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The Art of Solution-Focused Brief Therapy: Experiential Training for Novice Therapists in Creative Collaborative Language

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The Art of Solution-Focused Brief Therapy: Experiential Training for Novice Therapists in Creative Collaborative Language

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TABLE OF CONTENTS

Pages

List of Tables

List of Figures

Abstract

Novice solution-focused brief therapists often have difficulty delivering scaling questions within the languaging of their clients. To help beginning Solution-Focused Brief Therapy (SFBT) trainees, this researcher has created the metaphorically enhanced scaling question (MESQ) training program. By incorporating a meaning making system such as the metaphor, the scaling question becomes expressive and symbolic to the client and his or her own story. The MESQ objective is to assist novice therapists in facilitating the SFBT scaling question creatively through the use of metaphor. A metaphor is a created meaning isomorphic to its original meaning or experience. The metaphor will be co-constructed through collaboration between client and therapist. The MESQ program encompasses three key elements of SFBT: listening, selecting, and building into three tangible activities designed for novice therapists to learn, articulate, and demonstrate their comprehension of the modified scaling technique (Bavelas, De Jong, Franklin, Froerer, Gingerich, Kim, Korman, Langer, Lee, McCullum, Jordan, & Trepper, 2013)

This research is qualitative in nature, due to the examined experiences of the MESQ training program participants. Action research has been chosen to emphasize the learning aspect, and assist in training development. The MESQ training program will be evaluated based on Kirkpatrick's four levels of evaluating training programs: reaction, learning, behavior, and results. (Kirkpatrick, 1996). The focus of this research project will be to refine and develop the MESQ training program through analytic evaluation.

Keywords: Solution-Focused Brief Therapy (SFBT), scaling technique, experiential learning, and metaphor

CHAPTER I: INTRODUCTION

Solution-Focused Brief Therapy (SFBT) is a therapeutic model widely used by many therapists (Gingerich & Eisengart, 2000). SFBT is a well-established, evidence-based approach to psychotherapy based upon specific assumptions that inform basic processes of listening, selecting, and building (Bavelas, De Jong, Franklin, Froerer, Gingerich, Kim, Korman, Langer, Lee, McCullum, Jordan, & Trepper, 2013). However, the use of the model has been muddled through a perceived simplicity of the approach (Stalker, Levene & Coady, 1999). While the basic principles of this approach are simple concepts to grasp, the model itself is difficult to learn and perform well because it involves not only learning the technique, but also applying it from the client's perspective (Stith, Miller, Boyle, Swinton, Ratcliffe, & McColllum, 2012). Successfully executing the model is envisioned as a collaboration between therapist and client. This relationship encourages the client to invite the therapist to walk beside them through their journey. The positioning of the therapist allows for co-construction of a vision of the future where the problem is no longer a problem. As a way to enhance the SFBT model, this researcher evaluated an experiential training program developed to assist novice therapists in utilizing SFBT techniques with a creative enhancement.

Solution Focused Brief Therapy

Within the last few decades, the family therapy field has shifted epistemologically, placing an emphasis on relationships between people and systems as a whole. Keeney (1983) stated, "this alternative epistemology is manifested by therapists who view their relationship with clients as part of the process of change, learning and evolution" (p. 14). Being part of the client's experience in itself establishes a newfound

connection. Change can be facilitated through this relationship. By entering and respecting the client's worldview, the therapist is accepting the notion of various perspectives. Nelson and Thomas (2007) stated, "The not-knowing position entails a general attitude or stance in which the therapist's actions communicate an abundant, genuine curiosity" (p. 7). This position places the client as the expert while the therapist becomes the student of their client's story.

The therapist's genuine curiosity about the client's story is a therapeutic underpinning of SFBT. Nelson and Thomas (2007) stated, "SFBT therapists elicit client views on how comfortable they are, what they expect, how they are best motivated and what they believe are essential ingredients in a successful therapeutic relationship" (p. 6). This client-centered approach indicates the therapist adjusts to the client's needs to achieve their therapeutic goals. SFBT generally places little value on diagnostic symptomology and supports the premise that there is no "right" way to experience situations (Nelson & Thomas, 2007).

The SFBT model has gained popularity within the last ten to twenty years, and is now used in various family services and mental health settings (Franklin, Tepper, Gingerich, & McCollum, 2012). The SFBT model has essentially shifted focus from mental illness to mental health. SFBT has demonstrated to be effective through strength-based approach, solution orientation, and a focus on brief interventions. Ratner, George, and Iverson (2012) stated

> SFBT is a method for talking to clients…change comes from two principle sources: from encouraging people to describe their *preferred future* – what their lives will be like should the therapy be successful – and from detailing the skills

> and resources they have already demonstrated – those *instances of success* in the present and the past. From these descriptions, clients are able to make adjustments to what they do in their lives. (p. 3)

SFBT is a brief intervention, exploring with clients how they would like their lives to be as a result of therapy, and emphasizing the resources they already possess to get there.

SFBT has proven to be especially beneficial with children and adolescents because it is a brief model and allows for joining with all age groups (Kim & Franklin, 2009). SFBT uses carefully posed deliberate questioning to change perceptions through co-constructive language, collaborative goal setting, and the use of solution-building techniques that occur between therapist and client (de Shazer, 1984, 1985, 1988; Berg & Reuss, 1998; Bavelas, Coates, & Johnson, 2000, 2002; Bavelas, McGee, Phillips, & Routledge, 2000; Trepper, Dolan, McCollum & Nelson, 2006; McGee, Del Vento, & Bavelas, 2005; de Shazer & Dolan, 2007). Newsome (2005) studied the impact of SFBT with at-risk junior high students and found SFBT interventions to be beneficial. Franklin, Streeter, Kim, and Tripodi (2007) also found SFBT to be beneficial with children and teens. By focusing on the child's strengths and positive behaviors, the child's self-esteem and self-efficacy are positively influenced (Wheeler, 2001).

The SFBT model is taught in various settings, including but not limited to marriage and family therapy programs (Fiske, 2007). Stalker et al., (1999) suggested that novice therapists latch on to SFBT because they find the techniques easy to understand and utilize when working with clients. This assumption is that SFBT is a premeditated script asking prescribed questions (Trepper, Dolan, & Nelson, 2006). However, it is important to point out the techniques still need to be altered to best fit the world view of

the client (Mckergow & Korman, 2009). Steve de Shazer, a founder of SFBT, stated, "I don't want…anybody to develop some sort of rigid orthodoxies… that there is a right way to do this" (Hoyt, 2001, p. 30). When used appropriately, these techniques can be expounded upon and creatively encompass the client's language.

Although SFBT may be perceived as a minimalist approach to interventions and techniques (Stalker, et al., 1999), it is not. SFBT is a model that accommodates complexities, founded in creative language, paradoxical interventions, and strategic questioning (Bavelas et al., 2013). Lipchik (2002) indicated the importance of client-centered therapy, versus technique, when she stated, "Less attention to techniques helps therapists avoid two common pitfalls: withdrawing attention from clients to ruminate about what question to ask or asking the questions at inappropriate times" (p. 10). Less focus on technique and more focus on the client and their unique story allows for discovery and exploration.

Through this exploration, a therapist is exposed to the client's unique understanding of their situation and contributing factors to their environment. Lipchik (2002) indicates:

> Human beings are unique in their genetic heritage and social development. Their capacity to change is determined by these factors and their interactions with others. Problems are present life situations experienced as emotional discomfort with self, and in relation to others. Change occurs through language when recognition of exceptions and existing and potential strengths create new actions. (p. 14)

Clients come into therapeutic settings looking for change, given the problem or situation they present. SFBT has proven effective with various populations and situations, such as substance abuse (Berg & Miller, 1992; 1995; Berg & Reuss, 1998; Pichot & Dolan, 2003). According to Miller & Berg (1995), rather than examining or determining the underlying cause of the substance abuse problem, "you will simply be helped to discover the resources and strengths that you possess right now that can be used to bring about the changes you desire" (p. 2). Matthews and Edgette (1998) agree with Miller and Berg, by stating:

> SFBT accepts the client's view of the problem and how life will be better when the problem is solved. This inclusive, flexible approach allows us to work with clients who have had positive experiences with traditional abstinence-based recovery, as well as those who are against quitting for life and will never heed suggestions to give it a try. (p. 67)

SFBT has repeatedly proven to be significantly useful to clients of all populations with various situations (Berg & Miller, 1992; 1995; De Jong & Berg, 2008; Franklin, Trepper, Gingerich, McCollum, 2012; Nelson & Thomas, 2007; Nelson, 2010; Pichot & Dolan, 2003; Pichot, 2012). SFBT therapists believe it is valuable for clients to seek out their own way of making changes in their lives (Berg & Reuss, 1998). This notion is reliant on the client's worldview.

