

# Félagsráðgjafardeild

## MA-ritgerð

Social work and coaching within the  
framework of  
Solution Focused Brief Therapy



**HÁSKÓLI ÍSLANDS**

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## **Abstract**

In the first part of the thesis, coaching, supervision and Solution Focused Brief Therapy will be examined from the social worker view point. It will be claimed that the skill set of a social worker is well suited for practicing coaching, while working within the framework of Solution Focused Brief Therapy. And that the solution-focused framework further provides an efficient tool for working with clients as well as constructing work environment that can reduce work related issues like burnout and job dissatisfaction. Further it will be pointed out there are important gaps in the literature on the relation of working solution-focused and burnout, a full research proposal for a research that could close this gap is given. The second part of the thesis is in a form of a handbook, intended for professionals that want to take the first step in working solution-focused.

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## 1.0 Introduction

**The greatest challenge to any thinker is stating the  
problem in a way that will allow a solution.**

**Bertrand Russell**

The skill set of a social worker is well suited for practicing coaching, while working within the framework of Solution Focused Brief Therapy. The solution-focused framework further provides an efficient tool for working with clients as well as constructing work environment that can reduce work related issues like burnout and job dissatisfaction.

The thesis will be divided into two sections. The first section will support the claims given in the thesis statement above by looking at coaching, supervision and Solution Focused Brief Therapy and exploring how these three fields display many common triads that align well with the skill set and background of social workers. The second section is a handbook with introduction to solution-focused work practices.

There has always been a strong tie between social work and supervision. Supervision did evolve from social work practice and has since been a part of the social work practice and curriculum. Supervision plays an important role in guiding young social workers into the field as well as helping seasoned professionals to improve and cope. Coaching is a relatively new field that deals with enhancement of life experiences, work performance and well-being for individuals, groups and organizations that do not have clinically significant mental health issues or abnormalities. It will be shown how the tools used in Solution Focused Brief Therapy can be mapped into supervision,

coaching and social work practice, even though the goals of each of these fields can be quite different. It will further be argued that social workers should have the background that is well suited for acquiring skills in Solution Focused Brief Therapy.

The solution-focused framework was developed by Steve de Shazer and Insoo Kim Berg and their coworkers as a form of therapy. It has also proved to provide a useful set of principles and techniques for coaching and consultancy as well for daily work.

Linking Solution Focused Brief Therapy and coaching is a newly formed trend that has been emerging the last several years. In Iceland Solution Focused Brief Therapy has a strong link to social work. For years the therapy center *Fjölskylduþjónustan Lausn* was operated by social workers giving solutions focused brief therapy to clients.

The second section of the thesis is in the form of a handbook. The goal of the handbook is to give an introduction to solution-focused work practices, by introducing the tools of Solution Focused Brief Therapy (SFBT). The handbook is based on the authors own experience of working as a solution-focused therapist as well as on published research and other published material on SFBT. The goal of the handbook is to enable people to adapt these effective techniques and tools. It is intended for professionals that manage/interact with people through their jobs. It is the authors believe that the handbook will be especially useful for practicing social workers. Giving an example of a toolset that can be used in daily social work practice.

When people hear the word coaching, they often think about sports. Athletic people want to train to be the best, do their very best and hit the first place. By having a coach who trains them and reinforces them gives them a better chance to succeed. Who does not

want to be at their best in their field and succeed? Most of us want to do that. By having someone to support us in what we are trying to establish will make it more likely for us to succeed, hence a coach can be the answer even though our field of choice is not sports.

The today's work environment is not as stable as it has been in the past. People were more secured with their jobs and changes did not come as quick as they do today. Today organizations throughout the globe live with continuous uncertainty, worry and tentativeness. This translates to a dynamic working environment where change is the only constant (Hudson, 1999). For many people changes make them feel unsecured and depressed, while others thrill in changes and they look at them as a challenge. The professional field of coaching was born in this environment in the 80s to help improve staff performance, to support company growth and productivity. Coaches help workers to see change as an asset for getting a job done rather than a reason to be intimidated. Since then coaching has evolved into many subfields and is not only applied within the walls of organizations. Individuals are seeking coaching on their own to help with meeting their personal goals.

The awareness of coaching as a profession has boomed in the last decade. It is estimated that today about 25-40% of the Fortune 500 companies in the U.S. make use of coaches. In UK the percentage of coaching is even higher with estimated 70% of top companies providing coaching for their staff. Options for coaching education is flourishing with close to one hundred coach training schools in the U.S. and in Europe there are many programs available for coach training (Verrier and Smith, 2005). In Iceland coach training is available from at least two sources [evolvia.org](http://evolvia.org) and the University of Reykjavík.

The thesis is organized as follows. Chapter 2 explores the field of coaching, looking at its history, definition and the development in coaching today. The history of supervision and its definition are detailed in chapter 3. Chapter 4 explains the framework of Solution Focused Brief Therapy and Solution Focused Coaching. This chapter also examines the differences between solution-focused and problem-focused approaches. Chapter 5 looks at the natural difference between therapy and coaching which is important to understand for anyone who is practicing in either of these fields. Chapters 6 and 7 use the theoretical discussion from the previous chapters to support the thesis statement. There are many good arguments given for why adapting solution-focused work methods, can help reduce work related stress and increase job satisfaction. It has also been claimed by SFBT practitioners that they are less likely to burnout. It will though be pointed out that there is a gap in the literature when it comes to evaluating the effects of SFBT on the practitioner. A suggestion for a research will be given that would attempt to fill this gap. A full research proposal is given in appendix A. Chapter 8 is the Solution Focused Brief Therapy handbook. The thesis ends with final words in Chapter 9.

## **2.0 The history and definition of Coaching.**

In the current working world, managers and employees are always looking for ways to lessen their problems, increase the enjoyment of their jobs, and find greater balance in their lives. Coaching seems to have been able to respond to this growing need. This has resulted in an extensive and growing market for coaching (Visser and Bodien, 2002).

In the 1960s and early 1970s, large organizations and government agencies conducted planning from the top down: a few individuals at the highest levels made the decisions, while middle managers ensured that the decisions were carried out. Then in the late 1970s and early 1980s, however, more flexibility was required if organizations were to thrive and grow. Hierarchical controls over employees begin to give way to trust and collaboration. Workers were trained to think like leaders but to focus on business performance; all kinds of seminars on teamwork and empowerment made the focus of the training more personal, but training was still carried out with an emphasis on immediate corporate issues (Hudson, 1999). This shift added to the movement toward coaching; executive consultants worked with key corporate figures and system interventions to solve corporate issues. But these approaches to change had a major common flaw: they did not last.

It occurred to many workers in organizations that if organizations were going to make lasting changes, then the workers that work in them must change as well. In the late 1980's, corporate coaching came on the scene, and coaches worked over a period of time with both the corporate systems and the individuals in those

systems. The idea was to get the job done in a lasting way. From this movement, the professional field of coaching was born: a field promoting resilience and performance in people and organizations. Coaches were asked to help workers with personal development, leadership training, and lifestyle change, as well as to help them reach goals and enhance their well-being. They also helped workers with burn-out, work-home balance, and more (Hudson, 1999). By giving workers the opportunity to receive coaching, administrators expected to increase the likelihood that workers would do their job well, which would be beneficial for the organization (Hudson, 1999; Green, Oades and Grant, 2006).

Managers and executives have come to recognize coaches work, internal or external, and how coaches can help them identify their strengths and weakness, set goals, and find solutions to problems (Stone, 2007). Managers realize that in order to keep their workers strong and motivated and to improve performance, they must give their staff the opportunity to receive coaching, because coaching is a means of using daily interactions with staff in a more purposeful way, something virtually all companies value (Pemberton, 2006).

The International Coach Federation (ICF) was founded in 1995 and is the leading global organization. The ICF is dedicated to advancing the coaching profession by setting high standards, providing independent certification, and building a worldwide network of accredited coaches. The profession of coaching is not licensed or regulated; anyone can call him or herself a coach, unlike social workers or lawyers. ICF tries to ensure the public that participating coaches meet or exceed the required standards. ICF developed the first universally accepted accreditation programs aimed

at preserving the integrity of coaching; they provide standardized credentials to assist consumers in choosing professional coaches.

ICF is the leader in developing a definition and philosophy of coaching, as well as establishing a set of ethical standards that ICF members pledge to uphold. ICF has also developed a review process to address ethical concerns among ICF members and accredited coaches (<http://www.coachfederation.org>).

According to ICF International Coach Federation coaching is defined as follows:

An ongoing relationship, which focuses on clients taking action toward the realization of their visions, goals, or desires. Coaching uses a process of inquiry and personal discovery to build the client's level of awareness and responsibility and provides the client with structure, support, and feedback. The coaching process helps clients both define and achieve professional and personal goals faster and with more ease than would be possible otherwise ([www.coachfederation.org](http://www.coachfederation.org)).

The ICF has over 11,500 members in 80 countries. The International Coach Federation's rapid expansion indicates worldwide recognition of the value of ICF-accredited coaches. Almost every month, ICF gets 400-500 new members; in the period from 1999 to 2007, ICF experienced 600% growth. Further, according to ICF, from 2004-2007 the organization has seen a 585% growth in credential coaching (Cannon, K., 2007).

The Icelandic Coaching Association was established on December 12<sup>th</sup>, 2006. Coaching in Iceland is becoming more popular and is in the process of developing. The association is now offering

coaching programs with credentials. The University of Reykjavík has been offering two-day seminars on executive coaching for leaders and managers, while the University of Iceland has been requiring their MPM (Master of project management) students to take one coaching interview per seminar in order to foster and further their professional development and get them acquainted with the managerial tools of coaching (<http://www2.hi.is/page/mpm-skipulag>).

Coaching has also been defined from a more therapeutic perspective. According to Greens, Oades and Grant (2006), coaching psychology is a newly emerging sub-discipline of applied psychology that draws upon and develops established psychological approaches. It is defined as the systematic application of behavioral science to the enhancement of life experiences, work performance and well-being for individuals, groups and organizations that do not have clinically significant mental health issues or abnormalities. Goal-setting and striving for those goals is central to life coaching. Individuals select personal goals from a variety of life domains and work towards the attainment of those objectives (Green, Oades and Grant, 2006).

Coaches come from different backgrounds and theoretical frameworks and have different personalities; therefore, they have different types and levels of expertise. They choose in what areas they wish to coach, for example, executive coaching or organizational coaching, where coaches help workers becoming more effective in business or organizational roles, “life coaching,” which addresses issues such as parenting, relationships, or personal development, financial coaching, community coaching, and more; these areas will be explained in more detail in next chapter (McDermott and Jago, 2005; Hudson, 1999). With this variety of coaches, it should be easier for individuals to select a coach who fits their personality and goals.

Coaches blend easily with other professions, because of the wide applicability. For example managers, social workers, educators and medical professions turn to coaches to help them carry out their duties. Many professionals or workers find it useful to have some strategy to reach their goals and to maximize their performance at work (Hudson, 1999).

Despite the fact that coaching goes by many names, coaching has been broadly defined as a goal-focused process to assist individuals and companies to improve personal and professional achievements (Caspi, 2005). Coaching assists with a wide range of objectives, such as helping people to be more professional, helping them to change their lifestyles (e.g., increasing family times and educational development), and so on. The focus on goals has been used to distinguish coaching from traditional mental health treatment approaches, which are more concerned about personal pathologies (Caspi, 2005). The difference between coaching and therapy will be discussed later in more detail. We shall now look at some of the many types of coaching that exist today.

## **2.1 Many types of coaching**

I cannot teach anybody anything, I can only make them think.

Socrates

Coaching covers a broad spectrum of areas for personal enhancement. Coaching can therefore have multiple meanings and different benefits for different people. People's needs are different, and coaching has developed into many different styles, each addressing its own area, offering a broad selection for those who seek coaching. The main purpose of coaching is to unlock a person's potential to maximize performance and bring out the best results that person can achieve. Coaches try to accomplish this by helping people to learn rather than teaching them "how to" carry out a particular task (Whitmore, 2002). The coaches role is to establish the desired outcome for the client, which can be different from one individual to another. Examples of coaching objectives include the following:

- Improving performance and productivity.
- Staff development.
- Improving relationships.
- Learning people skills.
- Developing time management skills.
- Goal-setting.
- Achieving culture change.
- Creating a life transformation.
- Developing parenting skills.

Coaching can be formal or informal, depending on what workers want to choose for themselves. Take, for example, a look at the difference between formal and informal coaching. With formal coaching, a client makes an appointment and an agreement on the length of the meeting, for example 30 or 60 minutes. The client commits to some period of time that he or she will meet his or her coach by making a contract (McDermott and Jago, 2005). The process is defined throughout as coaching, and all concerned are fully aware that a coaching process is taking place. Informal coaching, on the other hand, can be used without the process necessarily being labeled as coaching. For example, a coaching session can take place in 10 minutes in a stairwell, and the workers involved may not even be sure that coaching is taking place. But one worker is benefiting from the conversation, and will be able to take another step in his or her project, perhaps in a more effective manner than would otherwise have occurred (McDermott and Jago, 2005).

The International Coach Federation ([www.coachfederation.org](http://www.coachfederation.org)) divides coaching into four main groups: Executive and Corporate Coaching, Small Business Coaching, Personal/Life Coaching and Career/Transition coaching. Each of these groups is further divided into subgroups and specialties. Following is a short overview of each group.

### **2.1.1 Life coaching**

Coaching psychology is a newly emerging sub-discipline of applied psychology. It is defined, according to the Australian Psychological Society, as “Systematic application of behavioral science to the enhancement of life experience, work performance and well-being for

individuals, groups and organizations who do not have clinically significant mental issues or abnormal levels of distress”, (Green, Oades and Grant, 2006, 142). Life coaching is a systematized approach to helping people make changes in their lives. This approach has become a popular way of helping non-clinical populations set and reach their goals and enhance their well-being (Green, Oades and Grant, 2006).

Life coaching addresses life issues such as parenting, relationships and self-fulfillment, but as with all coaching, it is aimed at helping people manage themselves more effectively. Coaches always work with what is important to the client (McDermott and Jago, 2005). Life coaches also assist people to discover what they want in life by asking questions about what makes them feel fulfilled, what their core desire is in life. Life coaching is about people generating their own answers, not looking outside of themselves for solutions (Ellis, 1998). In this rushed society where things have to happen quickly and productivity needs to be high, there is little time for personal growth. Questions like “what pleases me” can be difficult to answer. Life coaching empowers people to discover something new about themselves and to express interests or needs they may have never thought about.

Life coaches can help clients with numerous tasks:

- Taking stock and then staying on track.
- Clarifying their outcomes and what they need to do to achieve those outcomes.
- Developing a deeper rapport and trust with both themselves and others.

- Making steady progress toward goals by providing ongoing structure and accountability (McDermott and Jago, 2005, 11).

Goal setting is central to life coaching. It assists individuals to make or improve upon personal achievements and helps them define a plan of action (Green et al., 2006; Caspi, 2005). The coach's role is to facilitate the client's movement towards attaining goals. It is more likely that the client will work on his or her goals with support from a coach than if he or she were doing it alone. A study by Grant (2003) provided evidence that life coaching can enhance mental health, quality of life and goal attainment. Grant's exploratory study used life coaching as a means of exploring key metacognitive factors involved as individuals move towards goal attainment. Twenty adults completed a life coach program. Participants in the study were associated with enhanced mental health, quality of life and goal attainment. Levels of self-reflection decreased and levels of insight increased.

