Theory of solution-focused practice

**draft for update in 2019 so,
a perfect opportunity for you
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Introduction

This document is the result of a collaboration between a number of authors working as a European Brief Therapy Association (EBTA) task-group. The authors have exchanged versions of this paper over a number of years. Earlier versions have been offered to a variety of audiences – the EBTA Board, at conferences, informally amongst colleagues in order to invite and include multiple perspectives on this contentious topic of a theory for solution-focused practice. The co-authors look forward to comments and feedback so that further spirals of evolution can continue.

Our aim in this document is to present a coherent theory of solution-focused practice for those who want to understand the rationale together with a comprehensive description of solution-focused practice that can be used for training and developmental purposes.

Theory here is defined as a process theory[1] describing how the solution-focused practice is done together with explanations of how and why the process is initiated, why it goes in a certain direction and who is responsible for it. The rationale and assumptions that the theory are based on and general predictions of the outcome are also described.

This document is also meant as a statement for what solution-focused practice, it's preferred, supposed, ideal, choices and assumptions can be claimed to be.[2]

Solution-focused practice builds on the work of Milton Erickson (Erickson 1954a, 1954b), as popularised by Haley (1986), (client beliefs, individuality, capacity to change, personal choice, relationships, language, instructions, interaction), the work of the Mental Research Institute (Weakland et al. 1974), (interaction, behaviour, doing different, frames of reference, reframing) and ideas from systemic therapy (for example Cecchin 1987, Minuchin 1974 & Selvini-Palazzoli et al. 1973), (cybernetics, communication, feedback, relations, networks, complexity). Theoretically, social constructivism, language philosophy, namely the work of Ludwig Wittgenstein, and buddhist thinking have inspired the developers of the practice[3].
The practice is based on over thirty years of theoretical development, clinical practice, and empirical research by Insoo Kim Berg, Steve de Shazer and their colleagues and clients at the Milwaukee Brief Family Therapy Center in the early 1980s. Solution-focused practice has later been developed and is developed by many professionals in many countries all over the world[4].

The main approach in the development has been inductive, actively searching for logical arguments in the clinical practice that indicate support for certain practices, conclusions and theoretical generalizations[5]. The micro analysis research by Janet Bavelas and her team has added an abductive approach (Lipton 2001) – pattern-seeking that oscillates between what takes place in the lived world between clients and practitioners and the world of abstract ideas.

Solution-focused practice is open for anyone to develop further, which makes the question of what it is unclear – and is a further reason for making this theory. Our effort has been to collect and fit together many well argued and founded ideas that logically fit into a coherent framework. This work began in 2007 with a series of meetings investigating the connections between solution-focused ideas and other ideas in philosophy, sociology, psychology and related fields. In 2010 EBTA founded a task group to formulate a

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[1] Morris (2005). A process theory is a system of interconnected and interacting concepts, which attempts to explain and predict how something is happening rather than what it is.

[2] The solution-focused approach has been called 'A rumour' by Gale Miller and Steve de Shazer (Miller & de Shazer 1998). Developers and trainers commonly only express they think solution-focused thinking and practice is.

[3] Watzlawick (1980), DeShazer et al. (2006), Miller & McKergow (2012).

[4] Jonas Wells has compiled a comprehensive list of developers. Wells (2019)??

[5] Well documented arguments are for instance the concepts and use of exceptions, the miracle question and scales.

'Practice Definition', which was adopted by EBTA in 2012 and revised in 2013[6]. The task-group has continued its work hosting open discussions at conferences, informal discussions with colleagues and collecting published data[7]. During these years others have also introduced related frameworks, like the 'Solution Focused Therapy Treatment Manual for Working with Individuals' (2012, 2013), 'Clues 1.1 and 1.2' (list of SF signs in action) by SFCT and the UKASFP Accreditable Practice and Accreditable Practitioners (2015), together with several articles showing the general interest in defining the solution-focused approach.[8]

We are aware of the reservations regarding the theory that we propose here[9] There has, however, always been rigorous reasoning grounding the solution-focused practice[10]. The first framework similar to this was already written in 1996.[11] Making this reasoning explicit, will, we believe, be helpful for the further development of the practice. The theory shows itself in the conceptual assumptions, in the notions and presuppositions we ascribe to, and within the descriptions of the practice we use.

Solution-focused practice was initially developed in a therapeutic context. A characteristic is that it evolved in the context of family therapy as well as individual therapy. Thus, right from the start, solution-focused practice needed to stretch itself and be sufficiently robust and flexible to be relevant and appropriate when working with both individuals and groups. From the 1980's, it has spread into different fields of work such as coaching, education, group work, leadership, organizational development and consulting. This theory is meant to be applicable in all the different areas of solution-focused work, though examples and descriptions might show bias to the therapeutic context, because of the authors' practice background and the original development in this context. Further discussion and analysis will probably show where this theory requires further development in order to fit well. In the SF world, theory is only as useful as it is pragmatic. It should enable research, support practitioners and enhance the quality of services to clients.

We use the name 'solution-focused practice' as the name of this theory to acknowledge both the originators and other newer developers inside and outside of the therapeutic context. Some readers may be familiar with the term "solution-focused brief therapy (SFBT)" from the therapeutic context. We acknowledge this name as being part of the history of the form of practice that this document explores and expands on. Others in the organizational field use the concept 'SF Practice' when describing what we here call solution-focused practice.

The word 'client' and 'clients' is here used as a collective name for the person or persons, who seek partnering and support in their change journeys. All clients belong to many groups, like a couple, family or a team with their own unique values, language, goals and behaviour. It is common practice to take these groups into account and involve them and persons from them in the change process, because it opens up possibilities for using their patterns of interaction, their different points of view and alternatives, to do behavioural experiments and to evaluate multiple consequences of change.[12]
The client's change is thus a change also for these groups. For instance, when a staff member changes, his/her department changes and the company changes to some extent. Sometimes what starts as one person's change ends with a large-scale change. Sometimes the organizational group/setting sets requirements for the person's change.

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[6] EBTA Practice Definition 2012 and Solution Focused Therapy Treatment Manual for Working with Individuals (2nd Version), July 1, 2013.

[7] Among others: Open Space discussions at the EBTA conferences 2015 and 2016, discussion at the SFT-List 2017.

[8] For instance Froerer & Connie 2016, McKergow 2016, Korman 2017

[9] For example, Steve de Shazer wrote in *Words* were *originally magic*: „I decided that my only recourse was to follow Wittgenstein´s advice (1958) and renounce all Theory"(de Shazer, 1994, p.32) and in the well-known interview with Michael Hoyt he said: „Don´t let the theory get in the way. Theories will blind you".

[10] The first theoretical reasoning was published in 1974 (Weakland et al. 1974).

[11] Kim Berg & De Jong (1996).

[12] De Shazer (1991)

These specific group issues are mostly implicitly indicated in the text. A question to the client can then be a question inviting individual responses from many persons in the group, or a reply that represents the group as a whole. SF practice honours the individual within the interactional web, without privileging the individual over the collective.

The theory has three interrelated parts. It starts with describing the context of solution-focused practice. Secondly, the conceptual thinking and the reasons for the basic model of solution-focused practice, together with the main ethical choices and assumptions, are presented. Finally, characteristic elements and key topics in solution-focused conversations are highlighted a description of the change process. The parts offered below overlap and relate to each other. All have something unique about them. Practice cannot, for example, be fully described or explained, as language doesn't capture everything. Each moment in life is unique and different from what concepts can cover. Our thinking requires intuitions, but on the other hand, "intuitions without concepts are blind"[13].

Like the original solution-focused developers, we want to keep the focus on what is happening in practice and not get distracted or become rarefied by the explanations, which can easily happen among professionals. All the same, we want to make some basic concepts clear in order to explain the reasons for what is done in solution-focused practice. Both explanation and description can be seen as the surfaces of the space that is created by practice.

Metaphorically, practice might be considered as the space inside a Necker cube which can be seen from different sides and angles. However, our acting may, and by means of creativity will, go beyond the cube. This will not be seen in terms of theory or description unless we expand theory or description.
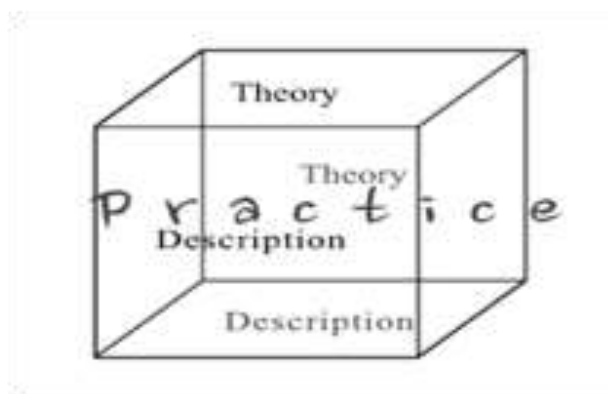
I. Practice: Being in context

Practice is something no one can do away with. Humans can stop thinking and reflecting or even be fully unaware of their doings, but they cannot stop practice. The concept 'context' is here used as a way to differentiate different practices from each other.

