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SOLUTION-FOCUSED BRIEF THERAPY FROM THE CLIENT'S PERSPECTIVE: A DESCRIPTIVE PHENOMENOLOGICAL ANALYSIS

BY

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Dedication

To my parents, Marilyn and Roger, whose support, caring, and love of all kinds has helped me to make this achievement possible.

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Abstract

The primary purpose of this study was to gain an in-depth understanding of solution-focused brief therapy (SFBT) from the client's perspective. The secondary purpose was to inform counsellors about how the model can be used more effectively. Semi-structured interviews with five clients were conducted in order to explore: (a) the lived experience; (b) meaning attributed to, and (c) the lived effect of SFBT on clients' lives. Data were collected and analyzed using the descriptive phenomenological method. A general structure, including five key themes describing clients' common experiences with the model, was established. The themes and their constituents (i.e., subthemes) were elaborated upon, providing an in-depth understanding of how clients experience and are affected by SFBT, with clear indications for how the model can be used and taught more effectively. Evidence in support of SFBT was also established, as was theory about how and why the model works.

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Chapter 1: INTRODUCTION

In this introductory chapter, I first present a personal account of my experiences associated with learning the solution-focused brief therapy (SFBT) counselling model. This is followed by a description of the rationale and aims for this study.

My Story of Learning and Using SFBT: A Personal Account

As an undergraduate I completed a seminar course on positive psychology. This was the first university course I took that focused on happiness and the positive characteristics of people. It helped me to conceptualize people in general as being resilient, and as having many positive qualities and strengths. I subsequently learned that this is exactly how SFBT counsellors are supposed to view their clients. I find that seeing people in this way is empowering for clients and for counsellors.

My first significant exposure to SFBT was reading Corey's (2009) chapter on postmodern approaches in my first master's course. I found that the assumptions associated with SFBT came across as being relatively simple, sensible, pragmatic, and intuitive. I also found that a curious and collaborative role, versus a counsellor-as-expert role, fit well with me as a person, and as a new counsellor. During my interventions course, I started to take a more in-depth look at SFBT assumptions, and I learned about how SFBT can be utilized effectively in practice. I also viewed a video recorded interview featuring Steve de Shazer and Insoo Kim Berg (part of the founding team at Brief Family Therapy Center in Milwaukee, Wisconsin) speaking about the model (Berg, 1997). This interview helped me to gain an increased understanding of how and why SFBT actually helps people to achieve positive change. I also watched Berg do a live session. I really appreciated how intently she listened to her clients, took what they said seriously, and accepted them as they were. I also appreciated how she was

curious and respectful, yet also very purposeful at the same time. Watching Berg helped me to learn how elegantly the model can be used in practice. I learned that SFBT is a model that focuses on utilizing client characteristics and preferences to achieve progress that clients are satisfied with. I recognized that, as a person who tends to do more listening and less talking, SFBT interventions (which are typically questions) fit me well, as utilizing them could help me to stay actively involved in therapeutic conversations with clients. Overall, these experiences helped me to realize that I wanted to learn the model well.

I wrote a number of essays in my master's coursework from an SFBT perspective, including essays on: (a) case conceptualizations and treatment plans, (b) SFBT with couples, (c) an SFBT group program, and (d) a theories of counselling paper focusing on SFBT. I also used the model for two assignments, which required me to video record myself conducting real sessions with clients, followed by doing analyses of these sessions and class presentations. These assignments proved to be valuable learning experiences for me, which helped me to understand SFBT concepts and techniques from a number of different perspectives. Over time these learning experiences helped me to see more value and merit in the model.

Considering my focus on and interest in SFBT, it was a natural choice for me to focus on using the model in my practicum placements. I found that the model gave me a solid foundation from which to work as a new counsellor. It was exciting for me to collaborate with clients in identifying and amplifying their preferred futures, goals, strengths, resources, coping abilities, exceptions, and solutions. I witnessed how powerful the model can be for building client self-efficacy, by helping clients to explore what had been better for them, and then asking them about how they managed to do that, and then about what that said about them as a person. I appreciated how easy it was to integrate interventions from other models into my sessions,

depending on the needs of my clients. During my practicums, I regularly reviewed "Briefer: A Solution Focused Practice Manual" (George, Iveson, Ratner, & Shennan, 2009). Doing so helped me to focus on important principles and key methods that I used when interacting with my clients. As a reminder for myself, I used a two-page key for my sessions, which included acronyms for key SFBT interventions that I planned to use with my clients. This key helped me to stay focused on using the SFBT approach with my clients, while I was also trying to (a) consistently relate to them empathically, and (b) stay focused on what they were communicating to me in the moment. Overall, I feel that using the model in practice has helped me to clarify my role as a counsellor, and to organize my sessions well. Generally, I found that my clients seemed to respond well to the approach, but I also experienced some challenges.

At times I found it challenging to think of useful SFBT-based questions while also adequately attending to what my clients were saying. Also, I was concerned that the approach would come across to my clients as "solution forced" rather than solution-focused (Nylund & Corsiglia, 1994), particularly in subsequent sessions; I felt that at times I was too focused on what clients had experienced that was better, even if they really didn't genuinely believe that things were much better for them. At some points I was also concerned that my solution-focused questions were coming across as predictable and repetitive across sessions. At times I was also concerned that my clients did not have the resources and strengths to solve their problems, which was why they had come to therapy in the first place. These challenges have motivated me to learn about what clients find helpful and unhelpful in the SFBT counselling process.

I have appreciated the fact that, although SFBT comes across as being simple, there is a great deal of depth and subtlety to the model; I am aware that it takes time, effort, and experience to be able to understand and utilize the model well. I continue to experience fresh insights when

I read books and articles on SFBT, and when I reflect on what I have learned. I see this research project as a natural continuation of my SFBT learning experience, which I hope will help me to continue to grow as a person and as a counsellor. This research project has also created an excellent opportunity for me to contribute to what is already known about the model with the SFBT community, by focusing on how clients experience and are affected by it.

Rationale for and Aims of This Study

Although there are a number of qualitative studies that investigate SFBT from the client's perspective (discussed in Chapter 2), there are no studies that investigate SFBT from the client's perspective using descriptive phenomenology (DP). Conducting a DP study on this will help to achieve a common, nomothetic understanding of SFBT from the client's perspective (Englander, 2012). It will also bring greater understanding to client's experience of SFBT in full light, and from different perspectives (Bevan, 2014), by analyzing and understanding each participant's unique experiences associated with the SFBT counselling process. Achieving these aims was essential for answering the first primary research question in this study (discussed in Chapter 2). Another important aim of this study was to inform SFBT practitioners about how the model can be practiced more effectively. Adequately addressing this aim was essential for answering the second primary research question in this study.

There is a need in the literature for more research that supports the effectiveness of the SFBT model. Considering this, another aim of this study was to seek evidence that supports the effectiveness of SFBT, while also considering evidence to the contrary. Finally, considering (a) SFBT's current popularity, (b) its use in a wide range of psychotherapeutic and other settings, and (c) the fact that SFBT is still considered to be a model with limited psychological theory (Grant, 2011), another aim of this study was to understand this model more thoroughly,

including how and why it works.

Chapter 2: LITERATURE REVIEW

In this chapter, I review the literature on SFBT to make the conceptual framework for this study clear. First, I provide a detailed description of SFBT, including its (a) origins and evolution, (b) underlying philosophy and theory, (c) unique assumptions, (d) key techniques, and (e) research definition. I then address critiques of the model. Second, the current popularity and application of SFBT is discussed. Included in this section is a discussion of the factors that help to account for the model's popularity, and evidence of the popularity of the model, including its applications in fields outside of counselling. Clinical applications of SFBT are also examined. Third, there is a section focusing on evidence of the model's effectiveness. Fourth, a review of qualitative SFBT research is presented. Then the entire literature review is summarized. Finally, the two primary research questions for this study are presented.

Description of SFBT

Origins and Evolution of SFBT

According to Visser (2013), there was a shift in the mid-twentieth century toward making therapy more pragmatic, goal-oriented, and briefer. There are also several other important sources of influence in the development of SFBT. American psychiatrist Milton Erickson is credited with creating several key ideas, which were precursors to what would become known as SFBT, including: (a) the notion that clients' own resources can be utilized in order to find solutions to their problems; (b) a focus on the present and future, rather than on focusing on clients' pasts or on developing insight, (c) the nonnormative notion that counselling should not be prescriptive in regard to what people in general should do, and (d) the crystal ball technique, which was an important precursor to the miracle question (Ratner, George, & Iveson, 2012), which is a major SFBT intervention.

Gregory Bateson's systemic notion that people's social systems and individual culture could provide insight into, and be a source of both problems and solutions in their lives, was another important contribution to the model (Perry, 2014). SFBT was also influenced by the work of the research of the Mental Research Institute (MRI), which was established in 1959, in Palo Alto, CA. MRI concepts integrated into SFBT include: (a) reframing, (b) task-setting, and (c) the identification of varying levels of client motivation (Walsh, 2010). Walsh discusses how SFBT also *deviated* from the MRI model by focusing on compliments and the elicitation of exceptions and strengths, and by developing collaborative client-counsellor relationships.

In 1978, several researchers from the MRI, including two of the cofounders of SFBT, Berg and de Shazer, established the Brief Family Therapy Centre (BFTC) in Milwaukee (Ratner et al., 2012). The primary motivation of the original core team of counsellors at the BFTC at this time was to discover what works in therapy (Lipchik, Derks, Lacourt, & Nunnally, 2012). In the early days, BFTC counsellors conducted videotaped sessions while the rest of the team observed from a distance. Later one-way mirrors were introduced. During sessions, team members communicated with the counsellor, so that the counsellor could ask questions that the team wanted her or him to ask the client. Toward the end of the session, the counsellor conducting the session would meet with the rest of the team in order to discuss their thoughts about the session, and to coconstruct an end-of-session message and homework task for the client (Lipchik et al., 2012). Limited information was collected from clients before their first session, as the team had the goal of understanding and helping clients without being biased by information not observed in the sessions themselves. Even during the early days, diagnostic categories were eschewed.

At this stage of its evolution, the BFTC was conceptualized not only as a clinic, but also as a think tank and a training centre. The team adopted an ecosystemic approach; theory,

research, and practice were viewed as being inseparable, and typically simultaneous processes (de Shazer, 1982). The team always made an effort to use theory to guide its practice. A number of theories were tested, and some of these had a large impact on the development of SFBT (Lipchik et al., 2012).

The research conducted at the BFTC was exploratory, and practice-based. Rather than working from any particular therapeutic model, the team at the BFTC worked inductively, spending hours each day observing, analyzing, and discussing actual sessions (Lipchik et al., 2012). Client self-reports were analyzed as well. The goal of the research was to discover new and more effective ways of relating with clients (including techniques and methods), so that clients were satisfied with the counselling process. The team paid close attention to any interventions that led to clients reporting experiences of positive changes, including accidental or spontaneous moments in counselling that seemed to work (i.e., "aha" moments); but overall, the development of SFBT occurred gradually, as a result of noting patterns evinced across multiple sessions (Lipchik et al., 2012). It is interesting to note that, despite (a) the many people involved, (b) the multiple activities going on, and (c) the theories and methods being tested, the majority of BFTC clients reported experiencing improvement (Lipchik et al., 2012).

Initially, the team behind the mirror included the core, founding members. However, within several years the team behind the mirror included visiting colleagues from various places in the United Sates, and later, from all over the world. The counsellors that participated in this process came from a broad range of backgrounds (Lipchik et al., 2012). As a result, they were able to introduce a number of different perspectives, which in turn helped the team to generate useful interventions. It is the collegial atmosphere of working together and the welcoming of contributions from all that has been the most important legacy of the BFTC team (Visser, 2013).

As the model developed at the BFTC, the counsellor's role shifted. It became essential for counsellors to utilize techniques as interventions in order to elicit and build on clients' strengths, resources, and experiences. The role of the team behind the mirror shifted as well. The team's new role was to create messages and tasks that opened up new options for solutions, and that reinforced clients' strengths and resources (Lipchik et al., 2012). One of the key developments was the view that the interview itself was the intervention (i.e., the primary agent of change). In addition to focusing on solutions, the team developed interventions (in the form of questions) that elicited *change talk* (i.e., talk that is consistent with helping clients make progress toward their goals) in counselling as early as the first session (e.g., the miracle question, coping questions, and exception questions). Recognizing that counsellors could shift directly from a client's statement of their problem, to a focus on goals, and then onto the construction of solutions, marked the turning point for the team from a problem-focused to a solution-focused approach (Lipchik et al., 2012).

Between 1982 and 1994, de Shazer and other counsellors at the BFTC wrote a number of important books and articles about SFBT (Visser, 2013). These seminal works helped to create a set of methods and techniques that became the foundation for SFBT. I briefly outline some of the main SFBT methods, techniques, and ideas, which are presented in several key books written during this period. Essential SFBT methods and techniques are discussed in more detail below. In his book "Patterns of Brief Family Therapy: An Ecosystemic Approach", de Shazer (1982) discusses: (a) the notion that change is constant, and that changing one element in a system can lead to multiple changes in other elements in the system; (b) complimenting clients on their efforts; (c) utilizing client's unique manner of cooperating; and (e) reframing. In his book "Keys to Solution in Brief Therapy", de Shazer (1985) introduces the notion that the problem does not

need to be explored in detail in order to arrive at a solution. He also suggests that counsellors ask questions, which presuppose that positive change is going to happen, in order to create an expectation of positive change on the part of the client. New and different client behaviours are encouraged, as they can set a process of positive change process in motion. He also discusses how past successes can be utilized as solutions for solving problems.

In his book "Clues: Investigating Solutions in Brief Therapy", de Shazer (1988) presents the miracle question and discusses utilizing exceptions to construct solutions. He also discusses the three client-counsellor relationship patterns that can emerge in SFBT. He also observes that clients should be encouraged to do more of what they are capable of doing that is working for them already. In his book "Putting Difference to Work", de Shazer's (1991) focus is primarily on the underlying philosophy and theory associated with SFBT, rather than on actually doing counselling. However, de Shazer does discuss the characteristics of well-formed, SFBT-based goals in this book.

In his book: "Words Were Originally Magic", de Shazer (1994) focuses on the linguistic, conversational, and interactional aspects of the counselling process. In particular, how meaning is cocreated between clients and counsellors is focused on; as is the use of language to help clients to rapidly and economically develop their own solutions and achieve change. Key ideas introduced in this book include: (a) the therapist is like a detective who follows the client's lead in eliciting clues that can make a difference; (b) the counsellor should pay close attention to the client and take whatever they say seriously, without making assumptions or taking anything for granted; and (c) solution talk versus problem talk should be focused on (i.e., the focus should be on what clients can share with us that will help us to construct solutions with them). The notion of questions as interventions, versus simply as tools for gathering information is also discussed.

Following up first sessions with what's better questions, focusing on signs of progress, and transferring exceptions to everyday life are also discussed in this book. Working with individual responses to scaling questions is also explored. Other important SFBT notions and techniques introduced during this time period include coping questions, presession change, listening with a constructive ear, leading from one step behind, and indirect compliments (Visser, 2013).

From the mid-1980s forward, the model continued to be developed and used successfully by teams and counsellors working all over the world, to address a variety of populations in a diverse range of contexts (Visser, 2013). For example, in the early years, the model was used to treat (a) problem drinkers (e.g., Berg & Miller, 1992), (b) substance abusers (e.g., Berg & Reuss, 1997), (c) adult psychiatric clients (e.g., MacDonald, 1994, 1997), child welfare and family services clients (Berg, 1994), clients with eating disorders (McFarland, 1995), and families and clients diagnosed with schizophrenia (Eakes, Walsh, Markowski, Cain, & Swanson, 1997). SFBT books were also written for survivors of trauma (Dolan, 1998) and sexual abuse (Dolan, 1991), and for couples wanting to improve their marriage (Weiner-Davis, 1992). The model was also used in school settings (e.g., Metcalf, 1995; Morrison, Olivos, Dominguez, Gomez, & Lena, 1993). The model was later used for applications outside of therapy, such as coaching (e.g., Berg & Szabó, 2005) and organizational development (e.g., Jackson & McKergow, 2002). Much of the later evolution of the model occurred in close contact with de Shazer and Berg before they passed away in 2005, and 2007, respectively.

Philosophical Influences and SFBT Theory

The BFTC team was influenced by social constructionist philosophy, the ideas of the philosopher Wittgenstein, neuro-linguistic programming (NLP), systemic approaches to family therapy (Visser, 2013), and the Buddhist notion that change is a constant, inevitable, and

continual process (Ratner et al., 2012). However, as the model evolved, social constructivism became the most important philosophical framework (Lipchik et al., 2012). The social constructivist perspective asserts that reality is invented through an individual's social interactions rather than discovered (Ratner et al., 2012). Considering this, the SFBT counselling process is, by its nature, a collaborative and cooperative process: Counsellors and clients are viewed as coconstructing new meanings (Guterman, 2013) and hopeful, positive, and desired futures together (de Shazer et al., 2007).

Berg and de Shazer articulated three "rules of thumb" that form a *Central Philosophy* in SFBT (Fiske, 1998). Ratner et al. (2012) observe that these three rules form an underlying philosophical base in brief therapy. These three rules include: (a) if it ain't broke, don't fix it, (b) once you know what works, do more of it; and (c) if it doesn't work, stop doing it, and do something different (Quick, 2008). These three rules of thumb can be analyzed from both the client's and the counsellor's perspective. With regard to the client, the first rule speaks to the fact that much of what clients are already doing in their lives is useful to them, and therefore should not be changed. The second rule speaks to the importance of exceptions to the problem: Exceptions to clients' problems are prototypes for how a client can successfully resolve their problem (Berg, 1997). The third rule speaks to the notion that positive, useful behaviours should replace behaviours that have been identified as not being helpful to clients. Similarly, from the counsellors' perspective, the first rule indicates that counsellors should stay on track, and focus on the client, and the problem presented, versus focusing on their own agenda. The second rule requires counsellors to ask themselves what they can do to maximize their effectiveness. The third rule requires counsellors to ask themselves what they can do differently, if what they are doing is not working (Fiske, 1998). Ideally, these three rules of thumb are implemented jointly

with other core SFBT assumptions and techniques in the counselling process.

SFBT is an approach that is based on pragmatism versus being based heavily on theory (de Shazer et al., 2007). There is a focus in SFBT on description rather than on explanation or interpretation, which is consistent with Wittgensteinian philosophy (Ratner et al., 2012). However, Guterman (2013) discusses how SFBT *does* have a theoretical basis, both in terms of how problems are conceptualized, and how they are resolved. According to Guterman, clients' problems can be conceptualized in terms of informal content and formal content. Informal content includes the client's subjective experience of the problem. Formal content includes the counsellor's explanatory and treatment assumptions associated with the problem. In SFBT, the formal content simply involves the counsellor conceptualizing the problem in terms of a problem/exception distinction. SFBT is unique in that the formal content (i.e., the problem/exception distinction) is compatible with any possible informal content (i.e., the clients' subjective experience of the problem). In this sense, SFBT is a metatheoretical model, which can reexplain and reconceptualize any client complaint within its formal content. In the SFBT theory of change, "problems and exceptions are inversely related" (p. 44): When the problem is the primary focus, or "rule", exceptions tend to be overlooked, and they may even decrease; and vice versa. Goals are reached in SFBT by counsellors and clients working together to identify, amplify, and increase exceptions to the problem, which is facilitated by the use of solution-focused techniques (Guterman, 2013).

Key Assumptions That Make SFBT Unique

In addition to what has been discussed above, there are a number of key SFBT assumptions about clients and the counselling process (Ratner et al., 2012). First, solutions are not necessarily related to clients' problems, and the language of solutions is different from the

language of problems (de Shazer et al., 2007). Considering this, there is a focus in SFBT on language that is positive, hopeful, future-oriented, and that focuses on exceptions and solutions, versus a focus on language that is negative, past-focused, pathologizing, and which implies that problems are stable and enduring (Nichols, 2009).

Second, helping to draw people's attention to the exceptions to their problems (i.e., the times when things are going well or better) helps them to see that they already have solutions to their problems (de Shazer et al., 2007). Third, individuals are the experts of their own lives: They understand their own problems well, and they also know when they have constructed the solutions that they need to resolve them (Simon & Berg, 1999). As a result of this, it is essential that counsellors listen for what clients describe that is working for them (Berg, 1997). Fourth, solutions are typically constructed in a series of small, but significant steps, which can lead to larger, systemic changes in a person's life (de Shazer et al., 2007). As a result of this, there is a focus in SFBT on helping clients to make, and to not overlook, small, positive changes.

Fifth, in SFBT, the intervention is the session itself, as this is where clients identify what specifically they want to change, and how they can go about doing so (Berg, 1997). Sixth, the role of the counsellor is to: (a) help clients to expand their options and possibilities, and (b) involves the counsellor leading from one step behind (i.e., following the client's lead in the counselling process; de Shazer et al., 2007). Also, what might be considered to be forms of client resistance in some other models is viewed as clients' unique way of cooperating in SFBT (de Shazer et al., 2007).

Another unique set of assumptions in SFBT includes the three client-counsellor relationships patterns that emerge in SFBT. These relationships are not traits of the client. They simply describe the nature of the relationship at any given point in the counselling process

between the client and counsellor (de Shazer, 1988). These relationship patterns are fluid (i.e., they can and often do change) over time. A visitor pattern emerges when the client does not have a complaint, and may not even want to be in counselling. He or she may be there due to someone else's request. A complainant pattern emerges when there is a complaint of some kind (even if it is not specific or clear), and the client has at least some expectation for change in the counselling process (de Shazer, 1988). In some cases a complainant has a clear complaint, but attributes the causes and continuation of the complaint to someone or something else (Bannink, 2010). A customer pattern emerges when the client has a clear complaint and is prepared to take action to address it. Customers can often identify exceptions (i.e., what is happening when things are better) to their problems.