### **2.1.2 Executive coaching**

In recent years, there has been rapid growth in the use of one-to-one executive coaching and great demand for executive coaching in organizations such as American Express, Colgate, Citibank and many more (Olivero, Bane and Kopelman, 1997). Research indicates that 35 to 40 percent of new managers fail within first 18 months (Fisher, 1998, 2005). The cost of employee turnover at the higher levels of an organization is exorbitant. Replacing a manager can cost upward of \$150,000 and replacing an executive can cost up to \$750,000 in one

year (Berman and Bradt, 2006). Therefore organizations have invested in coaching to build stronger leadership development teams and reduce layoffs. In the long term, it is beneficial for the company, if the coach is skilled. Increased demand for coaching has resulted in a constant growth in the coaching profession, which has swelled by more than 35 percent per year since 1996 (Berglas, 2002).

Executive coaching is based on the relationship between the executive or manager and the coach. Managers receive coaching on such topics as personal issues, like being aware of the effects of his or her behavior, for example inappropriate humor. They also receive coaching on topics like project planning, the implementation of changes and the performance of the units under the manager or executive's supervision. The client learns to understand his or her behavior and how it affects other people. The coach gives feedback about the client's behavior, and then the two discuss what can be done the next time when such a situation arises. This is in addition to all the discussion, goal-setting, awareness-building and action-planning that goes on in an executive coaching case (Koonce, 1994).

Executive coaching is able to help executive and managers with the following important goals:

- Gaining clarity in thinking.
- Changing limiting beliefs.
- Becoming more productive, effective and creative.
- Bringing out the talent and potential of their teams.

- Improving results for clients and their own team (McDermott and Jago, 2005, 10).

Executive coaches focus on career and workplace interactions, while personal coaches or life coaches see the human being first. Sometimes, coaches help senior workers adjust to a new workplace by helping them understand their new expectations and facilitating the building relationships with key coworkers. Coaching helps new employees to understand the company and the expectations the manager has for them (Sparrow, 2008; Snyder, 1995).

It is important for executive coaches that the individual is happy and in balance, which translates into a positive impact on the bottom line. If an organization becomes a healthy system, productivity goes up (Snyder, 1995). A survey done by the coaching firm Manchester Inc. on the benefits of coaching examined firms that used executive coaching. Executives were asked in what areas they saw improved organizational performance; productivity was the most common response, with 53 percent respondents citing improvement (Bentley, 2002). Another study done in a public municipal agency showed that those executives who got coaching showed an 88 percent increase in productivity (Olivero et al., 1997).

### **2.1.3 Small business coaching**

A small business coach helps people use strategies and techniques to create business success. Small business coaching will often focus on:

- New marketing and business skills.
- Increasing sales and profits.

- Prioritizing tasks, know what to do first.
- Boosting clarity and focus.
- Creating sustainable motivation and accountability.

(<http://www.passionforbusiness.com/a-smallbusinesscoach-consultant.htm>)

The intended audiences for small business coaching are entrepreneurs, owners or managers of small companies, CEOs of start-up companies, professionals in private practice, self-employed workers who run businesses from their homes, and executives thinking of leaving companies and launching their own businesses.

#### **2.1.4 Career/Transition coaching**

Today, the marketplace is complex and ever-changing; the economic crisis is making the market shaky, and it is difficult for individuals to know what will happen tomorrow or what the future work environment will look like. Therefore, individuals have a greater need to be realistic and focused on what they really want in life (Colombo and Werther, 2003).

It is common belief that career coaches only help someone find a job, but career coaches are in fact significantly more capable than this limited view allows. Their main goal is helping their clients focus on the process or the path taken, not just the results or the ultimate destination. Career coaches can help provide advice, insight, and developmental opportunities (Colombo and Werther, 2003; Martinage, 2008). Here are some of the areas in which a career coach can support their clients (Martinage, 2008; [www.coachfederation.org](http://www.coachfederation.org)):

- Making assessments that can shed light on people's strength and weaknesses.
- Finding a balance between personal and professional lives.
- Creating and refining long-term career objectives.
- Planning for retirement.
- Helping people in career transition.
- Helping people who are making major career decisions.
- Helping people who are struggling with the decision of whether to stay or not in a corporate job.
- Building clients self-esteem.

To be able to gain from meeting a career coach, clients need to ask themselves if they are reaching their potential and how can they be successful in their own careers. They therefore need to take a very personal look at how they define success for themselves and decide if they have found the path that gives them true joy (Kaplan, 2008). Having a career coach with these questions in mind, is most likely a good idea. The job of the coach is to listen to problems so he or she can help his or her client to set a goal and make an action plan. When progress is monitored, it is more likely that the client will stick to his or her plan.

The subject of the next chapter is supervision, its history and definition. Supervision has many triads that can be related to coaching.

## **3.0 Supervision**

**Supervision must seek balance between science and art**

**Loganbill, Hardy and Delworth**

Supervision is not only for new workers with very little work experience; it is equally important for those who have significant time at their jobs. For those who want to develop their personal and professional performance, supervision often proves of benefit.

### ***3.1 The history of supervision in social work***

Supervision as we know it today has its origins in the Charity Organization Society Movement in the nineteenth century. Volunteers and visitors had discussions and evening readings to discuss current literature and to share experiences. Later on, the Charity Organization offered formal training programs with systematic education for new agents; these programs were taught by more experienced workers. This program was initiated to protect the agents from errors and to help them be more efficient. In 1898 a six-week training program was offered to twenty-seven students by the New York Charity Organization society; that program was regarded as the beginning of professional education in social work.

The program was repeated again and again because of its popularity. By 1910, five schools of social work had been established in the United States; agency supervision was a supplementary educational resource. The schools were too few, so many still received training in apprenticeship programs in social agencies under more experienced agent-supervisors. Formal training in supervision at

that time was not available so only the most experienced agents gave educational supervision. In the year 1911, a short supervision course was offered for the first time by Charity Organization of the Russell Sage Foundation. The course was taught by Mary Richmond (Kadushin and Harkness, 2002).

The three major components of supervision are administration, education and support. Over time, supervision became more visible in the agency administrative structure, and later took root in family service agencies, psychiatric social work agencies, medical school-work agencies and schools. Supervision became the subject of social work scholarship, and between 1920 and 1945 many articles in the field were published. Virginia Robinson published a pioneer work in 1936, *Supervision in social case work*, in which she discusses the role of the supervisor, the educational process, and the development of the professional self. Bertha Reynolds wrote *Learning and Teaching in the practice of social work* in which she devoted to educational supervision. Both Robinson and Reynolds promoted the concept of professional self and stressed the importance of separating the personal self and the professional self (Kadushin and Harkness, 2002).

Today, a special training in supervision is available for those who want to become supervisors. The National Association for Social Workers (NASW) Code of Ethics (1996) requires social workers to have the knowledge and skills needed to supervise properly. Continuing studies at the University of Iceland have included the development of supervision courses and a two-year program in supervision that attempts to prepare social workers and other professionals to be good supervisors and to understand the purpose, the responsibility and the ethics of supervision (Júlíusdóttir, 2000). The programs respond to an actual need. According to a study by

Júlíusdóttir (2000) on the status of supervision among professionals in Iceland, a large majority of participants felt it was important to receive supervision due to its educational value and its supportive role in the workplace.

Supervisors are expected to be well experienced in the area of client service in which they are supervising. It is not possible for one person to be a specialist in all the areas of social work, but a supervisor has to have a depth of understanding in the area that he or she is supervising in. The areas can be extremely varied, including such widely different fields as genetic counseling, child sexual abuse counseling, or administrative supervision (Campbell, 2006). The supervisor needs to understand the environment and know the dilemmas the supervisee can be caught in and therefore be able to effectively advise him or her.

Every supervisor has his or her own style which is affected by the manner of his or her practitioner work. The supervisory style is further shaped by gender, age and cultural background as well as by one's personality. It is important for the supervisor to be aware of how that can affect the way he or she will view the worker and the client. Sometimes, the supervisor and the worker do not have the same professional background, but in order to be able to learn and work together, they need to share enough of a common language and belief system to be able to find common ground (Hawkins and Shoet, 2000).

### **3.2 The definition of supervision**

What is supervision exactly, what does it mean? The word “supervision” derives from the Latin *super*, meaning “over,” and

*videre*, which means “to watch and to see.” A supervisor is defined as an overseer, one who watches over the work of another with responsibility for its quality (Kadushin and Harkness, 2002, 18-19). Supervision has been defined by many scholars. Robinson, in the first social work text on this subject, *Supervision in Social Case Work*, defined supervision as an educational process in which a person with a certain equipment of knowledge and skill takes responsibility for training a person with less equipment (Kadushin and Harkness, 2002). It seems that, according to Robinson, the supervisor is more like a teacher, someone with the experience to guide the worker that comes to him or her for supervision.

In the first edition of *Encyclopedia of Social Work* in the 1965, supervision was defined as an educational process in which the experienced trainer transmitted his or her knowledge to the untrained worker or student.

The sixteenth and seventeenth edition of the *Encyclopedia* which were published 1971 and 1977, defined supervision as an administrative function, a process for getting the work done and maintaining organizational control and accountability (Kadushin and Harkness, 2002). By this evidence, the supervisor’s responsibility is now both administrative and educative, rather than simply educative.

The definition of supervision continued to change over the years, as in the nineteenth edition of the *Encyclopedia*, in which social work supervision addresses the complementary nature of administration, education, and support. All of those three elements are necessary if the ultimate objective of supervision is to be achieved (Kadushin and Harkness, 2002). Here the third function is “support” because the supervisor works with the workers morale and job satisfaction. He or she is not only teaching and taking care of the

administrative aspects but also ensuring that the worker is comfortable in his or her job and is secure with him or herself. The supervisor's role is to evaluate what function the supervisee needs most in each session and to train him or her with that in mind.

For every supervisory relationship it is important to form a clear contract which defines what managerial, educative and supportive responsibilities the supervisor has. When contracting is done it is important to clarify which of the main categories of supervision is being requested so the supervisee gets what he want and needs (Hawkins and Shoet, 2000). Sometimes the supervisor works inside the organization and serves more as administrator in supervising. Some companies and organizations hire supervisors as contractors to come and supervise those who need or the staff goes out of the building to see the supervisor at his or her office.

Supervision is a unique professional relationship between a supervisor and the supervisee and the clients they serve; the focus is to protect the client's welfare (Haynes, Corey and Moulton, 2003). For those who supervise, it can be a challenging balancing act between the needs of the supervisee and the needs of the client. Trying to find certain balances can be either stressful or exciting; for example, what is the purpose of the supervision? How are roles clarified? What is the organizational need? Finding this balance depends on how good the supervisor is and how experienced he or she is (Campbell, 2006).

The purpose and structure of supervision can be administrative or clinical. Administrative supervision is a special aspect of organizational administration. But before we look at what administrative supervision is, it may be helpful to understand how an organization is defined. Blau and Scott define an organization as a social unit that has been established for the explicit purpose of

achieving specific goals (Kadushin and Harkness, 2002). Most social work organizations have formulated rules and procedures and defined roles and statuses, all to achieve the goals of the organization. Any organization needs administration. The supervisor is a link in the chain of an administration, the link that is in direct contact with the worker (Kadushin and Harkness, 2002).

Definitions of supervision vary widely from article to article and from specialty to specialty within the field, but a good starting point for administrative supervision is the definition in Kadushins and Harkness (2002, 23):

“Social work supervisor is an agency administrative-staff member to whom authority is delegated to direct, coordinate, enhance and evaluate the on-the-job performance of the supervisees for whose work he or she is held accountable. In implementing this responsibility, the supervisor performs administrative, educational, and supportive functions in interaction with the supervisee in the context of a positive relationship. The supervisor’s ultimate objective is to deliver to agency clients the best possible service, both quantitatively and qualitatively, in accordance with agency policies and procedures. Supervisors do not directly offer service to the client, but they do indirectly affect the level of service offered through their impact on the direct service supervisees”.

Administrative supervisors oversee, direct and evaluate the work of clinicians or other staff members in a bureaucratic organization. They assist the organization to function smoothly and effectively (Holloway

and Wolleat, 1994). Their tasks as administrative supervisor are multifold (Kadushin and Harkness, 2002):

1. Staff recruitment and selection. Supervisors manage some hiring, try to find people who will work well together; social workers seek to select candidates who are likely to “fit in.” This also includes finding the right job for an employee.

2. Inducting and placing the worker. The supervisor helps the new worker feel accepted as a valued member of the work environment. Induction involves locating the worker physically, socially and organizationally in the agency. The supervisor tries to do his or her best to let the new worker feel as comfortable as possible.

3. Work planning. The supervisor has to plan to organize the work force and to divide and assign the work to the staff. Good planning requires familiarity with the supervisee and the task so the job is done correctly.

4. Work assignment. The supervisor selects tasks for individual workers. There are few things he or she needs to have considered, such as if the worker finds the task challenging and stimulating, whether the work pressure is too much for the worker, and whether the matching of the worker and the client will work out.

5. Work delegation. Task delegation indicates how the task is to be accomplished. It is the worker who needs to get the job done as effectively as possible. The supervisor has to decide how much flexibility to give his or her worker in completing the job. Some workers may want directive assistance in task implementation, while others prefer freedom and the ability to use their own creativity to finish the task.

6. Monitoring, reviewing and evaluating work. Here, the supervisor needs to monitor the assignment to see if it gets done on

time or not. If there is an obstacle preventing the completion of the assignment, that problem needs to be taken care of. In an interview study of twenty supervisors in a state public welfare department, Weatherly (1980) found that 55% of the supervisors saw their primary role as monitoring work performance. This includes getting verbal records from the worker, reading records, and ensuring that no harm was done in the process (Kadushin and Harkness, 2006). It is also the supervisor's role to evaluate the work when it is finished, determining what was done correctly and what was done incorrectly and if there are any behaviors that need to be changed.

7. Coordinating work. By coordinating, the supervisor puts pieces of the total work context together: assigning one member of the unit to another, bringing workers into collaboration with other workers in another work unit, and so on.

8. The communication function. The supervisor's status in the hierarchy is between administrators and workers. One of the supervisor's roles is to gather, process and disseminate information coming from both above and below in the chain of command. The supervisor has a responsibility to transition information between the administration and the workers. How that information is transmitted is up to the supervisor, and how easy it is to transmit information depends on the size of the organization. Credibility is important for effective communications if everything is going to work well. The supervisees need to have confidence in their supervisor, who in turn must trust his or her workers.

9. The supervisor as advocate. The supervisor represents the supervisee's interests and brings necessary changes to the attention of the administration. The more influence the supervisor has on the

administration, the more trust and satisfaction the supervisees have in the supervisor.

10. The supervisor as administrative buffer. In this role, the supervisor deals with problems relating to service; he or she deals with the clients who want to discuss a complaint with someone other than the worker. Sometimes, the supervisor serves as a buffer between the client and the agency that the client is complaining about. Child welfare workers often get complaints about their work that is very sensitive. It is often better to have the supervisor be this buffer to take care of the matter, and it can also be better for the client not to have to talk to the worker that he or she disapproves of.