One basic premise of SFBT operates from the client's belief system. This ideology is known as social constructionism. Bannink (2007) stated, "People confer meaning to things in communication with others; in this *language* plays a central role. Shifts in the perceptions and definitions of the client take place within contexts, in

society" (p. 89). The client's capability for change is correlated to seeing things differently, such as viewing the occurrence of when a problem behavior occurs, versus the exceptions when the behavior has the opportunity to occur, but does not. De Shazer identified a fundamental SFBT tenet to be the client's language (de Shazer, 1985; 1988; 1994; de Shazer, Dolan, Korman, Trepper, McCollum, & Berg, 2007). A SFBT therapist contributes to the creation of a new perception of reality with the client. For example, when a client comes in with the goal to stop drinking, the exception would be when the client wants to drink, and alcohol is accessible, but chooses to refrain (Berg & Reuss, 1998). According to Odell, Butler, and Dielman (2014), "because the client is the one who will be making the necessary changes, it is necessary to assist him or her in recognizing from where the solutions come" (p. 5). The client's own strengths and resources are what allow a shift in their worldview to occur.

Collaborative Therapeutic Alliance

The client and therapist need to connect with each other in order to establish a working therapeutic relationship. According to Odell, Butler, and Dielman (2014), "regardless of treatment approach or theoretical orientation, the therapeutic relationship is believed to contribute about 30% of the total impact of treatment" (p. 2). This concept of common factors is further discussed by Duncan, Solvey, and Rusk (1992); Lambert (1992); Hubble, Duncan, and Miller (1999); Sprenkle and Blow (2004). Developing a cooperative therapeutic alliance is pivotal for a SFBT therapist. A therapeutic alliance refers to "the process by which the client feels understood and accepted by the therapist, and is sufficiently trusting of the relationship to disclose deep personal concerns" (Odell, Butler, & Dielman, 2014, p. 2). If a therapist does not connect with a client, there is little

room for collaborative solution focused goal setting. The client must feel comfortable enough to share their stories. SFBT therapists connect with their clients through a positive attitude, showing respect for the client's unique circumstances, and fostering hopefulness (de Shazer et al., 2007). Different ways of developing a cooperative therapeutic alliance include, but are not limited to: matching the client's body language, utilizing the clients' language, and being curious about the client as a whole (De Jong & Berg, 2008). Through discussing the clients' likes, dislikes, hobbies, and other forms of enjoyment, SFBT therapists begin to tap into the client's worldview (Haley, 1986). The manner in which a SFBT therapist formulates questions is guided by techniques that allow clients to expand upon their response, therefore guiding them to their solution.

A creative way to further enhance the cooperative therapeutic alliance between client and therapist, as well as validate the client's perspective, is using the client's language. Steve de Shazer (1985; 1988; 1991; 1994) acknowledges that SFBT is continuously evolving when it comes to how a SFBT therapist listens to and speaks with their clients. Insoo Kim Berg and Norman Reuss (1998) indicated, "solution-focused therapy is not about asking questions; it is about listening to client's answers. When a good therapist listens, the therapy is never mechanical… Your individual style will still shine through when using these questions" (p. 55). This therapeutic approach is about shifting focus, changing the interpretation of behavior, and the "linguistic, interactional, and conversational aspects of doing therapy" (de Shazer, 1994, p. 96). Through the client's language, a connection can be made between therapist and client. With the client as expert, he or she can then use their expertise in forming of their language to construct SFBT techniques to fit their worldview.

Purpose of the Study

The researcher addressed the art of SFBT through an experiential training program in creative collaborative language, with an emphasis on the scaling question. The goal of this training program was to assist novice therapists in facilitating the SFBT scaling technique creatively, through the use of metaphor. The reasoning for emphasizing the scaling technique in particular is to create a concrete understanding between the client and therapist.

The training program was offered to graduate level marriage and family therapy students at a private university located in south Florida. The training consisted of an overview of the history, philosophy, and fundamental elements of the SFBT model. There were interactive exercises demonstrating the use of creative language and metaphor, with emphasis on creating a collaborative therapeutic relationship with the client. The next portion of the training was dedicated to viewing one of the founders of SFBT, Insoo Kim Berg, and Therese Steiner perform a therapy session via video format. This portion of the training was a reinforcement of SFBT philosophies and techniques, while providing visual learning. Once the originator of the model demonstrated the concepts, role-plays were constructed for each novice therapist to participate in. The role-plays provided experiential practice as an alternate form of learning. There was time for reflection and feedback from all novice therapist participants.

The goals of this training program were to:

1. Increase basic and new creative knowledge (i.e., metaphoric expansion of the scaling question) of the SFBT model for participating novice therapists.
2. Enhance the development of SFBT skills for participating novice therapists.

3. Change novice therapists' attitudes towards SFBT techniques and interventions.

Achievements of these goals were evaluated through various participatory exercises. Comparing the novice therapists' understanding of the SFBT model once the training was completed revealed creative takes on the model to be useful. Through the novice therapists' reactions, the internal validity of the training was measured.

Systemic learning takes place by utilizing the opportunities of language in a postmodern way, through a focus on learning rather than teaching. This can be accomplished by concentrating on collaboration between the trainer and the students, rather than the trainer taking an authoritarian role (i.e. the expert role), giving novice therapists the opportunity to engage their clients in a more creative relationship with their own future, a collaboration between their present and future. Creative tools are then available to the therapist and client, utilized according to what works for the individual client.

This training was helpful for the participants to demonstrate and apply creative SFBT language in various situations. Lipchik (2002) stated, "theory becomes less formidable when we realize that it is part of everything we do well in life" (p. 9). Theory, then, is displayed in our daily living. According to Fiske (2007), De Jong and Berg (1997) discussed the value of "teaching SFBT in ways that invite learners to make a paradigm shift from 'expert' problem-solving into helping individuals discover their own solutions" (p. 327). Novice therapists participating in the training were encouraged to discover their own solutions or ways of collaboratively creating concrete language for the client to relate to. The training expanded the participant's existing knowledge of SFBT and demonstrate a new way of looking at the model.

This training program impacted the field of MFT through its innovative way of approaching the traditional SFBT scaling question. For example, a MFT is given an adolescent client and begins to join with him/her based on their interest in basketball. The therapist can then use the client's language of basketball as a metaphor for his progress in the session or their understanding of how well the family functions. This level of concrete understanding promotes interest and self-report for the adolescent. Using the client's creative language enhances the client-therapist relationship and allows collaboration.

Position of the Researcher

As an evolving family therapist with a background as a licensed mental health counselor, I feel compelled to explore the unique qualities of the SFBT model. Though previous studies have shed some light on the novice therapist's difficulties in learning the SFBT model (Cunanan & McCollum, 2006; Lipchik, 2002; Nelson, & Thomas, 2007; Stith, Miller, Boyle, Swinton, Ratclie, & Mccollum, 2012; Trepper, Dolan, & Nelson, 2006), very few have described the use of the client-therapist creative collaborative language, specifically with the scaling question. As family therapists, with a relational focus and the ability to attend to multiple worldviews, we are perfectly positioned to respond to the evolving SFBT model. To do so efficiently, we must understand both the general and unique aspects of the model.