The role of the counsellor varies depending on the type of relationship pattern that has developed with the client. If the counsellor is working with a visitor, it is best to empathize with them (i.e., practice unconditional acceptance), and ask them about what they would like to achieve (e.g., getting the person who referred them "off of their back"), which would make the best use of their time (Bannink, 2010). de Shazer (1988) observes that, when working with a visitor, it is best to: (a) be as nice as possible, (b) always be on their side, (c) focus on what's working, and (d) compliment them. If the counsellor is working with a complainant, it is again important to empathize with them, particularly around their perceptions and feelings that someone or something else is to blame, and to focus on how they are coping. Focusing on exceptions with these clients is also helpful, as is helping them to observe what *they* are doing differently in these instances (Bannink, 2010). If the counsellor is already working with a customer, however, the counsellor can be more directive in guiding the client toward goals, and then work with them to construct solutions.

When working with either a visitor or a complainant, one goal is to shift the conversation toward goals and solutions, and away from problems, or a push for change. Another goal is to increase motivation toward positive change (Bannink, 2010). Ideally, the relationship pattern will change from a visitor or complainant pattern to a customer pattern, as the counselling process progresses; but it can also shift in the opposite direction as well.

Key Techniques

In the following paragraphs I define and discuss a number of core SFBT interventions, including SFBT-based goals, asking about presession change, the miracle question, scaling questions, exception questions, identifying previous solutions, coping questions, compliments, and between session homework experiments. It is important to note that this list of interventions is not exhaustive. Some additional details about these core interventions, and information about other, less central SFBT interventions, can be found in the results chapter.

Setting *SFBT-based goals* is an important SFBT intervention (Solution Focused Brief Therapy Association [SFBTA], 2013). Workable, SFBT-based goals are (a) salient to the client; (b) small, concrete, specific, and behavioural; (c) achievable; (d) include the start, versus the ending, of something; (d) involve new behaviours rather than the cessation of existing behaviours; (e) are described in interactional terms; and (e) are perceived as "hard work" (de Shazer, 1991).

Asking about *presession change* involves the counsellor asking their client to notice any positive changes that occur between the time that they make their first appointment, and the time they actually come in for their first session (Ratner et al., 2012). Asking this question helps to open clients' awareness to exceptions and to potential solutions that are already present in their lives; and it can also enable new and constructive thoughts associated with their problems. In

this way, the solution construction process and the change toward a more positive, constructive state of mind can begin before the client even meets the counsellor (Ratner et al., 2012). Counsellors typically discuss clients' experiences of presession change early in the first session.

The *Miracle Question* involves the counsellor first asking the following question:

> Now I want to ask you a strange question. Suppose that while you are sleeping tonight and the entire house is quiet, a miracle happens. The miracle is that the problem which brought you here is solved. However, because you are sleeping, you don't know that the miracle has happened. So, when you wake up tomorrow morning, what will be different that will tell you a miracle has happened and the problem which brought you here is solved (De Jong & Berg, as cited in de Shazer et al., 2007, pp. 37-38)?

Follow-up questions that build on, amplify, and further clarify the client's answers to this question in detailed, specific ways, are an essential part of the miracle question exercise. These include questions about (a) what the client will notice that is different, (b) what they will do differently, (c) how they will think and feel differently, (d) what other people will notice that is different, and (e) how other people in their lives will respond and interact with them differently (de Shazer et al., 2007).

de Shazer et al. (2007) discuss several reasons for asking the miracle question with follow-up questions. First, it enables clients to be clear about what they want to achieve in the counselling process, helping them create clear, specific goals. Second, it can help the client and counsellor to identify and describe small, specific, and positive instances of exceptions and solutions to their problems that are consistent with their interpersonal context, and that may already be occurring in their lives (European Brief Therapy Association [EBTA], 2000). Third, it helps to create a progressive story by focusing the client on what is already going well. The

miracle question also helps clients to identify their strengths and resources (EBTA, 2000), which they can utilize in order to help them to achieve their goals.

Another core SFBT intervention discussed by Ratner et al. (2012) is *scaling questions*. Scaling questions are zero-to-10 questions, where zero represents the worst possible situation for a client (or the least of something) and 10 represents the best possible situation for a client (or the most of something). Scaling questions enable clients to subjectively assess their progress toward their preferred future in general, and toward their particular goals, in specific. They also establish a benchmark, from which clients can determine (a) what they have done and are doing that has helped them to get to where they are now; (b) what the next steps will be, that will enable them to make further progress; and (c) when things will be "good enough" for the counselling process to come to an end**.** In addition to assessing progress, scaling questions can also be used to help clients to assess subjective states such as their level of confidence or motivation. Scaling questions that assess confidence have the potential to empower clients, by helping them to reflect on what it is that makes them as confident as they are. Assessing motivation can be helpful in determining how important particular goals are to a client, which in turn can clarify their reasons for continuing in the counselling process.

Asking *exception questions* involves the counsellor asking clients about the times when their problems are absent or lesser in some way. An exception is anything that "happens instead of the problem" (de Shazer et al., 2007, p. 4). The counsellor then works with the client to help them to identify what is *different* about these times that make them better in some way (Bannink, 2010). These questions are important because they can help clients to identify potential solutions to their problems, which might otherwise be overlooked, due to people's tendency to focus on their problems (Bannink, 2010).

A SFBT technique that is closely related to exception questions is *identifying previous solutions*. This process involves the counsellor helping the client to identify times in the past when they did have a viable solution to their current problem, even if it was only for a short time. This process can involve identifying a solution that was useful in another situation, time, or place. These solutions could be things that the client either forgot or discontinued for some other reason (SFBTA, 2013), but that can still be utilized in addressing the client's current concern.

Coping questions are asked to help clients to identify what useful things they do to endure when times have been, or are tough (Ratner et al., 2012). Coping questions are particularly important to ask when clients: (a) report no improvement, or (b) report that their problems have gotten worse since the previous session. Answers to these questions can help clients to identify what they can do to improve things in the present and near future (Ratner et al., 2012). Answers from coping questions can also be used to construct solutions.

SFBT counsellors *compliment* their clients by observing: (a) what they have done well; (b) what they are already doing well; and (c) what they plan to do, which is positive and useful for them (EBTA, 2000). Compliments in SFBT also involve counsellors observing their clients' goals, exceptions to their problems, and their strengths and resources. A focus on compliments is considered to be particularly important toward the end of the session, as they help clients to focus on the helpful and positive aspects of themselves and their situation going forward (EBTA, 2000). Sometimes compliments can be indirect. *Indirect compliments* involve the counsellor asking questions that lead the client to recognize something positive about themselves or their behaviour (Corcoran, 2012). Indirect compliments can be a powerful intervention, because clients recognizing, understanding, and speaking to their own strengths and actions is much more empowering for them than having their strengths and actions observed by their counsellor.

Ideally compliments are worded using the client's own language, as this helps clients to feel understood (Corcoran, 2012).

de Shazer et al. (2007) discuss how SFBT counsellors often end sessions by collaboratively discussing *between session homework experiments* with clients (i.e., behavioural or observational tasks), which clients are encouraged to implement. Behavioural experiments may involve doing more of what works, or trying a piece of their miracle scenario as an experiment. Observational tasks may include (a) thinking about what else might help, (b) focusing on discovering or explaining exceptional times, or (c) noticing what is happening in their life that they would like to see continue. Overall, these experiments are typically based on clients doing more of what they are *already* doing, thinking, or feeling that is helping them to make progress toward their goals. They can also involve the client trying something that they want to try, which they believe will help them to make progress (de Shazer et al., 2007). de Shazer et al. observe that experiments that emanate from clients themselves are ideal, because they factor out clients' natural tendency to resist externally prescribed interventions. These authors also observe that basing experiments on something that is familiar, versus foreign to clients, improves the likelihood that clients will actually try what has been discussed.

The nature of the homework experiment (i.e., observational task or behavioural task) will likely vary, depending on the client-counsellor relationship pattern that has emerged at the time. When working with a visitor, de Shazer (1988) advises counsellors to not suggest any tasks to clients. When working with complainants, de Shazer advises counsellors to only suggest tasks of observation. He observes that customers can be given behavioural tasks, and that the counsellor can be confident that the client will (a) do the task, and (b) find the task useful. Similarly,

Bannink (2010) observes that counsellors working with customers can suggest a behavioural task, an observational task, or both.

Research Definition

EBTA (2000) outlines the minimal requirements of an SFBT treatment protocol, which should be included in any SFBT outcome research. Counsellors should focus on clients' goals, exceptions, and resources throughout the counselling process. Counsellors are also supposed to consistently compliment clients, and they are expected to work within the clients' frames of reference. After a discussion of presenting problems and the formation of goals, several core components are described: (a) discussion about presession change, (b) the miracle question with follow-up questions, (c) scaling questions, (d) amplification of exceptions and improvements, (e) discussion of next steps (i.e., constructing solutions), (f) negotiating intermediate goals (i.e., determining what number on a ten-point scale is "good enough" for the client), (g) offering end of session compliments, and (h) discussion of whether or not the client wants to return for another session. Discussion of between session experiments is not included in the EBTA's minimal requirements for SFBT. However, SFBTA's (2013) SFBT treatment manual does include suggestions for between session experiments.

In second and subsequent sessions, counsellors are required to ask their clients about what has been better since the last session. Following this, they are to ask follow-up questions, which help to amplify clients' improvements (i.e., exceptions and solutions to their problems). If clients reports either (a) no improvement, or (b) that things have gotten worse since the last session, counsellors are to ask coping questions. Parallel to the initial session, counsellors are then to ask scaling questions, next step questions, and questions about intermediate goals. This is followed by (a) end of session compliments, (b) possible discussion of between session

experiments, and (c) a discussion of if, and when, the next session will be. These core techniques and session plans are unique to the SFBT approach.

Tensions in the Field and Critiques

One critique of SFBT is that the approach minimizes clients' problems by not adequately exploring the issues that clients present with. This in turn may lead to leaving important aspects of their problems unaddressed (Clark-Stager, 1999). However, George et al. (2009) observe that it is important that clients are invited to take as much time as they need to share their concerns and related narratives, such that they feel that their concerns are sufficiently explained and understood. SFBT has also been criticized for being a model with too few techniques (Corey, 2009). However, SFBT does not necessarily need to be used in a formulaic and isolated manner. Instead, it can be combined with other approaches and interventions, which will help particular clients to meet their specific needs (Walsh, 2010).

SFBT has also been criticized for being a generic model that does not adequately consider people's contextual, cultural, and historical factors (Walsh, 2010). However, according to Berg (1997), SFBT can be easily adapted to people's unique dispositions, because the counselling process and the solutions that are coconstructed in it, are based on clients' frames of reference, experiences, and preferences. SFBT fits well with diverse clients because they generate the content of sessions themselves. Berg also observes that, regardless of where a person is from, the principles for developing solutions with them are essentially the same.

Additionally, some professionals link the rise of brief therapy methods, such as SFBT, with the rise of neoliberalism in health care (Walsh, 2010), which is associated with the privatization of health care services, and cost cutting for efficiency (McGregor, 2001). The concern is that budget-holders are making decisions to fund briefer models, such as SFBT, as a

cost-saving measure; and that doing so has the adverse affect of precluding clients who require more in-depth, complex, or long-term treatment and support from receiving adequate counselling services (Walsh, 2010). However, although there is concern that SFBT is a simplistic model, which is not adequate for treating more serious and complex problems, SFBT *is* effective in helping people to identify possibilities and to make significant behavioural changes in areas of their lives where they still *do* have some degree of control (Walsh, 2010). Furthermore, although SFBT is considered to be a brief approach, not all SFBT counselling processes are completed within just a few sessions. Instead, it is up to clients to determine when their counselling process will end, often in collaboration with their counsellor. If a client requires ongoing services, these services can indeed be provided within a solution-focused framework (Guterman, 2013).

The Popularity and Application of SFBT and the Solution-Focused Approach

Factors that Help to Account for the Popularity of SFBT

The use of SFBT has become prevalent among psychotherapists working in a number of different fields (Froerer & Connie, 2016); and it continues to ascend as a popular, legitimate, and mainstream model (Chang & Nylund, 2013). There are a number reasons for the popularity of SFBT. First, Slive, McElheran, and Lawson (2008) observe that there has been a noticeable shift in the last twenty years toward briefer forms of psychotherapy. Second, SFBT creates opportunities for treating clients without an extensive focus on history taking and diagnosis (Bannink, 2007), which makes the model relatively easy to learn, and more accessible to counsellors who are not well trained in the medical model approach to diagnosis and treatment. Third, in the era of managed care, insurance companies and employee assistance programs prefer to compensate counsellors who use this model, considering that it (a) can be brief and cost-efficient, (b) has quantitative outcome measures in the form of progress scales, and (c) is now an

evidence-based practice (Murphy, 2013). Fourth, the model is adaptable for use in a wide range of applications (Adams, 2016). Fifth, in contrast to other counselling models, research indicates that SFBT is effective for people from all socioeconomic groups, as well as for hard to reach clients and offenders (MacDonald, 2011), which helps to make the model useful in many contexts.

Sixth, practitioners appreciate SFBT's flexible, collaborative nature, and its strengths-based approach, and appreciate how they do not have to have answers to clients' problems, as solution construction is a collaborative process in this model (Kim, 2008). Seventh, therapeutic conversations with clients in SFBT tend to be positive, action-oriented, motivating, and present and future-focused, which leaves counsellors feeling more energized at the end of the day, relative to how counsellors using more problem-focused models might feel (Bannink, 2007). Other aspects which make SFBT popular with both counsellors and clients include: (a) intervention strategies that are tailored to individual clients; (b) the recognition of the client-as-expert in their own life; and (c) the focus on client self-efficacy, autonomy, and on increasing resilience (Roeden, Masskant, & Curfs, 2014).

Another factor that accounts for SFBT's popularity is that it promotes the emergence of the common factors in therapy in specific and intentional ways (Beyebach, 2014). First, the coconstructed, collaborative therapeutic relationship developed in SFBT helps to build a strong working alliance. Second, client contributions and participation are implicit in the practice of SFBT. Clients are encouraged to focus on and utilize the strengths and resources that they bring to counselling (Beyebach, 2014). Also strategic, solution-focused questions, are useful for eliciting news of pretherapeutic and extratherapeutic change, which enables counsellors to focus on and integrate positive changes that are achieved outside of therapy into the counselling

process (Chang & Nylund, 2013). Third, client expectancy is fostered through (a) instilling optimism, (b) a focus on personal agency, and (c) the use of presuppositional questions (Beyebach, 2014). Similarly, Chang and Nylund (2013) observe that counsellors are able to increase the common factor of clients' hope and expectancy in the counselling process by (a) eliciting what clients want, and (b) observing what they are already doing that is helping them to get there.

In summary, SFBT is a popular therapeutic model for a number of reasons. It is both effective and brief, making it cost-efficient. It does not require extensive medical-model-based training to be practiced well. Due to its focus on (a) positive factors (b) client empowerment, and (b) its collaborative, coconstructive nature, it is energizing for both clients and counsellors. It is also a model, which is optimized for promoting the common factors in psychotherapy.

Evidence of the Popularity of the Solution-Focused Approach

There are a number of indications that the solution-focused (SF) approach is popular in counselling and in other fields. First, there are several major solution-focused organizations that have developed as the popularity of the model has grown, such as the SFBTA and the Association for Solution-Focused Practitioners (ASFP) in North America, and the EBTA in Europe. These organizations share the mission of educating people about the model, and developing, promoting, and supporting the approach in theory, research, and practice, in a broad range of applications. All three of these organizations host annual conferences. Both the EBTA and the SFBTA also offer grants for SFBT-based research. The SFBTA and the ASFP also maintain a directory of solution-focused practitioners. SOLWorld is another major SFBT organization, which focuses on using the SF approach in managing, consulting, and coaching applications. Second, there are many national SFBT organizations that have developed, such as

the United Kingdom Association for Solution-Focused Practice, the Canadian SFBT Centre, Ratkes in Finland, the Australian Association for SFBT, and the Netwerk Oplossingsgericht Werkenden for Dutch speaking practitioners. Typically these organizations have similar goals and missions to those of the major organizations discussed above.

Third, there are several academic journals associated with SBFT, including the International Journal of Solution-Focused Practices, the Journal of Solution-Focused Brief Therapy, and InterAction - The Journal of Solution Focus in Organisations. Each of these journals contributes to the ongoing development and dissemination of SFBT in theory, research, and practice in a range of fields. The existence of several solution-focused self-help books (Trepper, Dolan, McCollum, & Nelson, 2006) provides further evidence of the popularity of the model.

Fourth, there are now a number of organizations that focus specifically on training SFBT practitioners, such as the Institute for Solution-Focused Therapy in the United States, and BRIEF in the United Kingdom. Fifth, a number of organizations, such the Canadian Council of Professional Certification Global (CCPCG), now exist that offer accreditation and certification to SF practitioners who have: (a) experienced education, training, and supervision in the approach, and (b) have demonstrated competence, skill, and knowledge of the approach (CCPCG, 2016). This contributes to SFBT's reputation as an approach that is ethically practiced.

Further evidence of the popularity of SFBT and the SF approach comes from the academic literature, which indicates that it is being used in a range of fields outside of counselling. In physical health contexts, SFBT has been proposed as a treatment for pediatric acquired brain injury (Gan & Ballantyne, 2016), and for chronic obstructive pulmonary disease [COPD] (Smith & Kirkpatrick, 2013). Also, SFBT, in conjunction with motivational

enhancement therapy, has been shown to successfully treat adolescents with Type 1 diabetes (Viner, Christie, Taylor, & Hey, 2003). Vogelaar et al. (2011) also demonstrated that an SFBT intervention for the treatment of Crohn's-related fatigue was superior to both a problem solving therapy (PST) intervention, and to treatment as usual (TAU).

The SF approach is also being used in individual and team coaching (Adams, 2016; Grant, 2013; Hicks & McCracken, 2010). In management contexts, the model is being used for conflict management mediation in organizations and teams, and to help consultants, managers, and coaches to facilitate simple and positive changes in organizational settings (Bannink, 2009). SFBT is also being used in applied sports psychology with athletic teams (McCormick, 2014).

The SF approach is also being used in a number of training applications. Evidence from Simm, Hastie, and Weymouth (2011) indicates that training community nurses in the SF approach is useful for enabling them to help patients with long-term conditions. SF communication training has also been shown to improve nurses' communication skills (Bowles, Mackintosh, & Torn, 2001). Der Pan et al. (2016) demonstrate that training in the SF approach is effective in enabling military instructors to teach students with behaviour problems. Medina and Beyebach (2014) provide evidence that training in the SF approach can help to lower burnout rates among child protection workers. Smith (2011) demonstrates that SF training for social work teams can increase social workers sense of self-efficacy and control. Carr, Hartnett, Brosnan, and Sharry (2016) found strong support for the effectiveness of SFBT-based group parent training interventions, the Parents Plus programs, which enable families to cope effectively with child-focused problems.

The SF approach is also being used in school settings. Theeboom, Beersma, and Van Vianen (2016) established that SF questions can lead to higher positive affect, lower negative

affect, and cognitive flexibility among undergraduate students with study-related problems. Lloyd, Bruce, and Mackintosh (2012) found that the solution-focused Working on What Works (WOWW) program of classroom management intervention is effective in producing noticeable improvements in children's work and behaviour and for helping teachers to feel more confident. SFBT is also being used by school social workers to support and treat truant and school-avoidant students (Lovarco & Csiernik, 2015), and it has been shown to be effective with children with reading difficulties (Daki & Savage, 2010). SFBT is also effective in helping junior high students at risk of underachievement to increase their grade point averages (Newsome, 2004).

The SF approach is also being used to address issues experienced by older adults. For example, Ingersoll-Dayton, Schroepfer, and Pryce (1999) demonstrated that the SF approach is effective in managing problem behaviours (i.e., aggression and wandering) among nursing home residents with dementia.

Overall, there are a number of indications that SFBT and the SF approach are popular, including the existence of (a) a multitude of national and international organizations, which promote and support the development and application of the model, (b) at least three SF journals, (c) multiple organizations offering SF training and accreditation, and (d) its application in a range of fields outside of counselling, including physical health contexts, individual and team coaching, management contexts, applied sports psychology, training applications, school settings, and in addressing older adult issues.

Clinical Applications of SFBT

As a popular psychotherapeutic approach, SFBT is used to treat adults, youth, children, and older adults in a broad range of clinical contexts. The application of SFBT as a psychotherapeutic approach can be categorized into the following clinical categories: (a) child

and youth issues, (b) mental health concerns, (c) substance abuse, and (d) couple's concerns and domestic violence. Samples of empirical research in each of these areas will be discussed in turn in this section.

Children and youths. Franklin, Moore, and Hopson (2008) conducted a quasi-experimental, pretest/posttest study comparing the effects of an SFBT intervention to no intervention for fifth and sixth grade students with school-related behaviour problems. The SFBT intervention included: (a) individual SFBT sessions with the student, (b) SFBT teacher training and teacher-counsellor consultations, and (c) collaborative meetings with the student, teacher, and the counsellor. Results indicated that SFBT was significantly more effective in improving both internalizing (i.e., withdrawal, somatic complaints, and anxiety/depression) and externalizing (i.e., delinquent and aggressive) behaviour problems.

Corcoran (2006) conducted a quasi-experimental, pretest/posttest study comparing the effectiveness of SFBT to a cognitive-behavioural-based, TAU group, for families with children with behavioural problems. Children and parents who received solution-focused therapy had a significantly lower dropout rate in the SFBT group than the children and parents who received treatment as usual. However, although both groups improved over time, no statistically significant differences were found between the two groups on either the parents or the children's reports of the problem behaviours. The authors suggest that the absence of a significant difference between the two groups may be attributable to the TAU group receiving CBT treatment, which is another modality with well-established effectiveness.

Kim and Franklin (2009) conducted a quantitative review of studies examining the application of SFBT in elementary and high schools to treat academic and behavioural problems. They found mixed results with at-risk students. However, this review also provides evidence

that the approach is helpful in working with at-risk students to reduce the intensity of their negative feelings, and to manage their conduct and externalizing behavioural problems.