11. The supervisor as agent of change and community liaison. Having learned from clients and the workers, and from the shortcomings of agency policy when workers have tried to implement it, the supervisor is in a good position to use his or her knowledge and responsibility to change agency policy and procedure. Standing between the administration and the workers, the supervisor can actively influence administration to make changes and can also influence workers with them. If the supervisor sees a need for change, he or she should make suggestions and clearly identify what it is that needs to be changed.

While the administrative function is under a business model, the clinical supervisor's function is under a different model. In Sweden, supervision is not viewed as an administrative tool to direct and evaluate staff members; rather, it is viewed as a way to help staff members develop a strong professional self and support and educate the staff (Hrafnsdóttir, 2006). Clinical supervision is between two individuals, one of them as the supervisor and the other as the supervisee (Holloway, 1995). The purpose of clinical supervisors is to

help workers develop skills, overcome obstacles, increase competency, and practice ethically with clients (Campbell, 2006). The supervisor encourages the supervisee to discuss conflicts, to ask questions, and to make interpretations as the supervisee discusses a case (Cherniss and Egnatios, 1978). In clinical supervision, the focus is more on the supervisee and his profession, helping him or her to feel comfortable in his or her role, not just on business. The supervisor offers suggestions and gives feedback to the worker if there is anything that could have been done differently. It is important that there is trust between the supervisor and the supervisee so that mistakes are discussed openly and conflicts worked out. Open, honest, and truthful communication is necessary so the supervision can be complete and effective.

The primary task of a clinical supervisor is to protect clients from harm while promoting the competency of supervisees. The relationship between the supervisor and supervisee consists of unequal power and is therefore hierarchical (Campbell, 2006; Haynes, Corey and Moulton, 2003). Usually, the supervisor is well trained and is professionally experienced. His or her job is multifold; he or she serves as a supporter, teacher, consultant, counselor, advisor, and mentor. There seem to be two goals of supervision according to these definitions. One concerns teaching and learning, and the other is to take care of the client's welfare.

Holloway and Wolleat (Holloway, 1995) think that the goal of clinical supervision is to connect science and practice, which is among the most complex activities associated with the practice of psychology. The supervisor needs to embrace the domains of science, client service, and trainee development, and must be able to apply knowledge effectively from all three fields to individual cases.

A study by Cherniss and Egnatios (1978) showed that certain styles of clinical supervision are preferred over others among the participants in the study. The research designated five types of supervision to be investigated: laissez-faire, authoritative, didactic-consultative, insight-oriented, and feelings-oriented. In laissez-faire and authoritative supervision, the function of professional development is minimal. In didactic-consultative supervision, the supervisor offers advice, suggestions, and interpretations concerning the dynamics of clients and clinical technique. The supervisee is not told what to do, as in the authoritative approach. In the insight-oriented approach, the supervisor asks questions to stimulate the supervisee to think and solve the problems on his or her own. He asks questions like “What do you think would have been the best question at that point?” Solution-focused supervision seems to be much like insight-oriented supervision; the supervisor asks questions instead of telling the supervisee what should be done, the solution-focused framework will be explained in more detail in next chapter. The feelings-oriented approach encourages the supervisee to question and reflect on his or her own emotional response to clinical work. The first two approaches, laissez-faire and authoritative, do not deal with professional development and were therefore not desirable in the study, while the last three approaches did deal with it. The participants preferred a more active and available supervisor who provides advice when necessary and encourages self-directed thinking and problem solving, which insight-oriented, didactic-consultative and feelings-oriented supervision did. Some of the participants talked about how important it was for them to think themselves through the problems instead of being told what they should or could do.

Next chapter talks about Solution Focused Brief Therapy, the SFBT among others things provides tools and framework that can be applied to supervision.

## **4.0 Solution Focused Brief Therapy and Solution-Focused Coaching**

“We work on building solutions”

Steve de Shazer

In less than two decades, Solution Focused Brief Therapy (SFBT) has emerged from a little-known therapy to a widely used approach. This kind of therapy helps clients to focus on the future and to talk about what they wish for in their lives, taking the approach that the clients have, the strength and talent to help themselves (Bezanson, 2004). Clients get help to see exceptions to negative situations and get many compliments or “pats on the back” if they succeed. Compliments in SFBT are important therapeutic tools that help clients to build solutions (Campell, Elder, Gallagher, Simon and Taylor, 1999). Instead of working on a problem by focusing on the past and what is wrong and assuming that the expert knows best, in solution-focused therapy the client is the expert in his or her own life, and the client talks about the future (Jackson and McKergow, 2002). In SFBT, clients are strengthened and stimulated to undertake a positive action in their life; the focus is shifted from impossibilities to possibilities (Bannink, 2008).

Solution Focused Brief Therapy has taken almost 30 years to develop into what it is today by a team of therapists led by Steve de Shazer and Insoo Kim Berg at the Brief Family Therapy Center (BFTC) in Milwaukee. Solution Focused Brief Therapy focuses on client goals and uses homework assignments to extend the impact of sessions into the client’s real life (De Jong and Berg, 2002). De Shazer had the idea that there is not a necessary connection between

problem and solution when he was working with a family in 1982. As always, he began the session with the same question: “What brings you in?”. This family spoke about all kinds of problems, interrupting each other as they talked, and by the end of the session, De Shazer had listed 27 different problems, without the clients ever defining them. He wanted to encourage the family, and asked them to pay attention to what was happening in their lives that they wanted to continue to make happen. The family returned two weeks later and told him that life was going well. They felt that their problems were solved. According to approaches like problem solving, the family should not have improved so dramatically because nothing was done. After this experience, De Shazer and his colleagues began to consider a solution-based focus in place of a problem-based focus (De Jong and Berg, 2002). They discovered that people’s problems were either little less severe or absent in many cases and with some observation, De Shazer and his colleagues learned that when the clients repeated exceptions to problems, this could lead either to the problem disappearing or to the client redefining what the problem was; the problem, in short, was no longer a problem for them. Along the way, in 1984, came the “miracle question” and then the “scaling questions” (both explained later in this thesis), and for many years the SFBT has continued to develop.

This solution-focused model has spread in popularity and is used throughout the United States and Europe and is making inroads in Asia.

SFBT differs from problem-solving approaches in its philosophy and techniques. The structure of problem-solving is to determine the nature of the problem, and then to spend significant time describing and sometimes analyzing the problem with questions

like who, what, when, where and why to get as much information about the problem as possible (De Jong and Berg, 2002). In SFBT, the future is created and negotiated, and practitioners are helped to not be a slave of their past events. It is believed that the client has all the resources and skills and knowledge needed to make their life better, if they decide it is good for them (De Jong and Berg, 2002). The central philosophy of brief therapy is as follows:

- If it ain't broke, don't fix it.
- If it doesn't work, don't do it again. Do something different.
- Once you know what works, do more of it (Cade, B., 2007, 38).

The most important differences between a problem-focused and a solution-focused approach is detailed in the following comparison (Jackson and McKergow, 2002, 7):

<b>PROBLEM FOCUS</b>	<b>SOLUTION FOCUS</b>
The past	The future
What is wrong	What is working
Blame	Progress
Control	Influence
The expert knows best	Collaboration
Deficits	Resources
Complications	Simplicity
Definitions	Actions

**Table 1. The difference between problem-focus and solution-focus.**

Table 1. shows how different these models are; the problem-focused model stays in the problem and talks a lot about the problem, while the solution-focused model looks at the future and finds ways to make life better, looking at what is working already to keep the focus on what is good instead of what is not working, and tries to take action instead of simply defining the problem. The solution-focused model makes clients more responsible for their problems and helps them understand the influence they can have on their own lives. Instead, the problem-focused model believes there is an expert who knows what is best for the client, who does not have to take as much responsibility because he or she looks at him or herself as a victim.

The problem solving model has in the helping professions been strongly influenced by the medical model, the problem is diagnosed and treatment is given according to the diagnoses. By this there is a necessary connection between a problem and a solution, because different problem demands different solutions or treatment (De Jong and Berg, 2002). Discovering what works and doing more of it is a positive enjoyable and empowering activity for everybody. By stop doing what is not working and doing something else can break up old habits that are not beneficial for the person (Jackson and McKergow, 2002). Clients are empowered to help themselves and they are helped to discover their strengths by explorations between the client and the helper (De Jong and Berg, 2002).

Overall, SFBT has been shown to be effective form of practice for a wide range of treatments and guidance. It has been used in hospitals, schools, supervision, coaching, the prison system, social services, and many more environments (Franklin, Moore and Hopson, 2008; Kim, 2008; Lee, 1997; Macdonald, 2005; Miller, Hubble and Duncan, 1996). The learning effects of a solution-oriented approach

can be used not only in appraisal interviews but also in day-to-day management tasks.

Research suggests that SFBT is in fact an effective treatment for a broad range of client problems. De Jong and Berg (2002) report that SFBT accomplished 70% or better success rates for many clinical problems, including depression, suicidal thoughts, sleep problems, eating disorders, parent-child conflict, marital/relationship problems, sexual problems, sexual abuse, family violence and self-esteem problems.

Many studies have been done to prove the effectiveness of SFBT. In a study conducted at Brief Family Therapy Center (De Jong and Berg, 1998), in which the researchers conducted seven-to-nine month follow-ups of 141 clients who received SFBT, researchers found a 77% success rate. This success rate was calculated by combining clients who met their goal (45%) and those who made some progress (32%). The outcomes were measured in two ways. The first involved scaling questions and then the basis of interviews with clients conducted seven to nine months after their final session at BFTC. The aim was to measure progress during therapy session at BFTC and find out how satisfied the clients were with the therapy. The measurement of intermediate outcome was calculated by subtracting the progress score recorded for the final session. For example a client who came to BFTC for four interviews and said things were at a two at the scale the first session and at five by the final session received a score of three on intermediate outcome (De Jong and Berg, 2002).

Another study of SFBT (Lee, 1997) reported a 64.9% success rate in a six-month follow up. 54.4% met their goals and 10.5% partly met their treatment goals. Macdonald (1994; 1997) found success

rates of 70% at a one-year follow up and 64% after three years.

Tomori and Bavelas (2007) used microanalysis of communication to compare solution-focused (SF) and client-centered therapies (CC). Microanalysis in psychotherapy is close examination of the moment-by-moment communicative actions of the therapists. The data were from four videotaped therapy sessions conducted by the founders and the experts. Tomori and Bavelas first analysed how the therapist communicated with their clients, whether the therapist contribution took the form of questions or of formulations. Secondly, whether each question or formulation was positive, neutral or negative. Results showed that the SF and CC experts differed in how they structured the sessions. The CC therapists used formulations almost exclusively. SF experts used both formulations and questions, they asked many more questions. Questions ask the client to provide new information, which the therapist does not know when formulations restate what the client just said rather than seeking new information. The questions and formulations of SF were predominantly positive while CC were mainly negative. Tomori and Bavelas hope that these analytic tools could be helpful for training new therapist become more aware of what they are doing and what they can do.

SFBT has been called naïve, and it has been claimed that it cannot be used on many kind of problems, such as depression and anorexia. When Steve De Shazer was asked how he worked with depressed people he did not want to address the question because he said that he doesn't work with depression, rather he works on building solutions (McKergow and Korman, 2008). Further research shows that working with behavior problems such as depression, anxiety, self

concept and self-esteem, SFBT appears to be an effective method (Franklin, Moore and Hopson, 2008; Kim, 2008).

There are others that have criticized SFBT, a good overview of SFBT critique can be found in the Handbook of Solution Focused Brief Therapy by Thomas (2007). There are several things as discussed as possible limitations, misunderstandings, and misuses of SFBT. It is pointed out that if practitioners are too fundamental to the theory and practice of SFBT, then it can lead to limitations, misuses and misunderstandings, fundamentalism tends to oversimplify. It is therefore important that professional practicing from within SFBT recognize the limits and is flexible enough to adapt to client's wishes and unique way of cooperating, even it means stepping out of the SBFT framework.

The main idea in SFBT has been used in developing solution-focused coaching and perhaps all types of coaching, as well. It could be the moment of creativity within the context of all that has gone on before and all that may come. SFBT, like coaching, helps clients to simplify their lives, talk about their lives, and attend to what they feel is important to them and what is helpful for them (McKergow and Korman, 2008). Next, we will turn our attention to solution-focused coaching and its effectiveness.

#### ***4.1 Solution-focused coaching***

Coaching is one of the most popular applications of solution-focused work in organizations, and particularly in companies, where it provides assistance to many individual managers and teams in achieving more of their goals (Jackson and McKergow, 2002). There are many types of coaches available, and one of the newest is solution-

focused coaching, which enables coaching to be brief, effective and respectful (Visser and Bodien, 2002). In 1997, Peter Szabó started to transfer solution-focused findings to the world of coaching; he founded a coaching school in Switzerland with the goal of adapting tools and procedures from the therapeutic context and making them accessible for coaches and consultants in businesses and other organizations. The result is solution-focused coaching, or brief coaching (Szabó and Meier, 2008). Solution-focused coaching has its roots in the therapeutic approach devised by Insoo Kim Berg and Steve de Shazer at Brief Family Therapy Center in Milwaukee and others. Their model has become one of the leading models in solution-focused corporate coaching (Cauffman and Berg, 2002). A web site [solworld.ning.com](http://solworld.ning.com) was created in 2002 for solution-focused leaders, managers, coaches and consultants all over the world, and every year international conferences on the topic are held. Solution-focused practice is transforming coaching, consulting, management, and leadership in organizations all over the world. The approach values simplicity in philosophy and language along with what works in a given situation ([www.solworld.ning.com](http://www.solworld.ning.com)). It is not longer the universal belief that solutions will only arise from full and detailed discussion of problems, which is also society's view of how to solve problems (Harker, 2004). Solution-focused coaching helps clients change their focus from problems to solutions and to see what is already working. In doing so, the coaches ask creative questions and use respectful practices to help people move forward in difficult situations without telling them what to do (Visser and Bodien, 2002).

There are two occurrences that are especially rare in solution-focused coaching: analyzing problem causes and prescribing generic solutions. Focusing on what is wrong usually drains participants

energy and makes them feel guilty, so therefore the heart of solution-focused coaching is on building solutions and finding a course of action that will work for the client. Theories and expert knowledge are not brought in by the solution-focused coach; he/she does not present generic theory-based solutions. Rather, as stated earlier, he/she helps the client to work with solutions that fit the client's circumstances and the client's own ability to solve the problem (Visser and Bodien, 2002).

Coaches in the twenty-first century are more like facilitators, helping performers to clarify their goals and find ways to achieve those goals. Coaches do not have to be experts in everything the client talks about to be able to help them; rather, the modern coach is expected to be skilled in techniques such as questioning and listening. The goal is to help the client to perform, reach his or her goals, and succeed (Jackson and McKergow, 2002). The coach helps clients to discover what they can create and supports the clients in their creation of solutions, which makes them responsible for their own creations. Coaching aims at helping someone to help themselves (Szabó and Meier, 2008), just as social workers help their clients to help themselves.

