

# Research Reviews

Brief descriptions and reflections on recent research articles relevant to the development of SF practice and theory

**By Steve Smith**

In this edition's Research Reviews I have brought together some of the papers published in the last year that have caught my attention. Possibly demonstrating how few SF researchers there are, these papers include two authored by Michael Reiter, and two co-authored by Eric McCollum, which relate to SF therapy as opposed to coaching. However, one of the key things I take from this collection is the adaptability and *interchangeability* of SF practice between domains; emphasising that SF interactions are not context specific and can occur between people anywhere.

**Grant, A. M. and Love, S. A. (2010)**

The differential effects of solution-focused and problem-focused coaching questions: a pilot study with implications for practice.

*Industrial and Commercial Training*, 42(2), 102–111.

**T**he authors here ask what constitutes 'effective' coaching, and examine the relative impact of problem-focused and solution-focused questions on "individuals' levels of understanding, self-efficacy, affect and goal approach". The study comprises a two-part intervention, the first of which involved the delivery of problem-focused questions to a group of 39 participants who were postgraduate students on a range of courses at the University where the authors are based. The

second part of the study was delivered to 35 of the original participants (four of the original participants did not return for the second session, no reason is given by the authors) one week after the first session. In both sessions participants were asked to describe a real life problem they were experiencing, and then asked to complete a series of measures. These measures included the Positive and Negative Affect Scale (PANAS), self-efficacy and understanding of the problem were measured by single item questions rated on a 6 point Likert scale, and goal approach was measured on a 0 – 100 scale (100 being ‘completely solved’). Participants were then asked a series of either problem-focused (first session) or solution-focused (second session) questions, and then asked to repeat the measures. Interestingly, while the problem-focused questions appeared to reduce negative affect and increase self-efficacy, they did not increase participants’ understanding of the problem, nor did they increase positive affect. Solution-focused questions appeared to both increase positive affect and decrease negative affect, while increasing self-efficacy as well as participants’ insight and their understanding of the problem. It would appear from this that coachees may well develop greater insight and understanding of the problem they are dealing with by *not talking about it in any depth*, but by talking about what they will be doing once the problem has gone. In both participant groups goal approach was enhanced; however, in the problem-focused group goal approach was enhanced by just under 6%, while in the solution-focused group it was enhanced by just over 15%. There are a number of limitations to this study; specifically the number of participants is relatively low for the purpose of statistical analysis, and as the study used the same group of participants over two study groups the conditions were not matched. The second group had prior knowledge of the measures which the first group did not. The authors do, however, acknowledge these and other minor limitations, and argue that the study sheds some light on “how to ask more effective questions in coaching”. They conclude that while both solution-focused and problem-focused approaches are

effective, solution-focused coaching is likely to be more effective in building self-efficacy, reducing negative affect, promoting positive affect, and supporting the process of goal attainment.

**Reiter, M. D. (2010)**

**Solution-Focused Marathon Sessions**

*Journal of Systemic Therapies, 29(1), 33–49.*

In this paper Reiter explores the format of extended ‘marathon sessions’ in delivering SF interactions. Although set in the arena of SF therapy, the ideas discussed in this paper resonate clearly in the world of SF coaching, and have relevance beyond the clinical applications of SF thinking. Reiter discusses the manner in which key aspects of SF brief therapy are used in solution-focused marathon sessions (SFMS). He describes SFMS as an extended format of around four hours, that “alters the time schema while continuing to use the standard principles of solution-focused therapy”. He suggests that this altered time structure allows greater opportunity to discuss each participant’s perspective of the problem situations, and as the approach is typically utilised with couples and families in crisis, this enables each person to be heard and have their position validated. Following an extended period of problem talk (up to two hours), the therapist will typically ask the miracle question. However, unlike traditional SFBT sessions, following asking the question, but before the clients begin to answer it, the therapist will call a break of around 10 – 15 minutes. Reiter doesn’t offer an explicit explanation for this break but implies that it is simply a convenient time to take a break. Following the break, the session re-focuses on the responses to the miracle question and the co-construction of a positive future scenario. In this, it appears to return to the standard format (albeit slightly extended to around 90 minutes) of miracle scenario, exceptions and task; however, it’s not clear

whether Reiter includes scaling questions as part of this process, or whether a second break is taken prior to delivering the intervention. Around three days after the session, Reiter advocates writing to the clients, reviewing the session and reinforcing the main areas of discussion during the session.

Throughout the paper Reiter makes explicit links to SF theory, and argues that a single four-hour session can be more effective than four single-hour sessions in bringing about therapeutic change. He suggests that the four-hour format creates a more intense interaction between clients and therapist, and enables the participants to do as much as possible in the time available. While I am sure many practitioners will already be working in similar ways, especially in the field of SF team coaching, this paper highlights an alternative model to the standard ‘50-minute hour’ approach common in much of therapeutic practice, and provides a detailed description of how the ideas can be incorporated into practice.