In summary, clinical research on SFBT with children and youth indicates that it can be effective in (a) addressing both internalizing and externalizing school-related behaviour problems, and (b) helping at-risk students to reduce their negative feelings and to manage their behavioural concerns. Some evidence indicates that it may also be more conducive to treatment engagement (i.e., a lower dropout rate) than other approaches.

Mental health issues. Eakes et al. (1997) conducted a quasi-experimental, pretest/posttest pilot study comparing the effects of a family-centred SFBT intervention to traditional outpatient therapy, in the treatment of adult clients with schizophrenia and their families. In particular, the effects of SFBT on: (a) clients' psychopathology, and (b) the social climate of their families were measured. Several significant differences were observed between the two groups. Families in the SFBT group experienced more expressiveness, more participation in social and recreational activities, and a decrease of familial incongruence. Results also reflected a *balance of power* between the client, the family, and the healing effects of medications in the SFBT group, versus a perceived lack of control over the illness in the control group. Overall, the results suggest that SFBT, in conjunction with psychotropic medications, can be an effective treatment for clients with schizophrenia and their families.

Seidel and Hedley (2008) conducted a pretest/posttest study comparing the effectiveness of SFBT to a waitlist control group, among older adults in Mexico presenting with self-defined relationship and psychological well-being issues. Scores on multiple measures indicated that the SFBT group experienced significant improvements, with medium to large effect sizes, while the control group demonstrated no significant differences. Clients in the SFBT group were also

significantly more likely to report goal achievement.

Carrera et al. (2015) carried out a pretest/posttest study intended to assess the effectiveness of seven solution-focused group therapy (SFGT) sessions among outpatient clients experiencing mild to moderate depression and psychological distress. The control group in this study received "usual care", which included individual psychotherapy and/or psychotropic medication. Data on the effectiveness of SFGT were analyzed at six, 12, and 24 months following intervention. Mean postintervention scores in the SFGT group were significantly lower than mean preintervention scores in this group, on each self-report measure used. Additionally, SFGT was more effective than usual care in treating depression and emotional distress. Clients in the SFGT group also experienced a significantly higher percentage of discharges (indicating resolution of their presenting complaints) than clients in the usual care group did. Furthermore, fewer clients in the SFGT group returned for help following treatment. The authors suggest that SFGT is a brief and effective clinical tool, which can be integrated into day-to-day clinical routines of mental health clinics to treat the most prevalent mental health issues.

Proudlock and Wellman (2011) conducted a mixed methods investigation of SFGT as a cost-effective method for treating adults with severe and enduring mental health difficulties in a community setting. Clients were offered SFGT, integrated into their overall treatment plan, as a way of making changes in their lives that were independent of their presenting concerns. Pregroup and postgroup scores on a recovery-focused mental health measure indicated that SFGT clients experienced significant progress toward recovery, and half of the clients moved from a below average, to an above average level of functioning. SFGT clients also tended to experience a more positive outlook as a result of the group. The authors conclude that SFGT

may be an effective way of treating adult mental health clients presenting with a range of presenting problems.

Roeden et al. (2014) conducted a controlled pretest/posttest follow-up study comparing the effects of SFBT to care as usual [CAU] (i.e., "expert" problem-solving coaching) for adults with mild intellectual disabilities (MID). Thirteen of 18 clients treated with SFBT achieved clinically relevant progressions toward their treatment goals (i.e., an increase of two points or more on a ten-point scale), following the intervention. SFBT clients also significantly outperformed clients in the CAU group (effect sizes were medium to large) on measures of autonomy and social optimism (i.e., resilience), psychological functioning, social functioning, maladaptive behaviour (inversely measured), and quality of life overall, immediately following SFBT. Also, at six-week follow-up, clients in the SFBT group performed significantly better (effect sizes were medium to large) than clients in the CAU group on these same dimensions.

Mireau and Inch (2009) conducted a program evaluation assessing the utility of SFBT in a community mental health setting for increasing the overall number of clients helped, while still providing high-quality services. Relative to clients in non-time-limited counselling, SFBT clients experienced shorter waitlist times, were more likely to complete treatment without dropping out, and had fewer no-shows. Furthermore, dropout rates were twice as high among non-time-limited therapy clients when compared to SFBT clients. Results also indicate that receiving fewer sessions (in SFBT versus in non-time-limited therapy) does not necessarily increase clients' need to return for more sessions; and does not reduce the effectiveness of counselling.

In summary, SFBT appears to be an effective approach for treating a range of common mental health issues, including depression and emotional distress, relationship and well-being

issues, schizophrenia, MID, and severe and enduring mental health issues. SFBT has also been shown to be more beneficial than traditional outpatient psychotherapy options for treating MID, depression, emotional distress, and schizophrenia. Overall, the model has also been shown to: (a) help people to reach their treatment goals, (b) improve their level of psychological and social functioning, (c) experience a greater sense of control over their issues, and (d) increase their quality of life overall. More generally, the use of SFBT in community mental health settings has been shown to shorten waitlist times, and reduce dropout and no-show rates, while still providing clients with high-quality services.

Substance abuse. Smock et al. (2008) compared the effectiveness of SFGT to the effectiveness of traditional, problem-focused treatment, for level 1 substance abusers. Both the Beck Depression Inventory (BDI) and the Outcome Questionnaire (OQ) were administered to clients before and after the interventions. Clients in the SFGT group significantly improved on both measures, whereas clients receiving the traditional, problem-focused therapy did not significantly improve on either measure. Lower BDI scores in the SFGT group indicate: (a) that SFGT is useful in reducing depression among substance abusers, and (b) that SFGT is helpful in reducing substance use, as depression is correlated with substance use. Scores on the OQ in the SFGT group also indicate that the intervention is effective for improving comorbid conditions. Overall, findings from this study suggest that SFGT is equally effective, and sometimes more effective, than traditional substance abuse treatment, while also being briefer and more cost-efficient.

de Shazer and Isebaert (2003) discuss the use of the Bruges Model (an SFBT-based intervention for problem drinking modified to fit the needs of an inpatient/outpatient hospital program in Bruges, Belgium) as a treatment approach for inpatient and outpatient problem

drinkers. Follow-up interviews were conducted with clients four years after their participation in the program. Of the 118 inpatients treated with the model, 84% maintained their goals of abstinence or controlled drinking. Of the 72 outpatients treated with the model, 81% maintained their goals of abstinence or controlled drinking. These success rates are clinically significant considering the traditionally low success rates and high recidivism rates of traditional alcohol addiction treatment programs (de Shazer & Isebaert, 2003).

In summary, SFGT for substance use has been shown to be equally effective, and sometimes more effective, than traditional treatment in reducing both substance use and comorbid depression, while also being briefer and more cost-efficient. Furthermore, application of the Bruges Model indicates that SFBT produces clinically significant success rates among problem drinkers at long-term follow-up.

Relationship improvement and couples experiencing domestic violence. Stith, McCollum, and Rosen (2011) collected quantitative and qualitative data as part of their three-year project investigating the effectiveness of domestic violence–focused SFBT couples therapy. The primary goal of the intervention was to end male violence in relationships in which couples had decided to stay together. There were three groups of couples in this study: (a) a multicouple SFBT group, (b) a single-couple SFBT group, and (c) a comparison group. Data were collected prior to the intervention, immediately following the intervention, and six months after the intervention. Overall, the results of the study indicated that completing the 18-week treatment program in either the multicouple group or the single-couple group significantly reduced the incidence of physical violence in the couples' relationship. Also, a reduction in psychological abuse was also observed in each of the intervention conditions.

Using a pretest/posttest design, Zimmerman, Prest, and Wetzel (1997) compared the

effects of a solution-focused couples therapy (SFCT) group for improving relationships, to a no intervention comparison group. Couples in the SFCT group experienced significant improvements in several areas of their relationships, including: (a) satisfaction, (b) consensus; (c) affectional expression, and (d) cohesion (i.e., shared interests and activities), as measured on the Dyadic Adjustment Scale (DAS). Self-reports from the SFCT group following the intervention corroborated with DAS score improvements, while also indicating improvements in a number of other areas in their relationships.

In summary, SFBT appears to be effective in addressing couples' issues. In particular, SFCT has been shown to increase relationship satisfaction among couples in a number of key areas. It has also been shown to significantly reduce the incidence of physical violence in relationships, in which couples have experienced domestic violence, while also reducing psychological abuse.

Evidence of SFBT's Effectiveness

In addition to the empirical research discussed above, further evidence regarding the effectiveness of SFBT comes from several meta-analytic studies and systematic reviews on the subject. Stams, Dekovic, Buist, and de Vries's (2006) meta-analytic review of 21 studies demonstrated that SFBT has a small to medium treatment effect (d = .37). Stams et al. (2006) observe that, although SFBT does not have a larger effect size (than problem-focused therapy; Bannink, 2007), it can have a beneficial effect in less time, while also respecting clients' sense of autonomy. Stams et al.'s (2006) meta-analysis indicates that certain populations are more likely to benefit from SFBT, including, in descending order, adults, institutionalized clients, clients with externalizing problems, group clients, and clients who have had six or fewer sessions (Franklin, 2015).

Kim's (2008) meta-analysis of 22 SFBT studies, which included either a control or comparison group, found a small, but positive effect size of (d = .13 to .26) for SFBT. Kim observes that meta-analyses on other psychotherapy models demonstrate equal or only slightly better results compared to the results found in this study, depending on the research setting. Kim found that SFBT may be more effective for internalizing problems than for externalizing problems or relationship and family problems: The magnitude of the effect size for internalizing problems was statistically significant (d = .26).

Gingerich and Peterson (2013) carried out a systematic qualitative review of 43 controlled, SFBT outcome studies. Results from 74% of these studies indicate that SFBT has a significant positive effect, while 23% of these studies indicate positive trends. This analysis indicates that SFBT is at least as good, and in some cases better, than alternative, well-established models, while also being a briefer, and more cost-effective intervention. Results from this analysis also indicate that SFBT is effective in treating a wide range of psychological and behavioural problems. There is also anecdotal evidence indicating that clients prefer practically-oriented, strengths-based, and time-limited approaches, which SFBT is. Overall, these authors conclude that practitioners can confidently use SFBT in evidence-based practice contexts.

Meta-analyses and systematic reviews of SFBT have also been conducted with traditionally non-English speaking cultures, as well as in nations outside of North America and Europe. For example, Suitt, Franklin, and Kim (2016) carried out a systematic review of randomized clinical trial and quasi-experimental SFBT studies conducted with Latinos living in the United States and Latin America. Overall, positive results with some mixed results were observed in adult Latin American mental health clients, and in Latin American older adults with

mental health and psychosocial complaints. Positive outcomes were also observed among Latino children in the United States with behavioural and emotional problems, self-esteem issues, and academic failure. Although SFBT was the primary intervention in two of the studies in this review, the other four studies combined SFBT with other interventions. This makes it more difficult to determine the efficacy of SFBT with Latinos. However, the authors observe that there is a trend to combine SFBT with other approaches with Latinos. The authors propose that there is evidence of an increasing interest in the application of SFBT with Latino populations, in both individual and group interventions.

Kim et al. (2015) conducted a meta-analysis of experimental and quasi-experimental SFBT studies conducted in China, focusing on the treatment of internalizing problems (such as depression, anxiety, and self-esteem). Citing previous research, Kim et al. discuss how SFBT may be an appropriate and effective intervention with Asian clients, considering that it is (a) focused on strengths versus pathology, which helps Asian clients to address rather than deny their concerns; (b) action oriented and structured in a logical way; (c) offers simple, concrete solutions; and (d) useful in helping clients to preserve group cohesion as well as reverence for the family. Results indicate that six of the studies in the analysis had very large effect sizes, while the other three had medium effect sizes. The overall treatment effect size for all of the studies was very large ($g = 1.26$). Kim et al. observe that the pattern of SFBT being effective with internalizing issues is consistent with recent reviews carried out in the United States. Although seven of the nine studies included in the meta-analysis involved SFBT being supplemented with additional services, all of the studies used employed a comparison group design of some kind. This enabled the authors to be more confident in the positive results reported for SFBT overall in this analysis.

Beyebach et al. (2000) conducted an outcome study analyzing results from 83 SFBT clients treated at a university family therapy centre in Spain. Consistent with previous literature, 82% of the clients stated that their problems were solved: Scaling question scores on 10-point scales increased by three points on average. Moreover, 75% of the clients achieved scores of seven points or more. Furthermore, outcome at termination was highly correlated with outcome at follow-up, indicating that improvements are long lasting.

Beyebach (2014) reviewed a collection of two recent SFBT outcome studies, and 12 recent SFBT process studies conducted in Spain. Together, these studies provide evidence and support for many specific solution-focused techniques and communicative practices. It appears that discussing pretreatment change, negotiating goals, eliciting and amplifying specific details of improvement, having clients take responsibility for their improvements, and avoiding conflictive interactions all help therapy to progress. Beyebach also identifies that scaling questions are useful for: (a) generating feedback from clients about what is and is not relevant to them in therapy; (b) providing an indication of client's progress in therapy; and (c) helping clients to see their improvements, which helps to promote a greater internal locus of control. This analysis confirms that SFBT techniques and communicative practices have the potential to (a) reduce dropout, (b) increase compliance with homework experiments, and (c) improve outcomes at termination.

SFGT is also listed in the Substance Abuse and Mental Health Service Administration's (SAMHSA) National Registry of Evidence-Based Programs and Practices (NREPP), as a scientifically established behavioural health intervention (SAMHSA's NREPP, n.d.). This achievement indicates that SFGT (and by association SFBT) is a clinical approach that is: (a)

supported by scientific evidence, (b) practiced with clinical expertise, and (c) responsive to clients' individual differences and preferences (American Psychological Association, 2006).

Further evidence of the model's usefulness is available in Franklin, Trepper, Gingerich, and McCollum's (2012) book, "Solution-Focused Brief Therapy: A Handbook of Evidence-Based Practice". This reference book includes up-to-date empirical literature on the application and outcomes of SFBT in a range of clinical contexts. Also contributing to the strong research base in support of SFBT is MacDonald's (2016) SFBT Evaluation List (http://www.solutionsdoc.co.uk/sft.html), which includes a compiled list of 245 empirical SFBT follow-up studies conducted in a wide range of countries and settings, as well as a list of systematic reviews and meta-analyses done on the model.

Overall, SFBT has been shown to have a small to medium treatment effect. While this is not a larger effect than that found among problem-focused therapies, SFBT can be briefer than other therapies, and clients may experience more autonomy and empowerment in SFBT. There are mixed results from these studies regarding which populations and problems SFBT is most effective for. However, there is evidence that it can be used to effectively treat a wide variety of psychological and behavioural issues; and it may be particularly effective in treating internalizing problems (Kim et al., 2015). SFBT has also been shown to be effective in traditionally non-English speaking cultures and in nations outside of North America and Europe. Research also indicates that the use of specific SFBT techniques and communicative practices can improve treatment outcomes as well as treatment engagement. Positive treatment outcomes also appear to be long lasting. SFBT is also now listed as an evidence-based practice in SAMHSA's NREPP. Alastair MacDonald's SFBT Evaluation List and the book, "Solution-

Focused Brief Therapy: A Handbook of Evidence-Based Practice", provide further evidence of the effectiveness of SFBT.

Qualitative Studies That Explore SFBT

The Client's and Counsellor's Perspective

Lloyd and Dallos (2006) conducted a multiple case study that examined the content and process of initial SFBT sessions with seven mothers who have a child with an intellectual disability from the *practitioner's* perspective. Data were organized into seven intervention phases of SFBT sessions, which were then analyzed thematically. Psychological process themes that emerged in these sessions included empowerment, the integration of goals into mothers' life narratives, a clarification of their preferred futures, and an increased understanding of their child's abilities. Client-related themes that emerged included clients' remarkable coping, self-efficacy, a sense of them as experts in managing their behaviour, and of clients taking an active role in forming and carrying out a plan to solve their problems. Results from this study indicate that SFBT is useful for highlighting clients' competencies, eliciting goals, and observing achievements. The authors also observe that SFBT is useful in generating effective therapeutic relationships.

Examining the same sessions that they analyzed in their 2006 study, Lloyd and Dallos (2008) set out to explore *clients'* perspectives on initial SFBT sessions, with a focus on: (a) what clients recalled from their session and their general experience of it, (b) what they found helpful and unhelpful, and (c) their experience with the miracle question. Three superordinate themes with subthemes emerged. Subthemes within the theme of making the best of it included clients' acceptance of issues not in their control, a belief that they could choose how to appraise and perceive their situation, a focus on the present and near future (versus dwelling on the past), and

reflection on achievements and skills which contributed to clients feelings of worth and self-efficacy. Subthemes within the theme of wishful thinking included the belief that change is a result of clients' own efforts, and also taking responsibility for changes that had already been achieved. Subthemes within the theme of the therapeutic relationship included: (a) experiencing feelings of comfort and hope, (b) expecting counsellors to be directive when in fact they weren't, (c) highly valuing ideas or suggestions shared by the counsellor, and (d) a collaborative relationship, in which agency, expertise, and plans were shared.

Metcalf and Thomas (1994) conducted an exploratory qualitative study, which independently investigated the perceptions and views of the SFBT counselling process, as experienced by six couples and their counsellors. Data were analyzed using a comparative approach, comparing interview data to developing categories. Results were organized into four themes representing different aspects of the counselling process. First, these authors observed that descriptions of the role of the counsellor differed significantly: Counsellors tended to see their role as being that of a consultant who looked for clients' strengths and resources, and who highlights competencies. On the other hand, clients perceived counsellors as being more of a friend, a guide, and a person who makes suggestions. Clients also tended to attribute their success in therapy to the counsellor.

Second, understanding of the reasons why couples sought therapy also differed between clients and counsellors. Third, clients tended to perceive that the counsellor was responsible for termination, which is in contrast to the understanding in SFBT that it is the client who determines when their goals have been reached, and subsequently, when therapy should be terminated. Fourth, clients and counsellors tended to agree on the processes observed in therapy, including listening, focusing, and counsellor reinforcement (e.g., observing strengths and

resources); and both felt that the active role of the counsellor was helpful. Clients and counsellors also tended to agree on the factors that instigated change, including validation, finding resources and strengths, identifying what was working, and being praised.

Simon and Nelson (2004) conducted a qualitative study, to investigate the experiences of 91 adult mental health clients who had reached their goals in SFBT. Structured interviews with follow-up questions were conducted with clients at their last session. Ninety-eight percent of the clients rated their counsellor as being an eight out of 10 or higher on a ten-point scale, which a selection of clients attributed to feeling supported, understood, and respected; and to liking their counsellors' suggestions. Sixty percent of the clients indicated that the counsellor's approach was the most helpful aspect of their counselling experience. In particular, clients indicated that: (a) counsellor feedback and encouragement; (b) a focus on solutions; and (c) a supportive environment, were the most helpful aspects of the counsellor's approach. A number of clients also observed that they found a present-focused approach, and stimulating, simple and direct questions, to be helpful.

When asked about whether between-session suggestions (i.e., suggestions that emphasize possibilities and increase clients' expectations of positive change) were helpful, the majority of clients (88%) felt that these suggestions were helpful. The authors observe that, from the client's perspective, a positive relationship with the counsellor, and SFBT as a therapeutic approach, are the most useful elements of SFBT. Ninety-eight percent of the clients indicated that they would recommend SFBT to a friend or relative. Eighty-six percent of the clients did not have recommendations for improvements.

Odell, Butler, and Dielman (2005) conducted an exploratory, grounded theory study, which investigated the effects that the therapeutic alliance had on eight couples' perceptions of

the processes and outcomes in solution-focused marital therapy. These authors observe that overall, the therapeutic alliance in SFBT is far more important in determining therapeutic outcomes than specific techniques or particular moments in therapy are. Clients' expectations was another key theme that emerged in this study: If either of the clients' expectations in couple's therapy were not met (most of which were not discussed in the counselling process), the counselling process was not viewed as being very effective. Similar to Metcalf and Thomas (1994) and Lloyd and Dallos (2008), clients in this study seemed to expect that counsellors would have an expert role in the counselling process. One positive unmet expectation also emerged: Clients appreciated how the counsellor put them into a position of being the expert of their own situations.

There are a number of conclusions that can be drawn from these five studies. First, there is support for several core SFBT interventions, including exploring exceptions and coping, scaling questions, shifting the theme of conversations from problems to skills and fortitude, exploring hypothetical futures, compliments and feedback, keeping conversations focused on the present and future, and between session suggestions (or experiments), and more generally, simple and direct questions. Importantly, there is also support for the notion that SFBT counsellors build effective therapeutic alliances with clients, in which clients' expertise and self-efficacy are emphasized. There is also agreement between clients and counsellors about what is happening in the counselling process that leads to positive change. However, there is a need for counsellors to work collaboratively with clients to: (a) clarify clients' goals and address termination, and (b) ensure that there is a mutual understanding and shared expectations of the counselling process throughout SFBT (including the understanding that the client is the expert of their own life). In terms of outcomes, there is evidence that, overall, SFBT is effective in

helping clients to reach their goals, and to experience empowerment and agency, while feeling supported and respected.

Group Processes

Quick and Gizzo (2007) used a mixed methods approach to analyze data for 108 psychiatric outpatient clients taking part in a solution-focused psychotherapeutic group program. Qualitative analysis was carried out using grounded theory methods. The SFBT interventions included having clients: (a) visualize and elaborate upon a preferred future, (b) notice aspects of their preferred futures that were already happening, (c) amplify what was working, and (d) do something different if what they were doing wasn't working. Additionally, counsellors listened for and highlighted exceptions when clients discussed what wasn't working for them. Scaling questions were used at the beginning and end of each session to enquire about clients' degree of control over the problem. These authors identify that catalysts for therapeutic change included amplification of small and specific behaviours, social interaction (in the group), hope, focusing on the positives, and not focusing on the problem. Another catalyst for change was acceptance, particularly of feelings, setbacks, ambivalence, discomfort, and personal styles. Participation in the group also led to group members' sense of control over the problem increasing.