All professional practices, solution-focused practice too, happens somewhere, at a particular time, and in direct or imagined relation to someone and something which is referred to as "being in context". Contexts are social interactional situations that frame how people perceive, use, interpret language and act. People also create and change their contexts. So, what is relevant in a coaching session is thus different from what is relevant in a therapy session. 'Feeling better' means something different with a medical doctor compared to what it means with a spouse, for instance. The meaning of 'feeling better' can also be

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[13] Kant (1914, p75).

negotiated within the context. 'Feeling better' contains references to past experiences and hopes for the future. Words can be given to what has been inarticulable. Problems can be dissolved.[14]

Contexts also define the relationships and roles. For example, in a consulting room, the relationship between two people is complementary; A client seeking help can perceive a therapist as being in the superior position[15]. The same people meeting during a party will not have the same type of relationship, although the context of their therapeutic relationship could still affect their interactions at the party. Furthermore, depending on the context, people behave differently. Caregivers often experience this when they accompany a group of patients outdoors to restaurants, the patients' behaviour is very different from that in the care unit.

These contexts of social interaction are conditional to individual reflections and vice versa.[16] This means that meaning cannot be separated from the context in which words and actions are used and interpreted. In addition, any word used refers to other words and actions in other contexts used by other persons with other meanings. Contextual meaning also involves a more general orientation to (or a sense of) what is at issue in the interaction and its implications for the past and future[17]. Categorizing someone, for example, as a "mother" or "schizophrenic", ascribe meaning to the person and the context. This ascription of meaning is more than giving a thing a name tag. It involves intentions, values, experiences, etc. - Consequently, in this text we are describing the solution-focused practice, its focus of attention, use and reasons for choosing this practice, instead of other ways of being in context.

The specific context in which solution-focused work originally evolved was the psychotherapeutic practice context, which is often defined as "talking cure"[18]. The talk, the conversation, has been seen as a vehicle for change and hence has been a major area of interest, reflection and research. In this context, someone who experiences problems in their life seeks confidential[19] help from a trained practitioner. Sometimes the practitioner can observe the context where the client wants the change, for instance when she/he meets a whole family or work group. What the client and practitioner do together is usually a temporary addition to the client's life and the client uses the therapeutic experiences as support for his/her change.[20]

Dealing with problems in this context usually leads to talk about the negative consequences of them: what is wrong, what causes the problems and what obstacles to overcome. We will here show that solution-focused practice creates another kind of context often called 'solution-building'[21]. The solution-focused practice emphasizes clients' competencies, agency and past successes. It focuses on interactions around how clients can use their resources and strengths to make the best possible changes for a better life. This theory is therefore a theory of how change in the solution-focused practice happens and how it supports clients to implement those changes in their lives.[22]

As solution-focused practice spread into different fields of work such as coaching, education, group work, leadership, organizational development and consulting, words, the language and actions of the solution-focused practice has and will change to some degree. In coaching, for instance, there might not be a need

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[14] Miller & McKergow 2012.

[15] The client can also perceive him/herself as superior as a hiring customer.

[16] Lauth (1989).

[17] Miller (2008).

[18] De Shazer etal (2007). 'Talking Cure' was first introduced in 1895 by Joseph Breuer and Sigmund Freud in Studien über Hysterie.

[19] Confidentiality has played a major role in defining psychotherapy for instance. Meaning that the practice has been more or less secret and taking place in an isolated room.

[20] Usually the clients use their therapeutic experience by themselves in their everyday life..

[21] for instance DeJong & Berg (2012); Miller & McKergow (2012).

[22] Bavelas, J., Korman, H., DeJong, P., Smock, S. (2016)

for help with troubles, rather a will to develop further and achieve more goals. The full scope of contexts, where solution-focused practice is usable and can contribute value is still emerging.

A general definition of the solution-focused practice in these different practice contexts is: Clients get support for change from a practitioner based on the clients resources, skills, strengths, future hopes and interaction in their environment. For the clients it means formulating and applying new orientations to self, others and the future.[23]

Practice, as indicated above, also implies more than the interaction described here. Even the most intimate conversations in "talking cures" involve interaction related to personal, social, legal, political, cultural and religious (to name a few) issues.
No description or explanation can ever do complete justice to life. There is always more to it. As practice creates the open space of life, the context of ascribed meanings, and is an ongoing interrelated process, it will inevitably be changing and evolving across space and time.

II. Explanation: Why be solution-focused?

Some say that descriptions of solution-focused practice, continuous inductive development together with the growing empirical evidence that solution-focused treatments are efficient and effective[24], are enough of a reason to use the solution-focused practice[25]. Solution-focused practice is however not grounded on descriptions alone, clinical results, social acceptance or personal style, but on rigorous reasoning and certain assumptions and values.

This section will explore the reasoning in respect of three aspects of solution-focused practice as an activity of helping clients to change a) the meaning of their situation, b) their self-perception and c) everyday's actions accordingly.

a) Changing meaning

Solution-focused practice is partly a philosophical endeavour of talking about what makes sense for the client to conceptualize her/his experience and how this may help to promote experiences of 'feeling better' or 'understanding better' – common requests that clients bring as their desired outcome when they start work with a practitioner. The solution-focused stance argues that language philosophy[26] makes a strong case for the practice of being helpful to other people, because the use of language is a fundamental element of conversation. Understanding and explaining the meaning of meaning, therefore, is of major importance. This includes making sense of perceptions, feelings, thoughts and intentions.

Meaningful sentences make a conceptual map of the world

Ludwig Wittgenstein and social constructionist philosophy is an important source of inspiration in conceptualizing the relation of language and what we call "reality"[27]. Wittgenstein claimed that the limits of

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[23] See also Miller & McKergow (2012).

[24] MacDonald (2017).

[25] De Shazer (2006)

[26] This term here is meant to include a variety of philosophical endeavours (i.e. transcendental philosophy (for example: Lütterfelds: Fichte and Wittgenstein, 1989), social constructivism (for example: Hacking: The Social Construction of What?, 1999.) or enactivism (for example: Hutto & Myin: Radicalizing Enactivism, 2012.) that are connected with core arguments of Wittgenstein's thinking, without going into details. In this sense we take fundamental arguments from „language philosophy" that explain some theoretical implications of the solution-focused stand.

[27] Miller & McKergow 2012.

our language determine the limits of our world, and that world and life are one.[28] Language is thus not just a collection of words. It is the expression of a form of life.[29] What commonly is called facts are not things, but they are verbal expressions of meaningful sentences. These facts show a picture of reality and together are a model of the world. Words and sentences do not however have a fixed sense or meaning. They get their meaning from the context of life events and they are used in relation to other persons. So, what one says makes sense because of one's daily acting. Thus – as Wittgenstein put it – the world of the happy is quite another than that of the unhappy.[30]

Human experience is not simply given, but more like a conceptual map or network where sense and meaning varies according to when, where, and how one relates to others.[31] Words, sentences, thoughts, and actions have varying references, denotations, connotations, implications, ambiguities, and contradictions[32].

In this sense, the partly philosophical endeavor of solution-focused practice can be understood as a joint activity of world changing.[33]

The world is uncertain

Two implications of this understanding of meaning as a result of social interaction are to be mentioned. They also point to the next sections. The first implication is about how social interactions define rules. Because there are infinite ways to build sentences or even invent new words, thoughts and actions, it looks as if there are no possible foundations of language games and meaning.[34] Radical constructivists do indeed claim this to be the case, while others point to the inherent self-contradiction of such claims.[35] If there were no foundation of meaning, how would there be meaning at all? This question touches on the fundamental question of certainty and truth, and we humble ourselves to an observation in line with Wittgenstein. The picture of reality people have varies in extremes across cultures and times, and one has to be very careful with judging and comparing the incomparable. But, any form of life with all possible differences rests upon judgements that can be imagined as hinges around which the variable system of meaning rotates. Any form of life, and any meaningful conceptual network, rest upon judgements, which cannot be reasonably doubted within this form of life. Wittgenstein calls these fundamental sentences "hinges of our view of the world". We do not explicitly learn these sentences, but we may discover them like an axis of rotation that is defined by the movement around it.[36] Whether one agrees with what transcendental philosophers described as universal a priori concepts of knowledge[37] or not, the important point is that these fundamental judgements are not a matter of empirical investigations. Our life shows, for example, our certainty that there is no plug at the bottom of the sea, although no one ever bothered to find any empirical evidence for it. Even more, this applies for our experience in general. We, for example, cannot do without the concept of causality when saying: "I see the sea". There is, of course, no need to try

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[28] Wittgenstein: Tractatus logico-philosophicus, 5.6 and 5.621.