The business world as it is today has discovered that directly offering solutions to their clients tends not to work to well, nor does strict adherence to methods or models (Cauffman, 2003). Instead of making suggestions and giving advice, solution-building questions are asked by coaches in the business setting (Cauffman, 2003). Clients are helped to use their own strengths and resources to bring about positive changes in their lives and to develop their own solutions (Harker, 2004). The "Y" generation wants more questions in conversation than advice, and this generation has already been

coached for a long time, so they will want to have a coach and be mentored by skilled people (Fields, Burmeister, Choen, Wilder and Casnocha, 2007). The Y generation is born from 1980-2000 and they are believed to be the hottest commodity on the job market. They are sociable, optimistic, talented, well educated, collaborative, open minded and achievement oriented. They are so well connected that if employer does not match their expectations they can tell thousands of their cohorts with one click on the mouse, this is the Nintendo and the digital generations (Raines, 2002).

#### ***4.2 Brief solution-focused coaching***

How can coaching be brief and take a relatively short time? How can coaches enable clients to reach sustainable solutions quickly? There are four assumptions central to brief coaching, and many tools that can be used to keep the coaching brief and solution-focused. The four assumptions, which will be dealt with more thoroughly later in the handbook in this thesis, are as follows: (Szabó and Meier, 2008):

- Solution-building is a fast track to problem-solving.
- Clients already have experience with the solution.
- When in doubt, trust the client.
- Not knowing is useful.

(Szabó and Meier, 2008, 9-18).

In assumption one, the distinction between solution-building and problem-solving is crucial in brief coaching. Clients come to coaches with a problem they cannot solve themselves. Instead of analyzing the problem and understanding why it happens, most of the time solution-focused coaching is used to find out more about the

client's goals, expected positive outcomes, and the client's previous successes. Brief coaching assumes that the solution has nothing to do with the problem or that the solution "does not care" why the problem occurred (Szabó and Meier, 2008).

Assumption number two, that clients already have experience with the solution, illustrates that no problem exists all the time and with the same intensity. There must be times when the problem does not occur, and those are the moments that need to be talked about and focused on. The coach trusts in the fact that the client has some experience in shorter or longer phases in which the problem was less pronounced or did not occur at all. In brief coaching, the coaches try to find exceptions and ask questions about those times when the problem is not happening or is less severe, those questions are called "exceptions questions", which are explained more thoroughly in the handbook later in this thesis. Clients are encouraged to do what works and to do more of it.

Assumption number three "when in doubt, trust the client", emphasizes that the customer determines what needs to be repaired, not the coach. The coach does not try to understand what might be behind the problem like other coaching models do. The brief coach instead needs to trust his/her clients to know what is best for them, and he/she even assumes that the client has already experienced the solution but simply forgot to notice.

The final assumption, that not knowing is useful, is demanding for the coach because it requires him or her to hold back his or her own ideas, not developing hypotheses about causes and possible deficits. The art of not knowing helps the coach to concentrate on his job, which is to ask helpful questions, listen, and give resource-oriented feedback (Szabó and Meier, 2008).

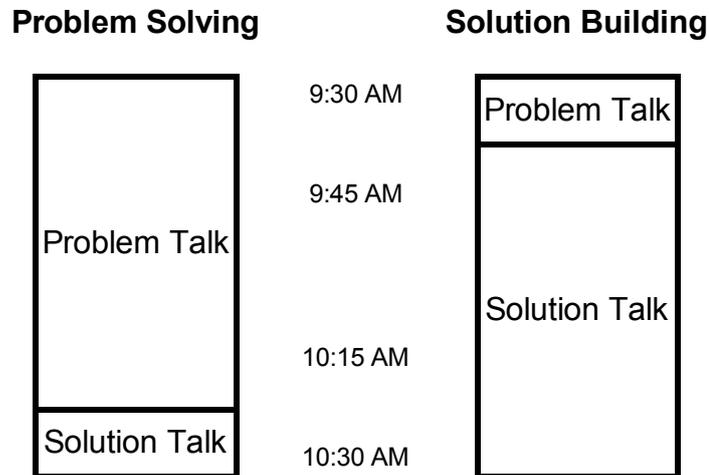
One of the main differences between brief coaching and other coaching models is that brief coaching mainly works on creating an awareness of the solution. The questions being asked help clients to focus more on solutions and on what is already working instead of thinking only about the problem and why it happens. The desired future is the solution state. It is the client who works in the coaching conversation and who designs appropriate solutions, not the coach (Szabó and Meier, 2008).

#### ***4.3 How solution-focused coaching can be demonstrated***

Solution-focused coaching and questions can be used in many ways and for all kinds of problems. Using a solution-focused approach in a meeting can become a powerful method for change. Much time can be wasted in talking about the problem instead of talking about what can be done, and the question becomes, in what way does the company gain from problem talk? Harker (2004) has written about building solutions at meetings and has an interesting figure (See figure 1) to show how this might take place within a solution-building meeting in terms of time spent talking about solutions instead of about problems.

In most strategy meetings, the problem-oriented manager asks: “What is going wrong? What does not work?” Instead of finding out what the company needs to do next, many managers feel the urge to make long and depressing lists of what has gone wrong. What is not good or not good enough? What is the reason X, Y or Z was not done? Whose fault is it that they are in this position? The list goes on. Meetings that continue in that way make the team increasingly absorbed in figuring out every aspect of the problematic situation, and

a great deal of time is spent in the meeting discussing this, with little time on solution talk, as the figure above illustrated so effectively (Cauffman and Berg, 2002).



**Figure 1. Problem solving meeting vs. solution building meeting (Harker, 2004, page 33).**

There is, of course, value in talking about the problem and finding out what does not work, what is going wrong, where the mistakes lie, and where the weak spots in the company are so it is possible to make a plan. But the amount of time spent talking about the problem is crucial and should be carefully considered. In a solution-building meeting, the solution-focused manager will ask after about 20 to 30 minutes, “What does go well? What does work?”. By not spending too much time discussing the problem, this manager provides more time for solution talk in order to find out the company’s strong points, its last success, what is functioning properly, and why these successes exist (Cauffman and Berg, 2002).

The problem-oriented manager asks: “What is going wrong?  
What does not work?”

The solution-focused manager asks: “What does go well? What does work?”
--

How language is used is important in SFBT and in coaching as well. Asking the right question can help the coach to set the correct tone and build further solutions. Questions can shape the answer one gets (Cauffman, 2003). This can be seen in the example above of the tone adopted at the meeting by the manager: problem-oriented or solution-focused. An experiment was conducted by Isherwood and Regan, 2005, in which the Solution Focused Brief Therapy approach was used to define suitable targets for change and for the improvement of service outcomes in an integrated mental residential rehabilitation service. The service described in the study is a residential rehabilitation service for people with a severe and enduring mental illness. The main aim of the rehabilitation is to help people maintain their independence, promoting self-care and well-being. A solution-focused questionnaire was distributed to both service users and staff. The focus was on solutions, not problems, on finding out what could be done to improve service. The solution-focused approach enabled the rehabilitation service to reach a shared understanding of what kinds of targets might lead to good outcomes. In this case, the solution-focused approach proven to be a useful management tool for translating the desires of the staff and of those using the service into improvement through practical action. Also, with this approach, residents are more likely to receive the type of support that they prefer (Isherwood and Regan, 2005).

Many tools from the SFBT therapeutic approach have been used, but perhaps phrased in a different way, in coaching. Those who

are trained in solution-focused therapy already have a valuable set of tools they can transfer to life coaching. They already know how to ask questions to focus the client's attention and awareness on what works rather than on what is broken and does not work (Williams, 2007). The same structure is being used in solution-focused coaching as in the therapy, that is, socializing, constructing goals, the miracle question, finding exceptions, using scaling questions, and giving compliments on what the client is doing already that works for him or her. These tools are explained in the handbook.

There are many similarities between Solution Focused Brief Therapy and Solution-Focused coaching, but the group of clients and their goals can be very different. In coaching, the coaches work more with work-life problems and on doing coaching work within organizations. In therapy, an individual is more often just focusing on himself in order to mature and become a better person, not always with the organization in mind. Every case is different, therefore therapists, social workers and coaches need to listen well to what their clients want most out of their session in order to serve well.

It is important to understand the difference between therapy and coaching, and in the next chapter, these differences are explained.

## 5.0 Therapy versus Coaching

Therapy is about uncovering and recovering

while coaching is about discovering

Williams

Many clinical social work practitioners are considering coaching as an alternative or additional mode of practice (Caspi, 2005), but can one practice therapy and coaching at the same time with the same client? If one is a therapist and becomes a coach, can one do both at the same time? Is there any difference between coaching and therapy? After writing about coaching as a social worker, I have been asking myself these questions frequently, and I believe it is important to know the difference and not to mix the two fields together.

There is a natural difference between therapy and coaching, which is important to understand and to be able to distinguish between. It is critical that therapists who transition to life coaching understand the distinction between the two professions, and the same is true if a life coach wants to become a therapist. Those who choose to practice both need to keep a comfortable distance between their coaching practice and therapy practices and to understand the boundaries (Williams, 2007). Coaching and therapy both involve helping the client focus on self-understanding and self-discipline to change behaviors, attitudes and feelings (Caspi, 2005).

The focus on goals has been used to distinguish coaching from traditional mental health treatment approaches, which are more concerned about personal pathologies (Caspi, 2005; Green et al., 2006; Hart, Blattner and Leipsic, 2001). Both coaching and therapy are based on similar theoretical constructs and similar practitioner-client issues. Both are based on a one-to-one relationship between the

therapist or coach and his or her client, and the work is confidential (Hart et al., 2001). According to professional therapists and coaches in a study by Harts, Blattner and Leipsic, (2001), there are four main differences between coaching and therapy.

1. *Distinction in focus of attention.* In therapy, the focus is often on interpersonal and identifiable issues, like depression or relational discord. In coaching, the focus is on goals and critical success factors in a person who seeks to maximize his or her fulfillment in life and work.
2. *Time orientation.* In coaching, the contracts are more formal than in therapy. Often, quarterly the coach has a review, looks at the fixed time lines, and talks about client expectations, outcomes, and payment. Contracts in therapy are often looser and less defined by the client. The goal-striving focus in coaching probably creates this difference in time-orientation. If the client in coaching is not doing any better and doesn't see or feel any difference, then he or she would likely choose to find another coach.
3. *Level of activity.* Therapeutic dialogue involves more often the expression of feelings and emotional processing, where the therapist is usually the expert and knows what is best for the client. In coaching, clients are experts in their own right, and the interaction is more active and informal. The coach is more likely to step into a session with ideas and suggestions. Coaching interactions are more structured and task-focused than therapy, which can be a more undefined and wandering process.
4. *Type of conversation between themselves and their clients.* Participants reported they use more humor in coaching and have

more flexibility with their clients; for example, if the coach meets his client at the grocery store, the coach can admit to knowing the client and talk to him or her. In therapy, there is more need to “protect” the relationship, which is not the case in coaching. Coaches talked about how they can expect more from their clients than in therapy. Flexibility and duality seem to be overriding differences between maintaining coaching relationships versus therapy relationships. In coaching, the client can be in other relationships with his/her coach, such as golfing partners, if boundaries are respected.

In the book *Therapist as Life Coach* (Williams and Davis, 2002), Williams and Davis talk about four broad categories to distinguish between coaching and traditional therapy. Though it shares slight similarities with the list discussed above, these categories still provide an interesting insight into the differences between coaching and therapy.

#### *1. Past versus Future.*

Traditional psychotherapy focuses on the root of the problem, the history, and the family of origin, and discusses the problem. In general, therapists talk about their patients while coaches talk about their clients, though some therapists today do also refer to their patients as clients. Coaches work with adequately functioning individuals; perhaps that is the reason coaches talk about clients but not patients. The objective is to move the client to a higher level of functioning. In coaching, the focus is on the future, barrier identification, goal-setting, planning, and creative action. The coach wants to help the client take a step towards his desired future. Those

who practice solution-focused therapy do similar work with goal-setting and also focus on the future.

### *2. Fix versus Create.*

Clients seek a therapist to be fixed or to eliminate a problem. When a client seeks a coach, he or she is looking for assistance in getting more out of his or her life, and in working toward goals for the future. Traditional therapists explore the history and duration of the problem and discussed the problem with the client. Some may even consult the most recent DSM (Diagnostic and Statistical Manual of Mental Disorder) to give the client a diagnosis and treatment plan according to that diagnosis. Clients who seek coaching are usually not in pain and are not dysfunctional; they might have some malaise because they want to get more out of life than they are achieving, but they do not know how to do that. Economists call this type of people the *worried well*. They want to set a goal and create the life they want to be living, and they want someone to coach them through that path.

### *3. Professional versus collegial*

Therapy clients see the therapist as an expert who holds the answers and techniques needed to fix their problems. Coaching clients see the coach as a partner to support their growth and their efforts to create an even better life. This dialogue difference perhaps changes the boundaries between the coach or therapist and his or her client. As mentioned earlier, in the 2001 study by Harts et al. about types of conversation between professionals and their clients, there is more flexibility between the coach and the client than between the therapist and the client.

### *4. Limited versus open*

Therapist who become coaches quickly notice the lack of stigma attached to attracting new coaching clients, when compared to

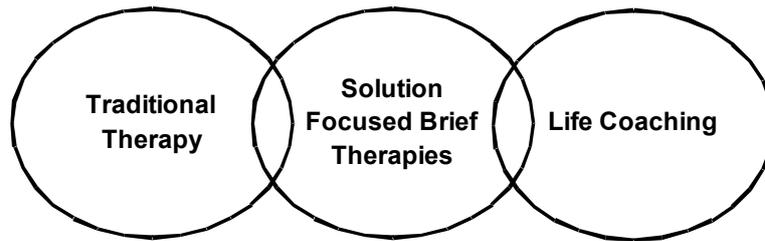
working as a therapist. People are not yet as open about the need to see a therapist. The marketing approaches for coaches and therapists are different; it is more viable for coaches to talk publicly and without stigma about what they do and to sell their services (Williams, 2002, 2007). Also, as stated earlier, and very important, is that dual relationships in therapy are taboo and boundaries absolutely must be clear for both partners. Coaching does not carry the same stigma as therapy; for example, coaching sessions can take place at coffee houses, while a therapist would hardly meet his client at a public place. The boundaries are looser in coaching, and dual relationships are allowable (Hart et al., 2001).

To summarize the main differences between therapy and coaching, it is helpful to look at table 2. below.

THERAPY	COACHING
Deals mostly with a person's past and trauma and seeks healing.	Deals mostly with a person's present and seeks to guide them into a more desirable future.
Doctor-patient relationship. (Therapist has the answers)	Co-creative equal partnership. (Coach helps clients discover their own answers)
Assumes emotions are a symptom of something wrong.	Assumes emotions are natural and normalizes them.
The therapist diagnoses and then provides professional expertise and guidelines to give the client a path to healing.	The coach stands with the client and helps THE CLIENT identify challenges, then works with him or her to turn challenges into victories. Holds clients you accountable for reaching desired goals.

**Table 2.** Distinctions between therapy and coaching (Pat Williams, 2007, 24).

The distinctions between solution-focused therapies and coaching are not as simple to delineate, as they blend together more than traditional therapy and analytic models of therapy. As figure 2 reveals.