Kvarme, Aabø, and Sæteren (2013) conducted an explorative, qualitative study to investigate: (a) how bullied schoolchildren experience SFBT support groups, and (b) the experience of support group members (i.e., nonbullied children) in these groups. Interviews with bullied children indicated that the bullying had stopped as a result of the intervention, and that the improvements remained at follow-up three months later. Bullied children also reported that the support groups helped them to improve their daily lives at school, and that they felt happier, safer, and had made friends, indicating that their quality of life had improved. In focus group

interviews, support group members indicated that they felt that they had helped bullying victims in a meaningful way.

These two studies found that the combination of typical solution-focused methods, group process, and perhaps also solution-focused psychoeducation, can be effective in helping clients to achieve positive change, and in increasing their perceived sense of control over the problem (Quick & Gizzo, 2007). These results also provide support for several core SFBT interventions in a group context, such as the miracle question, amplification of what's working, highlighting exceptions, and scaling questions.

In-Session Processes and Communication

Gale and Newfield (1992) conducted a conversational analysis of a single, solution-focused marital therapy session. Conversational analysis is a method of data analysis that is used to describe how language in the counselling process is used to create new constructions of reality. Gale and Newfield (1992) identified nine linguistic strategy categories. Some of these strategies are clearly consistent with an SFBT approach, including: (a) eliciting specific responses that shift the focus of the conversation toward more constructive actions; (b) creating new, shared meanings by adding new facts to an earlier event; and (c) asking questions which include likely answers to the questions in order to keep a focus on the therapeutic agenda and to elicit solution-oriented responses. Other linguistic strategies, such as clarifying unclear references to come to a common understanding, were consistent with useful counselling strategies more generally. The findings in this study help us to understand how SFBT counsellors' can use communication strategies to facilitate the pursuit of particular therapeutic agendas, such as working with clients to create new and constructive meanings, realities, and interaction patterns, which are consistent with their goals (Gale & Newfield, 1992).

Tomori and Bavelas (2007) compared SFBT and client-centred counsellors through a process called microanalysis, which they define as the "close examination of moment-by-moment communicative actions of the counsellor" (p. 25). Relative to client-centred counsellors, SFBT counsellors in this study used a high proportion of questions to formulations (i.e., non-question responses). The high proportion of questions to formulations used by SFBT counsellors indicates that they tend to actively use questions in order to intervene (Tomori & Bavelas, 2007). This is consistent with the view that SFBT counsellors work to elicit specific information from clients about their preferred futures, goals, and their existing strengths and resources, and potential solutions, while indirectly maintaining a focus on the positive (Tomori & Bavelas, 2007). Also, in contrast to client-centred sessions, where 11 positive and 44 negative utterances were recorded, the solution-focused counsellors' questions and formulations were primarily positive, with 45 positive utterances only one negative one being recorded. The relatively larger number of positive responses by SFBT counsellors suggests that they do not spend much time discussing their clients' problems, but instead focus on emphasizing clients' plans and actions (Tomori & Bavelas, 2007).

Sánchez-Prada and Beyebach (2014) conducted a qualitative, discovery-oriented study to investigate the process of deconstruction (defined as a process wherein counsellors try to identify improvements, however small, after clients report no improvement), and to discover what factors make this process helpful. Excerpts from sessions with eight clients who reported no improvements since their previous SFBT sessions were analyzed. Findings from this study suggest that deconstruction is a complex process, which involves counsellors responding flexibly and closely to their clients' responses, and that counsellors do not necessarily follow fixed sequences in this process. The main difference that emerged between successful and

unsuccessful deconstruction processes was that, in successful deconstructions processes, clients identified that the positive topics that were discussed were directly relevant to their goals in the counselling process. The authors also identified that movement along a generality/specificity continuum in either direction could support the construction of helpful and relevant conversations. For example, the elaboration of a specific exception could lead to a more general evaluation of improvement, and vice versa.

These three studies have a number of implications. First, considering that counsellors and clients coconstruct the direction, meaning, and content of the counselling process, it is critical that counsellors understand the choices that they make in sessions, which lead to subsequent good and to poor outcomes (Tomori & Bavelas, 2007). More specifically, it is useful for counsellors to be able to understand and identify the specific SFBT language strategies that they use, which make the model effective (Gale & Newfield, 1992). Second, it is important for SFBT counsellors to recognize that the construction of positive change unfolds over the course of an entire SFBT session, not just during specific phases of sessions (Sánchez-Prada & Beyebach, 2014). Third, it appears that joining with clients to discuss their problem-focused concerns may be an important step in moving forward at points when clients report no improvement in second and subsequent SFBT sessions. Fourth, using alternative SFBT techniques, such as small signs of *future* improvement, can be a useful intermediate step in helping clients to shift from negative to positive topics when they report no improvement (Sánchez-Prada & Beyebach, 2014). It is also important that counsellors keep the counselling process focused on helping clients to reach their broader therapeutic goals, as this ensures that SFBT communication processes (such as deconstruction of no improvement) remain relevant to clients.

Summary of the Literature Review

SFBT is a goal-oriented, present and future-focused model, which helps clients to identify solutions to their problems in the most parsimonious way possible. There have been a number of important influences on the development of the model, including social-constructivist theory, the work of Milton Erickson, the MRI team, Wittgenstein, systemic theory, and of course the work of the BFTC team, led by Berg and de Shazer.

Key aspects of the model include: (a) developing collaborative, coconstructive therapeutic relationships with clients, (b) a focus on identifying and utilizing clients' strengths and resources, and (c) identifying and utilizing exceptions to clients' problems. Three cardinal rules guide the SFBT process, including: (a) don't fix what's already working, (b) do more of what is working, and (c) do something different if what you are doing now isn't working. Several core SFBT assumptions include: (a) clients already have the skills and potential to achieve their goals; (b) clients are the experts of their own lives; (c) solutions are not necessarily related to clients' problems; and (d) solutions often involve small, but significant steps, which can lead to broader, systemic changes. The model is also responsive to clients' variable levels of motivation for change.

SFBT is a process model: Counsellors' focus is on initiating change process interventions which are responsive to clients' own responses. The majority of these interventions are particular kinds of questions, which help clients to (a) be clear about what they want, and (b) identify signs and clues of positive changes in their lives. The counsellor is like a detective, who elicits and listens for clues of positive change and possibilities, while following the client's lead, and while noticing the client's unique ways of cooperating. Key interventions in SFBT include, SFBT-based goals, asking about presession change, the miracle question, scaling questions,

exception questions, identifying previous solutions, coping questions, compliments, and between session experiments. Important interventions that are specific to second and subsequent sessions include, what's better questions, and questions which elicit, amplify, and reinforce positive change. The structure of first and subsequent SFBT sessions is a key aspect of the SFBT counselling process overall.

SFBT is flexible in terms of interventions that can be integrated into the counselling process from other approaches. Considering that the client's own frame of reference is emphasized, and that the client generates the content of sessions, SFBT is a model that fits well with diverse clients. Although it appears simple, SFBT is effective in helping people with complex problems to make significant changes in areas of their lives where they still *do* have some degree of control. Also, SFBT does not have to be brief in terms of the number of sessions offered: Counsellors and clients work collaboratively to determine when the counselling process should end.

SFBT is popular for a number of reasons. It is empowering for clients, while also being energizing for counsellors, considering that it is a positive, strengths and resiliency-based model that focuses on the coconstruction solutions, versus on problems. It is also versatile enough to be utilized effectively in a broad range of clinical and other settings, while also being brief. There is also evidence that the model promotes the common factors of psychotherapy in clear and deliberate ways, thereby making it more effective overall. Considering that counsellors don't need extensive medical-model-based training to use SFBT effectively in practice, the model is also relatively easy to learn. There are a number of indications that SFBT and the SF approach are indeed popular currently, including the existence of (a) national and international SFBT organizations, training groups, and accrediting bodies; (b) at least three major solution-focused

based journals, and (c) its use in a number of fields outside of clinical counselling.

SFBT is being used effectively in a wide range of clinical applications. In the treatment of children and youths, SFBT has been shown to be effective in addressing school-related behaviour problems, and for helping at-risk students to manage their behaviour and emotions. In the mental health field, the model is being used to effectively treat depression and emotional distress, relationship and well-being issues among older adults, schizophrenia, MID, and severe and enduring mental health concerns, while also reducing waitlist times and dropout rates. SFBT has also been shown to be useful in reducing substance abuse and comorbid depression, and in achieving significant success rates when used with problem drinkers. SFCT has been shown to improve couples' relationships in a number of key areas. Finally, the model has also been shown to reduce physical and psychological abuse among couples that have experienced domestic violence.

There is substantial evidence in support of SFBT's effectiveness from many parts of the world. Generally, the model has been shown to have a small to medium treatment effect size that is comparable to that of other models. However, SFBT may be more effective in fewer sessions, and may more effectively foster client's sense of autonomy. Second, there is evidence that SFBT is effective in treating a wide range of psychological and behavioural problems. There is also evidence indicating that a number of SFBT techniques are useful for achieving clinical progress. SFBT is also now a registered evidence-based practice. An SFBT Evaluation List website, and an evidence-based practice book, provide further, extensive research in support of the model's effectiveness.

A review of SFBT qualitative studies indicates that many core SFBT interventions contribute to therapeutic progress, by enabling counsellors to keep conversations supportive,

encouraging, solution-focused, simple, direct, and present and future-focused. Qualitative studies also indicate that SFBT counsellors are able to effectively build strong and supportive therapeutic relationships with their clients, in which client expertise and self-efficacy are emphasized. These studies also indicate that SFBT is conducive to clients: (a) reaching their goals; and (b) experiencing empowerment, agency, and a sense of control over their concerns. Studies focusing on group processes provide evidence in support of SFBT's utility and efficacy in group contexts.

Studies focusing on in-session processes and communication indicate that it is critical for counsellors to: (a) learn and understand how the strategies that SFBT counsellors use can lead to good or poor outcomes, and (b) recognize that the process of positive change occurs over the course of entire sessions. These studies also indicate that, in order to make the SFBT counselling process more effective, counsellors should: (a) ensure that adequate time is given to clients to discuss there problem-focused concerns; (b) ensure that the counselling process stays focused on client's therapeutic goals; and (c) use alternative SFBT strategies (such as identifying signs of future improvement), as needed, to help keep the conversation focused on positive topics and solution construction.

Finally, several studies indicate that there tends to be agreement between counsellors and clients about what makes the model effective. However, there are also indications that counsellors need to work collaboratively with clients to ensure that: (a) clients and counsellors share a mutual understanding of the expectations of the counselling process throughout the counselling process, and (b) clients' goals in the counselling process are clear.

Primary Research Questions

It is clear that extensive literature has accumulated on SFBT, which helps us to

understand: (a) the model and its development, (b) its popularity and use in a range of nonclinical applications, (c) its use in clinical applications, and (d) its effectiveness. Furthermore, SFBT studies that have been conducted using qualitative methodologies help us to gain a more in-depth understanding of the model, including how it works, and its impact on clients. However, there is a need for more qualitative research on the perspective of the *client* in SFBT. In particular, there is a need to further study and understand: (a) how it is experienced by clients, (b) the meaning it has for clients, and (c) the lived effect it has in clients' lives. Considering these points, the first primary research question in this study is: What is the lived experience, meaning attributed to, and lived effect of the SFBT counselling process in the lives of clients who have participated in it? It is also clear that more qualitative research needs to be conducted to clarify: (a) what makes the model effective, and (b) how the model can be practiced more effectively. Considering these points, the second primary research question that is addressed in this study is: What aspects of the SFBT process do clients find helpful and unhelpful, and why?

Chapter 3: METHODOLOGY

In this chapter, I first describe the methodology of this study, DP, including its associated historical and philosophical aspects. This is followed by a discussion of why DP is the methodology of choice for this study. Next, how rigour was built into the study's design is discussed. A discussion of ethical considerations and sections on the sample and recruitment follows this. Then data collection and data analysis procedures used in this study are discussed. Finally, three general assumptions made for the purposes of this study are presented.

Defining Features of Descriptive Phenomenology

According to Smith (2013), "phenomenology is the study of structures of consciousness as experienced from the first-person point of view" (para. 1). Further, phenomenology is both a philosophic attitude and a qualitative research method (Flood, 2010). DP focuses on the *revelation of meanings* versus on supporting or developing abstract theory (Flood, 2010). Phenomenological research tends to: (a) search for patterns, (b) be inductive, (c) seek pluralism and complexity, and (d) culminates in a descriptive write-up (Glesne, 2011). The descriptive task within DP is viewed as an alternative to explanation, construction, and interpretation, which are all viewed as external ways of accounting for a phenomenon (Giorgi, 1997).

Through language, it is assumed that participants are able to accurately communicate the objects of their consciousness precisely as they are presented to them (Giorgi, 1997). Research methods in this paradigm naturally lead us to carrying out in-depth interviews, in order to explore participants' experiences and perspectives of social phenomena in specific contexts (Glesne, 2011). Another key function of researchers is to make sense of and describe the experiences and meanings shared by participants (Englander**,** 2012). There are two mutually existing goals in DP. One is to understand participants' experiences and interactions in full light,

from all different angles and perspectives (Bevan, 2014). The other is to arrive at a common, nomothetic understanding of the phenomenon (Englander**,** 2012).

Philosophical and Historical Aspects of Descriptive Phenomenology

The History, Development, and Evolution of Phenomenology

Smith (2013) observes that phenomenology has been practiced for centuries in religious and philosophical traditions that have reflected on states of consciousness. More recently, there have been several well-known psychologists, including Franz Brentano (who studied varieties of mental phenomena), and William James (who investigated the mental activities involved in the stream of consciousness) who have practiced forms of phenomenology. However, according to Smith (2013), it is the work of German mathematician Edmund Husserl (1859-1938) that has been paramount in making phenomenology flourish in the 20th century. Following Husserl, who established the practice of transcendental, or DP, were several other famous phenomenologists, including Heidegger, Sartre, and Merleau-Ponty. Each of these philosophers contributed a variety of concepts and methods to the development of phenomenology (Smith, 2013).

Ontological and Epistemological Assumptions of Phenomenology

Three major worldviews (i.e., lenses or ontological assumptions through which people see the world [Dahlberg, Drew, & Nyström, 2001]) are associated with the phenomenological paradigm. First, *social constructivism* involves the recognition that people develop subjective, varied, and multiple meanings from their experiences with certain objects and events, and through their interactions with other people (Creswell, 2013), while they interpret the world in which they are engaging (Flood, 2010). Second, *intersubjectivity* refers to the fact that, inevitably, human beings are in the world with each other (Dahlberg et al., 2001). Language is a concept that is closely related to intersubjectivity. Language enables us to share our subjective

worlds with each other (Dahlberg et al., 2001). Third, the *embodied knowing* worldview necessitates that: (a) all of our experiences in the world take place through our bodies; and (b) all of our cognitive functioning (including memory, understanding, perception, knowledge, and meaning making), and our emotional experiences are embodied (Dahlberg et al., 2001).

Dahlberg et al. (2001) discuss five key epistemological concepts, which help to form an epistemological foundation for phenomenology. First, a *phenomenon* is anything that a person can experience consciously. That is, a phenomenon is anything that can become an object of consciousness. Phenomena can be concrete things in the world, or abstract things, which do not exist in time and space, such as memories. *Intentionality* refers to one's directed awareness toward particular phenomena, always in correlation with a particular mental act, such as perceiving, thinking, wishing, or judging. The *lifeworld* is the phenomenal field, or "ground" in which we as human beings are immersed, and within which all of our experiences take place. It is the qualitative, complex, lived reality that is there for us all of the time, whatever we do. Our lifeworlds include relevant contexts of culture, tradition, and history. *Natural attitude* refers to the unreflective, automatic mode of being which people are in as they interact in their lifeworld. Accessing participants' natural attitude descriptions of their experiences of phenomena enable us to gain an in-depth understanding of the meanings that phenomena have for people. Finally, *transcendentality* refers to the researcher's capacity to go beyond, or transcend, the natural attitude: Self-awareness enables researchers to take one step back (i.e., to develop an awareness of, and reflect upon, their reasoning processes that contribute to their understanding of the phenomenon), in order to reach a point of critical scrutiny, openness, and objectivity in the research process. Transcendentality enables researchers to achieve a fuller understanding of the phenomenon. Transcendentality in practice is also known as bracketing (discussed below;

Giorgi, 2009).

Why Descriptive Phenomenology Is the Methodology of Choice for This Study

First, as a new and aspiring qualitative researcher, I took the time to learn about a wide range of qualitative research approaches. I felt confident in using the DP approach in my research, because: (a) it is grounded in strong philosophical foundations, and (b) I found that it provided me with useful direction for all stages of the research process. Second, SFBT from the client's perspective is a complex and multifaceted phenomenon. I anticipated that, overall, DP methodology was a sufficiently rigorous methodological approach for investigating, and acquiring an in-depth understanding of this phenomenon (Dahlberg et al., 2001). Third, I recognized that it was important for me to be able to discover clients' experiences and meanings associated with SFBT, in a way that closely reflected their actual SFBT experiences. I felt that DP methodology provided me with the tools I needed to understand, clarify, and describe clients' SFBT experiences in an accurate and scientific way (Dahlberg et al., 2001).

Fourth, I felt that following the DP approach, especially bracketing (discussed below) would help me to remain objective, and open to learning new information about SFBT, over the course of the research process (Dahlberg et al., 2001). Fifth, I felt that the DP approach would help me to investigate the multiple, unique perspectives of SFBT clients, including their lived viewpoints, personal knowledge, embodied experiences, and overall meaning experiences associated with SFBT (Dahlberg et al., 2001). Sixth, I recognized that, by exploring people's experiences from a number of perspectives, the DP approach would help me to investigate and understand SFBT clients as whole people, versus as a composition of disconnected parts (Dahlberg et al., 2001).

Seventh, I anticipated that using DP methodology would help me to discover and

describe: (a) *how* SFBT is experienced by clients (i.e., in what contexts and in what ways), and (b) *why* it is experienced as it is [i.e., for what reasons] (Creswell, 2013). Eighth, I recognized that one of the primary goals of DP research is to establish a *general structure* of phenomena [i.e., their most essential, invariant meaning, without which it would not be what it is] (Giorgi, 1997). I hoped and anticipated that engaging in an ongoing, iterative process of discovery, analysis, and clarification, using DP methods, would enable me to describe a general structure for SFBT from the client's perspective (Dahlberg et al., 2001). I also anticipated that DP methods would help me to develop a nuanced, contextual understanding of SFBT from the perspective of individual SFBT clients. Overall, I chose to use DP in this study because I thought that it would be the most effective methodology for answering my research questions.

How Rigour Was Built Into This Study's Design

Building rigour into this study and its processes was essential to ensuring that this study's findings are *credible* (internally valid), *transferable* (generalizable, or externally valid), and *confirmable* (objective; Barusch, Gringeri, & George, 2011). Creswell (2013) advises that qualitative researchers engage in at least two validation strategies in any particular study. Several validation strategies were utilized in this study, including: (a) being transparent and accountable with regard to methodological strategies employed, (b) peer debriefing, (c) bracketing, (d) member checking, (e) thick description, and (f) asking SFBT-themed questions to improve credibility. I discuss each of these in turn.

Accountability is an important standard for judging the quality of a study (Barusch et al., 2011). Methodological strategies were discussed in an accountable and transparent fashion throughout this study. Also, the descriptions of analysis procedures in this study were sufficiently thorough, and detailed enough for the procedures to be replicated by other

researchers (Barusch et al., 2011), which, overall, contributes to the confirmability of this study.

One strategy that was used to improve credibility in this study was *peer debriefing* (Barusch et al., 2011). This process dictates that researchers disclose their personal and methodological process to disinterested peers, in order to make aspects of the study explicit, which otherwise might be left undiscussed (Barusch et al., 2011). Discussions with my supervisor regarding key issues related to conducting this study, including methodology, ethics, and recruitment issues, helped to provide an external check system throughout the research process (Creswell, 2013). Peer debriefing helped me to remain reflexive and objective in the research process.

Bracketing also contributed to the credibility of this study. Bracketing involves an attitudinal shift, in which the researcher aspires to take nothing for granted (Bevan, 2014). According to Chan, Fung, and Chien (2013), efforts should be made by researchers to put aside their experiences, values, beliefs, and knowledge of the phenomenon being investigated, as doing so prevents us from limiting our understanding of our participants' perspectives. Overall, the aim of bracketing is to limit researcher bias as much as possible, and render findings that are as close as possible to what participants actually mean (Dahlberg, Dahlberg, & Nyström, 2008). I feel that I was able to limit researcher bias in this study by remaining open to what participants had to share (Dahlberg et al., 2008), and by making an effort to suspend my knowledge of, beliefs about, and experiences of SFBT during data collection and analysis. However, considering my history of learning and applying SFBT, and my commitment to the model overall, my goal of putting aside my experiences, values, beliefs, and knowledge of the model, while remaining open and objective to what participants communicated, may not have been as effective or as ideal as I would have liked.

Another strategy utilized in this study in order to improve credibility was *member checking* (Barusch et al., 2011). Member checking involves having the researcher solicit participants' perspectives regarding the credibility of the findings of the study (Creswell, 2013). This process helps to verify the accuracy of the data, and thereby increases the validity of the data. I emailed participants a copy of the proposed general structure (defined above), and invited them to scrutinize it, and to identify whether or not they felt it accurately reflected their experiences associated with the SFBT counselling process. I also asked them to identify what they felt might be missing from the general structure, if anything (Creswell, 2013). Four out of five of the participants responded to these emails. All who responded indicated that the general structure accurately reflected their experiences of SFBT and the effects that it has had on their lives. None of them suggested that any key aspects of their experiences were missing in the general structure. Although the general structure was eventually shortened to make it more succinct following member checking, nothing was added to it; and I did not change the meaning of it in any way. I acknowledge that I could have elicited feedback from participants on the *shortened* general structure, in order to verify (a) that it was still accurate, and (b) that no essential aspects of their SFBT experiences had been removed.

In order to improve the transferability of the findings for this study, participants were engaged in a process of *thick description* during each of their interviews. First, I elicited rich and detailed information from participants, which was used to provide evidence for well-developed, key themes (Barusch et al., 2011). Second, I provided abundant, interconnected details when describing particular key themes (Creswell, 2013). Third, I engaged in a process of describing ideas and themes from their most general structure to their most narrow, and specific meanings. These three thick description procedures were essentially inherent processes in this study,

considering the DP methodological approach that was adopted in this study.