As a novice therapist, within my first semester of internal internship, I was exposed to a family unit presenting with an "anxious" adolescent. Upon examination and reflection of my personal assumptions, I was able to build a collaborative therapeutic relationship with the adolescent. I realized the only way this young man would share his story with me was to put myself in his shoes. I literally wore the same shoes the client

had on to the following session and used it as a commonality. Through this case, I was able to better comprehend the SFBT model and apply a metaphorically enhanced scaling question to promote concrete understanding of the concepts being discussed in session. I was able to use the client's interest in the National Basketball Association is (NBA) Miami Heat playoffs, at that time, to create the scaling question. As a clinician and active researcher, in the field, I have found when working with adolescents, "a scale with simple numbers may not fully hold their attention or assist in comprehending the question. Using a metaphor that emphasizes their interests encourages engagement and produces a working knowledge of the ratings on the scale" (Pantaleao & Rambo, 2014, p. 21). The client and I added our own "art" to the model.

Through my experience with this client, I discovered a useful concept to assist in creating meaning. I have published on this and presented this clinical intervention at the International Family Therapy Association (IFTA) conference in 2013. Throughout 2014, I continued to research the tenets of SFBT, in order to lay the foundation, from which to construct an experiential, theoretically based training program. I then presented the Metaphorically Enhanced Scaling Question (MESQ) training program at the American Association for Marriage Family Therapy (AAMFT) conference with Dr. Ronald Chenail, in 2015, as a workshop.

Summary

This chapter has explained the groundwork for the present study, articulated the purpose of the study, and introduced the MESQ training program. Chapter II will explore existing literature on SFBT, obstacles novice therapists encounter when learning the model, and identify a gap in the existing literature about this topic. Chapter III will

introduce the action research methodology applied to this study and assess the MESQ training program through Kirkpatrick's four levels of evaluation.

CHAPTER 2: REVIEW OF LITERATURE

SFBT is traditionally thought to be a simplistic model with routine techniques (Stith, Miller, Boyle, Swinton, Ratclie, & McCollum, 2012). Novice therapists may gravitate to the SFBT model, given its concreteness of questions and techniques (Lipchik, 2002). However, Lipchik (2002) states, "perhaps SFT has been misunderstood because it was conceived as a minimalist way of interviewing, a pragmatic way of problem solving" (p. 6). Novice therapists may view SFBT as merely asking questions, when in actuality, the main focus of a SFBT therapist is to listen and establish a collaborative therapeutic alliance with the client. The primary purpose of the following review of literature is to enhance the reader's knowledge of the SFBT model, explore the benefits of being collaborative with clients, and consider how to effectively weave together both of these practices simultaneously in a therapeutic setting.

Solution Focused Brief Therapy

Steve de Shazer, Insoo Kim Berg, and their team at the Brief Family Therapy Center in Milwaukee originally developed the SFBT model during the early 1980's (de Shazer, Berg, Lipchik, Nunnally, Molnar, Gingerich, & Weiner-Davis, 1986). SFBT differs from other systemic therapeutic models as it focuses on what the client would like their preferred future to be, rather than what has been. Some consider SFBT a "common sense" approach to therapy (Nelson & Thomas, 2007). The focus on the client as the best resource for change is unique to this model as it assumes them to be the experts of their own lives and able to create their own solutions (de Shazer, 1985; 1988; 1991; 1994; de Shazer et al., 2007).

The key to SFBT is to find out what has worked for the client and if he or she has had a period of time in which the situation or problem has not occurred (A.B. Gordon, personal communication, 2011; Miller & Berg, 1998). The therapist focuses on this exception and attempts to have the client identify other details that may have transpired when this exception was experienced (de Shazer et al., 2007; Miller & Berg, 1998). Matthews and Edgette (1998) go on to further state,

> Rather than focusing on the hypothetical understanding of the origin of the problems, the team decided to take clients' words literally. By paying attention to clients' successes, however small, rather than focusing on their failings and shortcomings, the team discovered the clients are capable of doing and have done in the past (p. 59)

The idea is to bring past successes into the present and apply them to the future of the system.

SFBT focuses on the present and future. By not emphasizing the origins of the problem, the therapist and client focus on what will be different once this problem is solved (de Shazer, 1985; 1988; 1991; 1994; de Shazer et al., 2007; Nelson & Thomas, 2007). SFBT follows the assumption that clients already have the solutions to their problems imbedded within their own personal experiences, histories, resources, and areas of competencies (Nelson & Thomas, 2007). According to de Shazer et al. (2007):

> The therapist and the client then work backward to accomplish this goal by carefully and thoroughly searching through the client's real life experiences to identify times when portions of the desired solution description already exist or could potentially exist in the future. (p. 2)

Through these exceptions, the client can figure out the answer to his or her own problem. The role of the therapist is to lead the client from one step behind, allowing the client(s) to come to their own conclusions (de Shazer, 1985; 1988; 1991; 1994; de Shazer et al., 2007).

The idea of setting tangible and realistic goals is unique to the SFBT model (de Shazer, 1985; 1988; 1991; 1994). These goals are co-constructed between the client and therapist, through solution-focused conversation. According to Bavelas et al. (2013):

> Useful goals in SFBT are: (1) salient and personally meaningful, (2) state positively what the clients will be doing instead of what they won't be doing, (3) stated in behavioral terms and as the first small step, (4) goals as within client's control, (5) goals as something new and different, and (6) goal as a behavior that the client can practice regularly. (p. 9)

Once the goals have been configured, a discussion of exceptions in relation to the goals will take place and the client will scale any changes they noticed to measure the progress of therapy.

Influences of SFBT

The three main influences on the solution-focused approach are Milton Erickson, Gregory Bateson, and the Mental Research Institute (MRI) (de Shazer, 1985; 1988; 1991; 1994; de Shazer et al., 2007). Erickson was an American psychiatrist known for some of his unorthodox ideas about therapy (Haley, 1986). He was opposed to the traditional beliefs of mental health at the time, believing that therapy did not have to take long and that any small change proved to be progress. Many of Erickson's ideas are believed to have developed the underpinnings of the solution-focused approach. A few of Erickson's

influences on SFBT include: utilizing what the client brings, a non-normative stance as the therapist, less importance placed on the client's past, the crystal ball technique, and task setting (Ratner, George, & Iverson, 2012). De Shazer (1985) stated,

> These ideas are utilized to create a therapy situation in which a patient could respond effectively psychologically to desire therapeutic goals as actualities already achieved… As I see it, the principles behind this [crystal ball] technique form the foundation of therapy based on solution rather than problems. (p.81)

According to Visser (2013), "Erickson did not believe in diagnostic labels and strongly believed in the power of the people to solve their own problems" (p. 11), the very premise of the solution-focused approach.

Gregory Bateson was an English anthropologist who proved to have a significant influence on SFBT (Bateson, 1972; Keeney, 1983). One of his most influential principles in the development of SFBT was "his view that the social system in which people function is of great importance to the development and solution of problems" (Visser, 2013, p. 11). Bateson created a communications research project that incorporated founders such as John Weakland, Jay Haley, and William Fry to observe and analyze therapists such as Erickson. These became the founders of MRI.

MRI was founded by Don Jackson in1958, in Palo Alto, California, in cooperation with researchers such as Jay Haley, Paul Watzlawick, John Weakland, Richard Fisch, and Janet Beavin (Weakland, Fisch, Watzlawick, & Bodin, 1974). The goal of therapy from the MRI stance was to figure out what the client is doing wrong, convince him or her to discontinue the non-productive behavior, and try something uniquely different. This system became known as the interactional cycle. However, under

Erickson's influence, the MRI team "accepted the problem at face value, looking at what was happening in the here and now around the problem and seeking to influence the client(s) to change their behavior" (Ratner et al., 2012). Together they developed a briefer, goal orientated, and more realistic approach to therapy. According to Visser (2013), "they believed that the reasons for the current problems existed in the here-and-now and that solutions could be found in the present, too" (p. 11), which developed into the theoretical tenants of SFBT.

