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Self-Determination Theory Meets Solution-Focused Change: Autonomy, competence and relatedness support in action

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This article looks at the Solution-Focused approach (SF) through a Self-Determination Theory (SDT) lens. SDT is an influential macro theory of human motivation which has been applied to many life domains, including sports, education, psychotherapy and work. The theory focuses mainly on the benefits of self-determined behaviour and the conditions that promote it. Its relevance for helping professionals such as psychotherapists and counsellors has been recognised by previous authors. A counselling approach which has been associated with SDT is motivational interviewing (MI). This approach has some important similarities to SF but there are also some key differences. This article focuses on the relevance of SDT for SF and vice versa. Although the literature on SF makes only a few mentions of SDT, SF fits well with its main propositions and findings. The strategies, principles and interventions of SF have the effect of supporting the perception of autonomy, competence and relatedness of clients which, according to SDT, are keys to enhance self-determination. It is argued that the SDT framework and body of research are relevant for SF. They help to understand better how SF works and may be used to further refine and develop the approach. In the same way, SDT theorists and practitioners may benefit from learning about the specific and often subtle ways in which SF supports clients' autonomy.

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The aim of this paper is to demonstrate how an influential psychological theory, Self Determination Theory (SDT), and a practical coaching and therapy approach, the SF approach, coincide in important ways and that both approaches have the potential of complementing one another. SDT (Deci & Ryan, 2000) is an empirically tested macro theory of human motivation and behaviour which has been applied and tested in a variety of life domains such as work, education, parenting, relationships, health and well-being, sports, and psychotherapy. A central theme in SDT is the importance of the extent to which people engage autonomously in activities.

SF can be defined as an approach in which a practitioner, for example a coach or therapist, supports clients by viewing and treating them as unique and competent, being responsive to whatever they say, helping them to visualise the changes they want and to build step-by-step on what they have already been doing that works (De Jong & Berg, 2008; Walter & Peller, 1992). Some well known examples are scaling questions (de Shazer, 1986), the miracle question (de Shazer, 1988), coping questions (Lipchick, 1988), exception-seeking questions (de Shazer, 1985) and past success questions (de Shazer, 1985). Although there is a growing body of research showing SF to be an efficacious approach in psychotherapy and other domains (see for instance Kim, 2008; Kim & Franklin, 2009; Macdonald, 2007, Visser & Butter, 2008), research which connects SF to the theory and body of research on SDT has not yet been done.

SDT's motivation continuum

According to SDT, degrees of motivation vary on a continuum which represents roughly three motivational states (Ryan & Deci, 2000). One end of the continuum represents *amotivation* which is defined as an absence of motivation for an activity. When people are amotivated, they have little or no intention of performing the activity. The other end of the continuum represents *intrinsic motivation*. When people are

intrinsically motivated they engage in activities out of interest for the activities themselves and because they derive a spontaneous satisfaction from them. At the centre of the continuum lies *extrinsic motivation*. People are extrinsically motivated when they engage in the activity to obtain an outcome separable from the activity itself. SDT subdivides extrinsic motivation into four types. The first type of extrinsic motivation is *external regulation*, which refers to performing the behaviour because one is seduced, pressured or forced by external factors like punishments or rewards. The second type of extrinsic motivation is *introjected regulation*, in which case the external reason for performing the activity has been partially internalised by the person. It is taken in but not fully endorsed or assimilated (Deci & Ryan, 2002). This may be the case, for instance, when a person does something out of guilt, shame or anxiety or to bolster his self-worth (Vansteenkiste & Kaplan, 2009). The third type of extrinsic motivation is *identified regulation*, which means that the behaviour is more congruent with his personal goals, values and identity such that the person experiences a greater sense of freedom or choice. The fourth type of extrinsic motivation is *integrated regulation*. With integrated regulation, the activity is not only perceived as personally meaningful but has become an integral part of their system of values and convictions. The activity is a reflection of who they are and, hence, is experienced as highly volitional.