[29] Wittgenstein: Philosophical Investigations.

[30] Wittgenstein: Tractatus logico-philosophicus, 6.43.

[31] When talking of language or experience as a model or map of the world created from a network of meaningful signs, we have to be aware that there is no "world" behind them, we can know of, as knowing is only within these conceptual frames. However, there might be necessary concepts and one might be the concept of a "world" or "thing-in-itself" to use a Kantian term. The different terms we used here (models, maps, networks) indicate different aspects of meaning. One aspect is that of representation, abstraction and highlighting certain aspects when thinking of language as a model or map. Another aspect is that of interdependency, interwoven relations and linking in or referring to other aspects when thinking of a network of meanings and language games.

[32] Wittgenstein: On Certainty, § 229.

[33] Another metaphor for this activity is to say that it "stretches the world of the client" (see McKergow, World Conference Book Chapter, in press/preparation).

[34] Wittgenstein: Philosophical Investigations.

[35] von Foerster & Pörksen (2002)

[36] Wittgenstein: On Certainty, §152.

[37] This is the purpose of Kant in the *Critique of Pure Reason* or of Fichte in his *Science of Knowledge*.

to make these fundamentals judgements of our meaningful view of life explicit. In general, they just show up, just like life itself.[38]

Support to pursue a purpose

When a person experiences stuckness in relation to a problem, or wants to change, and does not find a way to go about creating this change, or experiences failed attempts at change, s/he usually expresses the problematic experience as being stuck, uncertain, in discomfort, troubled, confused with her/himself, others and/or the current life situation or not able to reach his/her goals. Feeling hopeless and out of control is common. This takes us to the second implication. When people seek help, it implies that they experience some kind of hindrance in pursuing a purpose. Something that *should* be, or *could* be, is not. The purpose of actions, hopes and intentions are called values. The client's values at stake in any conversation are the backbone of the conversation. They are not necessarily talked about, but solution-focused practitioners should be aware of them and as described later, respect people's choice of them. This also means that people have the capacity to determine their actions in relation to others and the world.

This line of reasoning has some important theoretical consequences. In the wake of Wittgenstein's thinking, solution-focused practitioners make the claim that there is no reasonable scientific way of explaining meaning by causal chains. It is not that the causal nexus is taken for a random fantasy, but it just cannot explain semantic relations. Thus, solution-focused practitioners do not understand the interacting persons and the exchange of meaning as determined by causal forces, be it the physical law, social or economic power structures, brains, genes, or things. There is no doubt that it makes sense to speak of them, but they do not determine the meaning of the words and any meaningful conversation either.

The second argument from language philosophy that solution-focused practitioners take seriously is that personal perceptions, thoughts, beliefs, motives, values, states, scripts or anything we think determine our actions does not alone determine the meaning of the words we use and the actions we take, although most of us think they do. Instead solution-focused practitioners rely on what might be called "creative inter-action", where meaning is created in life events between people and this is the base for the solution-focused change.
This of course does not mean that such personal thoughts are irrelevant, but they do not have the controlling quality sometimes ascribed to them.

Change as new meaning in everyday life

Meaning, in line of this argument, shows ~~simply~~ in the way people live their lives, how they connect to other people and handle life's events and situations. Therefore, solution-focused practitioners pay attention to the detailed descriptions of people's' daily life to discover and create meaningful sentences and actions that allow the person to get what they think is good/useful for them and to go about with whatever made them seek professional help.[39] The focus of the conversation is on the interaction between people. First, in between the practitioner and the client, second, in between the client and significant other persons in her/his life, that will experience future behaviour. Quite often significant others and changes in the environment significantly contribute to the change, because the meaning in between persons is necessarily a joint venture. Talk about forgotten, hidden, new or not yet considered utilizations of the words we use sets in motion a process of co-construction between persons in which altered or new meanings are generated.[40] This is another part of the solution-focused practice.

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[38] Wittgenstein: On Certainty, § 559.

[39] Some elaboration and case examples can be found in: McKergow & Korman (2008) and Iveson & McKergow (2016).

[40] McGee, Del Vento, & Bavelas (2005).

b) Changing direction

Another aspect of solution-focused practice is to address clients' requests to make changes in their lives. These changes can be about changing perception of self and their world, orient themselves, expanding possibilities, adapt to limitations, solve problems and/or tackle challenges . This is often expressed as: "What can or should I do?" - 'How can I change this?' - How can I get this?' From this perspective solution-focused practice is a social practice of helping the client to become more satisfied with themselves and with their responses to their life situation. In this respect solution-focused practice is a client-centric practice[41] that takes clients' experiences, worldview and values as the base for the help.[42]

The solution-focused assumption is that everyone is *per se* capable of living a meaningful life, and of having done so already, even if they think or feel stuck at some point.[43] People have also overcome past difficulties. Furthermore, they can adapt to their life circumstances and will manage to get along. They have a purpose in life, even if they may not be able to describe it in a coherent narrative.[44] Therefore, they are resourceful, competent and resilient. In other words, people have agency, and in this sense, they are the experts of their own life. Regarding clients' agency in their lives, practitioners cannot know where clients will choose to go and, so, solution-focused practitioners do not claim to know[45]. Helping clients to see their agency, competence, and resources in the light of their purpose of life, is considered to be respectful, empowering, and effective way to enable them to go on with their lives and overcome whatever made them seek support. This is the solution-focused concept of human beings (persons).[46]

Building with competence and resilience

Given that people have already constructed their world, and even though it might not be with sense and meaningfulness all the time, it is still meaningful to some extent and in some contexts. Therefore, there is always something to build on, and even in seemingly desperate situations people can come up with amazing coping skills, resources and resilience. Thus, the practitioner calls the client to look for her/his agency and power in life by inviting descriptions of these particular nominalizations (skills, resources, etc.) in fluid, verbal forms. Consequently, solution-focused practitioners will usually not ask questions on how and why the situation became that desperate, nor collect details of all the hardships.[47] Instead the solution-focused practitioner asks about how the client is contributing to keeping things steady rather than things getting worse.

In order to talk about how the client can go on with her/his sense and meaning, it is not necessary to fully understand or analyze her/his view of the world (all sentences and hinges), but it is enough to establish a workable fit that allows the client to go on with his life. This implies that whatever the client wants to share is enough to work with. Solution-focused practitioners do not think that there has to be agreed upon and unified way of life and they value the diversity of unique solutions by each client.

As respect and support of the client's purpose and view of the world has been chosen as the bottom line of the solution-focused practice, clients are trusted to know what changes they want and trusted to collaborate as well as possible in making the change happen[48]. This means that the solution-focused practitioner bases her/his relation with the client on the premise of respect for the client's beliefs,

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[41] more about this for instance here: http://journeys.getsynap.com/the-difference-in-being-customer-centric-vs.-customer-focused. Also similarities with Rogers, Carl (1951). Client-Centered Therapy. Cambridge Massachusetts: The Riverside Press.

[42] Psycho-linguistics contain many similar ideas.

[43] Erickson (1980).

[44] Re-establishing the purpose can be challenging in some life situations like, in loss of loved ones.

[45] This is commonly called 'not-knowing' (Anderson & Goolishian 1992).

[46] In German 'Menschenbild'.

[47] McKergow & Korman (2008).