According to Bavelas et al. (2013), SFBT "is different in many ways from traditional approaches to treatment. It is a competency-based and resource-based model, which minimizes emphasis on past failings and problems, and instead focused on clients' strengths, and previous and future successes" (p. 2). The Research Committee of the Solution-Focused Brief Therapy Association (SFBTA) developed a *Treatment Manual for Working with Individuals*, and identified three components to represent the SFBT process:

1. Listen: conversations center on client's concerns, focusing on what the client wants to be different in their present and future and how to go about making that happen.
2. Select: the SFBT therapist listens for and selects out the words and phrases from the client's language that are indications (initially, often only small hints) of some aspect of a solution.
3. Build: the therapist composes a next question or other response (e.g., a paraphrase or summary) that connects to the language used by the client and invites the client

to build toward a clearer and more detailed version of some aspect of a solution. (p.5)

The focus is primarily on working from the client's comprehension of his or her situation and what they want to see different in the future. The SFBT therapist is to listen for and select key words or phrases the client discloses in session that are aspects of his or her solution. These selected notations tend to be exceptions to the problem in which the client exhibited strengths and resources. The therapist will then compose the next question or a response utilizing the client's language to assist in building a detailed picture of the clients' future solution. Bavelas et al. (2013) indicates, "through this continued process of listening, selecting and building on the client's language that therapists and clients together co-construct new meanings and new possibilities for solutions" (p. 5).

In the SFBT model, everything the therapist does is strategic in assisting the client to establish his or her measurable, obtainable goals or solutions (de Shazer, 1985; 1988; 1994; de Shazer et al., 2007. SFBT uses carefully posed deliberate questioning to change perceptions through co-constructive language, collaborative goal setting, and the use of solution-building techniques that occur between therapist and client (Bavelas, Coates & Johnson, 2000, 2002; Bavelas, McGee, Phillips, & Routledge, 2000; McGee, Del Vento, & Bavelas, 2005). The manner in which a SFBT therapist formulates questions is guided by techniques that allow clients to expound upon their response, therefore, guiding the clients to their solutions.

There are a number of questions utilized by SFBT therapists to establish a positive therapeutic rapport and collaboration. This is accomplished through the following stages and outcomes, as outlined by De Jong and Berg, (2013):

1. Describing the problem, “we ask for fewer details about the nature and severity of client problems, we do not ask about possible causes of the problems. Instead, we listen respectfully to clients’ problem talk”; this problem talk establishes a focus for therapy.
2. Co-constructed, well-formulated goals “elicit descriptions of what will be different in their lives when their problems are solved.”
3. The therapist would explore the client’s exceptions, “times in the clients’ lives when their problems are not happening or are less severe.”
4. While providing feedback to clients, a clear focus emerges “to enhance the client’s chances of success in meeting their goals.”
5. Evaluating the client’s progress, “how they are doing in reaching solutions satisfactory to them.” (De Jong & Berg, 2013, p. 17-18)

These stages and outcomes led to SFBT techniques such as setting goals, looking for exceptions, and the miracle and scaling questions (De Jong & Berg, 2013).

There are only a few ways to research or test if techniques or interventions in a therapeutic setting are effective. One way is through change process research. According to McKeel (2012), “change process research looks inside the therapy room to see if and how interventions work and what clients are experiencing during their therapy” (p. 130). There are variables that can impact change process research, such as: the therapist’s skill, if the technique fits the client’s situation, and whether the technique achieves its intended purpose, has no effect, or negatively impacts the outcome (McKeel, 2012). SFBT techniques such as pretreatment improvements that display the client’s exceptions to the

problem, the miracle question, and the scaling question have all been proven effective for clients (Franklin, et al., 2012).

Exploring pretreatment improvements is an effective way for a SFBT therapist to identify the client's strength and resourcefulness (McKeel, 2012). McKeel (2012) cites a study done by Allgood, Parham, & Smith (1995) indicating that "30% of 200 clients reported pretreatment improvements" (p.131). McKeel (2012) went on to say; "practitioners of SFBT explain that identifying pretreatment improvement can increase clients' optimism and motivation by helping them realize that their situation can get better" (p. 131). Co-constructed collaborative therapeutic goals are traditionally established when a SFBT therapist initiates the miracle question in session (de Shazer, 1985; 1988; de Shazer et al., 2007). The results of two different studies, by Isherwood and Regan (2005), and Shilts, Filippino, and Nau (1994), both indicated that the miracle question assisted clients in clarifying therapeutic goals and identified ways to accomplish those goals.

Once a client has established a goal, he or she will be asked to report progress toward their goal. This is typically completed with the use of the scaling question technique. Clients typically find the scaling question to be concrete and easy to comprehend (de Shazer et al., 2007). A study conducted by Estrada and Beyebach (2007) indicated clients reported the scaling question as helpful in identifying specific steps towards accomplishing their therapeutic goals. Overall, change process research supports the notion that SFBT techniques can be beneficial to clients.

One of the limitations to change process research and SFBT techniques is the small number of research studies conducted. McKeel (2012) indicated, "while several

studies have linked SFBT and SFBT techniques to increased client expectations of accomplishing their goals, not enough is understood about how SFBT and its techniques increase client optimism or how best to implement SFBT to enhance hope and expectancy" (p. 138). Although the SFBT model is significantly influenced by its techniques, how a SFBT therapist builds on what the client shared determines the meaningfulness of the question and response.

Through the client's worldview, a SFBT therapist can transition from problem talk into collaborative solution orientated conversations. These conversations incorporate strategic questions, such as asking clients about exceptions, their preferred future with the use of the miracle question, and a self-report method of change or progress through scaling questions (de Shazer 1985; 1988). McKeel (1999) quotes Skidmore, (1993) that said:

> Surveyed graduates from three SFBT training programs to assess their views of scaling questions, exception questions, miracle questions, and pretreatment change questions… Of these four SFBT questions, therapists rated the miracle question as the most therapeutic. Scaling questions were the most frequently used and therapists rated these questions as the best way to evaluate a client's progress. (p. 257).

The scaling question can be utilized to make abstract concepts concrete (Ciuffardi, Scavelli, & Leonardi, 2013; Pantaleao & Rambo, 2014). Meanings of specific terms vary from person to person. According to de Shazer and Berg (1992), "words are like freight engines that are pulling boxcars behind them filled with all their previous meanings" (p. 79). For example, when a client introduces the term "nymphomania," he/she is attaching

all previous meanings that word has (de Shazer & Berg, 1992). Therefore, the scaling question allows clarity in various ways. A scale can be used to define: confidence, change/motivation, commitment, coping, safety, and even hope (de Shazer et al., 2007). By combining the client's worldview and their specific language with the usefulness of a scaling question, SFBT can be utilized as a creative collaborative intervention.

Collaborative Therapeutic Alliance and Genuine Curiosity

Establishing a collaborative therapeutic alliance with a client is the first step to successful solution focused therapy (De Jong & Berg, 2008). Many therapists refer to this process as joining. There are multiple ways for therapists to join with their clients. The therapist's goal in SFBT is to make clients feel comfortable sharing their story. A SFBT therapist's attitude is one of curiousness, positivity, respect for the client and/or family, and hopefulness (de Shazer, 2007). Different ways of joining include matching the client's body language, or a discussion of the clients' likes, dislikes, hobbies, and other forms of enjoyment (Haley, 1986). Simply stated, the more curious a therapist is about their client, the more information they will gather to help develop an in depth understanding of the clients world view (Lipchik, 2002).

Curiosity is a commonality among many therapeutic approaches; however, it is essential for SFBT. According to Nelson and Thomas (2007), "for the solution-focused practitioner, therapy is a context in which old perceptions, ideas, and behaviors are examined with out prejudice, and new concepts and actions are practiced within ethical and moral limits of those involved (client + therapist)" (p. 5). The therapist must be invested in the client's interest rather than his or her own personal agenda in the room (de Shazer et al., 2007). SFBT therapists thrive and learn from their clients because the client

is the expert of his or her own life, and therapy cannot advance without access into both the dominant and less prominent aspects of the client's personal experiences (Nelson & Thomas, 2007). Without the client's experiences and perspective, the therapist would have little to offer the client. Joining with a client, and remaining curious about their experiences, are pivotal to building a positive client-therapist rapport.