Another set of factors relevant to motivation refers to basic needs. SDT assumes three basic human needs involved in self-determination which motivate people to initiate behaviour: (1) the need for autonomy, which is the perception of experiencing a sense of choice and psychological freedom in the initiation and continued engagement in one's actions, (2) the need for competence, which is the perception of being effective in dealing with the environment, and (3) the need for relatedness, which is the sense of being cared for and connected to other people. SDT's prediction that satisfaction of these needs will shift motivation from controlled to autonomous has been supported by a large body of research

(Baumeister & Leary, 1995). Specifically, it has been demonstrated that satisfaction of the needs for competence and autonomy underlie both intrinsic motivation and the process of internalisation. Satisfaction of the need for relatedness has been shown to be also crucial for internalisation. The degree of satisfaction of the need for autonomy plays a particularly important role because it is this which distinguishes whether identification or integration, rather than just introjection, will take place (Gagné & Deci, 2005). Thwarting or frustration of these needs diminishes self-motivation (Ryan, 2009).

Figure 1, which is loosely based on Ryan & Deci (2000), illustrates these different forms of motivation. At the high end of the continuum, basic needs are fulfilled and thus there is a high sense of autonomy, competence and relatedness. As the figure also shows, there are two forms of autonomous motivation, namely intrinsic motivation and integrated regulation (which is fully internalised extrinsic motivation). The three forms of controlled motivation are external regulation, introjected regulation and identified regulation.

A person's motivation for an activity is not a fixed point on the motivation continuum. Rather, it is dynamic and constantly evolving depending on certain factors. Research in SDT has demonstrated that some external factors diminish feelings of autonomy, thereby inducing a shift from autonomous to controlled motivation or even to amotivation, while other

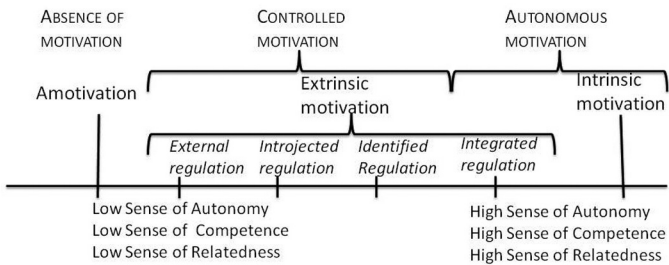


FIGURE 1: The Motivation Continuum.

factors tend to enhance autonomous motivation. Factors commonly linked primarily to autonomy support are: providing and emphasising choice, allowing individuals to follow their unique approach, encouraging self-initiative and experimentation, and providing a meaningful rationale for any suggestions or requests. Main factors associated with thwarting a perception of autonomy are: emphasising different types of controls such as tangible rewards, deadlines, punishments, evaluations, awards, grades, and surveillance, using controlling language and imposing goals. Factors primarily contributing to competence support are: providing structure, giving positive feedback, expressing positive expectations, and providing optimal challenges. Factors primarily undermining a sense of competence are: giving negative feedback, expressing negative expectations and emphasising the role of chance and luck. Factors primarily enhancing a sense of relatedness are: inquiring about individuals' views and concerns, acknowledging individuals' perspectives, emphasising individuals' uniqueness and creating cooperative working, learning and change approaches. Factors primarily hindering the need for relatedness are emphasising competition, being non-responsive to or dismissing individual concerns and views and treating individuals as interchangeable.

Two comments need to be made about this overview of factors. First, while all of these factors received attention in the SDT literature, some received a lot of attention whereas others received relatively little. Publications which together cover most of the mentioned factors are Deci, Koestner, & Ryan (1999), Deci & Ryan (2002), Sheldon & Filak (2008), and Parfyonova (2009). Second, while the above links between need support and hindrance on the one hand and need satisfaction on the other are primary links, it should be pointed out that there is no strict one-to-one correspondence between the two. Supports for autonomy, competence and relatedness in practice are likely to co-vary (Vansteenkiste, Niemiec, & Soenens, in press). Providing choice, for instance, contributes primarily to the satisfaction of the need for autonomy but it may also contribute to a sense of relat-

edness because it may contribute to one's feeling of being taken seriously.