[48] For instance, the Solution-focused treatment manual (2013).

autonomy, safety, and needs. It also means that the practitioner strives to minimize her/his involvement in the client's life.[49] This is done to enable people to empower themselves to live a meaningful life according to their own values. Empowerment is understood as inviting the client to become aware of her/his power and agency in taking control of the meaningful change s/he seeks. It is mostly personal empowerment, to some extent interpersonal empowerment in relation to significant others, and sometimes socio-political empowerment, to access resources and questioning commonly held truths.[50] From this choice it follows that solution-focused practice is not defining a norm according to a numeric normal of statistical descriptions. The concept of „normal" is actually empty and there is always only deviance and change.[51] Normality in mental health and life is a cultural, ideological and political choice.[52] This choice should not be mistaken for a normative value of how life or persons should be. Strengthening the client's competences requires that the practitioner creates a safe and comfortable interactional space, where the client can express her/his thoughts well and in which the practitioner is open, curious, respectful, appreciative and genuine towards the client. This also requires that the practitioner builds on hope, positive emotions, virtues, caring, love, compassion, gratitude, and sympathy for the client and her/his environment. It is assumed that this all helps clients to cope with current hardships, broadens the scope of attention, recognize signs of change and inspires them to generate change, creating more positive emotions that further evoke skills for change.[53]

Solution-focused practitioners use the client's capacity to construct and build on their and others' useful experiences, coping strategies, problem solving abilities, learning experiences, resilience, resources, strengths, skills, talents and successes. The practitioner listens carefully to elicit and amplify what might be helpful in all phases of the conversation and change process. Some resources are implicit. Solutions are, for instance, often implied in problem descriptions. Problems can be described as unfulfilled hopes. Talking about best hopes implies that they can be achieved. Talking about past changes implies that more of them are possible. Once the client is aware of her/his power to influence, the meaning of actions and agency, there can be less emphasis on failings, inabilities, motives, conflicts, obstacles and problems[54].

In some situations, clients might need alternatives to counterproductive or harmful behaviour, interaction, cognitions and feelings. In these situations, clients are helped to do something different within their repertoire and their values and frame of reference. The reasoning behind such interactions seems strikingly simple: if you are unhappy with what you did so far, try something else. Yet, it is not self-evident to refrain from giving advice and taking an expert position of where the client could or should be[55].

Towards the best possible change

To support clients' competence even further, solution-focused practice introduces the idea of the best possible change. A best possible change can be the client's vision, a miracle scenario, best hopes for the conversation, succeeding perfectly or another of her/his ideals. Describing the best possible change helps the clients to make sense, strengthens their competences and helps them to find the meaningfulness for themselves.[56] Sometimes the miracles even happen and clients' lives change drastically for the better.

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[49] These ethical choices are described in more detail in the EBTA code of ethics (2015).

[50] Rappaport et al. (1984).

[51] De Shazer (1994, p107).

[52] Berger, Luckmann, Zifonum (2002).

[53] Fredrickson (2013), Shick (2017).

[54] There is a lot of ambiguity associated with 'empowerment. Furthermore, how much or with which means practitioners support their client's empowerment has not for instance been discussed much among solution-focused practioners. A group called 'The Solution-Focused Collective' started in 2018 a movement to address social change to avoid public issues to be translated to personal troubles (The solution-focused collective, 2019).

[55] This principle is debated among practitioners. Some use this MRI originated principle alongside the 'do more of what works' principle. Others are careful not to suggest any own ideas to their clients (George 2010).

[56] De Shazer et al. (2006).

As indicated earlier, the conversation is treated as an intersubjective endeavor.[57] Both parties collaborate together and contribute to the result. Inevitably the practitioner therefore influences the client in many ways, particularly through the assumptions s/he uses in his conversational tools. It is important that the practitioner is aware of the personal agenda s/he implicitly or directly contributes to the conversation. Solution-focused practitioners are aware of the fact that being helpful in a solution-focused spirit is a specific kind of agenda as well.

So, solution-focused practitioners, on the one hand, intentionally influence the general direction of the conversation in promoting solution talk. In doing this, solution-focused practitioners take responsibility for their intents and choices during the conversation. The emphasis to build on existing meaning and competency, and looking for hopes and the best possible future, is already an important choice in respect to the client's agency, as it usually leads to relatively fewer conversations and therefore arguably limits dependency on practitioners.[58] By using the key solution-focused assumptions, and the specific solution-focused emphasis on conversational tools, they offer their view of the world as a possible way for the client to choose to look.

On the other hand, practitioners stay as much as possible within the world of the client to limit their influence. In a way, they visit the client's world and use their observations for the client to make more sense, promote change, create meaning and meaningfulness and act towards what is meaningful to her/him, to be able to proceed in life and end the conversation with the professional practitioner.

And some professional support

The ethical choices described above do not prohibit practitioners from reflecting, interpreting or giving advice, if the client asks for it and if the situation calls for it[59]. To do otherwise could be dangerous for the client, and a dereliction of duty of care on the part of the practitioner. Interpretations and advice are given in a way that fit the client's view of the world and as one possibility of many. Practitioners are aware that conflicting values are common amongst people. The practitioner helps the client to consider and solve such conflicts, for example, helping clients to balance between their perspective and the need for them to respect the law, social norms and the well-being of others.

c) Changing actions

Finally, because of the trust in the capability of the client to pursue a meaningful life, solution-focused practice is future oriented and offers practical support that helps the client to act and achieve her/his ends. This also exposes the extent to which the client's sense is sensible, i.e. contributes to a more meaningful life.

Change is sensible when the consequences are as intended

Everything in the conversation aims at supporting the client's meaningful acting to make their values happen in the future. Changes become meaningful when the consequences are as intended and can be observed in the future. Solution-focused practice builds upon the future aspect of the client's intention to achieve something of value. The better and the more detailed the descriptions of how one will do this in the future are, the better one knows what to do, and the easier it will be to do it.[60] Thus, the solution-focused practice supports and strengthens people's agency.[61]

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[57] Peräkylä et al. (2008).

[58] MacDonald, (2017).

[59] SF practitioners have different opinions about this. From discussions with colleagues we have noticed that some say they avoid and some say they don't give any advice.

[60] Positive psychology research on meaningfulness, well-being, prosperity and happiness indicate that meaningfulness is associated with purpose and eudaimonia, being part of something more than oneself. (Seligman, 2011).

[61] Walter & Peller (1992). Shennan (2016)

Again, there is a very simple reason for this hope and value driven future orientation: only what has not yet happened can be changed, therefore any change is yet to come. Of course, one can always change the way one thinks about the *meaning* of what has already happened. Such changes can change life dramatically. Still, this change will only happen from now onwards and into the future.

Reflected and evaluated

A future orientation connects with the two previous solution-focused aspects of change. First, the practitioner helps the client to define the change and then to decide the meaningfulness of the consequences and anything that might be different, when the intended change would be realized. This relates the change to the client's values and meaning of life. The practitioner therefore talks with the client after the actions have been taken, whether the change related actions in the client's view have meaningful consequences. If not, the practitioner repeats the change process with the client to modify some aspect of it. When the client no longer feels stuck and expresses confidence that s/he knows how to continue his/her life, the co-construction can end. Clients are welcome to return if and when they deem it appropriate. In solution-focused practice it is common for clients to decide how many sessions and at what intervals. The idea of thinking negatively about clients for example as "revolving door" or "repeat" clients is not a part of solution-focused practice. At the same time solution-focused practitioners see themselves as partners in a co-construction process where the client signals when that partnership can be brought to a close.

Over 30 years of solution-focused practice has shown that clients can and do make these sorts of changes when offered these co-created, conductive conversational contexts[62].

The main assumptions, values and beliefs

What are the core assumptions, beliefs and values about people and change in solution-focused practice? There are many lists of assumptions, values and beliefs.[63] Here we will make a short summary of the most important ones used in this theory together with what view of the world they portray and what ideology they indicate.[64]

Language is the key element in in solution-focused practice, because language provides the means for people to make sense of their experiences. Interaction with others give words and sentences their meaning. These described interactions make a conceptual map with which they orient and express themselves. Therefore exploring the client's map with the client's words is one of the practitioner's most important tasks to help both the client and the practitioner to focus their attention on what the client wants to support the client's interaction with others in his/her environment.

Solution-focused practice is based on the belief that people are enactive: They discover the world by exploring it and making sense of it by observing, thinking, feeling, intuiting. People can choose and are able to live a meaningful life according to their own standards. They are capable of noticing, judging and define useful differences and changes. People are also seen as experienced in coping with difficult situations and in overcoming these situations.
People are assumed to want to be respected as enactive and to live a meaningful life according to their own terms, to be seen in their competences, their desires, their uniqueness and their awareness of doing meaningful things[65]. These unique life experiences of the client are regarded as her/his special expertise. Solution-focused practice is designed to support people in their expertise. Therefore the solution-focused practice has taken the client's life experiences as the base for the collaboration.

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[62] MacDonald (2017). A list of research on client's experiences of solution-focused practice will be added to this document.

[63] For instance Wheeler & Vinnicombe (2011), Wells (2018).

[64] These are tentative thoughts at this point, as it is, as far as we know, done fort the first time.

[65] For support of this assumption, see for instance Deci & Ryan (2000).