Finally, asking some SFBT-themed questions helped to ensure that participants had an opportunity to discuss important aspects of their SFBT experiences, which might otherwise have been overlooked, or forgotten by them, thereby making the results more credible and thorough. I utilized some of my own understanding and knowledge of the SFBT counselling process to generate these questions (Colaizzi, as cited in Bevan, 2014).

Ethical Considerations

There are several ethical considerations relevant to this study. First, approval from Athabasca University's Research Ethics Board was granted for this study prior to the commencement of data collection. Second, I needed to gain informed consent from all participants before starting data collection. The consent process involved discussion of (a) the nature and purpose of the study, (b) participants' privacy and confidentiality, (c) descriptions of the respective responsibilities of the participants and myself in the study (Moustakas, 1994), (d) the autonomy of the participant to withdraw at any time, and (e) foreseeable risks associated with participation. I also needed to get permission from participants to (a) video record interviews using Skype or Face Time, and (b) use the data from the interviews toward completing my master's thesis. Participants were also informed that the data might be used in a future publication. Please refer to Appendix A to see the invitational Letter to Potential Participants, and to Appendix B to see the Informed Consent Agreement.

Sample

Inclusion Criteria

Having experienced the SFBT model as a counselling client was the one essential inclusion characteristic for participation in this study: All five of the participants who took part

in this study had experienced SFBT as a client for at least one session. All five participants also agreed to take part in an in-depth interview with me for around one hour, which involved discussing their experiences in, and following (if their counselling process had concluded), their SFBT counselling processes (Moustakas, 1994). I intended to recruit only adult participants for this study, but I was also open to the possibility of recruiting youth participants as well. The nature of participants' presenting problems was not a factor in recruiting and selecting participants for this study.

Recruitment

I posted a notice asking for help with recruitment for the study on the solution-focused therapy listserv several times, spaced several weeks apart. The majority of the people who subscribe to this listserv are professionals who use SFBT in their own practices. These postings on the listserv resulted in responses from a number of SFBT counsellors. When people who had read the listserv notice responded to the notices, I emailed them the study's invitational letter to participants and the informed consent agreement, which they could then distribute to their clients.

I also used the Internet to search for SFBT counsellors who might be interested in helping with recruitment for the study. The majority of the counsellors whom I contacted were affiliated with some kind of SFBT association, institute, or university. Several SFBT associations' websites were particularly helpful, such as the SFBTA and ASFP websites. I sent each counsellor an invitational email, in which I introduced myself and described the study briefly. I asked the counsellors to distribute the invitational letter and the informed consent agreement to their clients. In total, the invitational email to counsellors, with the two attached documents for clients to read, was sent to approximately 125 counsellors. Forty counsellors responded to these

emails. Counsellors who contributed to the recruitment process did so either by distributing the two documents to some of their clients, or by referring me to other SFBT counsellors, who they thought might be willing to help out with recruitment.

Table 1

Participant Characteristics

Client's Name (pseudonyms) and age at the time of the data collection interviews	**ARIAL, 28**	**FRED, 52**	**JEN, 35**	**SARA, 19**	**STEVE, age unknown**
Counsellor's Name (pseudonyms)	Mary	Ralph	Jane	Stephen	Carol
Previous Counselling Experience	One to two sessions each with two counsellors.	None	One to two previous counsellors. Number of sessions unknown.	None	None
Number of SFBT Sessions	Approximately 15	More than 20	Two	Three or four	Approximately 20
When the Sessions Took Place	Ongoing	Ongoing	Ongoing	Two years ago	10 years ago
Awareness of SFBT as the Model of Therapy	Unaware	Saw it on his counsellor's curriculum vitae, but was uninterested.	Unaware	Was aware that a family member uses SFBT in her own work as a counsellor.	Unaware
Issues and Motives that Led to Counselling	Anxiety, social anxiety, and panic attacks.	Identifying what makes him happy, setting priorities, and difficult interpersonal situations.	Depression, suicidal thoughts, parenting issues, and relationship issues.	Two traumatic incidents, which resulted in anxiety, paranoia, and panic attacks.	Multiple issues over time, which culminated in a break down and self-harm.

Sample Size

Preliminary data analysis of all five transcribed interviews enabled me to determine that many key perceptions and experiences had been shared about the phenomenon, without the data becoming repetitive (Mason, 2010). The substantial variation among the participants contributed to the depth, variation, and richness of the data. First, all of the participants had different counsellors. Second, the five participants lived in four different countries. Third, three of the participants were female, and two were male. Overall, I felt that the data from the five interviews provided adequate depth, variation, and richness to describe a general structure for SFBT from the client's perspective (Dahlberg et al., 2008), which was an important goal for the study. Furthermore, both Englander (2012) and Giorgi (1997) suggest using at least three participants in a DP study. Dahlberg et al. (2008) suggest starting with five participants. Interviewing five participants in this study was consistent with these suggestions.

How Data Were Collected Using the Descriptive Phenomenological Method

In-depth, semi-structured interviews were conducted to collect a set of experiential descriptions (Schmidt, 2005), which were as close as possible to how participants actually experienced the phenomenon (Giorgi, 1997). Although I originally anticipated conducting interviews that were mostly unstructured, I found that semi-structured interviews were more effective in collecting a broad range of useful data from participants. I followed several DP guidelines for conducting interviews (Englander, 2012). First, I intentionally: (a) remained curious about what I did not know, and (b) allowed the participants to express themselves freely (Chan et al., 2013). Second, I took the time to seek clarification with participants within the interview, and to ensure that the data were coconstructed, and reflected a shared understanding of the phenomenon (McConnell-Henry, Chapman, & Francis, 2011).

I began each interview by explaining the purpose of the interview to participants. I disclosed my intention to help participants to fully describe their experiences associated with the SFBT counselling process. I then explored the context and underlying conditions, which led to participants beginning the counselling process in the first place, as well as their expectations of the counselling process, before it commenced. I then asked participants about their perceptions of their counsellors and the office space. Next, I asked participants a number of SFBT-themed questions, to ensure that they had a chance to share, in-depth, their experiences of: (a) the SFBT counselling process in general, (b) patterns they observed in individual sessions, and (c) particular common SFBT techniques. I also asked participants questions, which helped to clarify (a) the meaning particular experiences associated with the SFBT counselling process had for them, and (b) the reasons why they attributed the meaning they did to their experiences.

What participants found helpful and unhelpful in SFBT was also explored. I also asked about how experiencing SFBT influenced and affected their thoughts, feelings, behaviour, relationships with other people, and bodily awareness and bodily states (Moustakas, 1994). A number of other topics related to the phenomenon of interest that spontaneously arose over the course of the interviews were also discussed with participants. Near the end of the interviews, I invited participants to share any additional thoughts related to the phenomenon that they had not yet shared (Moustakas, 1994). I later followed up by email with each participant to ask further questions, which either were not asked, or were not adequately explored in the interview. All together, the questions asked of participants helped to focus the data gathering process on the structural aspects (i.e., contextual aspects), textural aspects (i.e., what was experienced), and meaning aspects of participants' experiences with SFBT (Creswell, 2013). Please refer to Appendix C for the Interview Protocol for this study. Although the interview protocol is not

exhaustive, it does provide a general outline for the questions that were asked in the interviews.

How Data Were Analyzed Using the Descriptive Phenomenological Method

I primarily followed Giorgi's (1997) structured methods for DP data analysis in this study. I first transcribed each interview using Microsoft Word. I then read each transcript through several times to get a global sense of the content. Some preliminary themes were identified at this stage. Following this, I engaged in an iterative process of identifying, simplifying, and focusing each participant's verbal data into essentialized meanings (i.e., units of one or more sentences, each of which expressed a particular idea or concept), until I was confident that I had uncovered the most distilled, essential meanings in each transcript. This helped me to significantly reduce the volume of content for further analysis.

The next step involved identifying themes and subthemes in the data. This was done in several ways. First, the interview questions asked often served as natural themes and subthemes for the data: I recognized that a number of the questions asked, along with the data that was generated by asking them, could be combined to create both themes and subthemes. Second, some subthemes emerged through identifying similar meaning units (i.e., similar concepts or experiences) shared by three or more participants. Relatedly, if only one or two of the participants reported a particular experience or perspective, which I felt was important to their overall experience of SFBT, I created subthemes for this data within the theme with which they had the closest fit. Eventually, five overarching themes, each with their own subthemes, emerged from the data. This helped to organize the data for the remainder of the analysis.

My next step was to allocate all of the essentialized meaning units into their appropriate themes and subthemes. Following the allocation of the meaning units, I identified the common, or shared aspects of participants' respective meaning units within each subtheme. Similar

meaning units were collapsed together to create more general, common, and succinct descriptions of what participants reported experiencing.

By identifying the common experiences shared by most or all of the participants, I was able to determine what aspects of the SFBT experience were essential to clients' experience of the model generally. That is, I was able to identify what aspects, if they were removed or changed in some way, would lead to the phenomenon losing its core identity (Giorgi, 2009). Typically, only experiences and perspectives that were shared by three or more participants ended up being considered for inclusion in the general structure. However, some general patterns that I observed in most or all of the transcripts were also considered for inclusion in the general structure, even if three or more participants did not explicitly discuss them. Importantly, no observations were included in the general structure if they were not independently verified by the participants in the member checking process. Carrying out all of the preceding steps enabled me to arrive at a single, synthesized, general (or essential) structure, of clients' lived experiences of the SFBT counselling process, which was one of the goals of this study.

Once the general structure was established, the next step was to work on the elaborated constituents (i.e., the elaboration of subthemes) section. Constituents of a phenomenon are important aspects of a phenomenon that contribute to its overall identity. Whereas the general structure represents the most essential and common experiences and perspectives associated with the phenomenon, the elaborated constituents represent the most varied, concrete, contextual, and specific experiences and perspectives shared by individual participants (Giorgi, 2009). In order to develop the elaborated constituents, I returned to the original transcripts so that I could pair actual quotes from participants with their associated themes and subthemes. Giorgi observes that, in order to better share the results of the analysis, it is useful to preserve some of the

"liveliness of the original dialogue" (p. 126). For the purpose of keeping the elaboration of constituents section manageable in terms of overall length, I then selected one, two, or more quotes from individual participants, which I felt best exemplified and demonstrated what the participants actually experienced and perceived in relation to particular subthemes. I then commented on these selected quotes in order to establish what they revealed or confirmed in relation to each theme and subtheme. In summary, the data analysis steps followed in this study are as follows:

1. Transcription of interview data.
2. Reading to get a global sense of the data and to identify preliminary themes.
3. Identifying meaning units.
4. Essentialization of meaning units.
5. Identification of themes and sub themes.
6. Allocation of essentialized meaning units to appropriate themes and sub themes.
7. Collapsing of shared meaning units across participants.
8. Identification of the common, essential aspects of the SFBT experience (i.e., the general structure).
9. Elaboration of themes and subthemes: Pairing original quotes with appropriate themes and subthemes; followed by selecting quotes which best exemplified what individual participants actually experienced and perceived; and then commenting on these quotes myself.

Overall, I feel that the data analysis procedures followed in this study helped me to identify the complexity, relatedness, and interrelationships between different aspects of the SFBT experience for clients (Bevan, 2014), which in turn helped me to identify how this phenomenon is constituted.

Assumptions Made in This Study

There are several assumptions in this study. First, I assumed that the SFBT counsellors who provided services for the participants in this study consistently followed SFBT protocols in their sessions. This assumption was made because the results depended on counsellors consistently following SFBT protocols in their sessions with participants. Second, I assumed that the participants in this study did not differ significantly from SFBT clients in general. This assumption was made so that the results could be considered to be reflecting the experiences of SFBT clients in general. Third, I assumed that the counsellors who counseled the participants in this study did not differ significantly from SFBT counsellors in general. This assumption was made so that the results could be considered as reflecting the experiences clients have of SFBT counsellors in general.

Chapter 4: RESULTS

The general structure of the phenomenon is presented first in this chapter. The general structure helps us to simplify, clarify, and understand what the *common* lived experience, meaning attributed to, and lived effect of the SFBT counselling process is in the lives of clients who experience it. The five key themes that were identified in the analysis process overall are presented and succinctly described in the general structure. Following the general structure, the five key themes and their subthemes are explored in more depth in the elaboration of constituents section. This section includes selected quotes from participants as well as some commentary about the quotes and the subthemes. This section of the chapter provides the reader with a contextualized narrative, which facilitates an in-depth understanding of how individual clients experience and are affected by SFBT.

General Structure

1. **The counsellor and the office space.** Clients perceive their counsellors as being understanding and nonjudgmental listeners, who are supportive, caring, capable, confident, and genuine; and they are satisfied with the services that their counsellors provide. Clients feel that their counsellors view them as being competent and capable people who have strengths, resources, and skills, which will enable them to reach their goals. Clients experience their counsellors as working collaboratively with them, and they recognize that counsellors put them into the role of expert of their own lives in the counselling process. Clients are typically happy with a comfortable, warm, and quiet office space, which ideally has windows and books.
2. **A typical SFBT session.** Counsellors typically explore clients' experiences related to working on their issues since the previous session, by discussing what has been tried,

how well what they have tried has worked, and what they have discovered that is better or useful since the previous session. Following this, counsellors will typically ask their clients about what they want to achieve in the current session (i.e., about their best hopes for the session). Counsellors will then typically ask questions that help their clients to come up with practical ideas and strategies (i.e., potential solutions, or next steps) that they can refine together, and then try before the following session to make progress toward their goals.

3. **SFBT techniques that are often used in sessions.** Most SFBT counsellors ask the miracle question at least in the first session, which enables clients to visualize how their lives could be better without their problems. Counsellors also work collaboratively with their clients to set realistic, and meaningful short-term, and sometimes long-term goals. Scaling questions are typically used to enable clients to self-assess their progress. Counsellors also compliment clients (i.e., give clients positive feedback) when they report that something is going well; and they consistently listen for and observe clients' strengths, resources, and competencies.

4. **Helpful aspects of SFBT.** Clients benefit from having their counsellors consistently asking them useful questions, which help them to discover solutions to their issues, which they are already capable of doing. The counselling process also helps clients to focus on what they can *do* to make things better, rather than dwelling on why their concerns exist. Clients also find the counselling process to be motivating to them for following through with tasks between sessions.

5. **How clients are affected by SFBT.** As a result of having more options, tools, and coping methods to deal with their concerns, clients feel stronger, and more empowered,

optimistic, confident, hopeful, and in control. SFBT helps them to achieve happier, healthier, and more balanced lives. The SFBT counselling process can help clients to: (a) learn to think more rationally; (b) process their thoughts and emotions, (c) look for the positives in their lives, (d) identify priorities, and (e) change their outlook in a positive direction. The counselling process also enables clients to: (a) communicate better; (b) improve their relationships; (b) have important learning experiences; and (c) experience positive changes in their lives, which are noticed by other people.

Elaboration of Constituents

Theme One: The Counsellor and the Office Space

Clients' perceptions of their counsellors. SFBT counsellors are excellent listeners who are prepared to listen to their clients for as long as their clients need them to. They create a safe, comfortable, and supportive place for their clients to share. Fred stated, "I think he's a very good listener, because he listens first of all when I have a lot to say, and he doesn't interrupt me." Jen highlighted her counsellor's nonjudgmental attitude: "I felt like I could tell her most anything and she wasn't going to be shocked or act shocked, or be judgmental…. So it felt, I guess, like a safe, comfortable place to share whatever I felt like sharing." Sara discussed feeling supported: "Now I think of the experience as really, really supportive, and very nice…. When I think about the way I felt after…I had seen him, I think that Stephen kind of gave me a hug."

Clients also perceive their SFBT counsellors as being consistent, thoughtful, and sincere; and as people who genuinely take an interest in them. Steve particularly highlighted consistency: "And she was always the same when she came to see me…. We really clicked…. She genuinely seemed to take a care, take an interest. That was what the difference was…. I believed I could open up to her…. I believed that she was sincere in what she was doing…. I

believe what she said was genuine…." Sara interpreted her counsellor's long pauses as thoughtfulness: "[He] was very thoughtful. He thought a lot about what I said. And he took it in. And sometimes he would take really long pauses just thinking about what I had said."

Clients also view SFBT counsellors as being friendly, and as having a personality, while also being purposeful and professional. Jen stated: "I mean she was a professional, with a personality, not like I was talking to a robot. Arial observed how Mary is kind, while also being purposeful: "She's sweet, and considerate, but again, also like 'businessy'. Like I know that I'm not going to be coddled or anything. Like it feels like she is also there to accomplish something as well."

SFBT counsellors come across as being relaxed, natural, experienced, and on top of things. Steve observed: "She was always relaxed. She just looked relaxed." Fred discussed how he appreciated how his counsellor was confident, natural, and experienced: "He is very experienced, and I can feel this all the time. And I like people who don't prove to me, or need to prove something to me, but behaving very natural. And with that I can know that they are really on top of things and have a lot of experience."

SFBT counsellors are also described as being present, aware, and good at working in the moment. Arial discussed how, although there are consistencies in what Mary says, it never feels like what she says is prescripted or formulaic: "Yeah definitely consistencies. But like I said, it never feels like she is saying the same things, or anything like that." Similarly, Fred observed that his counsellor is present and aware: "He's sensitive to situations, and he sees also what works for me…. I think he is in that session, or in that moment, he is very aware."

Some clients find that SFBT counsellors are skillful in how they select what techniques to use, which contributes to a sense of flow in their sessions. Fred stated: "I think Ralph has a good

way not to overload the sessions with tools or methods that he's using…. He's very reflective and when to use certain tools or methods. And it's really much integrated…. [I]t feels like there is a flow…"

Clients also view their counsellors as being competent and capable: Fred, Arial, Jen, and Sara all indicated that their counsellors are capable and competent. Jen observed: "[She is] sure in herself. Sure in her abilities."

Clients also perceive their counsellors as being positive and encouraging. Fred stated: "…in general he is very positive, also giving very positive feedback if I have achieved something, or if I have changed something. It makes me feel better when I receive his feedback…. He's always encouraging…"

In some cases, counsellors come across as being honest and straightforward, which can be helpful. Steve stated: "From my point of view, she was being black and white, she was being honest…. That's what I wanted. I needed people being like, yes, I know this, no, I don't know this. I need to do this. This is the reason why, right. I need to get out of my head. That's why I need to do this. That was what helped me…. [A]t the time I needed black and white."

Clients feel heard, validated, and understood. Arial recalled how her counsellor helped her to feel understood: "She's always all, well how did that make you feel? And asking me instead of implying or anything like that." Steve identified feeling heard by Carol: "I felt that whatever I told her, it felt like she paid attention."

Counsellors will ask questions in order to: (a) clarify what their clients mean, and (b) ensure understanding on their part. Sara reported: "…[if] he wanted me to say more about a certain [topic], or to explain something that I had previously said, he would ask me to do that…." Similarly, Fred stated: "[He may say], how do you mean that? Or, do I understand that right? So

that I get the impression that he really wants to make sure, before we go further, he understands what the topic [is], or what I am trying to achieve here."

The counselling process is collaborative. All of the participants indicated that they work(ed) collaboratively with their counsellor. Fred indicated that his process with Ralph is peer-to-peer: "…it is really a joint process and a partner in that process rather than someone like a guru or so." Steve reported that Carol would work with him by checking in with him to determine what he needed to do next: "…it wasn't just Carol saying, alright you need to do this. She would ask me, what do I need to do…[and] she would write so we need to get that done."

Clients are put in the role of expert. Clients feel that their counsellors consistently: (a) put them into the role of expert in their own lives and situations, and (b) provide them with significant input and control in the counselling process. Counsellors typically ask their clients questions about: (a) what they want, (b) what their options are, and (c) what the next logical steps are that clients need to take in order to improve things. Fred observed: "Very rarely he is giving recommendations. Or sometimes only when I ask him, when I say, okay, so how do you see? Is this the right thing that I'm doing or not. Then he gives me some personal opinion. But the majority [of the time] he's actually asking, so what do you think? Or what are the options you have? And let's look at these options."

Jen discussed how Jane's questions helped her to discover solutions in her own life, which helped to put her into an expert role: "…my therapist was very effective in encouraging me to come up with solutions for my life and it's direction. Often our sessions were her offering many questions that allowed me to find these answers via her guidance, but also on my own." Sara reported how it was up to her to determine what was helpful in the counselling process: "…I was the one who could say exactly which way was helpful or not."

Clients as competent and capable. Steve**,** Arial, Jen, and Sara all indicated that their counsellors view *them* as being competent and capable people. Steve discussed how his counsellor helped him to focus on the positive things he could do, and the things he was good at, which helped to give him confidence, and to stay motivated. Fred observed that Ralph acknowledged his competence by acknowledging his strengths: "Certain things, for example, that I'm good at planning…and things like this, he mentions also, he says, okay, probably you don't have to worry, because I know you are good in that anyway…."

Client satisfaction. All of the participants in this study reported being satisfied with the services that they had received from their counsellors. Sara and Fred both reported that they were "very happy" with the services they had received. Jen observed: "…I would feel comfortable engaging with her in the future if I felt the need." Steve reported feeling gratitude toward his counsellor: "Like I said, I can't thank her enough.… I've got everything that I would want. I don't need anything more."

The office space. Overall clients are happy with, and comfortable in, the physical space they do counselling in. Arial reported: "I think it's comfortable. It's businessy, but not cold. There's a couch. Couches I kind of relate to comfort." Similarly, Fred reported: "It is a well-isolated room, no disturbances, warm colors, comfortable chairs, whiteboard, coffee." Both Jen and Sara appreciated having windows in the office. Sara observed: "…I faced the window, which I remember liking a lot." Both Jen and Sara also found having books in the office to be comforting as well. Jen reported: "Books on [the] bookshelf was encouraging. I find books comforting and exciting, generally, so it gave me the idea that my therapist and myself had an appreciation of reading in common." Steve appreciated how his counsellor visited him in his own home: "She's always come to me. I felt more relaxed in my own environment; and I don't

know what I would have felt had I went to hospital [for counselling]. If I went to the doctor, same thing."