Benefits of autonomy, competence and relatedness support

The fact that factors such as these influence people's degree of autonomous motivation is important because there is a considerable amount of evidence showing that the degree to which their motivation is autonomous is associated with several important types of outcomes. Put generally, research in different life domains has shown that controlled motivation is associated with certain negative outcomes and that autonomous motivation is associated with several positive outcomes. In addition to correlational data, there is also experimental evidence showing causal effects of supporting and thwarting autonomy, competence and relatedness on both need satisfaction and autonomous motivation and several types of outcome measure such as mood, performance and persistence (Reeve, Jang, Carrell, Jeon, & Barch, 2004; Sheldon & Filak, 2008). Controlling events such as rewards, tests, deadlines and controlling interpersonal styles and language not only hurt one's autonomous motivation. They also hurt several aspects of achievement such as conceptual learning, flexible problem solving, persistence and creativity (Deci & Ryan, 2002; Ryan, Deci, Grolnick, & LaGuardia, 2006; Vansteenkiste, Simons, Lens, Soenens, & Matos, 2005). The reverse is also true. Factors that induce autonomous motivation also enhance achievement factors such as engagement, learning, creativity, positive adjustment and mental health (Deci & Ryan, 2002). In the context of work, Gagné & Deci (2005) identified the following positive outcomes of work climates that enhance employees' intrinsic motivation and promote full internalisation of extrinsic motivation: (1) persistence and maintained behaviour change; (2) effective performance, particularly on tasks requiring creativity; (3) cognitive flexibility and conceptual understanding; (4) job satisfaction; (5) positive work-related attitudes; (6) organisational citizenship behaviours; and (7) psychological adjustment and well-being.

SDT's relevance for professional helpers

These findings are relevant for professional helpers like therapists, coaches, counsellors and advisors. If professional helpers could effectively enhance a client's autonomous motivation with respect to the treatment, this should have important advantages. It should make the process more pleasant for them, they should be able to initiate and maintain change more easily and their creativity and conceptual thinking should be enhanced. Ryan & Deci (2008) highlighted research that has indeed shown such effects in psychotherapy, weight loss programmes, a methadone maintenance programme and treatment for alcohol dependence. Figure 2 summarises the positive impact of autonomy support by professional helpers.

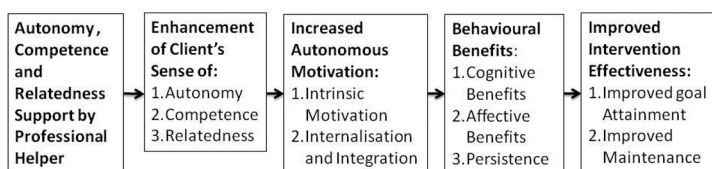


FIGURE 2: Benefits of Autonomy, Competence and Relatedness Support by Helpers

Motivational interviewing

Motivational Interviewing (MI; Miller & Rollnick, 2002) is a counselling approach which has been associated with SDT (Markland, Ryan, Tobin, & Rollnick, 2005; Vansteenkiste, & Sheldon, 2006). MI is a semi-directive client-centred approach that largely avoids confrontation, coercion and judgement. MI attempts to increase the client's awareness of the potential problems and the negative consequences for the client these problems might lead to in order to increase motivation for change. Miller & Rollnick (2002) described the four general principles on which MI's techniques and strategies are based: (1) the expression of empathy, (2) the

development of discrepancy, (3) rolling with resistance and (4) support for self-efficacy. The *expression of empathy* is considered important from MI's viewpoint that behaviour change is only possible when clients feel understood, accepted and valued. The *development of discrepancy* involves the more directive component in MI. It means that pros and cons of current behaviours are explored to increase the client's awareness of the discrepancies between his present behaviours and his goals and values. *Rolling with resistance* refers to MI's assumption that ambivalence and resistance are accepted as normal and its belief that direct argumentation and confrontation will provoke reactance. Therefore, instead of imposing goals, the counsellor encourages the client to consider alternative perspectives on the problem and tries to elicit change talk. *Support for self-efficacy* refers to the belief that clients will only start to change their behaviours once they believe they are capable of doing so. Markland et al. (2005) described how SDT provides a meaningful framework for understanding how and why MI works. They explained it can be understood as an approach which supports the three basic psychological needs specified by SDT. They said autonomy is enhanced through non-directive inquiry and reflection, competence through provision of information, and relatedness through a relationship characterised by unconditional positive regard. Foote et al (1999) and Rubak, Sandbaek Lauritzen, Borch-Johnsen, & Christensen (2009) researched the links between SDT and MI and found evidence for the autonomy supportive character of MI.