The practitioner then looks for the person's hopes for the future, abilities, creativity and attempts to cope with and deal with the situation he/she wants to change. This focus on the client's desired future is a choice based on clinical experience.[66] Also research indicates that focusing on positive aspects of life, on possibilities, a better future are powerful ways to empower people.[67]

At the same time solution-focused practice assumes that change happens in the client's social context. Meaning is made and shared with others. The preferred change get its meaning and sense in actions with others. Therefore many questions are about preferred changes in the relationships and the environment at hand. The emphasis is both to empower the client, to support negotiations with others and to support adaptation to the circumstances. The basic assumption is that people are creating a meaningful life in mutual inter-action.

Solution-focused practice assumes that people's pictures are different and don't always fit together. Although some clients preferred change at face value sometimes doesn't seem to fit others, a more detailed exploration about different possibilities nevertheless mostly leads to reasonable agreement. How about conflicts? Some conflicts are misunderstandings that are resolved as they are talked about. In others practitioners might offer mediation [68].

How do people develop these abilities? – Solution focused practice doesn't have a theory of development of its own. Instead, when needed for the change at hand, it uses the theories individual clients find useful. Sometimes the practitioner, knowing the client's contextual map, can offer a suitable theory. Several theories from social psychology, discursive psychology and systems theory fit with the solution-focused practice.
Why do people experience problems despite their expertise? - The world as an infinite number of contextual maps with varied meaning is a complex world where anyone gets lost from time to time, offers a general explanation. Sometimes trying to use the wrong map (more of what doesn't work) seems to be a common attempt in difficulties.[69]
As shown in the chapter 'Changing Meaning', solution-focused practice doesn't need to conceptualize why or how problems occur. Instead it uses the client's personal experiences and maps and the concepts that evolve in the practice interaction. This is the reality at hand.

As a consequence of regarding the reality as a complex world with varied meaning the future is negotiable and changeable. The assumption is that change occur all the time and can be made in many ways. It can for instance be sudden, slow, shifting, permanent, gradient, surprising, evident, planned, creative, difficult, simple, or even impossible. Quite often small changes and differences lead to big changes. Therefore most practitioners organize their support adjusted to specific situations, with step by step evaluation and reorientated when needed.[70]

These beliefs, values and choices show that solution-focused practice values uniqueness, tolerance, pluralism and empowerment as core values.

III. Description: What makes practice solution-focused?

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[66] Clinical research at BFTC (De Shazer…??)

[67] Positive psychology research like Fredriksson (2015).

[68] for instance DeShazer et al. (2007).

[69] Watzlawick (1988)

[70] Solution-focused practice is often labeled as 'brief', because the preferred changes often happen in shorter time than in traditional 20th century therapeutic practice.

This description of practice is a simplified account of what actually happens in practice, in order to show how the explanatory concepts are used in practice. Here, we ask: What makes practice solution-focused? Like a professional conceptual map, this description highlights or omits features of the space of action that are specific to solution-focused practice. In this way the descriptive map helps differentiate solution-focused practice from other kinds of "talking cures", "coaching models", "educational syllabuses", etc..[71]

Solution-focused practice may look like a superficial conversation without any exchange on "deep or hidden causes, explanations and complex psychopathological mechanisms at work"[72]. It is however a very focused co-constructive conversation in which the practitioner concentrates on the moment at hand and the client's presence. S/he focuses on the actual interchange of words and actions between them. S/he responds from moment to moment on what the client did and said before. S/he deliberately keeps, elicits, amplifies or adds on specific solution-focused topics (outlined below) based on what s/he heard from the client and what seems to enable a joint co-construction towards the client's desired change. S/he carefully grounds each speech turn to collaborate with the client towards a coherent mutually agreed description of the issue at hand. These continuous and often overlapping sequences are the building blocks of the co-construction in the conversation that accumulates a shared meaning[73].

As solution-focused practice operates within the realm of the client's world, which means listening for and building on expressions of competence, empowerment and agency as well as the client's hopes, ideas and plans for the future, the practitioner avoids orders, like advice, suggestions, interpretations and requests from outside, except when clients ask for them and the practitioner has expertise to offer[74]. Sometimes advice, proposals and suggestions about new actions (doing something different) might be appropriate, for example in high risk situations and ethical conflicts. Even in these situations orders are nonetheless given as possibilities or options rather than as prescriptions from an expert[75].

Key topics in solution-focused practice

Respect, engagement and positivity

Respect and engagement with the unique characteristics of the client form the stance of solution-focused practice[76]. The practitioner needs to be curious[77] and appreciative of what the client expresses. Clients usually engage in the conversation in a similar fashion, which leads to a relationship of equals in which the practitioner takes the leading responsibility for setting in motion a constructive growth oriented process and the client takes leading responsibility for offering the content relevant to their desired change. Respect and engagement show up as validation, encouragement, compliments and being genuine together with

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[71] Thus, the famous quote „The map is not the territory", by Alfred Korzybski coined at the meeting of the American Association for the Advancement of Science in 1931 became important for many solution-focused practitioners.

[72] Superficial and not addressing the real, underpinning problems has been the main critique against the solution-focused practice. See for instance DeShazer 1988.

[73] Grounding seems to be a universal three step sequence of how shared understanding comes about. The speaker first presents new information. The addressee then responds that or how s/he has (not) understood the information. Finally, the speaker confirms that the addressee has (not) understood her/him correctly. A new grounding sequence starts, if the addressee shows that s/he doesn't understand/ accept, or the speaker doesn't confirm/accept the answer until a shared meaning is negotiated. Sometimes the meaning remains unclear and weakens the results of the dialogue. Sometimes the personal meanings differ from the shared meaning Clark & Brennan (1991), Bavelas (2012), Bavelas et al. (2014).

[74] De Shazer (1984), McKergow & Korman (2009). Some experts do never give orders when working solution-focused. Instead they use another role, like official or parent, in rare occasions to give advice, for instance (Shennan 2017).

[75] Flatt & Curtis (2013).

[76] Froerer & Connie (2016). Shennan (2017) doubts that these are specific for SF practice

[77] Gale Miller calls this 'disciplined curiosity skill'. Miller (2014).

non-verbal expressions like nodding, smiling and leaning forward. These usually create an optimistic atmosphere with expressed signs of hope, empathy, compassion, caring and humour.[78]
For example:

- 'I will do my best' - at the beginning of the support (to show caring).
- 'Yes, and…' when the client has described how an event went (to show appreciation)
- 'What will you do then?' - after the client has described a step forward (to show curiosity and encouragement).
- 'Well done!' - when the client has made progress (to show appreciation and validate)
- 'When you are able to… (to show hope and encouragement)
- 'Yes, I can imagine that' - when a client has told about difficulties the practitioner can imagine (to show empathy)
- 'Wow, how did you do that?' - when a client tells about a success (to express respect, curiosity and positivity)

Preservation and use of the client's language

The description of the client's world can be done using and interpreting language in many ways. Some clients use literal descriptive language. Some clients describe their life as a narrative that highlights the client's agency and life events.[79] Others use metaphors, which can offer alternative interpretations. Some use humour and creativity; they play with ambiguity, chance and contradictions and see things from different perspectives. Both metaphors and humour show how change doesn't need to be logical and can come from "outside of the box".[80] When working with groups and teams the commonalities and differences in language offer significant opportunities to support groups or teams in developing shared meaning or at least respect around differences.

The practitioner connects with the client's use of language. This means using the client's core concepts and logic. If people use different types of language for the change at hand, the type that most clearly indicates change is a good choice to use. Within that language the practitioner invites the client to find and use meaningful differences helpful for the desired change. S/he can for example use scales to assess the current situation in relation to the preferred change, the degree of progress and level of confidence to change.

For example:
- 'How would you describe your situation now?' - Open questions to get the specific words and logic the client is using
- ' Can you give me an example of that?' - to get concrete descriptions from the clients' experiences when clients use abstract language.
- 'When he says to you to work more, how do you want to respond?' - to make an interactional and sequential map of events.
- 'So, what options do you have in this situation that you explained?' - to explore different perspectives.
- 'What else tells you that things are going well?' - to enrich descriptions of the preferred change.
- ' What would be a step in the right direction?' - to scale progress.
- ' How far have you already come?' - to measure and assess progress.

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[78] Shick (2017). We are aware that the specific meaning of these concepts are unclear. See for instance Hutto & Jurgens (2019) on enactive empathy.
[79] Iveson & McKergow (2016).
[80] Remember the Necker cube metaphor from the beginning, that allows one to see different aspects and indicates that creative practice expands and transcends "boxed spaces".