Theme Two: A Typical SFBT Session

The start of sessions. Sessions typically start with a casual conversation, which establishes a safe place for sharing. Jen reported: "So, her and I usually have casual banter for five or eight minutes. And that circles around something we have in common, like lifestyles, or gardening…I think that establishes a safe place for sharing." Counsellors also typically check in with their clients, by asking them how they are doing. Arial observed: "She usually asks me every time, well how have things been since the last session, and how are you doing, how are you emotionally?"

Evaluating progress made between sessions. Next counsellors typically explore clients' experiences of working with their issues between sessions, including what they have tried, how well what they've tried has worked, and what they have learned as a result. Sara reported that one way Stephen would assess her progress between sessions was by asking her about what her friends would have seen her doing differently, that would indicate to them that things were going well for her; and also about what she would do that would make her friends respond positively to her: "…if I told him that I…paid more attention in class, he would ask me how…one of my friends…would experience that, or how Donna would…notice that. And, what would [I] do…that made Donna say hi or give [me] a hug even, and stuff like that." Arial observed that she and Mary discuss what has happened since the last session that has impacted: (a) how she is feeling emotionally, and (b) why she is here for the current session. This includes exploration of what ideas Arial has tried to implement in her life since the previous session, and how well what she has tried has worked for her.

Highlighting progress. During these conversations, counsellors also typically highlight the progress that their clients have made by observing specific, positive changes that have taken place between sessions, even if the improvements are small steps toward their goals. Fred found this process to be encouraging and validating:

> He provides also very encouraging feedback [about the progress that I have made]…. And then, with the feedback he provides, I feel I have accomplished quite a lot already, in this one month, or two months…. But he really says, okay great that you have done that step…even though it was like a smaller step, but he makes it a little bit bigger. And it makes you feel good.

Arial also reported that her counsellor highlights her progress, which she appreciates: "In conversation she will point out progresses I've made, and I do find that helpful. Like it's nice to feel like I am actually accomplishing something, and that both of us can agree on that."

Focusing on what is useful or working between and within sessions. SFBT counsellors explore, ask about, discuss, and reflect upon what's useful and what's working in clients' lives, and they encourage clients to do more of these things. For example, Fred and Ralph discuss what has been useful and helpful to Fred both between sessions and within sessions. Fred reported: "We also have like a follow-up with a reflection of what I learned or what I did differently [between sessions]. I think that is very useful. And I think also in the end of each session, also we do, some kind of recap [of the session]. He says, okay, was this useful for you? Was it helpful?" Sara also remembered Stephen focusing on what she was doing in her life that was working and that was helpful.

Scaling questions. Once the progress clients have made between sessions has been adequately explored, evaluated, and highlighted, and what is working well for clients has been

identified, counsellors often ask their clients scaling questions. Sara discussed how Stephen would ask her specific questions to determine how much progress she wanted to make between sessions: "And for next time, how do you want, how far along would you have liked to have gotten before we see you next time…?" Fred observed that scaling questions can be helpful in (a) determining how big a particular problem he has is, and (b) enabling him to self-assess his level of motivation: "Yes, we are using scaling. Yes, from a scale of one to 10, like how big is that problem, or how motivated are you [to change] that?" Scaling questions can also help clients to recognize that, although things could be better, they also aren't very bad, which helps to put things in perspective. For example, Fred reported: "I've found scaling very useful. It puts things in comparison; and also if you have a problem, very often it's not nine or 10, but it is six or seven, so it actually shows you also, it's not fine, it's not good, but it's also not the end of the world. So I think it helps also, putting things a bit into perspective…."

Issues to explore in the current session. Following the exploration of clients' experiences between sessions, and potentially the asking of scaling questions, counsellors typically work with their clients to identify what issues they wish to explore and address. However, this process can also take place at the *beginning* of sessions as well. Jen stated: "She'll ask: What are your concerns? What is it that you want to address today? I will share that." Arial discussed how she would focus in on a particular issue to work on in a given session: "I would say all [of the sessions] follow a similar pattern. It's usually just zeroing in on issues, whether it is personality traits that I want to work on, or if it is like an actual scenario that happened. But either way we will focus in on something negative, whether it is a trait or a scenario."

Searching for solutions. Once counsellors and clients feel that the focused on issues in

the current session have been adequately explored and understood, the conversation will typically shift toward a collaborative focus on ideas and strategies (i.e., potential solutions), which clients will be able to utilize in order to try to make further progress toward their goals. Steve discussed how he would work with his counsellor to determine what he wanted and needed to do to make progress. According to Steve, their process was very straightforward. It involved determining what next, simple, concrete steps he needed to take before the next session, to work toward getting out of the black hole that he was in. Jen discussed how her counsellor used questions to help her to discover solutions: "…she will continue to ask questions until I ultimately come up with the solutions or the tools that I want to use or refine."

Wrapping up the session. The final stage in a typical session involves reviewing and recapping: (a) what was discussed, (b) what has been helpful and useful to the client between sessions and within the current session, and (c) what the potential solutions (i.e., tasks or small goals) are that the client intends to implement in their lives before the next session. Arial discussed how wrapping up a session with Mary involves a discussion of goals: "And also when we wrap up, we recapped what we talked about…. We talk about goals specifically. Okay what are we going to work on, or what are you going to work on from now until next time I see you. So we always recap with like a minigoal of the session, I would say." Fred reported that he and Ralph achieve several objectives when they wrap up their sessions: "And I think also in the end of each session, also we do, some kind of recap. He says, okay, was this useful for you? Was it helpful? And then sometimes we say the problem was not solved, but I think we generated some good ideas that I could try out in the next week, or next two weeks…."

Theme Three: Often-Used SFBT Techniques

The Miracle Question. The miracle question exercise involves having clients envision a

hypothetical, realistic future in which their problems have been solved or fixed (de Shazer et al., 2007), which in turn helps them to visualize how their lives could be better. Jen reported: "It first creates a real vision of what is possible…." Similarly, Fred reported: "There is something where we say, we have a problem here, an issue. What would be the perfect world? Or what would be the situation, what does this situation look like when the problem is solved? What is it that I want to achieve with this in the end?" In this way, the miracle question helps clients to attain a clearer picture of where they want to be in their lives.

The miracle question opens up options for small things that clients can do to make things better in the short-term (i.e., short-term goals). For example, Jen reported: "…in working backward, I can create micro-steps to allow me to reach that destination." Sara described how the miracle question also helped her to identify small goals, which would make things better:

> …when I spoke of [the miracle question], I described like my goals for, and like how I wanted things to be…. And it helped me make small things better. I started eating breakfast again, which I remember meant that I had more energy, because it was part of my miracle morning. And so I had more energy, so I had more energy to talk to people in school, and to participate and stuff.

Arial described how the miracle question helped her to see the bigger picture and to identify and maintain an awareness of her overall, long-term goals: "It just helps me remember, sometimes it's hard to know what your goals are until you think about the long term, the bigger picture, cause sometimes you get so focused, or at least I do, on the little things. So having those bigger pictures makes me pull back a little bit into what the overall goal is."

More generally, the miracle question enables clients to view their situation from another perspective, which they find helpful. For example, Arial observed: "I think, visualizing is

always a good thing. It helps me know what I'm trying to accomplish, because sometimes I don't think you can put your finger on it until you come at it from another angle." Sara also found that the miracle helped her to gain perspective: "I thought it was sort of an eye-opener in terms of how weird my life had gotten, or how weird my daily life, how different it was from when I was okay."

Interestingly, some of the participants in this study discussed revisiting the miracle question in subsequent sessions as well, which they found to be useful. Fred reported that "it's a very common discussion", which helps him to determine what small things he can do to make things better. Sara discussed how Stephen would sometimes refer back to what she had previously envisioned in the miracle questions exercise in order to help her to generate solutions for her issues: "I think when I told him what I thought was difficult, he would repeat what he thought was difficult, and then he would ask me what a miracle morning solution to that sort of issue would be."

Goal setting. In each session, clients regularly set realistic, and meaningful *short-term goals* with their counsellors. These goals include small, specific things that clients can do between sessions, which will make things better for them in some area of their life where they want to improve things. Jen identified how she worked with Jane to make a specific, short-term goal for the coming week, which involved having less sad time: "…less sad time, so allowing their to be sad time, but not expecting it to disappear, but having it like a specific finite, you can do it for this long, and then after that you have to put into place one of your action items." Fred also discussed how he would work with his counsellor to set small, meaningful, and realistic goals "almost every time", following an analysis of how an issue or situation would be in a perfect world, where the problem was solved.

Participants discussed how setting and following through on short-term goals can help them in a number of ways in the counselling process. Steve discussed how having short-term goals helped him feel like he was accomplishing something: "[Having the goals helps you to feel] like you've achieved something. Even if it was just going to make a sort of letter and hand it into the counsel's office, or whatever, you were achieving something, which again was positive." Steve also indicated that having goals helped him to keep focused and to stay on task. Arial discussed how having goals helped her to remember: (a) what her purpose for being in therapy was, and (b) what she was working toward. Sara observed how having goals helped her to effectively address her issues: "I think for me [having goals] made my daily life a lot easier; and it made sort of fighting back my issues a lot easier, because I sort of had somewhere that I wanted to be." Sara also observed that having goals helped to keep her motivated in the therapy process, and to see multiple options for ways to address her concerns.

Three participants also discussed identifying *long-term*, overarching goals, with their counsellors, which helped them to (a) focus on the big picture; and (b) identify how they want things to be years into the future, while also motivating them in the present. For Sara, having and talking about long-term goals, and how she could achieve them, was vital in her therapy process: "I only went to therapy because I wanted my anxiety and paranoia gone, and it was the only reason I kept coming back…. It was vital for me to have the long-term goals and to talk about them and how I could get there." Fred observed that, although the focus is usually on shorter-term goals in therapy, he and his counsellor also discuss and reflect upon his long-term goals at times: "It's more short-term goals. But sometimes he is also asking questions: That's okay, but what in the long run? Or, what if your children are grown up? And how would you like to be seen by them?"

Compliments. If clients report that they have made progress between sessions, or that something is going well, counsellors typically highlight this with positive, strengths-oriented compliments (de Shazer et al., 2007), which clients find validating and encouraging. These compliments help clients to recognize their own strengths, resources, competencies, and coping capacities, both in the moment, and later when they reflect back on their counsellors complimenting them. Jen observed how Jane would compliment her after observing progress that she had made since the last session: "She was able to ask for specific details in how a specific skill discussed from a previous session had helped me in the time between sessions, so I could see the progress and then a compliment often followed." Jen observed that she found these compliments to be helpful. Sara also described finding Stephen's compliments helpful to her following her own counselling process, even though she found that they made her uncomfortable at the time:

> Afterwards, it helped me when I sort of evaluated. And now when I think back, it's helped me a lot…. [W]hen I saw him and for sometime afterward, the whole compliment thing, and when he highlighted my strengths, was very uncomfortable for me, I wasn't really good at taking that in, but later on, it's really helped me come to terms with how it was okay for me to feel or to react strongly because of some not so normal things happening to me.

Focus on strengths, resources, and skills. Clients report that their counsellors listen for, and observe, their specific strengths, skills, and core values; and more generally, things that they are good at, which they appreciate. Arial reported: "I would say [there is a] focus on like evaluating my strengths…. It's nice to have [my strengths and skills] acknowledged for sure." Sara discussed how Stephen would observe her strengths when he complimented her: "I think

that's sort of what he did when he complimented. When he said you are very brave. Or, so you think very rationally…. So when I told him something he kept sort of putting adjectives on my behaviour if that makes sense."

Counsellors observing and focusing on clients' strengths and skills helps clients to: (a) focus more on their strengths than their weaknesses, (b) feel confident and encouraged in going forward, and (c) create strategies for moving toward their goals. For example, Steve observed: "I guarantee that [focusing on strengths, resources, and skills] would have been [helpful]. It would have given me confidence. These are the positive things that I was good at. These are the reasons why to continue." Fred observed that Ralph has helped him to focus more on his strengths than his weaknesses: "And he encourages me then to use these strengths. So he certainly is more focused on the strengths than on the weaknesses. I might be more focused on the weaknesses, he highlights the strengths; and building up on my strengths, I've actually learned, is more important than focusing on the weaker parts." Relatedly, Arial indicated that focusing on her strengths in the counselling process helps her to work on strategies to improve things.

For some clients, having their strengths and resources identified during the counselling process still helps them to cope well after the counselling process has concluded. For example, Steve observed: "…some days I still have bad days. [Focusing on my strengths, skills, and positive qualities has] helped me to get past it, versus putting a front on…. So, it has helped me to be able to deal with the bad days, rather than just bottling them up, and letting them get on top of me." Similarly, Sara discussed how Stephen observing her strengths and resources in the counselling process still helps her in the present as well.

Normalizing. Normalizing is a process in which counsellors observe with their clients

that what they are experiencing now, and what they have experienced in the past is normal, common and to be expected, considering what they have experienced (Bannink, 2010). Normalizing helps clients to accept their actions and reactions in particular situations. For example, Steve stated: "She made me feel that I wasn't the only person that had done this. And I wasn't the only person going through this." Similarly, Sara observed: "He kept confirming that I had handled it very well. And I did what any normal person would do in the situation…. But in the train home, I would remember always thinking, of course it would be normal to get really scared now, and of course my reaction was to be expected…."

Theme Four: Helpful Aspects of SFBT

Identifying multiple options. Four participants observed that the counselling process has helped them to identify, explore, and at times combine options (or potential solutions) to address their challenges. Fred observed: "I think earlier there was very often for me just a solution A or a solution B: One or the other. And very often in the discussion with Ralph, we discovered there are more than these two options. And very often it could also be a combination of A and B: It doesn't have to be A or B, it can be both. It could be a little bit of A, a little bit of B, or it could be C, or it could be D." Arial discussed how counselling has helped her to discover multiple strategies for coping, which she was previously unaware of: "…I really think it's just the tools and the ability to reflect on what we talked about and ways to deal with things in the future, which I had not really had before counselling." Similarly, Sara observed that she and Stephen talked about and explored potential solutions, which she feels opened up many options for ways of coping in her situation.

Learned tools for coping. Four participants reported that they have developed tools in the counselling process (including searching for and trying potential solutions), which they have

been able to effectively apply in their own lives *outside* of the counselling process. Fred described how he has started to apply tools that he learned in the counselling process in other situations in his life: "…And not only in those situations that we discussed, but then also that I started applying these [tools] for other conflicts or difficult situations…. He's really giving me the tools [not only] for that particular situation, but also something that I can apply on my own in other situations." Sara also described how she has used tools that she learned in the counselling process to cope effectively: "…when I have an issue…I always try to think like, what's the possible ways I can handle this problem; and, which one, what do I like to come out of this? And so I search for whatever way I can find to make myself feel as good as I possible can, which I've learned…to do after going to [counselling]."

Focusing on what versus why. Data from all of the participants in this study indicate that the counselling process has helped them to find the best solutions to challenging situations in their lives by helping them to focus on *what* they can do next, rather than focusing more on the reasons behind *why* their problems exist. Arial stated this directly:

> …I came in with the thought of I don't know why I do this. Why does this happen? And she pretty much was like well the why isn't as important as what you do next. So kind of again that solution type process was really helpful for me. Once I stopped worrying about why, I was able to work hard. And honestly that made a huge difference to me.

Useful questions. Two participants directly reported that their counsellor is able to consistently come up with questions, which are relevant to the topic, which lead them in a direction that helps them to discover solutions to their issues that are already available to them. Jen observed: "I really like that she helps you find answers to questions by asking more questions. So instead of saying well I think this, or, perhaps you should try this, she will phrase

things in a question to maybe unearth more, unearth answers that are there, and sort of allow you to discover them. So leading me to the solutions via questions." Jen also observed that Jane's questions help her to discover things about herself as well. Fred discussed how Ralph's questions help him to make progress in the counselling process:

> He adapts the questions, tools, etcetera, to the specific situation, and we jointly go further depending on my answers…. So nothing is predefined, the way he does it, but it's always that situation, he's so present that he comes up with the right next question that helps me further…. [W]ith the right questions [he can] direct me in the right way, that would not be possible otherwise for me.

Determining next logical steps. The counselling process helps clients to determine what their next logical steps will be in order for them to effectively cope with a problem, and to try to make progress toward their goals. Jen discussed how she would work with Jane to come up with next steps to address certain issues in her life in the form of specific action items:

> So her and I would come up with ideas for, just solutions right. So let's try doing this, this, this, and this. And I would just carry those reminders, mental reminders with me throughout the day, of, [if] emotions or thoughts, whatever, started to get overwhelming, I would remind myself, well try this first before you let the emotions take charge completely, one of them…. It gives me something specific to focus on…. So, it's a specific action item that I can try before I let myself be said all day….

Sara discussed how she learned how to explore her options in the counselling process, which would naturally lead to her next steps. First, with Stephen's help, she would identify what she wanted in a particular situation. Then she would work with Stephen to identify the next steps that would help her to reach her goals. Then she would make an effort to try to implement these

potential solutions, as a method of coping with her issues.

Motivation to follow through on tasks between sessions. Clients are motivated to follow through on tasks between sessions for a number of reasons, such as (a) staying focused, (b) feeling achievement, (c) integrity in their relationship with their counsellor, (d) a desire to improve things in their lives, and (e) as a way to reach bigger goals. Sara reported that completing small tasks, as part of her effort toward achieving her larger goals, was motivating: "The thought of every task getting me closer to the big goal motivated me. And also, the fact that I spoke to my mother every single time one of the small tasks had a positive outcome; she would then remind me that they actually, even being small, helped." Jen discussed how verbal agreements with her counsellor, and personal integrity, motivated her to follow through on tasks between sessions: "Because I don't want to show up at the next appointment and have Jane say, so these are the things we talked about you doing. How did that go? And I say, well I did not do any of those. You know so it just ends up pride, ego, I want to act on those things that we discuss." Steve indicated that his motives for following through on tasks between sessions included keeping focused and achieving something.

Processing emotions. Two participants reported that the counselling process helps them to process their emotions, which helps them to feel more confident and more in control. Jen discussed how, as a result of processing some of her strong emotions in the counselling process, she feels empowered to take particular, helpful actions in her life, which helps her to feel more self-control. Arial described how working on her emotions has helped her to her feel more confident: "…I also feel like a more confident individual. Probably because I'm also working on some of the emotional things that lead to anxiety or whatever, but just by working with those things, it has made me have more confidence."

The counsellor as an ongoing resource. Two participants identified that they view their counsellor as an ongoing resource, who has helped them to cope with ongoing challenges, and whom they anticipate will help them to cope with challenging situations in the future. Steve reported: "The fact that I can ring Carol or send Carol an email, saying can I talk to you. And me being able to pick up the phone and ring her, to get in touch with me by email, is massive to me." Steve also described how Carol has helped to prevent problems in his life several times since she counseled him. Jen described how Jane is an objective professional whom she can rely upon for support if she needs to: "It feels like there's another, unbiased, human out there that I can turn to if things go south. If I take a nosedive, then there's somebody out there that's not my aunt, that's not my sister, that's an objective, professional." Jen also discussed her plan to continue to see Jane as a responsible way to cope with her depressive episodes, and to process her suicidal thoughts.

Background information. Two participants reported that the background information that their counsellors have collected from them helps their counsellors to understand them and their situations more fully, and to connect related events without requiring ongoing explanation. Jen reported: "…she knows my daughter, she knows my husband, she has some more background information on the dynamics. So I don't have to fill her in on everything." Fred observed how Ralphs's awareness of his background information helps him to make connections across sessions: "Now he knows me and he knows all my background, so he can also put things into perspectives; and he can remember that he said okay, do you remember three months ago or six months ago we were discussing about this one? And, is this now something similar? So he can connect events or he can connect sessions."

Open-ended suggestions. Jen stated that her counsellor offered her open-ended

suggestions versus having hard expectations of her, which she found liberating:

> Her not having, they are not hard expectations. They are not you absolutely must do things. Rules make me feel really confined and restricted, and I just want to break the rules. So they are open-ended suggestions, basically. They are offerings. They are there for the taking. Use them if you want to. And if you don't, you're not being graded on that. So I really like that.

The use of a whiteboard. Fred identified that Ralph will at times use a whiteboard in order to help him to gain additional perspective related to a particular topic. Fred also discussed how he finds writing and painting on a whiteboard to be useful to him if he is talking a lot, as it helps him to express his feelings and to make his targets and goals clearer:

> I'm a very cognitive person. I am always trying to think a lot about things. And I make very detailed plans. And I like to talk about feelings and about colours, and to put things, or even problems, or targets, goals on the whiteboard. And that helped a lot to have a look, and then to reflect a little, what did I paint there. And that was useful for me.

Consistency of sessions. Steve observed that seeing his counsellor consistently was an important aspect of what helped him in his counselling process: "Routines help me. That's what helped me. And again, when I was talking with Carol, she was getting into a routine where she would come every three, and then every days four days."

Unhelpful aspects and suggestions for counsellors. Although four out of the five participants made observations that could lead to improvements in the counselling process, none of them shared the same observations. Considering the importance of this subtheme in this study, all of the major points that were shared by participants related to this subtheme are discussed. Fred suggested that counsellors should review with their clients more than just what

has happened between the present and the previous session: "I think what we always do is that we start with talking about the last session and what happened in between. I think what we could do better or differently is also to sometimes have a time-out, and let's look back at the last six sessions or five sessions, and where did we start, and where are we now."

Jen suggested that it would help if her counsellor was more transparent about the model of therapy being used, by briefly explaining the model and its main techniques to her. Jen stated:

> …I think I'm moderately intelligent enough to understand, if the therapist were to explain their modality, what they are using, it would be, I guess insightful and helpful, so I didn't feel that they were using like mind voodoo…. Just like this is probably the technique that I'm going to rely heavily upon; and just take five minutes to explain it, would be helpful I think.