MI has also been compared to the SF approach to therapy, counselling and coaching. Lewis & Osborn (2004) said that although MI and SF have emerged from different origins, they have so many similarities that a confluence of both approaches would be useful. The authors mentioned as similarities of both approaches their non-pathology focus, their openness to multiple perspectives on reality, their focus on the capabilities clients have to evoke positive change, their reframing of resistance, their emphasis on cooperation between helper and client, their

use of client strengths and resources and their focus on time-efficiency. As non-overlapping parts of both approaches, the authors mentioned differences in language use, conceptualisations of change, counsellor focus and goals, temporal focus and reflectivity. A difference in the use of language is that MI makes much use of so-called reflective statements by the counsellor, whereas SF mainly uses a variety of questions. MI and SF also work with a different concept of change. The authors mentioned that MI uses a stages of change model through which clients are thought to change, whereas SF does not presuppose such stages. By the way, in response to several publications which mentioned the use of a stages of change model, Miller and Rollnick (2009) have denied MI involves this model. A difference with respect to counsellor focus, which is mentioned by Lewis and Osborn, is that MI emphasises the importance of assessing several aspects like the client's readiness for change, discrepancies and resistance. SF works from a posture of not-knowing and does not use these kinds of assessment. SF assumes that clients do not have resistance to change itself but only to change approaches which are forced upon them and which they view as ill-fitting. SF assumes that clients have their own unique preferences for how the change process should be approached. Throughout the process, these client preferences are followed. Further, according to the authors, there is a difference in temporal focus: MI is mainly focused on the present whereas SF is both present and future-focused. Finally, the authors mentioned a difference in reflectivity. In MI, counsellors take a deliberately directive approach in the way they use reflection. Among other things, reflection allows the counsellor to formulate a strategy toward change that is acceptable and attractive to the client. In SF, however, reflection is viewed as a mutual process without a predetermined goal in mind.

How SF concurs with SDT

In SF, practitioners help clients to visualise the changes they want and to build step-by-step on what they have already

been doing that works (De Jong & Berg, 2008; Walter & Peller, 1992). SF practitioners view and treat clients as unique and competent and are responsive to whatever they say. As may already be apparent from this definition, SF concurs strongly with SDT. Below, examples are given of how SF supports autonomy, competence and relatedness of clients.

Autonomy support in SF

Viewing and treating clients as autonomous individuals is an important aspect of SF. First, clients' autonomy is supported by encouraging them to choose themselves what changes they want. Clients are invited to define how they would like their situation to become, their so-called *preferred future*. SF-practitioners use an attitude of not-knowing (Anderson & Goolishian, 1992), which refers to the belief that one person cannot pre-know another person or his or her situation or what is best for them. SF-practitioners do not impose goals on clients nor do they directly offer expert advice. Instead, they ask carefully phrased questions designed to help clients define their own goals and discover their own solutions.

Second, SF-practitioners invite their clients to take substantial control over how the conversation takes place. This is done by asking so-called *usefulness questions*. Several examples are: "What is your goal in coming here?", "What should happen in this conversation that would be helpful to you?" and "What needs to happen in our conversation so that afterwards you would say things are moving in the right direction?" SF-practitioners are also *leading from behind* (Cantwell & Holmes, 1994). This metaphor is used to explain how the client largely determines the direction, the content and the pace of the conversation. When clients say something the practitioner will follow closely, always staying just one step behind. By asking questions SF-practitioners help clients to keep choosing whichever direction and pace they find most relevant for them at that point. They are reluctant to ever overtake the client. On rare occasions when

SF-practitioners might want to shift the focus a bit, they give the client a nudge, a metaphorical *gentle tap on the shoulder* (“might it be relevant for us to talk about ..?”). SF does not think in terms of client resistance. Whenever clients object to what is happening in a conversation this is not interpreted as a sign of them not wanting to change. Instead, it is interpreted as a cooperatively meant sign that they think the approach taken does not or will not work for them. SF-practitioners adjust their approach to the client’s unique preferred way of talking and changing.

Third, clients are encouraged to choose their own words and examples, to draw their own conclusions and choose their own steps forward. Instead of explaining to clients how they should view their circumstances or behaviours, clients are helped to formulate these things themselves in concrete and constructive language.

Fourth, SF practitioners frequently use subtle and indirect interventions which may be more effective than explicit statements because they are less threatening to the client’s sense of autonomy (Visser & Schlundt Bodien, 2009). For instance, instead of saying “It is very important that you try to control your anger!”, an SF-practitioner might say “What will be better once you will have accomplished this?” The latter intervention presupposes that the client will be able to improve while the former is more likely to threaten the client’s autonomy. This subtle way of intervening is often also applied to the client’s autonomy itself, for instance when the SF-practitioner asks “How did you decide to make that effort?” This question implies and thereby amplifies client autonomy.