Alignment with and support for the client's desired change

The basic activity in solution-focused practice is to align with and support the client to make a desired change in perceptions, feelings, thoughts, intentions, choices and/or actions by facilitating talk that generates detailed descriptions of the desired change.[81] In this process, the practitioner talks with the client about anything that seems helpful for the client to make the desired change. Initially it can be about problems, unwanted habits, what's wrong and about limitations (what cannot be changed). The unwanted is treated as something that might be open to change[82]. There won't in general be much talk about why things went wrong and the practitioner does not apply any theory or model to explain causes for difficulties or problems[83]. This is often described as "evaluative responsiveness",[84] "helping from one step behind"[85], and "envisioning the client's situation in relation to the change s/he hopes for"[86]. It can be compared with driving a car forward while looking in the rear mirror from time to time to see what is coming from behind.[87]

The change can be anything purposeful, meaningful and sensible for the client and possible for the practitioner to support[88]. It is usually constructed and agreed on from the client's description of the current life situation as something that is not yet present, but hopefully soon will be. The client's hopes, expectations, plans, visions and dreams are good starting points for the conversation of what to change. To envision the client's best hopes or a hypothetical day after the miracle of the problem no longer being a problem, is a powerful way to describe the desired change. It is usually co-constructed by eliciting one or more concrete and detailed descriptions of desirable differences in the life situation at hand, including significant others' perspectives as part of the description. In subsequent conversations the client might revise what s/he wants to change after considering the description of a better future and maybe after dealing with the consequences of the initial change. The change can also be described as part of the client's life narrative especially in significant life changes.[89]

This brings one of the most challenging aspects of solution-focused practice for new practitioners – how to respond when clients seem unable to describe a preferred future. It is easy then to slip into causal talk about why things are as they are, amplifying the stuckness. Solution-focused practitioners are aware that it's often in the small intricate details of people's lives that possibilities for change show up. Hence descriptions about the apparently banal and mundane everyday routines in people's lives are welcomed. Questions like "and what might be a sign that gives you a clue that change might be possible?" are seen as useful as questions that invite descriptions of clear and do-able change.

For example:
- *'How will you know that our meeting today was useful for you?' - to get a sense of the client's expectations and conveying belief in the support.*
- *'What kind of change are you looking for?' - as an invitation to the solution talk, when clients' have not yet talked about the change.*

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[81] For case examples and a theory related discussion of descriptions in the therapy context see Iveson & McKergow (2016).

[82] in line with the saying: 'Every problem is a frustrated dream'. - Practitioners, situations and contexts differ in how much 'problem talk' is useful in a conversation. Some practitioners actively make the transition to 'solution building' right away, others listen more for openings in the dialogue.

[83] Some clients ask for theories and in some situations a theory is directly or indirectly available as common sense, for instance. In these situations, the theory or the theoretical concepts can be used as viable explanations.

[84] Kramer & Stiles (2015).

[85] Solution Focused Therapy Treatment Manual for Working with Individuals, 2nd version (2013).

[86] De Shazer et al. (2006).

[87] Feedback from the audience at the EBTA conference in Sofia 2018.

[88] Often called the 'not-knowing' stance (Anderson & Goolishian 1992).

[89] significant life changes, like serious illness, accidents, death of a close person, bankruptcy, war etc

- *'How are things when you have reached your goals?' - to get a description of the preferred change as a goal and implying that the goals will be reached.*
- *'What will be different when things are going very well?' to get the critical aspects of the change and showing confidence in the client's ability to do well.*
- *Suppose a miracle happens and the change actually happens…? - initiating a version of the classical 'miracle question', when the client has difficulties in describing the desired change[90].*
- *'How will others know that the change has happened?' - to incorporate significant others' perspectives.*
- *'What else is there?' - to enrich the description.*

Offering suitable support

Both the client and the practitioner have expectations on what could be supportive and what may not be. Talking about and agreeing on the support and its context focuses the conversation and makes it clear, meaningful and sensible for both. Solution-focused practice is built on the assumption that clients are capable of making sense for themselves when invited and called to do so. The practitioner therefore usually agrees with the client's expectations of the support, as long as it is within her/his remit and ethical boundaries[91]. Support is a co-constructed emergent property between client and practitioner in solution-focused practice, rather than an empathic overture offered from an expert position. It is a matter of (1) know what to do (2) be able to do it (3) actually doing it (4) sustain it over time and (5) adapt to changing circumstances. A client might want, or need support in all of this and more in the beginning of the support. A statement from a client, such as, 'Now I know what to do and confident I'll manage' is a good indicator for ending the support.

For example:
- *'How can our meeting be of best help for you?' - to ask for specific ingredients of value for the client.*
- *'What should we have in mind in working together?' - when the client has experiences and maybe specific expectations of the relationship and for the support.*
- *'What should we concentrate on here today?' - to limit and focus the support on relevant aspects of change.*
- *Where do you want to be on your scale in order for us to stop?' - to get a sense of when to end the support.*
- *'Is it ok to stop here?' - when the client implies ending and sometimes to initiate and end.*

Drawing on the client's competence and resource activation

Change is mostly achieved by drawing on the client's competence and activating resources, although these may be hidden or dormant at first.[92] The practitioner therefore listens for and initiates talk about them. All basic solution-focused questions presuppose client resources and/or change. Competences are often connected to words like strengths, qualities, abilities, skills, knowledge, talent, coping, resilience, knowledge, know-how, expertise, experiences, learning, development, confidence, initiatives and wisdom. Some resources are personal: reasoning, determination, or willpower. Some are social, such as significant relationships, family, and other social support. Others can be physical, political, and economical. Talk about supportive emotions, what is going well, or what are healthy and happy parts of the client's life can also elicit useful resources for the change. Reflective talk about resources is often useful to help clients to become more aware of them. Questions and answers about client values can be of particular importance in conflicts and when the attempted acts for change don't work, because they indicate the client's preferred change.

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[90] Berg & Dolan (2001).

[91] often called 'not knowing' stance.

[92] Gassmann & Grawe (2006).

For example:
- *'Did I hear correctly that you were able to … - to surface possible resources.*
- *'When was this better or easier?' - to suggest past success and progress.*
- *'What has helped you before? - to use client experiences*
- *' What skills can you use now with this?' - to suggest that the client has useful skills.*
- *' Which option do you want to use?' - to use the client's expertice.*
- *'Can your colleagues help you?' - to activate social support.*
- *'What keeps you going?' or 'What drives you forward?' - to use the client's values and determination.*

Noticing and amplifying progress

Clients' competence usually shows up in signs of progress. Clients talk, for example, about better times and differences for the better. Surprisingly, quite often clients can give examples of the desired change already happening. The practitioner can make these visible using, for instance, evaluative 'scales' that describe differences that make a difference for the client and then talk about what made this possible. Then, doing more of what works, is the solution-focused way to amplify progress.

Some progress is implicit, for instance when something exceptionally[93] goes better than usual in the current situation, which can be regarded as potential progress. In very serious situations, and where the client's context is one of limited influence over her/his situation, stopping the situation from getting worse and maintaining steadiness can be regarded as progress.

For example:
- *'What's better?' - beginning meeting with a progress report sets the stage for more.*
- *'Where are you now on your progress scale?' - to evaluate the present moment in relation to the change.*
- *'What does this what have told mean to you? - to get and use the client's evaluation.*
- *' What is your next step?' - suggests further change done be the client.*
- *' What do you need to do to get back on track?' - to support recovery after a set-back.*
- *'What else could you do?' - to get new ideas for doing something different.*

Thinking and doing differently

The notion of change implies that something needs to be different. Therefore, thinking differently (about meaning or choices) and/or doing something different (acting) are frequent topics in the conversation. New meaning often evolves from de- or recomposing facts and fictions of the conversation in a process of reframing.[94] When clients[95] find themselves doing more of what doesn't work[96], it is useful to talk about what the client is doing that is preventing things from getting worse. This is often something that clients do not take credit for. Keeping themselves from slipping further goes unrecognized until clients and practitioners engage with the "not worse" question. Another option is exploring other acceptable[97]

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[93] Exceptions in problematic situations have been major ingredients in solution-focused practice. Exceptions are here reformulated, in keeping with a trend to focus on the desired future from the onset without starting from the problems clients (in therapeutic contexts) usually experience when seeking support. See, for example, Iveson and McKergow (2016) for an account of how BRIEF have come to coin the term "instances" to denote occurrences of what the client wants.

[94] Mattila (2001).

[95] For instance, Beyebach (2008).

[96] Weakland et al. (1974).