Exceptions and Future Orientated Questions

Once the therapist has successfully joined with the client or family, he/she would then probe for exceptions when the problem or issue is not occurring. Berg (2003) defines exceptions as "those times when the presenting problem could have happened but somehow it did not" (p. 21). Exceptions many times go unnoticed by the family, which is why it is important to ask about times when the problem did not exist. Pichot and Dolan (2013) stated, "by listening to the client and questioning what difference these exceptions make we learn the true meaning of these exceptions" (p.17). It is through those meanings that solutions are created.

According to Ciuffardi, et al. (2013), "asking about exceptions to encourage people to think about what works well, rather than what does not work" (p. 45). It is the exceptions that allow a SFBT therapist to lead the client towards his or her own solutions. "Once you know what works, do more of it! If it does not work, then don't do it again-do something different" (Nelson & Thomas 2007, p. 11). For example, an 8 year old boy named Tommy, who usually lost his temper, managed to refrain from doing so on Tuesday morning when a classmate antagonized him by pushing him out of the way (Berg 2003). Inquiry about what was different on Tuesday morning revealed he and his mother had a pleasant conversation on the way to school regarding his ability to get ready

to leave that morning. This was different from the usual reprimanding and scolding that occurred on most mornings. In this case, the solution was to increase the repetition of the successful strategy until it became a routine. Tommy and his mom looked at how they had a pleasant conversation instead of being repremanded, adding another level of success to their solution.

Clients come into sessions with the resources and strength to overcome their situations (Pichot & Dolan, 2013). They just need some guidance and reassurance. Berg (2003) stated, "the focus is on enhancing and increasing the level of existing resources either in the client or in the environment, and the goal is to achieve what the client wishes, it is fairly easy to see why the treatment is short-term and that the working relationship remains collaborative" (p. 7). SFBT is not a problem-solving tactic, but rather a solution and future orientated approach. A technique used in SFBT, for example, to move the client into a future oriented lense, known as the miracle question (de Shazer et al., 2007).

The Miracle Question

The miracle question was influenced by Erickson's crystal ball technique (de Shazer, 1985), which he utilized in sessions. The crystal ball technique was used to "project the client into a future that is successful: the complaint is gone" (de Shazer, 1985, p. 81). Berg took the concept into practice once she stumbled upon it while working with a client (de Shazer, 1988). She quickly discovered the usefulness of this future orientated question and invited clients to imagine how life would be once the problem had disappeared. According to de Shazer, Dolan, Korman, Trepper, McCollum and Berg (2007), and de Shazer (1988), the words for the miracle question are as follows:

> Suppose that one night, while you were sleeping, there was a miracle and this problem was solved. How would you know? What would be different? How will your husband know without your saying a word to him about it? (p.5).

The miracle question is usually asked within the first session. According to Stith, Miller, Boyle, Swinton, Ratclie, and McCollum (2012), in addition to goal setting, there are multiple reasons for asking the question:

> To create a virtual experience of what life would be like if the miracle occurred. Another is to prepare clients to recognize exceptions to the problem, thereby demonstrating that the problem is not always present… to create a progressive story, in which the client's life is seen as becoming better instead of worse. (p. 380)

Once the client has stated his or her reason for being in therapy, the therapist asks the miracle question as a way to indirectly gather information about the client's goals (de Shazer, 2007). However, the conversation leading up to the miracle question requires discipline on the part of the SFBT therapist. He or she must refrain from interruptions or suggestions toward a solution (de Shazer et al., 2007). The miracle question requires both the client and therapist to take a step back and alter their traditional train of thought. Children thrive with this type of therapeutic technique because they have something to associate their experiences with, for example the tooth fairy or a fairy godmother (Ciuffardi, et al., 2013). Adults contemplate this nontraditional line of questioning as an ideal future, such as Erickson's visualization of a world without the problem, essentially what their idea of a 'perfect life' would look like.

The general construct of the miracle question is simple. McKeel (2012) reviewed two studies, done by Nau (1997) and Nau and Shilts (2000), in which they observed seasoned SFBT therapists' delivery of the miracle question, and identified four key factors:

> One, therapists clearly join with the client before asking the question. Two, therapists explore exceptions to the client's problem before and while asking the miracle question. Three, during the conversation leading up to and while discussing the miracle, therapists show empathy and understanding regarding the client and his or her situation. Finally, therapists do not offer suggestions about how to achieve the miracle while the client is answering. (p. 133)

The miracle question will prove beneficial if the client can connect with the concept of a miracle.

Culture and context play a part in the effectiveness of the miracle question. In multiple studies, such as Estrada and Beyebach (2007), Bowles, Mackintosh, and Torn (2001), and Lloyd and Dallos (2008), the miracle question was not effective given to the client population. Estrada and Beyebach (2007) interviewed three severely depressed and deaf clients who found difficulty answering the miracle question due to its future-orientated essence. Bowles, Macintosh and Torn (2001) indicated their population of terminally ill patients focused on medical recoveries versus achievable improvements in their situation. Lloyd and Dallos (2008) completed a study incorporating seven mothers of children with severe intellectual disabilities. These women indicated the term "miracle" was confusing given their situation. This concept of the miracle question is to

have the client identify an achievable future-orientated goal, which the therapist enhances by making the question specific to the client.

A SFBT therapist must listen to the information the client gives, and acknowledge the appropriate techniques and questions to utilize in session. The SFBT therapist's skill is utilized once the client elicits a response to the miracle question with a preferred future. Novice therapists tend to have difficulties "knowing how to expand the question to allow clients to create a vision of a life after the miracle" (Stith et al., 2012, p. 381). Therefore, a SFBT therapist is to anchor the miracle question in the client's daily activity by utilizing their language.

Once the client has processed the question and begins to respond, the therapist invites the client to share descriptive details about his/her explanation (de Shazer, 1988; de Shazer et al., 2007). Through this discussion, the therapist begins to shed light on times when the client is already displaying aspects of the previously stated miracle (de Shazer et al., 2007). Signs of the miracle must be found in the client's real world to render the miracle a considered reality. Therefore, the follow up questioning would be relational, "weaving the evidence of the miracle into the client's network of interpersonal relationships, how would your husband know you were happy? What would he see?" (Stith et al, 2012, p.381). Once the miracle has been rendered a possible reality, the scale of hope would be indicative of the possible occurrence within the client's life.

The Scaling Question

After a client has expressed his or her miracle, the SFBT therapist may ask the scaling question to distinguish where the client believes he/she is in accordance to this goal (de Shazer, 1985; 1988; de Shazer et al., 2007). The scaling question sets the stage

for "subsequent sessions, which can begin with a discussion of what has gone well since the last session and where the clients see themselves on the scale at present" (Stith et al., 2012, p. 381). For example, if the SFBT therapist has the client rate the past week from session to session, the client then has a concrete understanding of their therapeutic progression.

The scaling question allows abstract thoughts to become more concrete (de Shazer, 1994; Ciuffardi, et al., 2013). The number on the scale helps the client to display his or her level of hope, commitment to the intervention, confidence level, and measure the hopefulness for reaching their goal(s) (Nelson & Thomas, 2007). De Shazer (1994) suggested,

> Since you cannot be absolutely certain what another person means by his or her use of a word or concept, scaling questions allow both the therapist and client to jointly construct a bridge, a way of talking about things that are hard to describe (p. 92).

Therefore, the purpose of the scaling question is to emphasize the changes in the situation within the client's life and to explore how the client achieved this difference (de Shazer, 2007). Change is easier to achieve when the all-or-nothing stance is removed from the equation (Nelson & Thomas, 2007).

When asking a client to scale their hope that the situation will get better, the therapist places the least desirable behavior (the problem) at the zero or one mark on the scale, and the miracle (life without the problem) at the ten mark (de Shazer et al., 2007; De Jong & Berg, 2008). After the client places himself or herself on the scale (e.g., he or she places themselves at a four), the therapist would explore his or her reasoning for the

placement. The therapist might ask, “So what is it that indicates to you that you’re a four and not a two?” The client will generally respond with a summary as to why he or she thinks they are at a four. However, the therapist must probe further to create concrete descriptions, including the client’s thoughts, emotions, behaviors, and interactions. When clients discuss making small steps towards their goals, therefore, scaling is frequently utilized (Nelson & Thomas, 2007).