Competence support in SF

Client competence is one of the main assumptions and pillars of the effectiveness of SF. There are several ways in which competence is recognised, supported and utilised in SF-conversations. First, clients are helped to identify and amplify their own already present competent behaviours.

This is one of the most distinguishing aspects of SF as a helping approach. It rests on the assumption that whatever problems clients may be experiencing, there are always exceptions to these problems. Exceptions refer to situations in which the problems were less intense. By analysing these episodes, keys to solutions are identified. These solutions may refer to clients' behaviours which have helped them to be less bothered by the problem, or to temporarily neutralise or solve the problem. In addition to identifying and analysing exceptions, SF-practitioners help to find clients' examples of past successes, which are situations in which clients have already managed, to some extent, to achieve parts of their preferred future. Once identified, exceptions and past successes are analysed by asking a sequence of questions like "What did you do differently in that situation?", "How did that help?", "How did you decide to do that?" and "What else worked well?". Encouraging clients to find answers to these questions helps to identify what they have been doing that was already helpful, which enhances their sense of competence.

Second, SF-practitioners frequently provide positive feedback whenever things come up in conversations which are expressions of client competence. Feedback in SF-conversations may be direct ("Wow, I am really impressed by what you did") or indirect ("How did you manage to accomplish *that?*"). Indirect compliments may be even more effective than direct compliments because clients may experience them as less of an attempt to convince them, and therefore as less of a threat to their own autonomy (Visser & Schlundt Bodien, 2009). In addition to this, SF-practitioners avoid giving negative feedback, criticism and blame at all times, even in cases when clients have obviously made mistakes, as may be the case, for instance, with convicted domestic violence offenders (Lee, Sebold, & Uken, 2003).

Third, competence support is provided by using subtle questions which imply client competence. A frequently used example of this is the so-called *coping question*. This type of question is used when clients indicate that their circum-

stances are overwhelmingly hard and they can barely find the energy to do anything about their problems. Examples of coping questions are, “What keeps you going under such difficult circumstances?”, “How do you manage to deal with such difficult situations each day?” and “How can you explain to yourself how you have been able to do so well while the circumstances have been so hard?” Another example of a subtle competence enhancing type of questions is the *observation suggestion*. This type of question is particularly useful when clients have not yet been able to identify anything that has worked well for them. An observation suggestion may be formulated as follows: “Could you, between now and our next conversation, pay attention to situations in which things are a bit better? When you notice that things are better, could pay close attention to what is different in that situation and to what you do differently yourself? If you try to remember what you do differently when things are better, maybe we can talk about it next time we meet.” By asking this, clients are invited to look at themselves and their situations from a difference perspective. The purpose of the observation task is to make clients notice more consciously what goes right in their lives and what they are doing that works so that they become more optimistic and gain more confidence.

Relatedness support in SF

Relatedness support is offered in several important ways to clients in SF. First, SF-practitioners support the connectedness between client and counsellor. They explicitly ask clients about their views, perceptions and concerns. They acknowledge whatever clients bring to the conversation and work with that. When clients express concerns, they accept that and show understanding. Whatever clients say is used to proceed in the conversation. An example of how SF-practitioners are responsive to clients is that they frequently summarise what the client has said. While doing this, SF-practitioners use the key words of the client, without re-interpreting or changing them. This

process of language matching makes it easy for clients to feel taken seriously and understood. Even when working with involuntary clients, SF practitioners will refrain from using confrontational language and will instead acknowledge anything clients bring forward. They may say, for instance, “I understand that you want to make your own decisions and that you don’t like the fact that it was not your idea to come here and talk with me. Would it be a good idea for us to try figure out together what would need to happen so that you don’t need to come here anymore?” Generally, nothing clients say is directly challenged. When clients say things that sound negative or destructive, a more subtle way of intervening is used, like *normalising* or *reframing* what a client has said. Normalising is used to depathologise people’s concerns and present them instead as normal responses to life’s difficulties. It helps people to calm down about their problem and realise they are not abnormal in having this problem. Reframing is suggesting an alternative positive interpretation of apparently negative statements or behaviours which provide a positive meaning to clients’ interaction with their environment while “saving face” (Berg, 1994).