[97] Any alternative needs to fit the client's purpose and intentions. What other approaches often call "resistance", from a solution-focused point of view, is a useful contribution of clients to indicate that there are better alternatives around that are worth to be explored or discovered.

alternatives for the client that might serve the purpose of achieving the desired change. The alternatives can be logically derived or creatively generated. Other people, who are able to see alternatives 'out of the box', can be of great help.

For example:
- *'What would be something completely different?' - when nothing has helped the client so far.*
- *'What would really surprise others?' - in relationships that predict failure.*
- *'What if we look at this from this angle?' - when new perspectives could generate new actions.*
- *Who could bring fresh ideas? - to use the network's possibilities.*
- *'How about something like this…' - to introduce something new to the client to consider.*

Testing the change – in life between sessions

Changes become meaningful when the consequences fit the intended purpose. Life is full of surprises and therefore putting the difference into practice in everyday life is an important test of whether or not the change makes sense and creates the improvements the client hopes for.

Sometimes it is useful to devise experiments or new habits[98] together with clients, to test ideas generated in the reality of the client's world. For clients facing challenging and risky situations, some form of confirmation of the safety, appropriateness, and do-ability of the change is also important. When the client has practised the change, like an experiment for example, a conversation whether the consequences were as intended, is similar to an exploration of the situation for change. If not, a new modified change process can be designed.[99]

For example:
- *What tells you that things are getting better?' - to highlight positive change when the client tells about progress.*
- *What is your next step to make progress - to support implementing the client's change.*
- *'How did your experiment go?' - when the client has tried out something new.*
- *'What more do you need?' - if the change isn't enough.*

Tracking and evaluating the process

To keep the conversation supportive, empowering and focusing on the client's desired change, continuous evaluation is used at the beginning, during and at the end of the conversation.

During the conversation solution-focused practitioners use and listen to formulations with care to preserve and build on as much of the client's words as possible and to limit the influence of other ideas[100]. Also, what s/he omits is chosen with the client's perspective in mind. S/he introduces new words as supplements and answers to requests from the client to open up new possibilities. They are usually phrased as options or tentative questions. The practitioner is also ready to modify his/her formulation to fit the client's view. Clients presumably use formulations to make themselves understood and to direct the dialogue. They often contain what the client means, what is important for them, what they want and how to proceed. Practitioners should use client's formulations as much as possible.[101]

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[98] Isebaert (2015)

[99] Research done at the University of Salamanca (Prada & Beyebach 2008) indicates that a better fit with the client's theory of change and/or a different kind of approach to change is significant in stuck cases (four meetings without desired change).

[100] Formulations are complex statements during the conversation, where the speaker makes a summary of the gist of some part of the conversation. In doing this, s/he selectively preserves, omits, alters, and adds something that contributes to the co-construction of a new version of that part. Formulations often contain interpretations, naming/reframing and reflections (Korman et al., 2013).

[101] Except if the proposed formulation is against the practitioner's values or common sense.

Reflections by those involved, particularly in the beginning and the end of conversations, are used to ground the interpretations and conclusions in the client's experience. These reflective elements in the conversation also prevent 'solution forced'[102] attempts to rush into change before the meaning of the change appears sufficiently clear. Solution-focused practitioners usually reflect on competence, resources, and possibilities. The client's reflections at the end of the conversation show her/ his understanding at that point and is a good conclusion of the conversation.

For example:
- *'Do I understand you correctly that…' - to check an interpretation.*
- *'Can this what you said earlier be important?' - to check and remind of earlier topics.*
- *'What does this experience tell you?' - to evaluate something new.*
- *'How close have you come towards your goals?' - to measure client progress.*
- *'Are we maybe done for now?' - to check the client's sense of the process.*
- *'What is your conclusion for today?' - to reflect the present meeting.*
- *'What was useful today?' - to evaluate the present meeting.*
- *'I'm impressed by how well you did this...! - to support the client's progress.*

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[102] 'Solution forced' is a risk and a mistaken way of applying SF (Nylund & Corsiglia 1994)

IV. Conclusion

In conclusion, we hope our work together can make a helpful contribution to an understanding of solution-focused practice, and that this document can be a useful resource for trainers, practitioners and others interested in the development of the approach. This version is the product both of our work together and contributions from many others who have offered perspectives directly to the authors and during workshops and presentations at conferences.

Accounts of the early days of solution-focused practice describe a culture of curiosity, sharing and debate which helped to bring the approach into being. We hope that our work will, in some way, nourish such a culture amongst the much larger number of people who now know and value the approach, and that such a culture will help to keep the approach alive and open to change. So, let us continue to discuss ideas, comments, and debate at EBTA conferences and elsewhere to ensure we do see further spirals of evolution.

This, and future iterations of the document, will also be made available on the SF Practice Definition Task Group page of the EBTA website[103].
Comments can be sent to: Peter Sundman: peter.sundman@taitoba.fi

Expanding the circle of ideas

The 2017 SF World conference provided us with a significant opportunity to share our work, test the document with colleagues and gather more ideas for the further development of the theory. The photograph was taken by Dave Hogan and is shared with permission.

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[103] http://blog.ebta.nu/task-groups

References

Anderson, H., & Goolishian, H. (1992). The client is the expert: A not-knowing approach to therapy. In S. McNamee & K. J. Gergen (Eds.), Inquiries in social construction. Therapy as social construction (pp. 25-39). Thousand Oaks, CA, US: Sage Publications, Inc.

Bavelas, J. B., (2012), Connecting the Lab to the Therapy Room, in Franklin C., Trepper, T., S., Gingerich W., J., McCollum E., E., (eds), Solution-Focused Brief Therapy, a Handbook of Evidence-Based Practice. Oxford Press.

Bavelas, J. B., Korman, H., DeJong, P., Smock Jordan, S., (2014), Does SFBT Have a Theory? Plenary at the EBTA conference in Leuwaarden.

Bavelas, J. B., Korman, H., DeJong, P., Smock Jordan, S., (2014), The theoretical and research basis of co-constructing meaning in dialogue. Journal of Solution-Focused Brief Therapy. Vol 1, No 2, pp 1-24.

Berg, I. K., & Dolan, Y. (2001). "Tales of solutions: A collection of hope-inspiring stories." New York: Norton.

Berger, P., L., Luckmann, T., Zifonum, D., (2002), The social construction of reality. Penguin Books.

Beyebach, M. (2008), 'Nothing is better': constructing improvements in solution-focused sessions. Workshop at the EBTA conference in Lyon.

Cecchin, G., (1987), Hypothesising, circularity and neutrality revisited, an invitation to curiosity, Family Process, 26 (4), pp 405–13

Clark, H.H.; Brennan, S. E. (1991), Grounding in communication. In Resnick, L. B.; Levine, J. M.; Teasley, J. S. D., Perspectives on socially shared cognition, American Psychological Association.

Ryan, R. M. & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. American Psychologist, 55, 68-78.

De Jong, P., Kim Berg, I., (2012), Interviewing for Solutions. Wadsworth Publishing Co Inc.

DeJong P., Bavelas, J. B., Korman, H., (2013), An introduction to using microanalysis to observe co-construction in psychotherapy. Journal of Systemic Therapies, Vol. 32, No.3, 2013, pp.17-30.

de Shazer, S., (1984), The Death of resistance. Family Process, volume 23, Issue 1, pages 11–17, March 1984.

de Shazer, S., (1991), Putting difference to work. New York: Norton.

de Shazer, S., (1994), Words were originally magic. New York: Norton.

de Shazer, S., Dolan, Y.M., Korman, H., Trepper, T.S., McCollum, E.E., & Berg, I.K. (2006), More than miracles: The state of the art of solution focused therapy. New York: Haworth Press.

EBTA Practice Definition 2012 and Solution Focused Therapy Treatment Manual for Working with Individuals (2nd Version), July 1, 2013.

Erickson, M., H., (1954a): Special techniques of brief hypnotherapy. Journal of clinical and Experimental Hypnosis, 2, 109-129.

Erickson, M., H., (1954b): Pseudo-Orientation in time as a hypno therapeutical procedure. Journal of Clinical and Experimental Hypnosis, 2, 261-283.

Erickson, M., (1980), The collected papers of Milton H. Erickson: Vol. II. Hypnotic alteration of sensory, perceptual and psychophysiological processes. Irvington.

Fichte, J., G., (1794), Grundlage der gesamten Wissenschaftslehre. https://voices.uchicago.edu/germanphilosophy/files/2012/05/Fichte-The-Science-of-Knowledge-sec-1-3.pdf.

Flatt, S., and Curtis, S., (2013), Offering expert knowledge within a not-knowing solution-focused paradigm: A contradiction in terms or a helpful response to (some) real life conundrums? International Journal of Solution-Focused Practices, Vol 1, No 1, p28-30.

