romanticizing community, Block invites us to consider how shifting both our thinking and practice could achieve reconciliation in several dimensions of community that are sources of so much grief, e.g. public safety, disconnectedness, alienation. In tune with his elegant and accessible way of writing, he finishes his book with a simple sentence, directly addressing his readers with what, I think, holds a true SF spirit: “*I hope that this book contributes in a small way to moving your efforts forward*” (Block, 2018: 187).

The design of the book (by Leigh McLellan) beautifully matches its content and makes for a serene, yet robust reading experience. A feeling of structure and harmony comes from the horizontal lines placed on the part and chapter openings. There is just enough white space on the pages and in-between the lines, inviting us to start or resume reading immediately. For each design element is distinct and recognizably welcoming, thus underpinning the lucid atmosphere and direction of *Community*.

I hope that this book would be an insightful and stimulating read for community builders who want to do community with an SF stretch; for anyone who is wanting to adopt a respectful and cooperative stance, apply an interactional view, work from within the context of the local people, and treat each case as different.

As for me, *Community* gives me confidence and even more courage to use Solutions Focus ideas and thinking in my ongoing local neighborhood work.

Reference

Block, P. (2018). *Community: The structure of belonging*. Berrett-Koehler Publishers, Inc.

The reviewer

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BOOK REVIEW**Solution-Focused School Counselling: The Missing Manual**

Dr. Russell A. Sabella Ph.D.

Publisher Sabella and Associates, 2020, 289 pages, ISBN 9798680013052 £30.24 Hardback (Kindle Edition Available)

Review by Tara Gretton

Solution Focused Practitioner, Trainer and Consultant

Dr. Russell Sabella was first introduced to the solution focused approach in 1989. However his interest was not properly rekindled until 1995 when he was working as a school counsellor by his colleague Dr “Jerry” Sklare and as they say the rest is history...

Russ is providing a book that answers all the questions in one book for school counsellors in America. Russ waited for when he thought the time was right to write his book; when the books that he had been recommending for so many years, no longer answered all the questions and were not as up to date.

I had the absolute joyful experience of meeting Russ via Zoom this year on some solution focused training he was delivering. Russ has this wonderful laid back; fun approach and you feel enveloped by his charm and American dulcet tones. In that training experience Russ exuded his wealth of knowledge and experience in a very detailed and accessible manner. And this goes for his writing too - it's hard not to read his book as if he is reading it to you! In that, you sense what it must be like to be one of his school's counsellor students.

The book tells you everything you need to know and more; all of the possible eventualities that may occur in your interactions with a student in a school setting as a school counsellor. This makes this book a comforting experience, as well as a book that you can go back to when eventualities arise at any given moment.

There are 9 chapters in this book and 289 pages - most definitely the weight of a manual! Russ shares a comprehensive overview of the SF approach and takes us on a journey; from the advantages of SF, through to the techniques that Russ sees included in SF, which he describes as:

Detailing	Cheerleading
Mind mapping	Amplifying
Mine fielding	Reframing or Refocusing

Following the techniques Russ shares a comprehensive example of the SF approaches application in various school settings and scenarios, including group work, conflict resolution and much more - all settings where I too love to apply the SF approach.

I suppose my question is - do you need to know this much? I read this book as an English solution focused practitioner working in schools who would not deliver SF training in such a prescriptive manner. Coming from the perspective that less is more and that each solution focused practitioner will have their own unique way of practicing. In saying that I am not criticising Russ's book at all; I am merely highlighting difference. People will have a lot to take from this book and they can make use of what Russ shares with them in a manner that best suits them and their practice and the people that they work with.

I would say that for school counsellors and school-based SF practitioners at the beginning of their journey Russ's manual could answer so many curious questions and enable counsellors/practitioners to notice how versatile the approach is in that it can be applied to pretty much any situation in a school setting and can not only include students, however that it can include staff and parents. The energy, care and knowledge that has been poured into this 'manual' is abundant and would be a great read for any school counsellor starting out on their SF journey.

The reviewer

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BOOK REVIEW**Solution Focused Therapy with Children and Adolescents: Creative and Play-Based Approaches**

Elizabeth R. Taylor

Routledge, 2019, 194 pages, ISBN: 978-1-138-05454-7 (hbk), ISBN: 978-1-138-05455-4 (pbk), ISBN: 978-1-315-16667-4 (ebk). Price £120 (hbk) £32.99 (pbk) £32.99 (ebk)

Review by Matt Selman

 Northumbria University at Newcastle (UK)

Inspired by this book to engage with creativity, my first draft of this review was written in the form of a poem – admittedly not one that was going to get me in the running for international fame or even a silver star from a primary school teacher. Rhyming and conveying a depth of critique was a bit of an ask so I offer here a more conventional review.

The title of the book helpfully directs us to the contents – it introduces solution focused therapy for children and adolescents with creative and play based approaches. The focus is on individual work and examples are from an educational setting so for those more family-oriented practitioners adjustment in practice will be needed - something acknowledged by the author.

From the start I really enjoyed and learned from this book. The author's writing style is great – accessible to read while still well referenced with supporting research and theory.

The opening introduces broader strengths-based approaches and mentions positive psychology but this never features again. A bit like getting a mini magnifying glass in Xmas cracker - I can see why it is there but is it needed or useful? In this section, solution focused brief therapy and narrative therapy are introduced as strength-based therapies and given an equal billing. Practically this seems to be around the later use of externalising from narrative therapy into the practice. A lot of the creative and play in the original arts therapy context enable projection and exploration of problems. Here by using externalising the interpretive psychodynamic aspect is left behind and the solution focused approach is possible. The use of externalising a problem as an integral part of practice – drawing the problem then drawing life without the problem - may step aside from a purely solution focused approach by incorporating a brief problem focus from which things will change.

The rationale for using creative and play based methods with children is well set out with play being a primary form of communication over verbal language. Additionally, there are benefits for work with children and adolescents who have developmental disabilities or trauma experiences where purely verbal interaction can be challenging or disadvantaging. My own practice fully supports the use of the arts in work with intellectual disabilities.

A chapter introduces various creative and play based methods including sandbox, puppets, and role-play, drawing, painting and phototherapy. The latter was completely new to me and I'm keen to take the idea into practice particularly as cameras on smart phones are so ubiquitous. As noted there is not the space for great depth into the practices and – returning to the well referenced aspect – I have acquired a number of cited articles adding to my knowledge.

The following chapters set out stages of Solution Focused Brief Therapy which serves as an introduction to the approach setting this out over the course of therapy. Each of these areas are then followed by how the creative methods might be utilised in relation to it. A final chapter on group-based solution focused practice is included. Coming from a place of familiarity with SFBT I would have liked more exploration of the creative and play methods and techniques. I did wonder how many would come to the book without any prior SFBT. That said, for someone wanting an introduction to SFBT and a creative aspect the book is spot on.

In conclusion I could not resist a bit of versifying...

I really enjoyed this book

I'd highly recommend you take a look

For me the ideas shared inside

Should be shared far and wide.

Apologies for putting you through that! I do genuinely recommend this text for solution focused practitioners for opening up possibilities for engagement with children and young people that fits easily with solution focused practice.

The reviewer

Dr. Matt Selman is a senior lecturer and programme lead for Evidence Based Psychological Practice (Systemic Family Practice) at Northumbria University at Newcastle, UK. He is not considering giving this up for a career as a poet. A silver star would be nice though.

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