The scaling question works well for children because they respond better when communicating with numbers versus words, primarily because they understand the concept of number placement (Berg, 2003). Words can be abstract and have multiple meanings, whereas with numbers, a five is clearly understood to be higher than a three (Pantaleao & Rambo, 2014). Through that concrete understanding, children are able to engage and participate in therapy. According to Milner and Bateman (2011):

> Scaled questions enable children to identify where they are in relation to their problem or goal at that current time; to recognize how they have got to that particular point; to set realistic and achievable goals for the next hour, day, week, and month; and then to measure their progress in realizing these goals. (p. 113)

Using the scaling question, the therapist can better grasp how to interpret the information, evaluate therapy, and set achievable goals (De Jong & Berg, 2008).

For example, using the case previously described, Tommy would be asked where he would rate his mood on a scale from 1 to 10 in regards to 1 being the worst mood, in which he would be certain to get into fights with his classmates, and 10 being his best mood, such as Tuesday morning when he was able to refrain from reacting when a classmate pushed him. At what number would he feel he could control his temper from

getting into a fight with a classmate (Berg, 2003)? The therapist can be creative and have Tommy display his answer with his fingers, by his positioning in the room relative to two marker points, or in reference to his favorite player on a sports team or subject in the school. There are various ways the therapist and child can collaborate on discussing Tommy's personal scale. The idea is that Tommy's scale would only make sense and be specific to him. According to Friedman (1993), "scaling questions are used to discuss the individual client's perspective, the client's view of others, and the client's impression of others' view of him or her" (p. 10). Therefore, Tommy's scale and specific ratings would be a reflection of his perspective, and how he understands others to view him.

A scale is not meant to measure "normal" or "abnormal" behaviors or standards, but rather to serve as a subjective way for the client to express a variation of concerns According to Berg (2003), "what a particular child feels at level 6 is very individual, and often we have no way to know exactly what that means to that child, but we do know that 6 is better than 4 or 5 but not as good as a 8 or 9, and that the level will likely change to something else tomorrow or next week" (p. 22). Therefore, the subjectivity of the scaling question lends itself to the openness of creativity within the model.

Creative SFBT

The variety of SFBT techniques and strategic questions are much more influential and positively received by the client if the question is customized to their situation through utilization of their language (Ciuffardi, et al., 2013). According to Odell, Butler, and Dielman (2005), "regardless of treatment approach or theoretical orientation, the therapeutic relationship is believed to contribute about 30% of the total impact of treatment" (p. 2). Essentially, without a positive therapeutic alliance, it is improbable that

anything of therapeutic value will occur (Odell et al., 2005). Therefore, connecting with the client through use of his or her own language assists in creating a positive therapeutic alliance.

The concept of using the client's own language is attributed to the idea of social constructionism. According to Bannink (2007), "individuals always live in ethnic, family, national, socio-economic, and religious contexts. They adapt their meaning conferment under the influence of the society in which they live" (p. 89). Therefore, the client's ability to perceive a different future is directly correlated to their ability to change. Haley (2002) states, "The implication is that there is no one reality, but rather that realities are constructed based upon a person's interaction with the environment" (p. 23), supporting the premise that realities are socially constructed. It is the therapist's responsibility to assist the client in contemplating the possibility of a "different" future or change their perceptions of the current situation.

In developing therapeutic rapport between the therapist and client, collaborative creative language (CCL) is established to enhance SFBT. A client's language is the product of their experiences and context (de Shazer, 1985; 1988, 1994; de Shazer et al., 2007). From this perspective, "the process of counseling, and in particular reflecting, becomes the co-construction of meanings through conversation. Therefore, in reflecting processes, clients and therapists are not only collaborators, but also co-researchers searching for alternative meanings of the story" (Haley, 2002, p. 24). By allowing room for a both/and way of thinking in the therapeutic setting, there are possibilities for CCL (de Shazer, 1985; Lipchik, 2002). It is through the use of CCL and the development of

meaningful metaphors that a therapist becomes effective in creating and maintaining client rapport and understanding.

A metaphor, is a form of communication. According to Angelo (1981), "the metaphorical object is a communicative vehicle which carries innumerable messages linked to the characteristics of its structure, but to an even greater degree, becomes a vehicle for meaning attributed to it by the family and the therapist" (p. 69). Essentially, the meaning of the message for one client may not be the same meaning of the message for another client. An individual's impression of meaning is a product of their social context. We govern our everyday functioning through personal concepts. According to Lakoff and Johnson (2003), "our concepts structure what we perceive, how we get around in the world, and how we relate to other people" (p. 3).

Through this conceptual system, human beings create meaning, a worldview, and belief systems. Hence, our conceptual system is automatic; in many cases, individuals are not consciously aware of how metaphors impact their way of comprehension and use of language (Lakoff & Johnson, 2003; Lawley & Tompkins, 2013). Therefore, a metaphor is yet another tool to assist both the therapist and client in assessing therapeutic goals and understanding: where they are, where they want to go, and what it will look like when they reach their goal (Loue, 2008). By offering a metaphor to the client, we give him or her the permission and opportunity to offer a vehicle for change.

According to Ciuffardi et al. (2013), "metaphoric stories are used to restructure the description of the problem and to convey meanings, concepts, constructs, values and moral teachings that may contribute to ideas about new ways and perspectives to cope with difficulties" (p. 45). Through listening and telling stories, children and adolescents

are provided with an outlet to think positively about alternative future outcomes (Freeman, Epston, & Lobvits, 1997; Lankton & Lankton, 1989; Ciuffardi, et al., 2013). Children are the perfect example for the use of creative language and metaphors, as their imagination becomes an outlet for developing isomorphic stories (Ciuffardi, et al., 2013). Through the therapeutic metaphoric story, children can change meanings and develop unique concepts to elaborate on what they see the problem and solution to be.

Loue (2008) utilizes a metaphor of the bicycle to assist clients on how to learn from the past and move toward the future. He asks his clients to envision themselves on a bike, and to think about what they are seeing. Loue stated, "whatever you image, you must be aware of what it is that you are passing and where you have been, all the while looking forward to see where you are going" (p. 24). He essentially connects this imaginary journey on a bicycle to the client's life and what they have done in the past that may have been an unsuccessful attempted solution to their problem, and how they would attempt a future solution. Using a metaphor that emphasizes the client's interests creates an opportunity for engagement as well as a more comprehensive working knowledge of the progression within the scale.

Erickson used metaphors in two ways, for therapeutic maneuverability and information gathering (Haley, 1986). The most effective way of gathering information about an individual is to elicit statements about their perceptions. According to Berg and De Jong (1996), a solution focused therapist's role is to "invite clients to explore and define two matters: (1) what it is they want different in their lives (goals) and (2) what strengths and resources they can bring to bear on making these desired differences a reality" (p. 377). By using metaphors, the therapist is gathering information on the

client's worldview and developing an understanding of their assets. The advantage of understanding the client's perspective is connection, thus creating an effective collaborative therapeutic alliance.

To be an effective SFBT therapist, one must comprehend and utilize the model to its fullest potential. Just as a client learns to look at their situation in a different light, a therapist is to view his/her evolving therapeutic model in new creative ways. For a solution focused therapist, this begins with learning.

Learning

Individuals participating in any type of training, workshop, or exercise usually forget a great presentation but often remember a great experience (Silberman, 2007). In order to comprehend experiential training, one must first look at experiential learning, which can be based on both real work and life experiences. According to Silberman (2007), experiential learning refers to:

> (a) The involvement of learning in concrete activities that enable them to "experience" what they are learning about and (b) the opportunity to reflect on those activities. (p. 8)

In other words, learning by doing and reflecting on the experience are key components of the experiential process. Kolb (1984) defined experiential learning as, "the process whereby knowledge is created through the transformation of experience" (p. 15). An example of how experiential learning is currently being administered would be internal practicum courses. This is a class in which novice therapists are being supervised while conducting therapeutic sessions, otherwise known as live supervision. The involvement between therapist and supervisor is collaborative while the therapy session is in process.