Second, SF-practitioners apply several types of interventions which have the effect of supporting clients’ connections outside the counselling room. One example is the *relationship question*. With this question, clients are invited to define solutions in interactional terms. Examples of these questions are: “How will your daughter notice things have improved?”, “If you are no longer postponing things, what would your boss notice you doing instead?” and “If you would do that, how would that help your colleague?” A special case of focusing on relationships happens when SF-practitioners interview two clients at once who are in some kind of close relationship with each other. In these situations, it frequently happens that one of them is more motivated to talk than the other and they may also be angry at each other. The SF-practitioner may first ask something like: “Okay, I understand, things between the two of you are not going the way either of you want them to. Is that right?” After both of

them have confirmed that this is correct, the SF-practitioner may proceed with: “Okay, then I understand that both of you are here trying to improve things . . . What would need to come out of this conversation so that you would say: ‘things between us are moving in the right direction now?’” This type of response helps to avoid clients starting to elaborate on causes of problems but instead focuses them on the mutual goal of improving things between them. It frames their role as a constructive one, too: they are here to help improve things. Often clients will slowly begin to formulate their preferred future. In the process, they often say some small positive things about the other person, which the SF-practitioner will be keen to ask more details about. Often, it will be easier to work toward a common goal when this happens (De Jong & Berg, 2008).

Table 1 summarises examples of how SF supports autonomy, competence and relatedness of clients.

Autonomy, competence and relatedness support in SF		
Autonomy support	Competence support	Relatedness support
<ul style="list-style-type: none"> • Clients generate goals themselves • <i>Usefulness questions and leading from behind</i> help clients to determine the content, direction and pace of the conversation • Clients choose their own words, example and draw their own conclusions • Client choice is accentuated by subtle and indirect interventions 	<ul style="list-style-type: none"> • Clients are helped to identify and amplify their already present competent behaviours • <i>Past success questions and exception seeking questions</i> help identify self-generated solutions and competent behaviours • Frequent use of direct and indirect positive feedback • Negative feedback, criticism and blame are avoided • <i>Coping questions and observations suggestions</i> subtly imply client competence 	<ul style="list-style-type: none"> • Client views and perspectives are inquired about and acknowledged • <i>Normalising</i>: clients’ concerns and problems are <u>depathologised</u> • <i>Reframing</i>: alternative positive interpretations of apparently negative statements or behaviours by clients • <i>Relationship questions</i>: clients are invited to define solutions in interactional terms.

TABLE 1: Examples of how SF supports autonomy, competence and relatedness

Cross Fertilisation

Given that SF fits well with SDT’s propositions and findings, it may seem surprising that the literature on SF hardly makes any

mention of SDT. The opposite is also the case: most SDT authors do not seem to have discovered SF as a basic need enhancing approach. This may be explained by the different backgrounds from which both approaches have developed. SDT developed from a psychology research tradition while SF emerged from psychotherapy practices that were inspired by social constructionist philosophy. De Shazer, Berg and their colleagues of the Brief Family Therapy Center developed the core of the set of assumptions, principles and techniques now known as SF (Visser, 2008). The way they developed SF was inductive rather than theory-inspired. They largely followed a bottom up approach to find out what worked. This approach led to their identification of interventions that often worked well, which helped them build a set of SF tools. The inductive character of the development of SF and its social constructionist inspiration may explain a certain reluctance within SF circles to embrace theoretical frameworks. This reluctance is likely to have been useful at the time of the development of SF. In relative isolation a marvellous set of principles and techniques could emerge thanks to it.

At present, now that SF has matured as a change approach and is used in many life domains, it seems useful to actively explore cross links with other approaches so that cross fertilisation may happen and more useful techniques may emerge for people to use (Visser & Schlundt Bodien, 2009). Further exploring connections with the well-developed and empirically tested body of knowledge of SDT promises to be especially fruitful. It may stimulate better understanding of how SF works and can provide inspiration for refining its set of techniques. One example of how SDT may inspire the development of SF is through empirical research examining whether a SF based controlled intervention produces beneficial outcomes by satisfying the basic psychological needs proposed within SDT.

Similarly, SDT may benefit from learning about SF's large and refined set of interventions as a means to operationalise need support for research purposes and practical applications.

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