Research Reviews

Brief descriptions and reflections on recent research articles and books relevant to the development of Solutions Focus practice and theory

By Paulo Terni

Walker, L., & Hayashi L. (2009).

Pono Kaulike: Reducing Violence with Restorative Justice and Solution-Focused Approaches

Federal Probation, 73–1

Interventions based on restorative conferences and SF brief therapy reduced the recidivism rate of violent offenders from 57% (control group) to 29% (experimental group).

This important study was carried out in Hawaii (Honolulu's district court). It was designed to establish the effectiveness of the *Pono Kaulike* programme – a programme for people who plead guilty, the people hurt by their crimes, and their supporters. In the words of the authors: "*Pono Kaulike* uses the SF brief therapy approach, which carefully uses language, and appreciates the importance of relationships in assisting troubled people to find their own solutions to problems" (Walker & Hayashi, 2007 p. 20). It also uses restorative conferences, a group process that includes the participation of the people who committed the crime, their victims and their supporters. The goals of the programme are to help people hurt by the crime to heal and to decrease repeat criminal activity.

The experimental study reviewed 59 subjects eligible for the *Pono Kaulike* interventions between 2002 and 2007. All

the subjects had pleaded guilty to one or more crimes including assault, harassment, criminal property damage, criminal trespass, threatening terrorism, or negligent homicide. Of these, 38 subjects received the intervention (experimental group), and 21 did not (control group).

Two variables were used to measure the effectiveness of the programme: participants' satisfaction and the recidivism rate. Regarding participants' satisfaction, of 61 people who were interviewed right after the programme (guilty parties, victims and supporters), 59 reported the process was positive, with only two reporting it was mixed. Despite difficulties with further follow-up (disconnected phone numbers etc), the authors managed to re-interview 10 individuals (16%) one to four years later, all of whom still maintained a positive view of the intervention. As for recidivism, of the 38 people who received the intervention, 11 were counted as recidivist (29%), while in the control group, out of 21 subjects, 12 were counted as recidivist (a recidivism rate of 57%).

As the authors note, "stopping violence and crime begins with people learning that they will not always get what they want" – SF interventions are an effective tool for people to learn this "simple but difficult lesson" (p.8).

Bliss, E.V., & Bray, D. (2009).

The Smallest Solution Focused Particles: Towards a Minimalist Definition of when Therapy Is Solution Focused

Journal of Systemic Therapies, *28*(2), 62–74.

This paper is a little gem – it addresses a very important question: when is therapy SF? An answer to this question should interest all SF practitioners.

The authors start out by noting that sometimes, even though they are not using key techniques, e.g. with cognitively impaired clients, they strongly feel they are doing SF Brief Therapy. On the other hand, the authors note, some

practitioners might be using SF techniques and yet it does not feel to them that they are doing SF therapy.

This observation is followed by a very well researched and referenced discussion of the nature of SF therapy, its development, its major tenets and the different criteria used by different researchers to define a therapy as SF. Using some published research and some of their own case studies, the authors successfully manage to make the case that it is very difficult to classify a piece of clinical work as SF by relying exclusively on the use, or lack thereof, of key SF techniques (e.g. the use of the miracle question).

Espousing a minimalist approach, the authors identify the smallest SF "particles" in a few key parameters. More specifically: a) the role of the client. The SFBT clients have fewer requirements put upon them compared with other types of therapy. For example they do not need to believe they have a problem, or agree on a diagnosis, or learn the therapists' theoretical framework. b) the role of the therapist. In the authors' words: "we think the *absolute minimum requirement for uniquely SF work* is the co-construction aspect which requires that the therapist learn from the client" (p.72) – in particular, regarding the person's preferred future, how they will know they are moving in the right direction, what the client can do more of and how will they both know when they have done enough work together, with or without the use of techniques.

A very interesting paper that tries to go for the essence of SF.

Cotton, J. (2010).

Question Utilization in Solution-Focused Brief Therapy: A Recursive Frame Analysis of Insoo Kim Berg's Solution Talk

The Qualitative Report 15(1), 18–36.