**Reiter, M. D. (2010)**

**Hope and Expectancy in Solution-Focused Brief Therapy.**

*Journal of Family Psychotherapy, 21, 132–148.*

In this paper Reiter builds on Lambert’s observation that the common factor of hope and expectancy accounts for around 15% of outcome variance across the board in psychotherapeutic practice. He argues that SFBT is specifically designed to use this therapeutic factor in co-constructing solutions that increase the client’s expectation of change and hope for a positive outcome. Reiter begins this paper by essaying the common factors approach, and the role of hope and expectancy within that approach, “expecting that going to therapy will help actually help. It provides hope for symptom relief as well as other positive changes in one’s life.” He then goes on to focus on the ways in which SFBT utilises

hope and expectancy in principle and practice. In a detailed discussion, the paper explores how techniques such as asking about pre-session change, the miracle question, scaling questions, and the giving of compliments are used to enhance the expectation in the client's mind that positive change is going to happen, and will probably happen quite quickly. One thing that emerges from this paper is that, regardless of the domain of SF practice, be it SFBT, SF coaching, or SF work in education and schools, one of the key underpinning factors in SF interactions is the generation of hope and expectancy in clients. Reiter quotes Insoo Kim Berg and Gale Miller in saying, "we believe this is the most important gift a therapist can give to a client: hope and a vision of possibility". Equally in the coaching context, SF coaching employs these 'therapeutic' factors to help clients move from a problem-saturated, negative perspective to a more optimistic, future-focused outlook characterised by expectancy of positive change and increased hope of goal attainment.

**Stith, S. M., Miller, M. S., Boyle, J., Swinton, J., Ratcliffe, G., and McCollum, E.**

**Making a Difference in Making Miracles: Common Roadblocks to Miracle Question Effectiveness.**

*Journal of Marital and Family Therapy*, doi:, 10.1111/j.1752-0606.2010.00207.x

Although this paper was published online last May, it has still to make it to the printed pages of the *Journal of Marital and Family Therapy*. It is an unusual SF paper in that it focuses on *what goes wrong* in asking the miracle question (MQ), and explores some of the challenges that trainee therapists encounter in using the miracle question effectively. The authors highlight a number of reasons for asking the MQ including; helping to lift the client from a problem-saturated view of their lives, developing an elaborated vision of what their life would be like without the problem, goal setting, preparing clients to recognise positive change, and

co-constructing a positive narrative in which the client's life gets better (there are obvious links here to Reiter's discussion on hope and expectancy). They go on to argue that the MQ is a foundational intervention in SF practice but, despite its apparent simplicity, it is an intervention students often find difficult to deliver. The research team, comprising the first five authors, carried out a thematic analysis of transcripts taken from videotapes of six student therapists and identified three main themes representing "roadblocks to effective use of the miracle question". The final author, Eric McCollum, was then asked to review the research and validate the conclusions reached. Identified themes included poor skills in introducing, framing, and following up on the MQ.

There are, however, a number of problems associated with this paper. The students delivering the MQ are described as being part of a marriage and family therapy Master's programme; as such, "their course included an overview of SFBT, and they had learned how to use the miracle question in one class period". Clearly, it is unlikely that students will become proficient practitioners in any technique after such a brief exposure. The authors go on to suggest that the students' experience of the MQ prior to being videotaped may have been limited to a 15-minute role play scenario. As often happens when taking a problem-focused perspective, there is a flavour of blaming the students for being poor performers inherent in this piece. The SF adage that 'when the interaction doesn't work, it's probably because the practitioner is doing it wrong' clearly applies as much to SF training as it does to coaching or therapy, and the authors could usefully have concluded that the most common roadblock to MQ effectiveness is lack of sufficient preparation to ask the question. The clear, if obvious, message for SF coaching and coaching trainers from this paper is that training people to ask SF questions in a meaningful way takes time. Although SF conversations may appear simple and straightforward, it is evident that the illusion of simplicity can take learners quite a while to master. Having read this paper several times, I'm still left with the feeling that it

would have been a more useful experience to read how students overcame these roadblocks. Perhaps this is a paper still to come!