**Figure 2. The relationship between traditional therapy, SFBT and life Coaching (Williams and Davis, 2002, 41).**

Looking at these definitions between coaching and therapy, it becomes clear that SFBT is categorized somewhere between coaching and therapy. In SFBT, the conversation is very focused in order to help clients stay focused on their goals, and the client is believed to have skills and resources. In solution-focused approaches, the client is an expert on his or her own life, not the therapist. As in coaching, SFBT is future-oriented and goal-seeking. All these traits of SFBT align with coaching.

### ***5.1 When to refer a coaching client to a therapist***

It is critical that coaches know when a client needs mental help and should talk to a therapist. The concern has been raised that many coaches who lack psychological training can do more harm than good because they ignore psychological problems that they do not understand (Meinke, 2007). A therapist can add coaching skills to his or her practice, but a coach cannot engage in therapy (Williams, 2004). Coaches must therefore be capable and willing to refer clients to therapists when appropriate.

To help coaches with no background in social work or psychology, a set of guidelines was created listing the top ten indicators for

referring a client to a mental health professional. The top ten indicators are if the client:

- Is exhibiting a decline in ability to experience pleasure or an increase in being sad, hopeless and helpless.
- Has intrusive thoughts or is unable to concentrate or focus.
- Experiences erratic sleep patterns or sleeps excessively.
- Experiences eating problems.
- Is feeling overly guilty.
- Has feelings of despair or hopelessness.
- Is being hyper-alert and/or excessively tired.
- Has increased irritability or outbursts of anger.
- Has impulsive and risk-taking behavior.
- Has thoughts of death and/or suicide.

(Meinke, 2007, 28-29).

One way to identify the line between coaching and therapy is that if the client's past is an issue, and she or he cannot move on toward the future, therapy would be beneficial. If the past is not an issue, coaching is likely to work well (Coach U, Inc.). Williams (2007), a clinical psychologist and life coach, believes that if the professional is working with adequately functioning individuals by using coaching techniques to help them move to higher levels of functioning, that professional probably isn't doing therapy, at least not traditional psychotherapy.

In the Harts et al. study (2001), some participants talked about the need for supervision in the coaching field for professional development, just as a practicum or internship is usually required in

clinical training. Again, social workers would be great coaches, because they already are familiar with supervision and have a good background in the mental health profession. Those social workers who are familiar with SFBT already have the basic toolset for asking the questions required for effective coaching. In the end, as long as the client is getting the service that he or she needs and can grow into a wholesome person, whether through coaching or therapy, then that is the right way. The right way is what is best for the client.

Chapters 6 and 7 will discuss the solution-focused framework and coaching from the social worker perspective.

## **6.0 The solution-focused framework in social work practice**

The work environment of social workers can be challenging, they can experience a high workload, and often have limited time that they can allocate to each client. This can further lead to work related issues for the social worker, like job dissatisfaction and burnout. It is therefore of interest for the field of social work to be able to apply work methods, that are efficient in helping clients and are also well suited to help the social worker to cope with work related stresses and even reduce them or preventing them to take place. The framework and work methods offered by Solution Focused Brief Therapy are a good candidate to accomplish this. This claim will now be examined further.

Clients usually find SFBT useful for them. They can appreciate their therapist's questions, which are solution focused. The clients find the SFBT focus on strengths, on noticing differences, on focusing on what works, and on the positive atmosphere of their therapy to be useful (Beyebach, Morejon, Palenzuela and Rodrigues-Aries, 1996; Metcalf, Thomas, Duncan, Miller and Hubble, 1996).

Finnish research by Sundman (1997), shows that clients who worked with solution-focused trained social workers seemed more satisfied and more focused towards their goals and became more engaged in problem solving when they were asked more solution oriented questions. Perhaps the social workers positive attitude may have helped the clients to reach their goals, which also were more thorough and more in line with the client wanted. Also, therapists who are supportive and respectful, as in SFBT, increase the probability that clients complete treatment (Beyebach and Carranza,

1997).

An interesting real life experiment in applying SFBT to social service has been ongoing at the Swedish National Labor Market Department. The Swedish National Labor Market Department is known to be the most solution-focused organization in the world. The staff discovered the solution-focused method and applied it in different areas of the organization and workers became familiar with it from word of mouth and from seeing first-hand how well it worked. The employees who worked closely with clients looking for a job or suffering from psychological problems were extremely enthusiastic about the methods, and the rumor spread throughout the organization that employees were having fewer difficulties helping their clients to find work. Employees asked for more training in solution-focused methods because they worked so well for them, and as of today, about a third of the staff has been trained in the solution-focused approach. One clear effect that managers noticed was that work satisfaction among employees increased, and sickness among the employees decreased, along with staff turnover. Additionally, clients found new jobs much more quickly than before, and those workers suffering from burnout got through their recovery process much more quicker and tended to stay healthy once back at work (Visser and Bodien, 2003). In this case, both employees and clients benefited from solution-focused methods. When the focus is more on competence and effectiveness, that is, on what is working well and what can be done better, people act more positively and with greater self-confidence in order to keep on doing a good job.

The brief form of SFBT is also well suited for the social worker work reality. It is a fact that social workers often have very limited time that they can allocate for each client. It is one of the

cornerstones of the solution focused practice that it should be brief and focused, as has been explained above. This gives the social worker a tool that fits well for their settings, a tool that has been shown to be effective as was previously discussed. This should lead to a better client service.

Achieving progress and allowing the social worker to focus more on solutions than problems, can have positive effect on the social worker. There is anecdotal evidence that solution-focused therapists rarely experience burnout. Social workers practicing SFBT or applying a solution-focused approach to their work agree, claiming that using this approach prevents them from developing burnout (Dolan and Nelson, 2007). We will now examine this claim further.

### ***6.1 Can solution-focused work practice reduce the probability of burnout?***

Social workers are considered an occupational group at above average risk for burnout. Social workers have demanding jobs and often have workloads and demanding clients to work with, which easily can lead to frustration and emotional exhaustion (Kim and Stoner, 2008; Lloyd, King and Chenoweth, 2002; Schwartz, Tiamiyu and Dwyer, 2007; Söderfeldt, Söderfeldt and Warg, 1995). There is a commonly-held belief that working as a social worker is a stressful occupation as a result of conflicting roles and contexts. Burnout can be a chronic stressor and can influence the social worker's effectiveness. It can also lead to an increased feeling of emotional exhaustion (Lloyd, King and Chenoweth, 2002). Therefore, it is important to prevent burnout among members of the profession and to

look for methods and work habits that benefit both the clients and the staff.

It is important that social workers have high level of professional confidence so that they can serve their clients well. Supervision is a good tool in social work for developing and educating the professional self and for preventing burnout. Research indicates that the rate of burnout among social workers ranges from 33% to 59% (Clay, 2005; Poulin and Walter, 1993). The symptoms of the burnout syndrome include emotional exhaustion and cynicism. People lose self-esteem and become depressed (Schwartz, Tiamiyu and Dwyer, 2007). This could further lead to social workers losing their compassion and commitment.

According to Schwartz, Tiamiyu and Dwyer (2007), there seem to be two factors that can have an influence on burnout among social workers: age and the setting in which they work. Burnout seems to decline with increasing years in private practice, which does not occur in public practice. Social workers in private practice have fewer psychological symptoms than agency practitioners. Younger social workers report lower sense of personal accomplishment, have more psychological strain, and feel more depersonalized than older social workers (Rupert and Morgan, 2006; Schwartz et al., 2007). Private-practice social workers report less burnout because they have clients who are more hopeful (Schwartz et al., 2007). Perhaps by using new work habits such as the solution-focused approach to help clients be more hopeful, the social worker can benefit as well. Social workers using solution-focused approaches have a broader relationship with their clients and a more positive view of the client situation (Sundman, 1997), which could prevent burnout among social workers, especially if they have a positive relationship with their clients.

Workers who feel burned out and are frustrated with their jobs are more likely to have higher rates of turnover and absenteeism from work (Kim and Stoner, 2008). Social workers have a demanding job, and therefore it is important to address this problem. Professions with high role stress, which is characterized by a worker's high role conflict, role ambiguity, and role overload, are more likely to experience burnout (Kim and Stoner, 2008).

There have been many suggestions as to what can be done to prevent burnout, such as improving staff communications, offering freedom in client work and studies, giving adequate training, increasing opportunities for supervision, and even having schools of social work address the problem of burnout by training their students to cope actively with stress in their own working environment (Lloyd et al., 2002; Söderfeldt et al., 1995). Another suggestion is building a supportive and hopeful organizational culture with a new focus on hope theory and techniques. For example, social workers can encourage others to go after goals and can encourage them to make tomorrow's reality better than today's (Schwartz et al., 2007). Hope theory has become established addition to cognitive psychology. The purpose of the theory is to develop hope in clients who are unable to extricate themselves from the rut they are in (Schwartz et al., 2007).

A recent study (Byrd-Craven, Geary, Rose and Ponzi, 2008) shows that constant discussions of problems, speculating about the problem and dwelling on negative effects can lead to a significant increase in the stress hormone cortisol, which can lead to increased depression and anxiety over time. This further suggests that using a solution-focused approach that avoids dwelling on problems and focuses on positive elements can have a positive impact on both the client and the social worker. Negative emotions can narrow people's

attention and can make it more difficult for the client to see the exceptions to his or her problem and what can be done, while a positive focus may expand attention and help the client to focus on what is already working in his or her own life (Fredrickson, 2001).

One risk factor associated with burnout is the difficulty of providing service to clients (Lloyd et al., 2002). Good training in Solution Focused Brief Therapy may help the social worker to feel more secure and have better self-esteem when working with clients. Social workers practicing SFBT or applying a solution-focused approach to their work agree, claiming that using this approach prevents them from developing burnout (Dolan and Nelson, 2007). No studies were however found that have tried to show the relationship between solution-focused practice and decreased change of burnout. SFBT has been shown to be effective for clients (Franklin et al., 2008; Kim, 2008; Lee, 1997; Macdonald, 2005; Miller et al., 1996) but no comprehensive effort has been made to study the effect of SFBT on the mental well being of professional practitioners. The claim of positive effect of SBFT on the practitioner is therefore mostly based on observations and anecdotal evidence among practicing SFBT professionals. That have for some time pointed out that this is the case (Dolan and Nelson, 2007) and a good argument has also been given above why SFBT could contribute to reduction in burnout occurrence. It would be an interesting subject for a research to test the hypothesis “Does practice of Solution Focused Brief Therapy reduce the probability of burnout among social workers?”. This research would aim to fill this current gap in the literature. If this type of research would show high correlation between SFBT practice and work methods with decrease in the rate of burnout, then a strong case has been made for including solution-focused practice in the social

worker curriculum. With the goal in mind of teaching students in social work techniques and working habits that benefit both the client and the social worker. A research proposal for this type of research is included in the thesis (Appendix A).

## **7.0 Social workers as coaches**

Social workers have been giving coaching more attention in recent years; there have been more presentations on coaching at social work conferences, in articles and in classified advertisements in the National Association of Social Workers (NASW) News, as well as in NASW state chapter publications. In more than 30 states in the USA, coaching workshops are offered as a part of social work continuing education. Social workers seem to be open to new work approaches in order to give good service to their clients. They are perhaps best positioned to take a leadership role in coaching (Caspi, 2005).

Therapists and social workers are in a unique position to become great coaches. Sigrún Júlíusdóttir (1999) writes about how social consciousness and alertness to change is part of the social worker's specialty. Social work has a historical background of flexibility, interest in psycho-social interplay, and openness to the new, and therefore the social workers of today are in many ways in a better position to handle new developments than are other professions which can be hampered by their adherence to a particular tradition or theory.

Social workers have expertise in helping individuals overcome personal and interpersonal barriers to growth and therefore have a lot to offer as coaches (Caspi, 2005). Many coaches do not have the mental health background that social workers and/or therapists do, and therefore these coaches can find it more difficult to know their boundaries or make the decision when a client needs therapy rather than coaching. The service offered by coaches and that offered by social workers or therapists is different, and these boundaries need to

be clear. Social workers are trained to know their limits and to recognize the symptoms if the client needs more than coaching.

Is it possible that coaching can influence the profession of social work and is the profession in any way threatened by the rapid rise of coaching. In particular, there has been discussion of how coaching affects social work and licensure. First, coaching came from business settings, and many coaches did and do not come from the helping profession like social work, psychiatry and other therapy professions. However, its popularity has spread to non-business applications that target personal life domains (Caspi, 2005). This development has given coaches more choice in what services they can offer: they are now offering family coaching, parenting coaching, and relationship coaching, and for these kinds of clients, the coach may have less stigmatizing aspect than going to a social worker or therapist. It is my belief that marketing coaching is easier than marketing therapy. Coaching developed out of the business community and focuses more on the future than what has happened in the past. It is therefore likely that seeking guidance from a coach is considered ambitious, while seeking guidance from a member of the mental health profession can be interpreted as a sign of weakness.

Rather than viewing coaching and its gain in popularity as a threat or competition to the social work profession it can be viewed as an opportunity that could allow social work to expand its horizon and open up more opportunities for social workers in the private sector.

The next chapter can be viewed as a beginner's handbook of the solution focused framework. It explains the general solution-focused tools that can be used in daily interaction with clients, in coaching or therapy.

## **8.0 The Handbook: A toolkit with solution-focused questions**

Problem talk creates problems. Solution talk creates solutions.  
Steve de Shazer

The purpose of this handbook is to collect together many of the tools that are used in solution-focused therapy and coaching. Putting the tools together in one handbook will hopefully help those who want to become more solution-focused in their work to try it out or regularly use these methods. After working and teaching in a solution-focused manner and reading so much about this approach, it has become my desire to put the tools together in a organized format for myself and for those who want to try the approach and use it in their work. As mentioned earlier, social workers have all the strengths needed to become good coaches, and solution-focused coaching is one method of coaching that hopefully will be of benefit to social workers.

### ***8.1 The Solution-Focused Toolset***

In solution-focused thinking, the focus is on answers, not on problems, the future, but not the past; what has already happened cannot be changed. The focus is on what is going well rather than what is going has or has gone wrong. This can lead to a positive and pragmatic way of making progress and finding the best solution (Jackson and Mckergow, 2002). The objective is to help the client to find out what works so he or she can do more of it, and to help him or her to stop doing what does not work, to change the behavior or thinking process in a way that benefits him or her (Jackson and Mckergow, 2002).

In the example below, which is a personal work problem, it is easy to see the difference between solution-focused and problem-focused conversation (Jackson and Mckergow, 2002, 80).

**Solution-Focused conversation:**

Worker: I need to find time to write an important report.

*Coach: Do you spend an hour or so writing each day? When do you actually seem to do your writing successfully?*

Worker: When I do it first, before opening my letters and email.

*Coach: So, how will you write the report?*

Worker: I'll write for an hour or two first thing and delay doing my letters and email.

*Coach: What else?*

Worker: I'll arrange meetings for the afternoon, when possible. Keep the first part of each morning free. That sounds like it might work; I'll try it tomorrow.

**Problem focused conversation:**

Worker: I can't find time to write an important report I need to get done.

*Coach: Why is writing it a problem?*

Worker: I seem to get sidetracked by my letters and email; there's always so much to do.

*Coach: So what is the cause of this lack of ability to focus on your work?*

Worker: Well, I have always been easily distracted, and I am great procrastinator.