Fredrickson, B., (2013), Love 2.0. Penguin Books.

Froerer A., S., Connie, E., (2016), Solution-Building, The Foundation of Solution-Focused Brief Therapy: A Qualitative Delphi Study. Journal of Family Psychotherapy, vol 27, 2016, Issue 1, p20-34.

Gassmann, D., Grawe, K., (2006), General change mechanisms: The relation between problem activation and resource activation in successful and unsuccessful therapeutic interactions. Clinical Psychology & Psychotherapy 13(1):1 – 11.

George, Evan, (2010), What are the disadvantages of the brief solution focused approach? https://www.brief.org.uk/resources/faq/disadvantages-of-solution-focus. Read 29.8.2019.

Hacking, I., (1999), The social construction of what? Harvard University Press.

Haley, J., (1986), Uncommon Therapy. Norton: New York.

Kim Berg, I. ,De Jong, P., (1996), Solution-Building COnversations: Co-Constructing a Sense of Competence with Clients. Families in Society: The Journal of Contemporary Human Services. Families International, Inc. p.377-391.

Isebaert, L., (2015), Solution-Focused cognitive and systemic therapy: The Bruges Model. Routledge: London.

Iveson, C., and McKergow, M., (2016), Brief Therapy: Focused description development. Journal of Solution-Focused Brief Therapy, Vol 2, No 1, p1-17.

Jackson, P., Z., McKergow, M., 2007. The Solutions Focus, Making coaching & change simple. WS Bookwell

Kant, I. (1914), Critique of pure reason, translated with introduction and Notes by J.H. Bernard (2nd ed. revised)., London: Macmillan. 6/24/2017. <http://oll.libertyfund.org/titles/1217>

Korman, H., (2017). The 3.0 version of Reflections on SFBT 2.0.pdf. https://www.academia.edu/38423866/The_3.0_version_of_Reflections_on_SFBT_2.0.pdf, read 28.2.2019.

Korzybski, A., (1933), Science and Sanity. Institute for General Semantics.

Kramer, U., & Stiles, W. B. (2015). The responsiveness problem in psychotherapy: A review of proposed solutions. Clinical Psychology: Science and Practice, 22, 277-295.

Lauth, R., (1989), Die transzendentale Konstitution der gesellschaftlichen Erfahrung. In: Transzendentale Entwicklungslinien von Descartes bis zu Marx und Dostojewski, Hamburg: Meiner.

Levinson, S., C., (2017), Speech Acts. In Huang Y, (ed.), The Oxford Handbook of Pragmatics.

Hutto, D.D., & Myin, E., (2012): Radicalizing enactivism. The MIT Press.

Lipton, P., (2001), Inference to the Best Explanation, London: Routledge

Lütterfelds, W., (1989), Fichte und Wittgenstein: Der thetische Satz, Stuttgart: Klett-Cotta.

MacDonald, A., (2017), Solution-focused Brief Therapy evaluation list – 06/0617, http://www.solutionsdoc.co.uk/sft.html, read 24.6.2017.

Mattila, A., (2001), Seeing things in a new light. Reframing in therapeutic conversation. University of Helsinki, Faculty of Medicine, Institute of Clinical Medicine.

McGee, Del Vento, & Bavelas, J.B. (2005), An interactional model of questions as therapeutic interventions. Journal of Marital and Family Therapy, October 2005, Vol31, No 4, p 371-384.

McKergow, M., & Korman, H., (2009), In between - neither inside nor outside: The radical simplicity of Solution-Focused Brief Therapy. Journal of Systemic Therapies, 34–49.

McKergow, M., (2016), Solution-Focused practice: Engaging with the client as a first-person, rather than a third person. InterAction, Volume 8, number 1: p31-44.

McLeod, J., McLeod, J., Shoemark, Al., and Cooper, M. (2009), User constructed outcomes: Therapeutic practice and everyday life. Paper presented at the Psychotherapeutic Practice Research Conference, University of Jyväskylä, February 2009.

Miller, G., de Shazer, S., (1998), Have You Heard the Latest Rumor About …? Solution-Focused Therapy as a Rumor. Family Process 37, Fall 1998: 363-378

Miller, G., (2008), Loughborough Group (Discursive Psychology) and Ethnomethodology, Karlstad Group, 2nd Meeting, Vienna: March 25-26, 2008.

Miller, G., & McKergow, M., (2012), From Wittgenstein, Complexity, and Narrative Emergence: Discourse and Solution-Focused Brief Therapy (in A. Lock and T. Strong, eds Discursive Perspectives in Therapeutic Practice. (Oxford: Oxford University Press) pp 163-183.

Miller, G. (2014), Culture in Solution-Focused consultation: An intercultural approach. Journal of Solution-Focused Brief Therapy. Vol 1, No 2, pp 25-40.

Minuchin, S., (1974): Families and family therapy. Cambridge: Harvard University Press.

Morris, D., R., (2005). Causal inference in the social sciences: Variance theory, process theory, and system dynamics. https://www.researchgate.net/publication/228864960_Causal_inference_in_the_social_sciences_Variance _theory_process_theory_and_system_dynamics.

Nylund, D., Corsiglia, V., (1994), Becoming Solution-Focused Forced in Brief Therapy: Remembering Something Important We Already Knew. Journal of Systemic Therapies: Vol. 13, No. 1, pp. 5-12.

Nunnally, E., de Shazer, S., Lipchik, E., Berg, I., (1986), A Study of change: Therapeutic theory in process, in Journeys: Expansion of the Strategic-Systemic Therapies, by Efron D., E., (ed.). Brunner/Mazel.

Selvini-Palazzoli, M., Boscol, L., Cecchin G., Prata, G., (1973): Paradox and Counterparadox. New York: Aronson.

Prada, A., S., Beyebach, M., (2008), "Nothing is better": Constructing improvements in solution-focused sessions. Presentation at the EBTA conference 2008.

Peräkylä, A., Antaki, C., Vehviläinen, S., Leudar, I., (2008), Conversation analysis and psychotherapy. Cambridge University Press.

Rappaport, J., Swift, C. F., Hess, R. (1984), Studies in empowerment: Steps toward understanding and action. New York: Haworth Press.

Seligman, M., (2011), Flourish, A new understanding of happiness and well-being and how to achieve them. Nicholas Brealy.

Shennan, G., (2016). Extended mind, extended person, extended therapy? InterAction vol.8 nr 1 2016, pp. 7-30(24).

Shennan, G., (2017). Comments on the draft for theory of solution-focused practice. September 2017.

Shick, R., (2017), Solution-Focused Brief Therapy from the client's perspective: A Descriptive phenomenological analysis. Athabasca University.

Solution Focused Therapy Treatment Manual for Working with Individuals, 2nd version, (2013), Research Committee of the Solution Focused Brief Therapy Association.

The Solution-Focused Collective, (2019). A Solution-Focused Manifesto for Social Change. https://www.facebook.com/pg/solfocollective/posts/?ref=page_internal. Read 1.9.2019

Thomas, F., (2016), Complimenting in Solution-Focused Brief Therapy. Journal of Solution-Focused Brief Therapy, Vol 2, No1.

UKASFP Accreditable Practice and Accreditable Practitioners, 2015.

Walter, J., L., and Peller, J., E., (1992), Becoming Solution-Focused in Brief Therapy, Routledge.

Watzlawick, P., (editor) (1980). The Invented Reality: How Do We Know What We Believe We Know?. New York: Norton.

Watzlawick, P., (1988), Ultra Solutions. How to fail most successfully, New York: Norton.

Wells, J., (2018), Ni inspirerar mig. Lösningsfokuserade förantaganden till stöd för bättre samtal och möten. Södra Dalarnas Samordningsförbund. Exakta. Malmö.

Weakland, J., Watzlawick, P., Fisch, R., (1974), Change: Principles of problem formation and problem resolution. New York. WW Norton.

Weakland, J., H., Fisch, R., Watzlawick, P., and Bodin, A., M., (1974), Brief Therapy: Focused Problem Resolution. Family Process, 13: 141–168.

Wittgenstein, L., (1922), Tractatus logico-philosophicus, Routledge.

Wittgenstein, L., (1953), Philosophical investigations, Basil Blackwell.

Wittgenstein, L., (1969), On certainty, Basil Blackwell.

Vogt, M., (2016), Personal inquiry.

von Foerster, H., & Pörksen, B., (2002), Understanding systems, conversations on epistemology and ethics. Carl-Auer-Systeme Verlag, Heidelberg.