**Smock, S. A., McCollom, E. E., and Stevenson, M. L. (2010)**

**The Development of the Solution Building Inventory.**

*Journal of Marital and Family Therapy, 36(4), 499–510.*

The second paper co-authored by Eric McCollum, and again this paper departs from the norm in terms of SF research; this one taking a qualitative approach to identifying specific factors that contribute to solution building. The authors begin by constructing a theoretical framework of the components of solution building. They argue that these are threefold: involving the client in identifying the solution, increasing the client's awareness of times when the solution is already happening, and helping the client develop hope in the future. The authors then used these components to construct a Solution Building Inventory (SBI) which they then tested using a scale development procedure. Two waves (n=97 and n=302) of undergraduate students at Virginia Tech university completed an online survey, answering a series of 5-point Likert scale questions. The second wave also completed two further tests: the *Dispositional Hope Scale (DHS)* and the *Life Orientation Test – Revised (LOT-R)*. It is unusual to take such a quantitative, and reductionist, approach to SF practice; however, the authors provide a detailed account of the analysis undertaken on each of the two waves in their attempt to match the statistical data to the theoretical model. Three significant findings emerge. The first of these is that the authors were unable to match the statistical data to the theoretical model; factor analysis failed to find specific factors within solution building. Basically, solution building cannot be reduced to a series of other factors being brought together in a specific way; *solution building is solution building*. The second finding of interest

is that the SBI demonstrated a significant correlation ( $p = .01$ ) with both the DHS and the LOT-R. However, the DHS and LOT-R did not correlate with each other, meaning that solution building correlates closely with client expectations of favourability of the future, and hope, but is not the same thing. In regard to this the authors conclude that “the SBI is a unique measure related to hope and confidence in goal attainment”. The third significant finding is that the SBI may well be a reliable and valid measure of an individual’s ability as a solution builder. This has implications for both research and outcome analysis. The authors suggest that the SBI may have applications as an intervention tool being used to generate SF conversations, as a clinical outcome research tool delivering pre- and post-treatment, or as a tool to classify an individual’s SF aptitude. They go on to suggest that future questions may include: ‘are some individuals innately better solution builders than others?’ and ‘can individuals be good problem solvers as well as solution builders?’ Arguably, a tool which aims to objectively measure ability in constructing solutions would be a useful addition to the SF coach’s toolbox. Being able to validate the theoretical construct of solution building, and demonstrate the effectiveness of coaching sessions in developing that ability in individual coachees would clearly add to the growing body of evidence supporting the effectiveness of SF coaching as a discrete entity distinct from other traditional, problem focused approaches.



The final two papers are:

**Koob, J. J., and Love, S. M. (2010).**

**The Implementation of Solution-Focused Therapy to Increase Foster Care Placement Safety.**

*Children and Youth Services Review*, 32, 1346–1350.

and

**Trepper, T. S., Treyger, S., Yalowitz, J., and Ford, J. (2010).**

**Solution-Focused Brief Therapy for the Treatment of Sexual Disorders.**

*Journal of Family Psychotherapy*, 21, 34–53.

**B**oth of these papers take the approach of applying SF practice to a specific problem scenario. Koob and Love measure the impact of SF interventions against the impact of Cognitive Behavioural Treatment (CBT) in promoting foster care stability in 31 adolescents with a history of multiple placements. Staff at an urban residential treatment facility were trained over 7 days and then supervised by Insoo Kim Berg to deliver SF therapy. The key outcome measure was mean number of disruptions within a twelve month period and was measured over a two year period; in year one (prior to the study) CBT was the intervention of choice, and in year 2 (following staff training in the approach) SF therapy was the intervention of choice. The authors report that disruptions decreased from a mean 6.29 in year 1 to a mean 1.45 in year 2 ( $p < .001$ ). They conclude that SFBT “has the potential to promote foster care placement stability with adolescents”.

Trepper et al. describe the use of SFBT as an approach to the treatment of sexual dysfunctions and disorders. They explore a number of SFBT tenets (“if it isn’t broken, don’t fix it”, “small steps can lead to large changes”) and specific SFBT techniques (miracle question, scaling) in the context of

sex therapy, and demonstrate the use of these through a case study. The authors conclude that SF therapy can be a useful approach to the treatment of sexual dysfunctions, and can achieve the same results as many established problem-focused approaches do, “but does so more briefly and with less risk”. What these two papers demonstrate is that, regardless of the presenting problem, the process of solution building remains essentially the same. The thread that runs through the papers reviewed here is one of process. Whether SF practice is delivered in one hour, over an extended four-hour period, as a treatment for sexual dysfunction, or to reduce unwanted behavioural outbursts, the key components remain the same. The findings reported by Grant and Love, and Stith et al., are equally relevant to the arenas of SF coaching and SF therapy. The harnessing of hope and expectancy where people are trying to make significant organisational change, often against the odds and in the face of considerable resistance, is allied to the knowledge and understanding of how SF questions work, and the ability to demonstrate that our approach is successful in bringing about meaningful and effective change. As Smock et al. suggest, *solution building is solution building is solution building*, regardless of where we do it.

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