In a study by Ellis, Wagner, and Longmire (1999) on undergraduate education, effective learner-centered principles were created, such as "learners link new knowledge to existing information in ways that make sense to them. The remembering of new knowledge is facilitated when it can be tied to a learner's current knowledge" (Clark, 2004). Therefore, the course work of marriage and family therapy theories is just the groundwork novice therapists have to build and attach to new knowledge.

Experiential Training

Experiential training is just that, learning by doing. According to Kolb's (1984) model, "the process of experiential education and learning begins with the concrete experience itself and continues with intentional and guided reflection on or debriefing of that experience" (Osborn, Daninhirsch, & Page, 2003, p.15). Therefore, a novice therapist must first learn the theory, and then apply it within a clinical setting, which is further reflected upon in supervision, thus, creating an additional layer of learning for the novice therapist. According to Kirkpatrick (1996):

> There are three things that instructors in a training program can teach: knowledge, skills, and attitudes. Measuring learning, therefore, means determining one or more of the following: what knowledge was learned? What skills were developed or improved? What attitudes were changes? (p. 42)

These three elements of an effective training program are applied through Instructional System Design (ISD), utilizing Kirkpatrick's four levels: reactions, learning, behavior, and results. This form of inductive-inquisitory learning is efficient because it presents example scenarios and reflects upon the novice therapists' conceptual general information (Clark, 2004).

These concepts can be effectively addressed and evaluated in a training program. The primary premise of SFBT is to change behavior (Pichot & Dolan, 2013). Therefore, a change in the therapist's behavior can be a promising attribute in the client-therapist rapport. Significant change can be provoked if the therapist possesses a desire to change, knows the SFBT model, is able to utilize the model in the room, and is rewarded for changing (Kirkpatrick & Kirkpatrick, 2006). The researcher's assumption is, the majority of graduate level student therapists are enthusiastic to learn, have a desire to utilize the SFBT model correctly, consider positive change for the client rewarding, and that this idea of a training program fits the need (Berg, 2002). This training program is to provide new information for emerging MFTs, not only for the information itself, but also to add their own touch and weave it into the therapeutic setting.

Purpose of Study

There are currently a number of articles and research papers on SFBT techniques regarding the mechanics and functionality of the model (Franklin, Trepper, Gingerich, & Mccollum, 2012; Stith, et. al. 2012; Nelson, & Thomas, 2007; Berg, & Reuss, 1998). SFBT has demonstrated to be effective given its strength-based approach, solution orientation, and a focus on brief interventions (de Shazer, 1985; 1988; 1991; 1994). However, there is limited research on the topic of SFBT and experiential training programs, or on how one can utilize and expand upon the scaling question technique in order to develop a collaborative therapeutic alliance. This researcher was looking at expansion of the scaling question through a creative and experiential training process.

Given the preceding discussion, the question addressed by the proposed research is to apply and analyze the effects of an experiential training program for novice

therapists to utilize creative avenues of SFBT. This approach is different in that it will concentrate on the metaphoric expansion of the scaling question. Many studies have been conducted on the effectiveness of the miracle question in ascertaining therapeutic goals (Franklin, et al., 2012; Stith, et al., 2012; de Shazer, 2007), and on the obstacles novice therapists face with SFBT as a therapeutic model (Stith et al., 2012). However, little has been done on the expansion of the scaling question.

This study is designed to illustrate how the metaphoric expansion of the scaling question can be taught and utilized by master's level students in an educational research institution. Overall, the task at hand is to create an experiential training program to teach novice therapists how to expand the scaling question metaphorically.

Summary

This chapter provided an overview of existing literature of SFBT, identified the difficulties novice therapists have with the model, and addressed the gap between beginning therapists and the creative use of SFBT. This researcher articulated the purpose of the study and outlined the need for experiential learning and training for novice therapists. Chapter III will further define ISD, Kirkpatrick's four levels of evaluation, and discuss the use of action research as the methodology. In chapter IV, the data analysis will be presented and discussed.

Chapter 3: Methodology

This study was designed to address the evaluation of the MESQ training program, and analyze the participant's lived experience of the training. To effectively address this concept, I incorporated excerpts from each participant. In this chapter, I present justification for using action research to address the improvement of learning within the MESQ training program. I then rationalize the use of the Instructional System Design (ISD) to configure the training program, and Kiripatick's four levels of evaluation, in assessment of the MESQ training program overall. Through this assessment, participants were given a chance to express their lived experience of the MESQ training.

Qualitative Research

According to Hays and Singh (2013), qualitative research is defined as "the study of a phenomenon or research topic in context" (p. 4). This is why qualitative research is commonly utilized within clinical settings and social science environments. Qualitative inquiry creates an avenue to explore the participant's experience in context, through "description, attention to process, and collaboration within a social structure and within its people" (Hays & Singh, 2012, p. 4). Essentially, qualitative practices bridge the gap between fundamental research and clinical practice. Qualitative research encompasses descriptive and phenomenological studies (Munhall & Chenail, 2008). This research study will utilize the methodology known as action research.

Action Research

Action research was developed by Kurt Lewin in the 1940s (Nodic Oja & Smulyan, 1989). It does not aim to understand and describe social situations, but rather to assist practitioners in comprehending what they are doing. According to Mcniff and

Whitehead (2010), "action research focuses on improving learning, not on improving behaviors" (p. 19). Therefore, this type of research is geared toward gaining knowledge and further developing the professional self. According to Mills (2014), practical action research "places more emphasis on the 'how-to' approach to the process of action research and has less 'philosophical' bent" (p. 11). Action research emphasizes the learning aspect and assumes the participants are committed to continued professional development. Therefore, action research is the ideal methodology when assisting novice therapists with the development of their unique use of SFBT questions.

According to Norton (2009), Lewin's approach to research can be summarized as a series of steps:

> (1) Observe or notice that something is not as it should be and/or could be improved; (2) Plan a course of action, which involves changing something in your practice (plan); (3) Carry out the change (act); (4) See what effect your change has made (reflect). (p. 69)

The MESQ training program was carried out through these four steps, and modified for future practice. According to Mcniff and Whitehead (2010), "action research is collaborative and focuses on the co-creation of knowledge of practices" (pp. 20-21). The idea of co-creation of knowledge fits well with the SFBT concept of the "process consists of what the therapist says and does rather than on his or her intentions" (Bavelas et al., 2013). With the use of these conceptions, this researcher targeted novice therapists and provided a training program to assist in the utilization of client-centered metaphors when using the SFBT scaling question.

Instructional System Design (ISD)

The Instructional System Design (ISD) is a "model to aid in the design, development, and delivery of performance through learning, training, and development processes" (Clark, 2004). The mere use of the word design implies the creative aspect of learning. A benefit of the ISD model is its systematic approach to an exploratory problem solving technique that uses evaluation and feedback (Clark 2004). According to Roblyer (1981), "effective learning and performance solutions are more likely because the ISD model increases the probability that the courseware will match the objectives and not veer in a different direction" (Clark, 2004). Therefore, ISD is a process of ensuring that learning does not occur in a random manner, but is developed using specific measureable outcomes. Thus, Kirkpatrick outlines four levels of training programs: level 1 – reaction; level 2 – learning; level 3 – behavior; and level 4 – results (Kirkpartick, 1996; 1998). This model is the basic concept in a systems approach, "viewing human organizations and activities as systems in which imputes, outputs, processes (throughputs), and feedback and control elements are the salient features" (Rao, 2010, p. 8). The evaluation process is summative informative, a method of judging the worth of a program at the end of the activity (Clark, 2004). The focus becomes the outcome. The MESQ training program was evaluated based on Kirkpatrick's four levels of evaluation.

Method

The purpose of this training program was to provide novice therapists with the creative enhancement of an evidence based, collaborative model of therapy, know as SFBT. Novice therapists were able demonstrate competencies within the following areas: developing an effective therapeutic alliance, listening to the client's story, selecting

elements of his or her preferred future, and assisting in building upon the client's language from a SFBT lens. Given these core competencies, the goal of this training program was to assist novice therapists in facilitating an innovative scaling technique though the use of metaphor.