*Coach: So it will be difficult to write this report then?*

Worker: Yes, I guess so. Maybe I should shelve the project for a while until I've learned to become more disciplined.

The solution-focused conversation led to possible solutions to the problem. The worker came with his own suggestions that he thinks he can follow. The problem-focused conversation talked instead about the problem and made it even more insurmountable for the worker without talking about any solutions or helping the worker to solve the problem and feel better.

There is an art asking good questions; it is necessary to ask the right questions in order to lead the client to solutions. Many times, these solutions are the client's own, and work out the best overall.

## ***8.2 Tools for solution-focused coaching based on solution-focused therapy***

In solution-focused therapy, there is a systematic model for how questioning is carried out, but therapists do not have to do it step by step. Then there is another model used by coaches called the eight-step dance, which consists of solution-focused coaching steps based on the therapy. In this handbook, the two models will be shown and examples given on how to ask questions. To simplify the text, the word "coach" will be used, but this can also refer to a social worker, therapist or any other participant who uses the approach.

Solution-building interviews are mostly properly organized around two useful activities. At first, the goals need to be well formed and the clients need to know what they wish to gain from the sessions. Second is the development of solutions based on exceptions (de Shazer, 1985), finding out what is already working and what the client's strengths are. For these activities, many questions and other

tools have been developed that will be explained in detail below, including how they can be used.

In the first session of solution-focused coaching, there is a structure of questions that can be used; it is, however, up to the coach to decide whether to use them in the order given or not. These questions are commonly used in the following order, however:

- Socializing
- Constructing goals
- Miracle question
- Exceptions
- Scaling questions
- Consultation Break and Intervention Message
- Compliments

Many individuals in coaching find it difficult to try out solution-focused approaches instead of their previous style. There are various ways to make this process easier; some like to begin using the scale as part of their usual approach. Others choose to have only one client to try out the approach on, and most clients seemed to find this approach respectful and interesting (Macdonald, 2007). Putting many tools and questions in one handbook will hopefully help those who want to try out the solution-focused approach in their work. Later are examples of each question in the structure explained in more detail, in particular how they can be used in the approach and how to ask each question.

### **8.2.1 Socializing**

Socializing is always the first step a coach takes when he meets his clients; it is a good idea to spend a few minutes getting to know the client (Berg and Szabó, 2005). The coach tries to make the client feel as comfortable as he or she can and “breaks the ice” with some conversation. Socializing moves from small talk to showing your interest in whatever interests the client (Cauffman, 2005). Examples of small talk include talking about the weather and similar topics. Some clients may not like small talk and will be anxious to begin the session; therefore it is important that the coach be able to adapt him or herself to the client’s needs (Berg and Szabó, 2005).

Insoo Kim Berg, one of the developers of solution-focused practice, believes it is a good idea in the beginning to ask some basic questions about how the client spends most of his or her workday time. It is not only an icebreaker; it can also uncover useful solution-building information (De Jong and Insoo, 2002). Asking about the client’s work life gives the coach an opportunity to acknowledge their successes and accomplishments in life. Simple questions that might be asked can include, “Are you good at what you do?” or “Does your boss think you do a good job?” (Berg and Szabó, 2005).

Another method used by Steve de Shazer to start a session is to ask the clients about how they spend their time. This simple question can yield all kinds of valuable information about the client immediately (Berg and Szabó, 2005). In the next session, a good question to start with might be, “Has something good happened since I saw you last time?”. This question is not often expected, as clients are often more practiced talking about what has not worked out and what is going wrong instead of focusing on what has already been working.

It can take time for the client to answer this question, and it is important to give him or her that time.

### **8.2.2 Constructing goals**

As one is working, brief goal-setting starts often in the first session, and the coach will need to find out what the client wants to accomplish. Brief coaching is possible through a focused conversation designed to help clients stay focused on their goals (Berg and Szabó, 2005). The goal must be very important to the client, and the practitioner needs to work hard to understand what the client wants. By doing this, coaches help clients feel respected and listened to and help their clients be more likely to grow in self-respect and motivation to work on changing their lives (De Jong and Berg, 2002). Even though someone else requested the session on behalf of the client, for example the manager, the practitioner still needs to ask his *client* what they want from the session. Examples of questions include the following (Pemberton, 2006; Whitmore, 2002):

- What would you like to get out of this session?
- How would you like to spend this time?
- What would be a good use of the next 20 minutes?
- I have an hour for this; where would you like to have gotten to by then?
- What would make this conversation worthwhile for you?
- What would you like to be different after talking this through together?
- What would be the most helpful thing for you to take away from this session?

Complaining is common. How can it be changed into goal negotiation? Solution-focused therapists have been criticized for not listening to client's problems but only wanting to talk about solutions, and by doing so, they cannot help a client adequately. However, all client complaints are listened to, because these complaints tell the therapist what the client thinks about what is not working in his or her life, and therefore about what needs to be changed. Dwelling on the problem and the complaints, however, makes it more difficult for the client to change the focus of the conversation to a useful dialogue about the outcome of coaching and what needs to be done to make a change. So instead of asking questions about the problem, about what is bothering the client and so on, the focus is kept on how the client can make his life better and what can be done. It is valuable to look at a dialogue from a book by Berg and Szabó (2005), book at page 25-26, which is a great example of changing complaints into goal negotiation.

“Elizabeth: I am really upset about what is happening in my job?

*Coach: I see. You would like to find some solution to you job problem?*

Elizabeth: Yeah, it's been really bothering me so much that I dread going to work and facing my coworkers.

*Coach: So, it sounds like what you would like to find out is how to get along with your coworkers.*

Elizabeth: I am not sure if there is hope for them, but I want to make sure that I don't get so upset with them that I may jeopardize my job. I want to keep my job.

*Coach: Of course. It sounds like keeping your job is important to you, as well as getting along with your coworkers.*

Elizabeth: I am not sure it if is possible but I sure would like to try and find out if I can do both.”

Goal questions are framed using the future perfect, emphasizing that something is going to happen in the client’s life and that there is a possibility for change. It is important to ask what the client will be doing, not what will have stopped happening. Here are some key questions directed toward the client’s goals (Macdonald, 2007, 14):

- What will things be like when the problem is solved?
- What will you be-doing instead?
- When that happens, what difference will it make?
- How will other people know that things are better?
- Who will notice first? And then who?
- What else will be different?
- What else?
- Again what else?

### **8.2.3 Miracle question**

The miracle question can be useful in two ways. First asking about a miracle, gives the client permission to think about an unlimited range of possibilities and to think big in order to see the changes they hope for. Secondly, the question has a future focus; the client gets a chance to see his life when the problem is no longer there. The focus starts to move from the current or past problems and toward a more satisfying life (De Jong and Berg, 2002).

The miracle question can help the client see the future as he desires. Before the practitioner asks the question, he or she has to

prepare the client carefully, because the question can sound very strange to one who has never heard it before. The practitioner need tells the client that he or she is going to ask him a very strange question and that the client has to play a little game of the imagination. The practitioner plays with this question and asks it with a smooth, curious voice (De Jong and Berg, 2002). Each coach has a different way of asking the question, but below is provided a sample of the miracle question as it can be asked.

*“Suppose our meeting is over, you go home, do whatever you planned to do for the rest of the day. And then, in at the evening you get tired, and you go to sleep. And in the middle of the night, when you are fast asleep, a miracle happens and all the problems and worries that brought you here today are solved just like that. But since the miracle happened overnight nobody is telling you that the miracle happened and you don’t know that a miracle happened while you were asleep. When you wake up the next morning, you notice that something has changed and things are not the same as usual”.*

- How are you going to start discovering that the miracle happened?
- What is the first thing you notice that is different?
- What would be different?
- How are you different on that day?
- How are the people around you different?
- What else are you going to notice that day?
- What else? Again what else?

It is valuable to also ask for small signs of the miracle that are already happening (Szabó and Meier, 2008, 43). Questions may include:

- What was the most recent time when you remember something happening that was at least a little bit like the miracle?
- What other examples of such precursors come to mind?
- How did you manage to do that? What did you contribute to make this possible?

Most clients need time and assistance in answering this question. The question asks clients to imagine how their life will be changed when the problem is solved, and that can be difficult, especially if the client has never thought about the issue in this way before. This question is not easy to answer; it requires a dramatic shift from problem thinking to a focus on solutions (De Jong and Berg, 2002). It is important to give the client a significant amount of time to think and imagine how life would look like without the problem. Here are some guidelines when asking clients the miracle question (De Jong and Berg, 2002, 86):

- Speak slowly and gently, in a soft voice, to give your client time to shift from a problem focus to a solution focus.
- Mark the beginning of the solution-building process clearly and dramatically by introducing the miracle question as unusual or strange.

- Use frequent pauses, allowing the client time to absorb the question and to process his or her experiences through its different parts.
- Since the question asks for a description of the future, use future-directed words: What *would* be different? What *will* be signs of the miracle?
- When probing and asking follow-up questions, frequently repeat the phrase “a miracle happens and the problem that brought you here is solved,” in order to reinforce the transition to solution talk.
- When clients lapse back into problem talk, gently refocus their attention on what will be different in their lives when the miracle happens.

There are many versions of the miracle question depending on the context and the client. If the client’s goal is to be more organized, then the practitioner can easily phrase the question, “If you woke up tomorrow and a miracle happened, causing you to become suddenly very organized, what would be different? What would be the first signs that a miracle occurred? How could you tell? What would you see? Who else would notice? What else? What else?”

The follow-up questions are good for getting some idea of how the miracle looks like in specific, small and positive terms. By describing the miracle, many goals can be seen and worked on.

It can also be beneficial to ask for small signs of the miracle that are already happening. Sometimes the clients are already experiencing a little miracle but are not aware of it. Questions like these can be asked in order to reveal small signs of the miracle that may already be present (Szabó and Meier, 2008, 43):

- What was the most recent time when you remember something happening that was at least a little bit like the miracle?
- What other examples of such precursors come to mind?
- How did you manage to do that? What did you contribute to make this possible?

In a business setting, some practitioners feel uncomfortable asking the miracle question or even talking about a miracle. Therefore, practitioners can use other possibilities for exploring the preferred future and inviting the client to look beyond the obstacle. Questions of this sort may include the following examples (Szabó and Meier, 2008, 40):

- Suppose some time has passed and consequently you have managed to reach your goal. What would you be doing differently then?
- Suppose your boss suddenly behaves the way you want him to. How will that make a difference?

Studies show that clients that are asked the miracle question focus on their goals for treatment more effectively and focus on doing something different in order to accomplish their goals (Shilts, Rambo, and Hernandez, 1997). Another study showed that most participants felt more hopeful about their situation after answering the miracle question (Dine, 1995).

Perhaps the miracle question teaches many clients to imagine their life without the problem, to see their life in a more positive light. People are naturally more likely to talk about the problem instead of

how life would look like if there were no problem. The miracle question is often the first time they change their perspective in this way and the first step toward solution thinking.

#### **8.2.4 Exceptions**

Exceptions are questions about those times when the problem is not happening or is less severe. Exceptions are those past experiences in a client's life when the problem might have been expected to occur but somehow did not (De Jong and Berg, 2002). The focus is on why the problem is not always there. As we know the problem is not always present, the coach who works with exceptions questions is curious about why it is not always there. This step substitutes for intervention planning in the problem-solving approach (De Jong and Berg, 2002). Solution-focused coaches concentrate on questions that begin with who, how, what, when, and where of exceptions (Cauffman, 2005; De Jong and Berg, 2002):

- Are there times in the last month or so when life is something like the miracle picture you just described?
- When was the last time you felt really good?
- What was different about that day?
- When was the last time you had a success at work?
- How did it happen that you felt so good or that you had this success?
- What was different then?
- How do you behave differently when everything is going well?
- What strengths did you use that you have?

Those questions examine the client's behavior and help him or her to figure out what he or she can do differently. It is important to find out from the client whether he or she is aware of any exceptions, and if she or he is, it is good to ask many questions about that exception. By exploring exceptions, the practitioner can help clients to be more aware of their current and past successes in relation to their goals. By talking about exceptions, the client is talking about good things that have happened in his life, and hopefully, this process fills him with the hope he needs to continue toward his goal (De Jong and Berg, 2002).

Clients are helped to become more aware of their current and past successes by exploring their exceptions, which hopefully help them to reach their goals and be more aware of their strengths (De Jong and Berg, 2002). As with the goal questions, it is important to get descriptions of what the client is doing, not of what the client is not doing. Here are some key questions for finding some exceptions (Macdonald, 2007, 16):

- What about times when the problem is not happening?
- When it is less present?
- You mentioned earlier that some days or times are better.  
What is it like at these times?
- What are you doing instead at these times?
- What else is better at these times?
- Who notices first when things are better for you?
- And then who?
- What do they notice at these times?
- What else?

Because this is the first time clients have been asked these questions, they often think they don't know the answer and quickly answer "I don't know". This answer "I don't know" can be quite common and therefore it is important not to give up asking these solution-focused questions. Instead give the client a good time to think of an answer. If the clients still keeps on answering "I don't know," there are other questions to be asked to help him to think about the answer as well as he or she can. Examples:

- You don't have to answer right away; give your self a time to think.
- Let us assume that you know the answer, what would you answer?
- What would have to happen so you would know the answer?
- Who would you think that know you could answer this question?
- How would your spouse, sister or child answer that question for you?
- What would you think they would say, you would say?
- How would they answer the question for you?

### **8.2.5 Scaling questions**

The scale indicates changes that clients make so that they can see how far they have come and how far they have to go to reach their goal (Berg and Szabó, 2005). Scaling questions can be invented and utilized in any context, including determining investment in change, level self-esteem, as part of the pre-session questions, assessing

willingness to work hard, or prioritizing of problems to be solved (De Jong and Berg, 2002). The most commonly used scales within solution-focused conversation are the progress scale, which is used to measure or evaluate the progress, and the confidence scale, used to determine how confident the person is in what he or she is doing (Szabó, 2005). Scaling questions allow the coach a great deal of flexibility in identifying goals and describing progress (Lawson and Prevatt, 1998). It is important to give parameters of what 0 and 10 stands for when answering the questions, so clients can assess their own situations and evaluate what they need to do (Berg and Szabó, 2005). The goal is always in focus, and it is easy to talk about what has already been done and what is going well and to talk about the next step toward the goal; this approach makes it easier to estimate future possibilities.

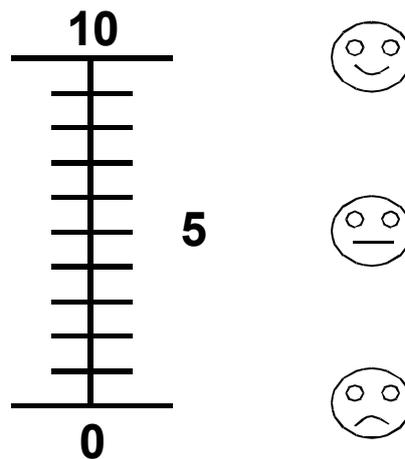
Example of the progress scale: *Let's use a scale from 0 to 10. 10 stands for having completed the goal that you are working on and 0 stands for you have not done any work toward the goal and you are at the beginning. Where would you say you are today between 0 and 10?*

Example of the confidence scale: *On a scale from 0 to 10, if 0 stands for you having no confidence and 10 stands for you have all the confidence you need, how confident are you that you will accomplish the next small step towards your goal?*

There are four major purposes for scaling questions (Szabó, 2005, 54-55):

1. *Giving hope and confidence in what has already been accomplished.* Talking about how their answers are different from 0, or focusing on how they accomplished what they did.
2. *Offering shades of gray.* Question like: “How is your point on the scale different today from yesterday” or “how is it different in this project compared to that one?”. Relevant differences help build on existing solutions.
3. *Focusing on small next steps.* It is important to move on to the next small step toward the goal. What can be done next to keep on moving one point higher at the scale.
4. *Considering consequences of having reached the goal.* What will the client benefit when they have reached their goal; how will life be different? What will they be doing then in their life. Clients are asked to describe the future desired.