In Solution Focus (SF) practice, a lot of emphasis is given to language – there is "problem-talk" and there is "solution-talk". Moreover, SF practitioners are encouraged to use the

client's frame of reference and words. But how does all this work in an actual conversation? This is the aim of the study carried out by J. Cotton: to investigate "how solution talk serves as a process of change for clients in a therapeutic context".

In order to achieve his goal, the author applied RFA (Recursive Frame Analysis) to a therapy session conducted by Insoo Kim Berg. RFA is a methodology that analyses the flow of a conversation, categorising words, phrases and statements into frames, galleries and wings. Frames are the context that the therapist and the client offer each other – e.g. the conversation might be developed in a "problem talk frame" or in a "solution talk frame". A gallery is a set of frames (e.g. the client's search for peace and calm). A wing is the highest order – it is a set of galleries, i.e. whole segments of conversation. Interestingly enough, Insoo Kim Berg herself was involved in this research project – before her untimely death, she reviewed the RFA coding as well as the categorisation of frames, galleries and wings.

The analysis of the frames shows how exceptions, solutions and the tasks were created jointly by therapist and patient. Additionally, the RFA utilised in this study demonstrates how Berg's SFBT questions influence the therapeutic conversation and how Berg's communication style punctuates the strengths and resources of the client.

Slade, M. (2010).

Mental illness and well-being: the central importance of positive psychology and recovery approaches

BMC Health Services Research, *10*(26), 1–53.

The aim of this paper, classified as "debate", is to argue for the re-orientation of health services around promoting well-being.

The author makes his argument by using on the one hand what clinicians have learned about recovery from mental

illness and on the other hand the insights from positive psychology research. The reason why this paper is interesting to Solution Focus practitioners is because of the absence of any reference to Solution Focus (SF). Here I am mirroring the frustration felt by Mark McKergow in reviewing the book "Positivity" by Barbara Fredrickson in the first issue of the InterAction Journal. SF would be a perfect tool to achieve the kind of change advocated by the author of this paper.

For example, the author points out that right now most of the therapist's attention is given to the deficiencies and undermining characteristics of the patient. More effort should be dedicated to finding the strengths and assets of the person, and to finding resources and opportunities in the client's environment. Yet the tools that should be used to do that, as listed by the author, are: CBT, mindfulness, narrative psychology and positive psychotherapy. No mention of SF. In the same vein, the author laments the fact that clinicians do not see people as often when they are coping, so they carry with them the more or less explicit false assumption that patients cannot cope. What better tool than SF to correct this attitude? A new paradigm is emerging where SF would fit well – and yet, it is not there. Do we need better PR?

McAllister M., Billett S., Moyle W., & Zimmer-Gembeck M. (2009).

Use of a think-aloud procedure to explore the relationship between clinical reasoning and solution-focused training in self-harm for emergency nurses

Journal of Psychiatric and Mental Health Nursing, *16*, 121–128.

Emergency nurses who underwent a brief Solution Focus (SF) training significantly increased their effectiveness in engaging patients, assessing their concerns, communicating

understanding and considering future coping in self-harm scenarios.

The study was funded by the Queensland Nursing Council and carried out in Australia. The authors start out by noting how "emergency nurses work in a predominantly biomedical treatment context, which is not always a fitting context for patients who self-injure". Therefore, a total of 36 nurses underwent a short training in 'SF Nursing' and how it could be applied to self-injury (McAllister, 2003, 2007). "This approach explicitly shifts the clinician's orientation from a deficit approach ("what's wrong with this patient?") towards a concern for future change and recovery – so that the clinician is attempting to facilitate transition for patients, transforming the present crisis into a turning point, one that facilitates transition rather than reinforces the status quo."

The researchers used the "think-aloud procedure", a common method for measuring clinical reasoning, and 4 different self-harm scenarios. The nurses' tapes were scored, both qualitatively and quantitatively, by 3 independent observers using the following criteria: first, showing a respectful, supportive and solution-oriented attitude; second, focusing on patients' strengths and not only vulnerabilities; third, showing an understanding for the nature of self-harm; fourth, considering ongoing coping mechanisms and future support. The nurses showed significantly increased reasoning abilities on these dimensions after the training.

While this is a pilot study that did not have a control group and was not randomised, it is definitely a first step in the direction of equipping emergency personnel with SF tools that could improve the quality of care for mental health patients.