Jen reported that this approach would show confidence in her counsellor's belief that she has the ability to understand the model, which in turn, would lead the counsellor to treating her like an intelligent peer: "And I guess her believing in my ability to understand that. So just, uh, treating me like an intelligent person. More like we are peers versus a hierarchy." Jen also observed that transparency around the model would contribute to a more collaborative, team effort in the counselling process. She also stated that this information sharing would contribute to accomplishing more in the counselling process: "Maybe just slightly more fertile ground for sharing. And developing more detailed solutions."

Sara observed that it was unhelpful when her counsellor interrupted her when she was sharing emotionally charged information that it was difficult for her to even speak about, by providing her feedback before she had finished speaking about it:

> I think that it was unhelpful that Stephen interrupted, and wanted me to think about some

> of the stuff that was really difficult for me to even speak about.… I feel like I wanted to, some of the bad stuff, like talking about David's death, he would sort of dig deeper, and he would…comment on what I told him; and in ways that made me stop and not really listen to him, because I thought it was, well it made me feel uncomfortable, and it meant that I had to spend a lot longer describing how I felt about David.…

Sara also observed that her counsellor focusing on how she did the "right thing" in particular situations was not helpful to her, and made her feel uncomfortable: "…sometimes he would dwell too much upon how right I had been…when I spoke to…the thief…. And I think that…maybe that was just me as a person, but that made me feel very uncomfortable." Sara also described how her counsellor would sometimes ask her questions, which she felt were unrelated to what was being discussed, which she felt was weird: "So he was very thoughtful, and he was also kind of weird, in the sense that he sometimes he would ask me questions, which I thought were sort of out of the blue, which would sort of change the subject, really abruptly."

Finally, Jen suggested that her counsellor take five or eight minutes to take down some notes so that she doesn't have to re-explain what was discussed in a previous session. However, no other participants reported that this was an issue for them.

Theme Five: How Clients Are Affected by SFBT

Feelings associated with SFBT. Several participants discussed how counselling has given them tools and options, which have helped them to feel strong, confident, empowered, hopeful, and in control. Arial reported: "I think it has given me strength…. It just helps give me tools to use in life when these things happen." Arial also observed: "I think that might stem back to feeling like I can handle things better, but I also feel like a more confident individual." Similarly, Jen observed: "So I have these tools that I can use to deal with that sadness in a more

effective way…. [I]t just allows things to operate as they should. [I have] more sense of control, autonomy…. The emotions won't necessarily derail me." Jen also observed that the coping methods she has learned have lead to her feeling more herself, and more hopeful. Fred discussed how discovering options for dealing with difficult situations has positively affected him, even when facing adversity:

> And in the end, things worked out well for me. And that gives me some confidence that…if something bad happens, it's not, I don't get so pessimistic…I'm a bit more patient with things. I look for alternatives. [I am] a bit more calm, giving some time, exploring some options…. I don't feel so easily now completely lost in the problem…. [T]he coaching has taught me…it is very much up to me. It's not that if something bad happens, and I can't do anything about it. But that I can react on it, and I can go back to control my life and control the situation.

Participants also reported positive affective experiences associated with their counselling sessions. Sara observed that her sessions were calming and relieving, but also exhausting:

> I think of the sessions as really, really calming, but also I was very exhausted after having gone there…. But when I left, it was sort of like, of course I was very tired, but I felt like…there was this huge weight on my shoulders that had sort of disappeared. So I felt sometimes like I could fly back [home].

Jen discussed feeling like the counselling process left her feeling more energized, rather than feeling depressed, and lethargic. Steve discussed feeling relief as a result of feeling understood: "[I felt] relieved that somebody understood. She might not have understood. She just came across that she understood. And that was more than enough…." Fred discussed how if he works through the issues that are causing him stomach pain in the counselling process with Ralph, by

exploring multiple, positive options with him, his stomach pain typically goes away.

Thoughts associated with SFBT. All of the participants discussed positive changes in their thinking patterns associated with the counselling process. Jen indicated that the counselling process has helped her to think positively about the good things that she has in her life: "[I] remind myself of the things I have versus don't have. The glass is half full." Arial discussed being less controlled by her emotions and more capable of thinking logically: "Yeah, I guess a lot of times when I start to feel worried or anxious, I go back to things that I was working on in counselling and I'm able to think about that in my head before reacting. So I would say that my thoughts are more controlled and well put together."

Sara described learning to work effectively with her negative thoughts, by considering positive thoughts as alternatives to negative thoughts: "Yeah, I think I'm getting or got really good at, I would try and think, first of all, I would let the bad thoughts run wild, and when I was aware of how wild they were running, it was too late for me to stop them. So I learned to let the good thoughts weigh more, I learned, sort of let them take over."

Sara also described how her experience of and perspective of the counselling process changed over time, which in turn positively impacted her level of commitment:

> The first few times I was there I just thought it was sort of fun. But when I took it seriously, after having gone home the first few times, and realizing that, when I tried to do some of the things that he suggested, that it sort of worked, and so I became more and more focused when I was there. I slowly started to talk about, answer honestly, and thinking about my answers before I just said something.

Fred discussed how the counselling process has helped him to recognize the internalized wishes of others in his life, and to identify his own priorities in life: "…I learned that there is a

lot of wishes I had, but were not necessarily my own wishes, but is something that I still have from my parents or my friends. And I think with the coaching, it helped me also to find out, is this really what I want."

Steve discussed how his whole outlook changed as a result of the counselling process, which, in turn, positively affected his behaviour: "My whole outlook and stuff. That all changed. The way I conducted myself. The stuff that I got involved in outside of work. The people that I associated with. It really did make a difference."

Behaviour associated with SFBT. Three participants described how the counselling process has enabled them to become more aware of, and effectively address their presenting concerns and symptoms. Arial discussed how counselling has led to her no longer having panic attacks. Arial also discussed being able to cope with her anxiety better: "…I think that it's definitely helped a lot with my ability to manage anxiety. Cause the anxiety is not gone, but the ability to manage it has gotten better." Sara discussed how the counselling process helped her to become more aware of how she was living a daily routine that wasn't going anywhere at the time. She also reported that the counselling process enabled her to quickly identify when she is anxious, and to then effectively cope with her anxiety:

> …when I get scared of completely normal things, I have ways to calm myself and to make myself feel better; and I've gotten really good at guessing when I start to get anxious…. So I'm better at telling people what's going on, and better at doing some things in the situation where I'm anxious, that helps me get it away really fast.

Jen used a metaphor to describe how her work with Jane has given her specific tools to use to address her issues: "…it gives me a, you know, if somebody were to say build this tree house and here's the wood. I would say, well, I don't have any nails or a hammer, or a saw. So Jane has

given me the hammer, nails, saw, in order to build in order to build that tree house."

Steve reported that he associates a number of positive changes in his with the counselling process, such as having a fiancée, having two beautiful children, working full-time. Steve also observed: "And I'm not as aggressive. Little things, I don't swear as much. I don't drink. So I don't put myself, I try not to put myself in any situations where I have to be anything that I don't want to be…." More generally, Steve discussed how the counselling process motivated him to make changes in his life, which he has maintained.

Fred discussed how the counselling process has affected his behaviour as a result of him identifying his priorities in life: "I am probably less money focused, or focused on material stuff, but more on friends, family, and health. Different topics that maybe have higher priority, maybe also that I had ten years ago." Relatedly, Fred also reported that there is more balance in his life now between work and pleasure.

Effects of SFBT on relationships. Most of the participants discussed ways in which the counselling process has positively affected their relationships with friends and family. Arial discussed how her relationships have improved as a result of her work with Mary: "They've gotten better. I think that just by my work with Mary, I do feel like I can be more assertive, and more up front with people. So that's enhanced a lot of my relationships." Arial also discussed how the counselling process has made her a better friend, as she has become better at listening to and understanding her friends: "…I feel like I can listen with a better ear than I was able to before, because I can kind of understand where they are coming from, and also can see that it can get better." Similarly, Steve discussed how he really listens to people now, and asks them questions so that they feel heard and understood, which he said he learned in the counselling process: "I felt that whatever Carol told her, it felt like she paid attention…. And that's stuff that

I've carried on going forward."

Jen observed how working with Jane to process her suicidal thoughts has freed up her relationship with her husband: "[Jane is] like a lifeline. But [my husband] doesn't have to be that. He has the option of remaining in the relationship, more than obligated to stay in the relationship for my wellbeing…. So yeah, it's freed us up to focus on other aspects, versus just the depression, the suicidal thoughts, etcetera." Jen also discussed how the counselling process has contributed to her becoming a better parent: "I just feel like I can be a more effective parent, because I'm not so worried about being sad, or I'm not so sad…so I can do the things that a mom does, cook a meal, play, get her to play dates, whatever." Jen also reported that she has been working with Jane to cultivate female friendships, as a solution to developing a broader support network. More generally, Jen observed: "Friendships/relationships have deepened and I feel less needy in general."

Sara discussed how her relationships with her mother, and other people in her life, have improved as a result of her sharing more, and being more open with them:

> I think my mother and I have a much better relationship, because I am more able, I've always been really good at listening to people, but going to therapy also taught me that you have to give too. That friendships in particular, or all kind of relations demand that both participants share and say their opinions. And so it has definitely affected all of my relations.

Fred discussed how his work with Ralph has helped him to identify and explore suitable options and useful plans for dealing with conflict situations at his workplace:

> …and also looking there at [my] options. What would I approach that person to actually solve that conflict. And what options do I have. And if I decide for one option, what

> could happen there, and what could be the worst case that could happen? And what could be the best case that could happen? So it was a good preparation then for actually dealing with the person and solving the problem, or the conflict.

Fred discussed how working through his options in these situations has helped him to experience more self-esteem.

Changes other people have noticed. Jen indicated that she assumes other people are noticing that things have gotten better for her: "Not stated out-right, but I assume as much: Nearly no really sad days in bed or suicidal thoughts." Arial reported: "[Other people have noticed] that I have been much stronger and less controlled by my emotions, and more confident." Fred reported: "I remember that someone said that Fred lives according to his values. And I think it has something to do with that coaching [process]." Steve observed that his fiancée has noticed that he is a much nicer person now: "Lucy said that I'm a nicer person now." Sara discussed how she has become more outgoing, which her friends have noticed: "I've gotten way more outgoing. And I talk a lot more. My friends I think would definitely describe me as extraverted. And when I went to therapy, they would call me introverted."

Important learning experiences. All of the participants reported having important learning experiences as a result of being in the counselling process. Steve learned that he has to stay positive: "It helped me in the fact that you've got to try and be positive. You've always got to try and look at the positive things in life." Steve also reported that he is better at understanding people and situations: "It's helped me to be able to judge characters. It's helped me to be able to read situations." Fred learned that he has multiple options available to him: "Often there are more than two alternatives; and sometimes the best solution can be a combination of two or more options…." Fred also learned that having perspective is important:

"Perspective matters: What is important is how I evaluate a situation, not how someone else may see it." Arial learned how focusing on *what* is more important than focusing on *why*: "…it's not as important [to focus on] why it's happening, because I can't necessarily control the why, but I can control how I react." Jen reported learning that developing friendships is important to her: "[I've learned] that female friendships are incredibly helpful and valuable for me." Sara learned that going to therapy is something quite positive and useful, versus an indication that a person is weak, or has given up:

> And in the process, I really learned that sometimes things can happen to you that you aren't really the master of…. But going to a therapist only means that you want to change something in your life. It doesn't mean that you have given up. It is the exact opposite. And that was really interesting for me to learn…. I learned that asking for help is a not a sign of weakness.

How counselling has been essential. All of the participants indicated that the counseling process has been essential in helping them to make significant changes and improvements in their respective lives, such as: (a) reducing anxiety and decreasing panic attacks; (b) recovering from a breakdown; (c) dealing with depression, and coping with strong emotions and suicidal thoughts; (d), identifying priorities in life, and discovering options and solutions for dealing with difficult situations (e), and recovering from traumatic incidents. Two participants directly indicated that the counselling process has been essential for them in overcoming their concerns. Sara stated: I think [that the counselling process] was essential to fixing me. Steve reported:

> I believe [that my counselling experience has] given me everything that I've got now…. If it wasn't for Carol treating [me] the way she did, I don't know where I would be, I

really don't…. I might not have my two kids now. I might not be getting married to Jill. Again, with everything else that went on, and was dragging on in the background, I just, I don't know where I would have been.

Chapter 5: CONCLUSION

This chapter begins with a section discussing the implications and suggestions from this study for SFBT counsellors. Next, there is a section, which explores the evidence that has been generated from this study in support of the effectiveness of SFBT. Following this is a section discussing the theory that has developed in this study about how and why SFBT works the way it does. Next there is a section on how conducting the study changed me. Limitations of the study are then presented. Possibilities for future studies are then discussed. Finally, there is a summary and conclusion section for the entire study.

Implications and Suggestions for SFBT Counsellors

The second primary research question in this study was: "What aspects of the SFBT process do clients find helpful and unhelpful, and why?" This question was purposely addressed in the interviews, by directly asking participants about what they found to be helpful and unhelpful aspects of their SFBT experiences. I also addressed this question by scrutinizing the data to discover the more indirect ways, in which the participants communicated that particular aspects of the SFBT counselling process were helpful and unhelpful to them, and why.

There are a number of important implications and suggestions that stem from the results of this study. First, clients appreciate counsellors who truly take an interest in them, and what they are saying; and who ask them questions to ensure that they understand what they mean. Clients also appreciate it when their counsellors are present, aware, and good at working in the moment. However, they also appreciate it when their counsellors are consistent in how they act and react within and across sessions. Clients also appreciate counsellors who are positive and encouraging.

Clients appreciate the collaborative approach that SFBT counsellors utilize in their

sessions, such as when counsellors work constructively with their clients to identify their goals and the steps they can take to reach them. Clients also value being put into the role of expert in their own lives in the counselling process. Counsellors can help their clients to experience the expert role by: (a) asking them explorative questions and discussing their options with them, versus sharing personal opinions or advice; and (b) asking about and allowing them to determine what is and isn't helpful in the counselling process. Normalizing clients' past and present experiences, as well as clients' associated actions and emotional responses, appears to help clients to accept themselves, as well as their reactions in relation to their challenges; which, in turn, helps to put clients at ease in the present.

Counsellors listening for and observing their clients' strengths, resources, and skills, appears to help counsellors to see their clients as competent and capable people. It also helps clients to become more aware of their own strengths, resources and skills, and to see themselves as competent and capable people. Observing clients' strengths and resources can also contribute to the development of practical strategies that clients can utilize as potential solutions. Relatedly, clients find counsellors listening for and highlighting their progress to be validating, encouraging, and helpful, even if the improvements are only small steps toward their goals. Together, these practices help clients to feel empowered; and they also help to give clients hope, confidence, and motivation for moving forward. Focusing on strengths can also help clients to feel good about themselves and their capabilities years after the counselling process has ended.

Clients appreciate starting the session with a casual conversation, as they feel that this helps to establish a safe place for sharing. Relatedly, asking clients how they are doing early in the session appears to be a good way to bridge between the initial, casual conversation, and getting down to business for the remainder of the session. Clients appear to value counsellors

exploring their experiences of working with their issues since the last session. Discussing what has been tried, how well what has been tried has worked, and what they have discovered that is better or useful since the last session, is a constructive process, which helps clients to reflect upon, evaluate, and take responsibility for their progress. This process is particularly relevant for determining how well collaboratively produced ideas for solutions that have been discussed in previous sessions have worked for clients. Clients also benefit from being encouraged by their counsellors to do more of what's working.

Clients also appreciate being asked, and then exploring, what they would like to work on in the current session, or about what their best hopes for the session are, as these questions help to focus the session on what they want to work on. Clients also appreciate their counsellors' capacity to consistently ask them useful questions that help them generate practical ideas and strategies to try before the following session in order to make progress toward their goals (i.e., exploring potential solutions with them). Clients also benefit from collaboratively refining these ideas for solutions in such a way that they can effectively put them into use in their lives. Overall, clients find that discovering options, and possibly combinations of options, to address their issues in this way, is a very useful outcome of the SFBT counselling process. Recapping the session appears to enable clients to summarize and consolidate (a) what has been helpful and useful in the session; and (b) what strategies, or next steps they intend to carry out between the present and following session.

Clients find that scaling questions help them to put things into perspective, by helping them to determine where they are currently in relation to their goals, relative to where they have been. They are also useful for determining where clients want to be, and the next steps that they need to take to get there. Scaling questions can also be effective for evaluating intangibles such

as clients' motivation, and their confidence in their ability to change something. These questions also help clients to recognize that, naturally, they will have some good and some bad days, but overall, they may still be making progress.

Clients find that the miracle question helps them to make a perspective shift, enabling them to focus on a positive, hypothetical future. The miracle question exercise is also an excellent method for helping clients to develop realistic, short-term goals that will help them to improve their lives in some way. The miracle question can also help clients to see their lives from a broader perspective, and as a result, it can help them to create long-term goals.

Clients find that working collaboratively with their counsellors to set meaningful, specific, short-term goals, in each session helps them to: (a) recognize their options for improving things, (b) remain aware of their purpose for being in the counselling process, and (c) experience achievement, and (d) stay focused and motivated in the counselling process. Some clients also appreciate discussing and creating overarching, long-term goals, as these goals can help them to see the bigger picture, such as how they would like things to be several years later. Counsellors can work with their clients to translate long-term goals into meaningful, realistic short-term goals. As with short-term goals, long-term goals can prove to be motivating factors in clients' lives in the present.

In addition to the topics discussed above, some clients appreciate the explicit focus in counselling on what they can do next to improve things in their lives, versus focusing on why their issues exist, as they find that this is a more useful and empowering way to focus on and address their concerns. Also, it is helpful to be aware that some clients perceive their counsellor as an ongoing resource, whom they anticipate can help them to cope with future challenges in their lives, in addition to helping them to cope with their present issues. Knowing this can help

counsellors to: (a) understand how clients perceive the counsellor's role in the counselling process; and (b) be aware of clients' expectations of them and of the counselling process, which is important (Odell et al., 2005).

Participants generated a number of specific, helpful suggestions for SFBT counsellors to follow. First, counsellors should be aware that some clients prefer that their counsellor is transparent about the model. Counsellors could take some time to briefly explain the model and some of the main SFBT techniques that they might use with their clients. Clients may find this to be both insightful and helpful in understanding their own counselling process. This approach may also contribute the formation of a more collaborative and egalitarian therapeutic relationship. Taking some time to explain the model and how it works may also send the implicit message to clients that they are intelligent and capable, which can help them to feel empowered. If the therapeutic relationship is strengthened, and clients feel respected as a result of this practice, more solutions may be generated, and more may be accomplished in the counselling process in a shorter period of time.

Second, at times, counsellors should do reviews that span multiple previous sessions, rather than solely focusing the review only on what has happened between the present and previous session, as this helps clients to identify where they are now, and where they started from, which they appreciate. Third, some clients prefer that their counsellor let them speak without being interrupted when they are sharing emotional material, especially if they are having a hard time speaking about an emotional topic in the first place. Fourth, it appears that it is beneficial for counsellors to ask questions that are clearly related to the current topic, rather than asking questions that might change the topic abruptly. Fifth, counsellors should take detailed enough notes to ensure that important information that has been shared by clients in previous

sessions is more easily remembered. Finally, for some clients, consistent (e.g., weekly) visits may prove to have therapeutic benefits.

Evidence in Support of SFBT

One of the key aims in this study was establishing further evidence of the effectiveness of SFBT, assuming, of course, that the results indicated that it is effective. This aim was achieved in part by observing direct quotes from participants, which clearly indicated that their SFBT counselling experiences had been helpful for them. Data from all of the participants indicate that their counsellors were successful in developing effective therapeutic relationships with them; and there is substantial evidence supporting the stance and role of the SFBT counsellor. Importantly, every participant also reported being satisfied with the services that they had received from their counsellors. Additionally, there are multiple examples of SFBT helping clients to (a) identify their priorities and goals; (b) discover more options, tools, and coping methods; and (c) resolve their issues and reach their goals. There is also support for the effectiveness of a number of main SFBT techniques, including (a) the miracle question; (b) scaling questions; (c) collaboratively developed short-term goals; (d) observing strengths, resources, and competencies; (e) highlighting progress; (f) compliments; (g) exploring and discovering potential solutions; and (h) normalizing.

Other evidence comes from the descriptions of the numerous ways in which participants appear to have benefitted from the SFBT experience in their lives. All of the participants reported that counselling had been essential in helping them to make significant behavioural changes and improvements in their lives, which they have maintained. Each participant also reported having important learning experiences in counselling. There was little evidence generated in this study suggesting that clients do not find SFBT helpful. However, several

helpful suggestions for counsellors were generated in this study (see the previous section).

How and Why SFBT Works

Another aim of this study was to understand the model more thoroughly, including how and why it works, as there is still limited theory, which explains how and why the model works the way it does (Grant, 2011). The findings of this study indicate that there are a number of interrelated factors that help to account for how and why the model works the way it does. This section is broken down into three subsections. First, elements of SFBT that were observed in this study that are consistent with counselling in general are discussed. This is followed by a section that explores what clients experienced that is identifiable as being more specific to SFBT, including (a) characteristics of SFBT counsellors, (b) aspects of typical SFBT sessions, (c) common SFBT techniques, and (d) results of the SFBT counselling process. Next two aspects of SFBT that were observed in this study, which are not typically associated with the model are discussed.

Observations That Are Consistent With the Counselling Process in General

Participants described several factors which appear consistent with clients' experiences of counsellors in general. These include feeling: (a) supported and cared for; (b) heard, validated, and understood; (c) that their counsellors were nonjudgmental, present, and genuine listeners; and (d) like they could open up to and connect with their counsellors. As with other models, it appears that the working alliance that is built in SFBT is an essential aspect of the counselling process, from which everything else that takes place in the counselling process builds upon.

Experiences and results reported in this study that appear to be associated with the counselling process in general include, participants: (a) identifying priorities in life and setting goals, (b) being able to think more rationally as a result of processing some of their thoughts and

emotions; (c) feeling more calm and hopeful; (d) being more self-aware, (e) achieving a happier, healthier, and more balanced life, and (f) developing a more positive outlook. Also, learning to communicate better, having relationships improve, and having other people notice positive changes in them, may be a result of counselling in general, more than they are specific effects of SFBT. Participants viewing their counsellors as an ongoing resource may not be specific to SFBT either. Also, in general, it appears that most of the suggestions for SFBT counsellors from the participants, such as being transparent about the model, taking notes in order to remember key details, and not interrupting clients when they are discussing emotional material, are not specific to SFBT. However, one suggestion that may be more specific to SFBT was doing reviews that span multiple previous sessions, versus just reviewing what has transpired since the previous session.