The scale helps the client focus on the next small step that needs to be taken and gives him confidence in what he has already accomplished. The scale is a tool that the clients understand often very well because it is simple and visualize, they can measure their own performance that make the goal more real. Here below is an example of what the scale looks like and also how it can be used to ask questions based on how it can be used.



**Figure 3. The scale**

If the client is at 8 on the scale, the following are some questions that can be asked:

- Wow, how come you are at 8?
- How long did it take you to get at 8?
- How is 8 different from 6?
- What do you need to do to keep your 8?
- Why are you not at 1?
- How did you do this?
- Suppose I ask your best friend (son, mother, spouse, etc.), would they say you are at on the same scale?
- What would it take to move you 1 point higher?
- How would you notice that you were 1 point higher?
- When you move up 1 point higher, what would be different in your life?
- How would your (family life, work environment, colleges, safety, health, depression, etc.) be a little bit better? Explain?

Most people find it reasonably easy to establish a scale. What is important about the scale is that the practitioner and client are always talking about the next step, about some small change that would make some difference in moving toward the desired goal. Scaling questions can therefore help to highlight progress toward the goal (Jackson and McKergow, 2002). When working with the scale, there are some important principals to be aware of: be respectful by only helping the client with what they want to be helped with, and go with what is said. Because scaling questions can be unusual and difficult for the client to answer, and because they require a different kind of thinking, it is important to give the client enough time to think of his answer. A helpful rule is to count up to twenty, and if that is not enough, count again up to twenty. Often, the client needs time to answer the question, and silence is a point of respect for the client. Usually, ten minutes is enough reflection material to be put into action steps when working with the scale (Szabó, 2005).

Taking small steps toward the goal is very important in solution-focused coaching. There is an important difference between very little and no effort to the future perfect, the situation where there are no problems and the goal of a better life is reached. Small steps create a great deal of accomplishment in solution-focused coaching, and can help greatly with success toward the goal. If the client is able to make small steps, he or she will be more likely to reach goals and feel better about him or herself.

#### **8.2.6 Consultation Break and Intervention Message**

Because the clients are the primary agents of change, it is important that the client get good feedback at the end of the session, which will

hopefully help him or her to take small steps towards his or her goal. At the end of the session the feedback merely organizes and highlights the aspects of information that might be useful to clients as they strive to build solutions (De Jong and Berg, 2002). Some coaches take breaks for five to ten minutes at the end of the session before they give their final feedback, but some just do it immediately. The reason for the break needs to be explained to the client, and many times the client gets to anticipate what the coach will say and therefore listens very carefully. Sometimes a team is used for the feedback; they may sit behind a mirror and listen to the interview, or they may be in the room with the client's permission (De Jong and Berg, 2002).

### **8.2.7 Compliments**

Compliments are powerful coaching tools, and are used extensively in solution-focused therapy. At the end of each session in therapy, the client is given some complimentary feedback on what he or she has achieved. Often, the client does not realize what he or she has achieved, and with compliments may even discover strengths they have never thought they had.

Compliments are affirmations of the client. In coaching as well, compliments are an important tool, but they need to be authentic or reality-based; they cannot be used as a manipulative communication trick, for example just to come across as friendly or to “score points” in creating a rapport, because the practitioner will lose credibility. Helpful compliments are reality-based and reference real incidents. They are built on the client's communications, both verbally and through his or her behavior (Szabó and Meier, 2008; De Jong and Berg, 2002).

There are three types of compliment (De Jong and Berg, 2002):

1. *A direct compliment.* This is a positive evaluation by the coach in response to the client. This compliment is very effective. An example of positive evaluation might include, “You seem to be a mother who cares very much for her children”. Another example for someone trying to stop drinking who has not had a drink for four days, the practitioner might say: “Wow, Good job. I am sure that must have been very difficult”.
2. *An indirect compliment.* Is a question that implies something positive about the client. An example of indirect compliment might be, “How have you managed to make the household so calm?” or, “If your children were here and I were to ask them what you do to be a good mother to them, what do you suppose they would say?”.
3. *A client may use a self-compliment.* A client might say, “I decided to stop drinking because I got smart,” or, “I decided that because I want to keep my children”. The coach needs to recognize these compliments as possible sign of progress and reinforce the client with indirect compliments.

By giving compliments and feedback to clients the coach give them hope and more confidence to work towards their goals. Clients can act very differently to compliments, some are shy when other are surprised and some can say thank you. Most clients probably expect negative feedback about what they did wrong and what they need to do better instead of hearing about their own strengths. It is important that the coach can notice the exceptions and everything that the client

did that was good for him and beneficial to be able to give the client that feedback.

The model and questioning in solution-focused therapy have been explained, it is interesting to see how the coaching world has transcript the model into their own solution-focused eight step dance that is popular in coaching, how they changed the therapy model into coaching model. Both models are beneficial both to those who want to be coaches and to social workers who want to be more solution-focused.

### ***8.3 The Eight-Step Dance of solution-focused coaching***

The eight-step dance is a changing way of cooperating with clients that is geared toward solutions. The dance can be used in any order. The steps are as follows (Cauffman, 2005):

- Socializing
- Clarifying the context
- Goal setting
- Exceptions
- Hunting for resources
- Giving compliments
- Offering differentiation
- Future orientation

As in the therapy model, socializing is the first step, in which the coach and the client need to create rapport and a good relationship, and that often begins with small talk. Under the coaching model, the coach wants to clarify the context; therefore, the coach asks questions

about the context the client lives in, showing the client that he or she is interested in the person or the company, not solely in their problems. The goal-setting and the exceptions are the same in the two models; where it is important to know the client's goals with the sessions and what is already working for the client. Hunting for resources is one of the steps in the coaching model that is given special focus, but that is also included in the therapy model. "Resources" in this context means that the coach believes that the client has tools to create solutions. Examples of resources include client loyalty to the company, motivation, and communication skills. Compliments are also an important step in the coaching model as in the therapy model. They are believed to be a powerful confirmation of valued behavior on the part of employees. Offering differentiation is the scale in the therapy model, the way it is phrased is different, but the content remains the same. The scaling questions are used in offering differentiation. At last, future orientation is defined as when the coach helps his client to face away from the problem and look at possible solutions. The miracle question is used to help clients to be future oriented (Cauffman, 2005).

The main difference between the solution-focused therapy model and the solution-focused coaching model is that the steps are called different names and are arranged differently. But both can be used out of order. The content is the same; that is, the symptoms of solution-focused approaches and the tools that have been developed for them, like the scale and the miracle question. The therapy model affirms more to therapists and the mental health care field, while the coaching model affirms more to coaches and the business field. It is interesting to see how the solution-focused approaches appeal to the coaching industry. The business world (Cauffman, 2005) has

discovered that directly offering solutions to their clients tends not to work particularly well. Therefore, instead of making suggestions and giving advice, asking solution-building questions is more effective. The model is flexible, which is good for the clients.

Basic solution-building questions that can be used for the eight-step dance include the following (Cauffman, 2005, 19-20):

- What should we discuss in this meeting to make sure that the time is usefully spent? (Goal setting).
- How will you know that the problem is solved? How will you notice this? What would you do differently then? (Future orientation).
- What would be the smallest step you could take to solve this problem? (Differentiation: making big goals more workable).
- How would the other departments notice that you are making progress? What would your boss say you would be doing differently if thing improved? (Differentiation: expanding the possible solutions into the system).
- What else do you have to tell me so that I can see this situation even more correctly? (Clarifying the context: eliciting cooperation from the client).
- Have you ever solved similar problems? How did you solve them on that occasion? Who helped you? How did he or she help you? (Exceptions and hunting for resources).
- Are there moments in which the problem is less intense? What is different then? (Exceptions and differentiation).

- Has anything changed since you scheduled this meeting about the conflicts concerning the project? (Clarifying; exceptions; differentiation: eliciting signs of spontaneous pre-session changes).
- Now that you have achieved that, what is the next small step you could take? (Future orientation: success builds/breeds on success).
- Imagine that this problem is solved. What will be different then? What will you do differently? What will your colleagues do differently? What will the management do differently? (Future orientation; differentiation).

#### **8.4 Further reading**

Many books have been written about the tools used in the solution-focused approach; these books are filled with ideas for all kinds of assignments for working with groups, in a child care setting, with mandated clients, with couples, and so on. Because solution-focused coaching is becoming much more popular, many more works are being written and developed in the field. Too many tools exist to include all of them in this handbook; therefore, the following list provides recommendations for those who want to get to know the approach better or do some experimenting with solution-focused questions. Books to consider include the following titles:

*57 SF ACTIVITIES for facilitators and consultants* (2008). *Putting solutions focus into action*. Edited by Peter Röhrig and Jenny Clarke. Facilitators and consultants from all over the world share their

experiences in this collection of solution-focused activities for workshops and team events. The book is helpful for maximizing the effectiveness of workshops, team meetings, and projects and for creating ideas and processes for all kinds of situation.

*Education and Training in Solution-Focused Brief Therapy* (2005). Edited by Thorana S. Nelson. The book contains creative training exercises that highlight the solution-focused approaches and all kind of ideas for training and supervising.

*Solution-Focused Brief Therapy: Its effective use in agency settings* (2003). By Teri Pichot and Yvonne M. Dolan. The book contains familiar tools in solution-focused brief therapy, such as the miracle question, scales, coping, exception-finding questions and others. Also includes detailed descriptions of how to structure a group therapy session, format supervision, relate to and work collaboratively with referring sources.

*Handbook of Solution-focused Brief Therapy* (1996). Edited by Scott D. Miller, Mark A. Hubble and Barry L. Duncan. The book offers a framework for integrating the solution-focused model with a problem-focused approach that results in an increased number of therapeutic options available to clinicians. The book demonstrates that solution-focused brief therapy addresses a wide range of presenting problems, problems like domestic violence, work in hospitals, mandated clients, grief therapy and school settings.

*Positive Approaches to Change: Applications of solutions focus and appreciative inquiry at work* (2005). Edited by Mark McKergow and

Jenny Clarke. The book represents the first collection of writing on applications of Solution Focus (SF) in organizational and management work. Many tools, such as the scale, are explained in the book from the organizational perspective, rather than the therapeutic perspective.

*Handbook of Solution-Focused Brief Therapy. Clinical applications* (2007). Edited by Thorana S. Nelson and Frank N. Thomas. The book is a good foundation of knowledge and history. The text includes chapters explaining the application of the approach with a variety of clinical issues and with various populations, including couples, individuals with depression, victims of domestic violence, school populations, and children also included is discussion of pastoral work, therapist burnout and more.

*Brief Therapy for Couples* (2001). By W. Kim Halford. The book is about empowering partners to be proactive in defining and building the sort of relationship they want. There are also examples in the book about appropriate questioning.

*Solution-Focused Therapy. Theory, Research & Practice* (2007). By Alasdair Macdonald. The book has many ideas and exercises for trainers and therapist. Ideas how to apply solution-focused work in workplace.

Finally there are also many web pages loaded with information, including the following:

- <http://solutionfocusedchange.blogspot.com/>
- <http://www.sfwork.com>
- <http://www.sfbta.org/>
- <http://www.thesolutionsfocus.co.uk/index.php?site=1>

- <http://solworld.ning.com/>
- <http://ebta.nu>

The tools in solution-focused coaching and solution-focused therapy have been accused of being too simplistic or overly positive, to the point of exhibiting a “PollyAnna”-like naiveté. As Mark McKergow and Jenny Clarke (2005) pointed: “simple is *not* simplistic” (Mckergow and Clarke, 2005, xii). Instead, the aim is to show how simplicity and clarity can minimize confusion and futile effort.

## **9.0 Conclusion**

This thesis had three main objectives. The first objective was to show that the tools and the framework offered by Solution Focused Brief Therapy are well suited for social work practices and would provide benefits for both the client and the practitioner. The second objective was to argue that social workers could make good coaches, and that this relatively new field should be viewed as a new opportunity for social workers. The third objective was to provide a handbook that could be used as a first introduction for those professionals that would like to start on the road to solution-focused work methods.

The first and the second objective may at first seem some what unrelated. What ties them together is the Solution Focused Brief Therapy framework. The solution-focus framework fits naturally to coaching that is by it-self solution seeking and progress oriented. It was shown that the solution-focused framework also offers many benefits to the practice of social work. Presenting a one framework that can be applied to both fields. It was argued that the social worker should be well equipped, with the social work background to quickly adapt the tools and the work habits of SFBT. Further the social worker expertise in helping individuals overcoming personal and interpersonal barriers to growth, as well as the strong tie of social workers to supervision, makes social workers a profession that has a lot to offer as coaches.

Solution Focused Brief Therapy offers benefit within mental health care because it is rapidly effective, good for the users and cost-efficient. It can be learned easily by social workers either through workshops and/or supervision. It was claimed that working solution-

focused could prevent or reduce the rate of burnout among social workers. This can at this time not be confirmed by actual research, but strong arguments were given to support this claim. This is further a commonly held belief within the SFBT community. An important next step to this thesis would be to conduct an actual research, proposing the hypothesis that applying solution-focused work methods reduces the probability of burnout among social workers. A research proposal for this type of research is given in appendix A.

The field of coaching was portrayed, showing its wide applicability and acceptance. It is apparent that the market for coaching is big and still growing. It is suggested that social workers should view this rapid rise of coaching as an opportunity rather than a threat. If played right within the social worker community, the social workers could become a force within the coaching community. This would open up new job opportunities in private practice for social workers.

It is a natural implication of the finding in this thesis to suggest that there should be opportunities for social worker to educate themselves in SFBT and coaching through continuing studies. To do that efficiently a course material would need to be made for both SFBT and coaching, that would take into account the social worker background and perspective.

If the claims that SFBT can significantly reduce the rate of burnout are proven to have full merit through a thorough research, then SFBT should become a part of the social workers basic curriculum. Since this is a work practice that benefit both the client and the practitioner.

The handbook in chapter 8 is intended for those professionals who want to get to know the methods of working solution-focused.

The handbook is only a brief introduction to solution-focused steps but it gives the necessary tools for those who want to start to consider working solution-focused. Perhaps many social workers and other professionals are already working solution-focused, driven by their own instinct, but have not given it a thought and are not conscience about it, this handbook should give them a new perspective on their work.

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## **Appendix A**

### ***Research proposal***

Does practice of Solution Focused Brief Therapy reduce the probability of burnout among social workers?