Observations That Are Characteristic of SFBT

Participants' descriptions of their counsellors that seem specific to SFBT, include their counsellors: (a) putting them into the role of expert of their own lives, (b) making an effort to work collaboratively with them at all stages of the counselling process, and (c) focusing on their strengths and resources. Other functions of the counsellor consistent with SFBT include: (a) a focus on the present and future; (b) a focus on progress, including compliments when progress is reported; (c) a general focus on positive language and themes, versus on pathology-based, or negative language and themes; (d) a focus on questions and description versus on directives, interpretations, or counsellors' assumptions; and (e) a consistent overall focus on client-defined goals in general, and on achievable real-life solutions in particular (de Shazer et al., 2007).

I also found that SFBT session structure and the use of core SFBT techniques differentiate SFBT from counselling in general. In initial sessions (following initial problem

exploration), counsellors typically ask the miracle question. The miracle question, with follow-up questions, usually leads to clients identifying meaningful, specific, short-term goals, which they can put into action to achieve progress toward their goals. Next scaling questions are typically asked. SFBT counsellors will then typically ask exploratory questions, in order to help their clients to identify and refine their options, or next steps (i.e., potential solutions), which they can try before the next session, in an effort to work toward achieving their goals. Generating solutions in this way may increase hope and expectancy. SFBT sessions end with a recap, which typically includes discussion of: (a) positive changes that have taken place, (b) what has been useful or helpful for clients during and between sessions, and (c) the next steps to be tried by the client before the next session. Recapping sessions in this way helps to keep the focus on the present and future.

At the beginning of subsequent sessions (following an initial check-in), participants reported being asked about and exploring an issue that they wanted to address in the current session. They also reported experiencing an exploration of how well what has been tried since the previous session (i.e., proposed solutions) has worked, as well a discussion of what they have learned that is useful to them. Typically progress is highlighted, and scaling questions are asked in these discussions. Strengths and resources that have made the changes possible may also be discussed. Focusing on progress in these ways leads to a focus on client and extratherapeutic factors (Chang & Nylund, 2013), which in turn may lead to client self-efficacy and empowerment. In other ways, it appears that subsequent sessions are generally similar to the format of the first session.

There are several positive results in this study that appear to be specific to SFBT. For example, participants reported discovering multiple options, and sometimes combinations of

options, to address their concerns. More generally, participants reported finding questions their therapists asked to be useful to them. I think that this observation of finding questions useful could include a broad range of typically SFBT-based interventions. Participants also reported that SFBT is motivating for them, especially with regard to following through on between-session tasks. It may be that having clients generate their own next steps (i.e., potential solutions) toward their own goals, which they are already capable of doing, is conducive to motivating them to follow through on between-session tasks.

Overall, the data indicate that SFBT contributes to clients: (a) focusing on what they specifically want; (b) viewing their situations from multiple perspectives; (c) taking useful, strategic steps toward reaching their goals; and (d) changing their outlook in a positive direction. More generally, it appears that the factors that contribute to building a robust working alliance in SFBT, along with the perspective and role of the SFBT counsellor, create a therapeutic climate, in which SFBT session structure and techniques can be utilized effectively, in order to help clients to make progress. In summary, the data indicate that SFBT counsellors do in fact do what they say they do.

Observations Not Typically Associated With SFBT

Contrary to the notion that SFBT counsellors exclude or ignore emotions (de Shazer et al., 2007), I found that SFBT counsellors do help clients to process, understand, and work with their emotions. Counsellors also help clients to recognize that their emotions are normal and to be expected given their experiences. In particular, it appears that SFBT counsellors help clients to understand: (a) how their emotions are related to their current and past living contexts, and (b) changes they can make to feel better (de Shazer et al., 2007). This is important considering that

emotions are interrelated to, and are inseparable from, cognition, behaviour, and particular social contexts and relationships in clients' lives (Lipchik, 2002).

Participants reported that SFBT enabled them to experience a wide range of positive emotional experiences (Kim & Franklin, 2015), such as feeling hopeful, happy, empowered, confident, capable, confident, and optimistic. I assume this is due to the intentional use of SFBT interventions, which are designed to help clients to feel these ways. SFBT counsellors also deliberately use scaling questions to help clients to self-assess internal states, such as motivation (de Shazer et al., 2007).

Additionally, positive emotions can actually be considered as a resource for change in SFBT, as supporting their development can lead to: (a) increased solution generating capabilities, and (b) constructive behavioural changes (Kim & Franklin 2015). A focus on clients' feeling states can also be important in establishing goals, and when collaboratively working with clients to design homework experiments (Lipchik, 2002). Focusing on feelings can also naturally lead to discussion of more concrete, behavioural signs of improvement. For these reasons, a focus on emotions in SFBT is equally important to a focus on cognition and behaviour; and addressing emotions appears to be a purposeful, and essential aspect of the SFBT change process, rather than merely being an incidental result of it.

Additionally, although there is not an explicit focus on teaching skills to clients in SFBT, I found that clients internalize key aspects of the SFBT counselling process, which they then apply in their own lives, even once the counselling process has concluded. For example, participants reported learning how to identify what they want, followed by (a) an exploration and analysis of their options for achieving what they want, and (b) an implementation of small but significant changes. Participants' thinking patterns also changed as a result of the counselling

process as well: They reported becoming more positive and optimistic, and they learned how to focus on what they can do about their concerns versus focusing on why their concerns exist. They also learned how to focus on their positive attributes and positive aspects of their situations, especially when faced with challenging situations. Participants also reported that they learned how to communicate more skillfully. These are all indications that clients do learn skills and coping methods in SFBT, even though teaching skills isn't typically an explicit focus in the SFBT counselling process.

How Conducting the Study Has Changed Me

One important change that I experienced as a result of conducting this study was internalizing the model. I recognize that the principles, assumptions, theory, and techniques of SFBT have become important influences on how I view my clients, the counselling process, and my role as a counsellor. I think that this is a positive development for me, as I recognize now, more than ever, that the model is conducive to clients making positive changes in their lives, not only in how they think, behave, and feel, but also in terms of how they perceive themselves, others, and the world in general (i.e., seeing themselves and their situations as being full of possibilities). From a practical perspective, I recognize that internalizing the model will help me to focus more closely on my clients without being as distracted by concern about using SFBT skillfully.

Conducting this study has also helped me to address some of my previous challenges and concerns related to practicing SFBT, which I discussed in the first chapter. First, it has given me a greater appreciation for how the model can be used elegantly in subsequent sessions, such that clients do not feel pressure to share positive feedback with their counsellors. None of the participants in this study reported feeling pressure to share positive results that had been

achieved between sessions. Similarly, even though participants recognized that there is some consistency between sessions, they reported that their counsellors were present, spontaneous, and adept at working in the moment. They also reported that their counsellors did not appear predictable or formulaic. Therefore, I am less concerned now that the model can come across as repetitive or predictable to clients. I also have a greater appreciation now for how effective SFBT can be for identifying and focusing on clients' strengths and resources. As a result, I am more confident that my own clients will have the strengths and resources they need in order to make significant positive changes.

I have a greater appreciation now for how effective the model can be for empowering clients, by helping them to discover their own solutions and strengths and resources, as a result of the SFBT counsellor skillfully leading from one step from behind. I also recognize that clients carry forward skills that they have learned in SFBT in their lives after counselling ends. Both of these positive outcomes of SFBT help to promote client autonomy. Being aware of this will help me to use the model confidently, knowing that clients will likely feel empowered, autonomous, and good about themselves both during and following their counselling process.

I recognize that a great deal of knowledge and a number of core skills are required to be an effective counsellor. Completing this study has helped me to build a solid base in SFBT, from which I can work effectively as a new counsellor, while I continue to learn and develop my skills and knowledge. For example, I think that I have a better understanding now of how I can communicate effectively with clients in order to help them to reach their goals. I may not always use all of the SFBT techniques, but I anticipate that the ways of thinking about people and the counselling process that I have learned as a result of this learning experience will guide my practice for years to come. Overall, I can foresee that I will be able to adapt my use of the model

to adequately meet the needs of my future clients.

I have learned that there are inherent similarities between the DP approach to the research process and SFBT, which I have found interesting. First, in both, there is a purposeful focus on thorough description, versus interpretation or explanation, as a primary method or way of knowing. Second, both involve looking to the everyday world for knowledge that will help us to understand and create a fuller picture of people in their own everyday contexts (de Shazer et al., 2007), which in turn helps us to understand their frame of reference, their experiences, and their meanings that are associated with these experiences. In SFBT in particular, I recognize how important it is for counsellors to help their clients to understand: (a) that how they think, feel, and behave is influenced by their everyday contexts (de Shazer et al., 2007); and (b) how small, noticeable, and purposeful changes in the ways in which they think, behave, and feel, can significantly change and improve what they experience. In both endeavors, it is also important to recognize that, due to individual and contextual differences, people will have unique experiences and meanings associated with the same general processes. I also recognize now how, in the counselling process, as in the DP research process, it will be important me for to, at times, bracket my own understanding, assumptions, and expectations of: (a) the counselling process, (b) my individual clients, and (c) people in general, so that I can remain open and objective to what my clients are sharing with me in the moment, and so that I can understand what they are describing more accurately.

I have a much greater understanding and appreciation for the research process now. I understand that it can be time-consuming and effortful, but I also recognize that it is has the potential to be very rewarding and insightful. I feel that the knowledge and understanding of the research process that I have achieved by completing this project will form a solid base for any

future research endeavors that I may be a part of. I realize now how powerful of a tool qualitative research can be for establishing new knowledge and for verifying existing knowledge, especially when investigating such complex and multifaceted phenomena as the counselling process, where people's perceptions, emotions, intuitive understanding, and meanings are all essential. I am also aware now that qualitative research is consistent with the notion of an evidence-derived practice of SFBT, as it can provide us with knowledge and understanding about: (a) what SFBT clients experience; (b) how they are affected by SFBT; and (c) what they find is and is not useful in SFBT, which is central to practicing the model effectively.

I have a greater appreciation for the idea of a solution-focused community as a result of completing this study. I recognize that there is a potential for people to contribute to the knowledge and practice of SFBT in a wide variety ways, and to learn from each other. It is exciting to think that the model is still evolving, and that I have the opportunity to contribute to that.

Limitations of This Study

Although a number of measures were taken to ensure that this study was strong in its methodology and findings, there are still several notable limitations. First, although the participants in this study came from four different countries in North America and Europe (which itself is an indication that SFBT has been adopted internationally), all of the participants in this study were English speaking, Caucasian people. Additionally, all of the participants appeared to be "bright" and articulate people, who apparently had had positive counselling experiences. Also, all of the participants were self-selected. Considering this, the results generated in this study may not be highly transferrable to SFBT clients: (a) from non-English speaking and non-North American or European cultural groups, (b) who may not be bright and

articulate, and (c) who do not have positive counselling experiences. Furthermore, I cannot know whether the same results would have been established if different participants had been recruited for this study, or if the participants in this study had had different counsellors. The generalizability of the findings from this study is also limited due to the fact that the sample consists of only five participants.

Second, although I attempted to contact SFBT counsellors who might be interested in helping with this study from recognized sources, such as the solution-focused therapy listserv and the SFBTA, I have no real capacity to speak to treatment fidelity in this study. That is, I don't know what the therapists actually did. Although there were many indications in the data that the counsellors in this study were in fact using SFBT with the participants, I cannot know how closely they followed treatment protocols articulated in either the SFBTA's (2013) treatment manual or the EBTA's (2000) treatment protocol. This limits both the credibility and the generalizability of the findings of this study.

Third, I did not use a second, independent rater during the data analysis process. Having a critical other to independently analyze the data would have enabled me to verify whether or not there was agreement (or consistency) regarding the results established in this study (Giorgi, 2009). This would have contributed to the dependability (i.e., reliability) of the findings, which, in turn, would have contributed to the credibility of the findings (Barusch et al., 2011).

Fourth, although I collected sufficient data from participants to adequately answer this study's research questions, and to address its aims, there were still a number of aspects of the SFBT model that were not explored directly with participants. For example, I didn't ask any specific questions about participants' experiences of: (a) questions about pretreatment change, (b) exception questions and looking for previous solutions, (c) coping questions, (d) between

session tasks, or about (e) the termination process and how it was addressed. Having participants discuss and answer questions about these aspects of the model would likely have improved the thoroughness of both the general structure and of the elaborated constituents, which in turn would likely have improved the credibility and transferability of the results.

A fifth limitation was that some of the participants might have forgotten important aspects of their SFBT experiences by the time they participated in the interviews. This is especially likely for two of the participants, who concluded their counselling processes two and ten years ago respectively. As a result, some important aspects of clients' SFBT experiences may have been left unexplored in this study. This too could have reduced the credibility and transferability of the findings.

A sixth, minor limitation was that only four of the five participants in this study contributed to the member checking process. Although the participants who critically evaluated the general structure identified that it was an accurate portrayal of what they had experienced, the findings would be more credible if all of the participants had independently agreed that the general structure was accurate for them. Also, as mentioned above, ideally participants would have been given the opportunity to verify that the shortened general structure was still accurate for them, and was not missing any essential aspects of their SFBT experiences. Finally, considering that this is the first qualitative, descriptive phenomenological research study that I have conducted, the validity of the findings overall may have been adversely affected by my inexperience.

Recommendations for Future Studies

This study was useful in helping readers to understand the theory associated with SFBT, such as how and why it works the way it does. However, more research could be done to further

clarify the theory associated with SFBT. For example, a grounded theory study design could be utilized to develop theory from the ground up, helping us to further understand how SFBT actually works. In such a study, researchers could collect and analyze data from both clients and counsellors, in order to help us to gain a more balanced, and in-depth perspective of how and why SFBT works the way it does. Such a study could also help us to further understand and clarify the relationships between the themes and subthemes identified and discussed in this study. The literature could also benefit from future DP studies that investigate SFBT from the clients' perspective with (a) different participants; and (b) different counsellors who consistently adhere to treatment protocols set out by either the SFBTA or the EBTA. Such studies could contribute to the credibility, and transferability of this study's findings. Future DP studies investigating SFBT from the counsellor's perspective could also provide complimentary findings and implications to the findings and implications established in this study.

Summary and Conclusion

This study appears to be the first DP study that investigates SFBT from the client's perspective, and thereby contributes original knowledge to the literature. This study and its findings provide in-depth analysis and insight into: (a) how SFBT is experienced by clients, (b) the meaning they attribute to the experience, and (c) the effects that it has on their lives. A common, nomothetic description, in the form of a general structure, for how SFBT clients experience and are affected by the model is a significant, and useful outcome from this study. The elaborated constituents presented in this study enable the reader to get an in-depth, contextualized understanding of what it is like for clients to experience and be affected by the SFBT counselling process. This study's findings have a number of important implications for how SFBT counsellors can use the model more effectively. Its findings also provide support for

the effectiveness of SFBT as a therapeutic model. This study also contributes to our understanding of how and why SFBT works the way it does.

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Appendix A

Letter to Potential Research Participants

Hello. My name is Ryan Shick. I am a master's student with Athabasca University's Graduate Centre for Applied Psychology, in Alberta, Canada. I am conducting a study investigating clients' experiences of the solution-focused brief therapy (SFBT) counselling process. SFBT is the primary therapy model that your therapist has used in his/her work with you. The title of my study is: *SFBT from the Client's Perspective: A Descriptive Phenomenological Analysis*. The purpose of this letter is to inform you about the nature of this study, which in turn will help you to decide whether or not you wish to participate in it.

Data will be collected for this study through interviews with participants, such as yourself. These interviews will be conducted in English, either by using Skype, Face Time, or in person. In our interview, my goal will be to facilitate the sharing of your thoughts, feelings, perceptions, and overall understanding of your experiences associated with your SFBT counselling process. The data that I gather from you will help me to answer my primary research question, which is: What is the lived experience, meaning attributed to, and lived effect of the SFBT counselling process in the lives of clients who have participated in it? At a later date, I may ask you to provide feedback on some of the transcribed data that will have been collected during our interview.

As a token of my appreciation for your participation in this study, you will be provided with a $15 Starbucks Gift Card. I will also reimburse you for costs associated with your travel to and from the location of our interview, if relevant. I ask that you now read the informed consent form that I have provided for you below. I appreciate the value that your potential contributions may add to this study, and I am enthusiastic about the possibility of you participating in it!

With warm regards,

Ryan Shick,

Primary Investigator

Appendix B

Informed Consent Agreement

I understand the purpose of this study (as discussed in the Letter to Participants above), and I agree that my participation in this study is voluntary. I understand that I will participate in an in-depth, digitally recorded interview (online or in person), with Ryan, lasting around 60 minutes. I also understand that, at a later date, Ryan may ask me to review and provide feedback on some of the data collected during my interview with him.

I understand that the only identifying personal information that I will be asked to share in this study will be my first and last name on this Informed Consent Agreement, along with my contact information (i.e., my email and phone number); and that I will be invited to use an alias during the data collection interview. All of the information I share will be kept confidential, and will be stored on a password secured, firewall-protected, personal computer. The only exceptions to this will be when a professional code of conduct requires some of the information shared by me to be reported. These exceptions include when information shared by me indicates that there is: (a) a concern of harm or abuse to a child or an elderly person; or (b) a threat of harm to myself, or to another person.

Although there are no foreseeable risks involved in participating in this study, I understand that it's possible that I may experience some psychological discomfort as a result of sharing my experiences associated with the SFBT counselling process. Should I find that I am noticeably distressed as a result of my participation in this study, Ryan will inform my current therapist, so that he/she can discuss my concerns with me.

I understand that if I have concerns about, or scholarly questions related to participating in this study, I may contact Ryan's supervisor, Dr. Jeff Chang, at jeffc@athabascau.ca, or by

calling him at 1-866-901-7647. If I have any concerns regarding my treatment as a participant in this study at any time, I may contact Athabasca University's Research Ethics Office by e-mail at rebsec@athabascau.ca, or by telephone at 1-800-788-9041, ext. 6718. I understand that, by consenting, I have not waived my right to any legal recourse associated with harm that I may incur as a result of my participation in this study.

I give permission to Ryan to use anonymized data collected from me during and following our interview toward completing his master's thesis, and toward possible future publication in an academic journal. The completed thesis will be publicly available online through Athabasca University Library's Digital Thesis and Study Room.

I have read and understood the information contained in this letter, and I agree to participate in the study, with the understanding that I can freely choose to withdraw my participation from this study at any time; and that, should I choose to do so, all of the data that I have contributed up to the point of my withdrawal will be deleted. I am welcome to contact Ryan at anytime by phone (778-847-0587) or by email (shickryan@hotmail.com) if I have any questions about participating in this study.

Participant's Name (Printed)_____

Participant's email_____

Participant's phone number_____

Participant's Signature/Date _____

Primary Investigator's Signature/Date _____

Dear potential participant,

If you have decided that you are interested in participating, please contact me directly to let me know, by email (shickryan@hotmail.com), or by phone (778-847-0587), so that I can answer any questions you might have, and so we can make arrangements for an interview. The signed consent form can be emailed or mailed to me at a later date. I look forward to hearing from you!

Thank you,

Ryan

Appendix C

Interview Protocol

Interviews will be used to create a set of experiential descriptions of how the phenomenon of SFBT is constituted (Bevan, 2014), particularly in terms of its psychological meaning to participants. The overall objective will be to thematize and describe participants' experiences in a systematic way (Bevan, 2014). Consistent with descriptive phenomenology protocol, two broad, substantial open-ended questions will be asked (Creswell, 2013). Overall, the interviews will be largely unstructured.

The first of these two questions will be: What did you experience in the SFBT counselling process? This question will be asked to have participants describe their experiences of this phenomenon. Following this general question, I plan to ask many more focused descriptive questions, in order to gain an understanding of particular aspects of clients' SFBT-related experiences. For example, I may ask them about their experiences with particular SFBT techniques such as the miracle question. I may also ask them to describe their perceptions of their therapist. I also intend to ask them to describe what they found helpful and unhelpful in the therapy process. Ideally, these questions will help me to uncover the many ways in which participants experience the phenomenon of SFBT.

The second general, open-ended question I intend to explore is: How did you experience the phenomenon? This question, with follow-up questions, will be asked to (a) probe what contexts and underlying conditions the participants have experienced the phenomenon in, as well as to (b) understand the reasons why they attribute the meaning they do to their experience of the phenomenon. An example of a contextualizing question I could ask would be: Can you describe to me what motivated you to seek out SFBT counselling? A second example could be: What

expectations did you have of the SFBT counselling process, if any? Contextual questions will help to explain the context within which the phenomenon is experienced, which is useful for developing insight into the meaning experience of the phenomenon (Bevan, 2014).

Ideally exploring this phenomenon both descriptively and contextually with participants (as discussed above) will help to show the complexity and interrelatedness of various aspects of the SFBT experience for clients, which in turn will help me to identify how the phenomenon is constituted (Bevan, 2014). However, if I find that my general and follow-up questions have been inadequate in terms of gathering data with sufficient meaning and depth, I may use some of the following questions provided by Moustakas (1994), with my participants:

1. What dimensions, incidents and people intimately connected with the experience stand out for you?
2. How did the experience affect you? What changes do you associate with the experience?
3. How did the experience affect significant others in your life?
4. What feelings were generated by the experience?
5. What thoughts stood out for you?
6. What bodily changes or states were you aware of at the time?
7. Have you shared all that is significant with reference to the experience?

References

Bevan, M. T. (2014). A method of phenomenological interviewing. *Qualitative Health Research*, *24*(1), 136-144. doi:10.1177/1049732313519710

Creswell, J. W. (2013). Qualitative inquiry & research design: Choosing among five approaches (3rd ed.). Thousand Oaks, CA: Sage.

Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.