Social workers are considered an occupational group at above average risk of burnout. Burnout can become chronic stressor and can influence the social workers effectiveness and increased feeling of emotional exhaustion. There is anecdotal evidence that solution focused therapists rarely experience burnout. Solution focused brief therapy is based on strength perspective and the focus is on solutions not the problem. This article reviews how a study can be done to see if practicing solution focused work habits would reduce the probability of burnout among social workers. The proposed study is longitudinal study with one year time frame, using a sample of 60 Icelandic social workers. The social workers will answer two questionnaires, first regarding their work habits and secondly the Maslach burnout inventory questionnaire. The participants will take these exams three times before and after different periods of intervention and non-intervention. It is important to prevent burnout among the profession and look for a new work habits that benefit both the client and the social worker.

In less than two decades Solution Focused Brief Therapy (SFBT) has emerged from a little known therapy to a widely used approach. This kind of therapy helps clients to focus on the future and talk about what they wish for in their lives, believing that the clients have strengths and talents to help themselves (Bezanson, 2004). Clients get help to see exceptions to negative situations and get lots of compliments or “taps on the shoulder” if they succeed. Compliments in SFBT are important therapeutic tools that help clients to build solutions (Campell, Elder, Gallagher, Simon and Taylor, 1999).

Instead of working on a problem by focusing on the past, what is wrong, and the expert knows best there is also a way to work solution focused where the client is the expert in his or her own life and you talk about the future (Jackson and McKergow, 2002).

There is anecdotal evidence that solution-focused therapists rarely experience burnout. Social workers practicing SFBT or applying a solution-focused based approach to their work claim that using this approach prevents them from developing burnout (Dolan and Nelson, 2007). Research indicates that the rate of burnout among social workers ranges from 33% up to 59% (Clay, 2005; Poulin and Walter, 1993). Burnout is a syndrome that includes emotional exhaustion and cynicism. People lose their self-esteem and get depressed (Schwartz, Tiamiyu and Dwyer, 2007). That could further lead to social workers losing their compassion and commitment.

Does the practice of solution focused brief therapy reduce the probability of burnout among social workers? In my own experience working for three years applying SFBT and my colleagues that have worked solution focused that it was not as exhausting as being problem focused. The following explanations have been given as to why this is believed to be the case:

- SFBT establishes a cooperative rather than adversarial relationship with clients, which makes work a lot more enjoyable.
- Because the goals that are worked with are the client's goals, the social worker does not have to work as hard to create motivation; the clients are naturally motivated as a result of

talking about what things will be like in the future when they achieve their goals.

- Scaling clarifies the therapeutic process. This makes the process much less stressful for the client as well as the therapist.
- Listening to clients answer the Miracle Question is uplifting for the therapist. Clients motivate themselves by answering questions about the details of the imaginary Miracle. (Dolan and Nelson, 2007, p. 250). The miracle question can help client to see the future as he or she desires.

Research has shown (De Shazer, 1991; Lee, Greene, Mentzer, Pinnell and Niles, 2001; Newsome, 2005) that SFBT and practice can be a powerful tool to help clients set their life back on track. If it will be shown that working solution focused will reduce burnout then a strong case can be made for adding solution focused practice to the social work curriculum. Not only would that strengthen them as professionals but also help them give better service to their clients. Social workers have demanding jobs and have to face many difficult clients and these demanding jobs have significant antecedents of social worker burnout. It is therefore important that social workers have the best tools available and SFBT could be one of them.

It is the intent of the current research to examine if practicing solution focused brief therapy reduces the probability of burnout among social workers. It is the hypothesis of the current study that working solution focused helps the social worker to develop their professional performance at work and at the same time reduce their acceptance to burnout.

## **Definition of burnout and solution focused brief therapy**

Social workers are considered an occupational group at above average risk for burnout. Social workers have demanding jobs and often have workloads and demanding clients to work with which easily can lead to frustration and emotional exhaustion (Kim and Stoner, 2008; Lloyd, King and Chenoweth, 2002; Schwartz, Tiamiyu and Dwyer, 2007; Söderfeldt, Söderfeldt and Warg, 1995). There is commonly held belief that working as a social worker is a stressful occupation as a result of conflicting roles and contexts. Burnout can be a chronic stressor and can influence the social workers effectiveness and increased feeling of emotional exhaustion (Lloyd et al., 2002). Therefore it is important to prevent burnout among the profession and look for ways or work habits that benefit the clients and the staff.

### ***Burnout***

There are many definitions of burnout but the ones that are most common have been based on Maslach and Jackson's conceptualization of burnout. Burnout is an emotional exhaustion and the feeling of being emotionally overextended and exhausted. Characteristics of burnout also include depersonalization or cynicism and negative attitudes towards others and diminished personal accomplishment like negative assessment of one's competence and work achievements (Glasberg, Eriksson and Norberg, 2006; Kim and Stoner, 2008; Schwartz et al., 2007; Söderfeldt et al., 1995).

According to Schwartz et al. (2007), there seems to be two factors that can have influence burnout among social workers, their age and the setting in which they work. Burnout seems to decline with increasing years in private practice,

which does not happen in public practice. Social workers in private practice have fewer psychological symptoms than agency practitioners. Younger social workers report lower personal accomplishment, have more psychological strain and more depersonalization than older social workers (Rupert and Morgan, 2006; Schwartz et al., 2007).

Workers who feel burned out and are frustrated with their jobs are more likely to have higher rates of turnover and absenteeism from work (Kim and Stoner, 2008). Social workers have a demanding job and therefore it is important to address the problem. High role stress which is characterized by a worker's high role conflict, role ambiguity and role overload, experience higher burnout (Kim and Stoner, 2008).

There have been many suggestions as to what can be done to prevent burnout, such as improving staff communications, offering freedom in client work and studies, giving adequate training, increasing opportunities for supervision, and even having schools of social work address the problem of burnout by training the students to cope actively with stress in their own working environment (Lloyd et al., 2002; Söderfeldt et al., 1995). Another suggestion is building a supportive and hopeful organizational culture with a new focus on hope theory and techniques. For example, social workers can encourage other persons to go after goals they have chosen and encourage them to make tomorrow's reality better than today's (Schwartz et al., 2007).

### ***Solution focused brief therapy***

Solution focused brief therapy has taken almost 30 years to develop and is a new generation of therapy usually called postmodern or social constructionist. SFBT has its own characteristics and specific way of working. The notion of

empowerment adopted by SFBT is based on strengths perspective. The most important aspect of SFBT is the goal setting, establishing the goals in therapy and finding solutions (Tarragona, 2008). De Jong and Kim Berg (2002), have clearly outlined the steps of SFBT that are the strategies interventions of the therapy;

- Explaining to the clients how the therapist works.
- Describing the problem (emphasizing solutions and expectations).
- Finding out and amplifying what the client wants (defining goals).
- Exploring exceptions (asking the miracle question and using scales).
- Formulating and offering feedback to the client.
- Seeing, amplifying, and measuring clients progress.

In solution focused thinking the focus is on solutions, not the problem; the future, but not the past; what has already happened and cannot be changed. The focus is on what is going well rather than what is going wrong or what has gone wrong. This can lead to a positive and pragmatic way for making progress and finding the best solution (Jackson and McKergow, 2002). In SFBT clients are strengthened and stimulated to undertake a positive action in their life, the focus is shifted from impossibilities to possibilities (Bannink, 2008). As stated earlier private practice social workers report less burnout because they have clients that are more hopeful (Schwartz et al., 2007). Perhaps by using new work habits like solution focused approach to help clients to be more hopeful one can speculate that the social worker would benefit as well.

A recent study (Byrd-Craven, Geary, Rose and Ponzi, 2008) shows that constant discussions of problems, speculating the problem and dwelling on negative effects can lead to a significant increase in the stress hormone cortisol, which can lead to increased depression and anxiety over time. This further

suggests that using a solution focused approach that avoids dwelling on problems and focuses on positive things can have a positive impact on both the client and the social worker. Negative emotions can narrow people's attention and can make it more difficult for the client to see the exceptions to his problem and what other things could be done, while positive effects may expand attention and help the client to focus on what is already working in his or her own life (Fredrickson, 2001).

One risk factor associated with burnout is the difficulty in providing service to clients (Lloyd et al., 2002). Good training in SFBT would hopefully help the social worker to feel more secure and have better self-esteem when servicing the clients. Research shows that working with behavior problems such as depression, anxiety, self concept and self-esteem SFBT appears to be effective way (Franklin, Moore and Hopson, 2008; Kim, 2008).

Overall SFBT has been shown effective form of practice for wide range of treatments and guidance. It has been used in hospitals, schools, supervision, coaching, prisons, social services and many more (Franklin et al., 2008; Kim, 2008; Lee, 1997; Macdonald, 2005; Miller, Hubble and Duncan, 1996). The learning effects of a solution-oriented approach can be used not only in appraisal interviews but also in day-to-day management tasks.

### ***Gaps in the literature***

No studies were found that have tried to show the relationship between solution-focused practice and decreased change of burnout. Anecdotal evidence among practicing SFBT professionals has for some time pointed out that this is the case (Dolan and Nelson, 2007) and a good argument has also been given above why SFBT could contribute to reduction in burnout occurrence. SFBT has

been shown to be effective for clients (Franklin et al., 2008; Kim, 2008; Lee, 1997; Macdonald, 2005; Miller et al., 1996) but no effort has been made to study the effect of SFBT on the mental well being of professional practitioners. This research aims to fill this current gap in the literature. It will further be shown that SFBT has positive effects on the social worker and that a strong case has been made for including solution focused practice in the social worker curriculum. With the goal in mind of teaching students in social work techniques and working habits that benefit both the client and the social worker.

### **Research Methods**

This study will use quantitative research applying an experimental pretest-posttest control group design. The study is a longitudinal study with one-year time frame. A baseline will be established for the sample group through an initial questionnaire. The sample group will then be randomly divided into two groups. For the first six months after the pretest, group one will get training in applying solution focused methods at their work, while group two will get no interaction for that same period. The participants will get some training in solution focused work, first by spending four hours as a group learning about the theory and the tools that are available and thereafter they will get individual supervision every two weeks. Also if they have questions they can send emails and get some advice. After the first six months, both groups will be retested with a new questionnaire. For the last six months of the research, group two will get training in solution focused methods while group one will be left alone without any interaction. The study will be concluded with the third test questionnaire for both groups.

A reasonable timeline for this study will be one-and-a-half years to two years in total.

### ***Sampling Methods***

The sampling frame will be professionally registered social workers in Iceland, which are 485. The list is accessible from the Social Workers Association in Iceland. The study will require the participation of 60 social workers. To recruit the social workers for this study the following method will be applied. First, a group of 120 social workers will be selected at random from the population. These 120 social workers will get an email explaining the study and asking for their acceptance for participation. A deadline will be given for response. If fewer than 60 social workers accept to participate, then a new set of social workers will be selected at random. The size of the second selection will depend on how many spots need to be filled to get 60 participants. The return rate from the first group will be used to calculate how large the second sampling group should be so that it will be likely that all spots will be filled. With 60 participants the sample size will be around 12.4% of the total population. The demographics of the sample are Icelandic social workers that are 95% females in the age range of 24-67 years old. Almost 80% of the social workers are government employed.

### ***Operationalization of Variables***

The study aims to show that applying solution focused methods at work will reduce the probability of burnout. The independent variable measures what proportion of daily work for the past year can be classified as solution focused. To measure this, the participants will answer a range of questions regarding their work for the past year. Their response from this part of the test will be compiled into one variable, solution focused work (SFW), which has the range from 0% to 100%, where the percentage corresponds to the total percentage of work, that can be considered solution focused of total work for the last year.

The dependent variable is burnout. Burnout will be measured by using a validated Icelandic translation of the Maslach Burnout Inventory (MBI) test. The MBI incorporates the extensive research that has been conducted for more than 25 years. It is considered to be the leading measure of burnout. The MBI consist of three subscales, emotional exhaustion (EE), depersonalization (DP), and personal accomplishment (PA). Items are scored on a 7-point scale ranging from 'never' (0) to 'daily' (6). Together these measures are believed to be a good indication of the level of burnout that the participant is experiencing. Personal accomplishment seems to be the most unstable and may not only reflect burnout. For this study therefore emotional exhaustion (EE), and depersonalization (DP), will be used as dependent variables representing burnout. Emotional exhaustion (EE) is a chronic state of physical and emotional depletion that results from excessive job demands and continuous hassles (Wright and Cropanzano, 1998). Depersonalization according to American Psychiatric Association (2004), is an alteration in the perception or experience of the self so that one feels detached from, and as if one is an outside observer of, one's mental processes or body. It is a feeling of watching oneself act, while having no control over a situation.

The demographic variables that will be used in this study are:

Sex (Male/Female).

Marital Status (Single/Married).

Children living at home (Yes/No).

Social worker for how many years (0-5 years, 5-10 years, 10-15 years, 15-20 years, 20-25 years, 25-30 years, 30-35 years, 35-40 years, 40-45 years, 45-50 years, 50 years and more).

Shift worker (Yes/No).

Current workplace (Private/Social service/Hospital/Schools).

### ***Instrumentation***

To measure how much solution focused the social worker works they will be given 30 questions. The questions try to capture if the social worker has applied solution focused work habits. The social worker is asked to use the last year as a reference when answering the questions. Each question is answered by giving a number on the scale from 0 to 10. Where 0 corresponds to never, 5 corresponds to sometimes and 10 corresponds to always. Below are examples of questions:

- Do you help your client to make goals for himself?
- Do you ask your clients questions about those times when the problem are not happening in their life?
- Do you give you clients compliments?

To measure the level of burnout that the social worker is experiencing the MBI test is used. The MBI test is a standardized test widely used in the field. Information about the MBI test is found in Maslach, Jackson and Keiter, (1996). Below are examples of questions from the test:

- Do you feel run down and drained of physical or emotional energy?
- Do you feel misunderstood or unappreciated by your co-workers?

### ***Data Collection Procedures***

Iceland is a country with the highest internet usage per capital in the world. This opens up the possibility of utilizing the power of the internet for this study. The participants are recruited through email. The three questionnaires tests will also be taken online. The participants will be sent an email with a link that will take them to the test. The data will be kept for five years on the University of Iceland computer system. The University of Iceland IT division manage and

maintain the database and software used to keep the data. The data is stored in encrypted form and will only be accessible through a password secured access. Access will be limited to the research staff. The data will be kept in a format where responses cannot be traced back to the responder but the system is though able to register who has responded to allow sending of reminder emails.

### ***Human Subjects***

All participants will sign an “informed consent form”. Full confidentiality will be kept with the participants. It will not be possible to trace answers to test questions back to participants.

The participants will receive a free training in applying solution focused methods at work. This can be considered a possible benefit for the participants. Further the participants will be free to terminate their participation at any time if they feel they no longer wish to continue. The participation is voluntary and will not induce any harm or risk to the study participants. The research will be pre-approved by the Icelandic research council.

### ***Study Limitations***

Some limitations to this study should be noted. Firstly, there may be selection bias, the difference between the people that volunteer and those who do not. It is most likely that those that are not burned out will accept to be participants in the study then those that are burned out and are feeling distressed. Secondly, there could be differences in each group, regarding the sex and current workplace. Thirdly, because this study is longitudinal there could be some dropouts of the attrition and could influence the response rate that has to be high, not low.

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