Participants

Participants for the MESQ training program were all graduate level therapists attending a Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) accredited program in south Florida. All adult novice therapists were enrolled within a graduate program and have already completed an introductory course on MFT theories, which provided a theoretical foundation of SFBT. All potential participating therapists were identified through a recommendation, based on the evaluation of the participant's basic knowledge and interest in SFBT. The recommendations for each participant came come from two distinguished Marriage and Family Therapists (MFT), identified as the co-investigators. Both faculty members are American Association for Marriage and Family Therapists (AAMFT) certified supervisors.

Participants for this study were recruited by recommendation from one of the co-investigators. The co-investigators notify the recommended participants that the researcher would contact them in regards to this study. The researcher then contacted each recommended participant, or identified individuals interested in SFBT trainings, via telephone. The researcher described the nature of the study, verified participation criteria, reviewed the risks and benefits to participants, and supplied the researcher's contact information. Once the individual agreed to participate in the MESQ training program, the

researcher emailed the participant the adult informed consent form (Appendix A), providing participants additional information regarding the study. The informed consent notified the participant they were not going to receive financial reimbursement for their voluntary involvement in this study. All subjects were free to decline participation in the study without fear of reprisal, because the co-investigators would not aware of who was participating. All participants received printed materials of the agreed terms and conditions.

Theoretical Sampling

The researcher strategically chose a homogenous sample of participants. The term homogenous refers to a specific subgroup of individuals sharing a variety of similarities (Hays & Singh, 2012). This research study was not funded. Thus, the researcher took advantage of opportunistic sampling and targeted graduate level students interested in SFBT.

All participants for the study were selected based upon the following inclusion criteria: (a) the participant was enrolled in a COAMFTE accredited graduate marriage and family program; (b) a recommendation by two co-investigators was received, based on the evaluation of the participant's interest in SFBT; (c) the participant would have already successfully completed an introductory course on MFT theories, which provided a theoretical foundation of SFBT; and (d) participants were English speaking, willing to participate, and over 18 years of age. The exclusion criteria consisted of the following: (a) an individual not enrolled in a graduate program; (b) a student not recommended by a co-investigator; (c) an individual that has not successfully completed introductory courses

on MFT theories; (d) an individual does not speak English, and is not over the age of 18; and (e) any students that declines participation in the training program.

According to Hays and Singh (2012), "qualitative methodologists agree that the sample size should be consistent with the minimum number of participants you need to adequately represent the phenomenon of inquiry – a number that is guided by the study's purpose" (p. 173). This researcher recruited six novice therapist participants. Only participants that completed the training program were included in the data analysis.

The MESQ Training Program

The MESQ training program was completed on the participant's college campus, within the school's therapy institute. The training program consisted of a two-hour time frame, and the audio-recorded, semi-structured interviews averaged 15-25 minutes. The researcher first secured all signed informed consent forms, and every participant was given a brief introduction/overview of the training program in a group setting. The training program itself was not audio or video recorded. The training program began with a self-assessment pre-test (Appendix E) and ended with the semi-structured interview (Appendix F).

Kirkpatrick Level 1: Reaction

The first level of Kirkpatrick's evaluation is reaction, in essence to what degree do participants react favorably to the learning event, in this case, the MESQ training program (Kirkpatrick, 1998). Therefore, both the self-assessment pretest and the semi-structured interview were pivotal for this level of evaluation. Participants were given a pretest prior to the beginning of the training program.

Upon completion of the training program, participants were asked to partake in a private semi-structured interview following the completion of the training program. All interviews were completed within a one-week time frame, after the training program. The researcher held the interviews with each participant individually. The interview questions are as follows:

(1) On a scale from 1-10, with 10 being full comprehension and 1 being confusion, do you believe this training has assisted you on improving your understanding of the SFBT scaling question?
    a. If so, in what ways?
    b. What would you need to see, to know your original scaling marker increased?

(2) What have you learned, or gained from this training program?

(3) How will you utilize this technique in the future (if at all)?

(4) What would you change to improve future trainings?

All interviews were audio recorded by the researcher for future transcription. The interviews were audio recorded by the researcher, with the use of a standard digital recorder, and then stored on the researcher's encrypted flash drive. To ensure the confidentiality of each participant, the researcher de-identified all data collected, and transcribed all interviews conducted. The materials collected throughout the study were securely stored by the researcher on a password-protected computer and saved for thirty-six months upon the conclusion of the study. At the close of the thirty-six month period, the researcher will delete all digitally stored information and shred any written documentation.

Upon completion of each interview, the researcher transcribed the audio recording, using Express Scribe Transcript software, producing a written account of the interview that will be used for thematic analysis. Successful completion of the Self-Assessment pretest, and the semi-structured interview once the training program has been completed. Data was analyzed to determine patterns in participants' self-assessment of their satisfaction with the program, accomplishment of learning objectives, and suggested changes to the program.

Kirkpatrick Level 2: Learning

Through Kirkpatrick's second level of evaluation, the question to be analyzed is to what degree do participants acquire the intended knowledge, skills, and attitudes, based on their participation in the learning event (Kirkpatrick, 1998). The training program described has been divided into three components for novice therapists to cultivate a creative use of the SFBT scaling question: listening, selecting and building. The first factor, listening, refers to looking for exceptions and the development of a therapeutic alliance with the client.

Scaling in action, by Zalter and Fiske (2008), was the first activity preformed by the participants of the study. Berg completed a similar excise with children, called moving around the rope (Berg & Steiner, 2003). Participants were asked to indicate on a scale line taped down the middle of the room, from one to ten, their understating of SFBT techniques (i.e., miracle question, scaling question, and exploring the client's exceptions and world view). Then the participants were asked to reflect on their position on the scale, where they would like to be in the future, and what they would see themselves and their clients doing in sessions as signs of making progress utilizing SFBT.

According to Zalter and Fiske (2008), some follow up questions for the participants would be as follows:

> (1) How did you get to where you are now? (2) Where do you want to be on this same scale? (Move to that place) (3) Imagine that you have in fact done what you needed to do to achieve that goal. Turn to the people around you and tell them one thing that is different now that you are where you wanted to be on the scale. (4) From that same place, where you want to be on the scale: what was the very first small step you took that got you on track to where you wanted to be? (5) What difference did that step make? (6) What did you discover as you moved up the steps? (p. 2)

Once the action scaling was completed with all participants, they were given a case scenario example.

Three research participants were asked to partake in a listening exercise. One volunteer was given a hard copy of the case example one (Appendix D) to read out loud. The second volunteer was instructed to listen for pre-selected key client words/phrases only (i.e., symptomology, repetitive behaviors, etc.). The third participant was instructed to listen to the case study as if it was a client disclosing information about their situation (i.e., context and language). The second volunteer was asked to disclose his or her experience of the case, and the third volunteer was asked to do the same. The researcher then asked the other participants to reflect on the differences between both volunteers' experience of the same case. The researcher then reflected upon the listening portion of the workshop by discussing the importance of client language and the goal of a SFBT therapist to select key words/phrases throughout a session. The researcher then identified

the difference between other therapists and SFBT therapists: listening for exceptions, the client's strengths, and resources. Upon completion of the case scenario exercise, participants were asked to discuss their response.

Successful completion of the action scaling exercise was determined by the participant's ability to display understanding of the SFBT scaling question. Successful completion of the case scenario activity was determined by the participants' observation and demonstration of basic SFBT and metaphor development techniques. The results of their assessed work determined the level of understanding and performing the basic creative scaling questions procedures.

Kirkpatrick Level 3: Behavior

The evaluation of Kirkpatrick's third level determines to what degree participants can apply what they have learned (Kirkpatrick, 1998). This was displayed through the second element to strategically select key words, concepts, and metaphors the client gives regarding their preferred future. To enhance SFBT perceptions, participants were provided with a SFBT recipe for creativeness worksheet to assist in identifying key concepts, while watching clips of Insoo Kim Berg, a co-founder of SFBT, and Theresa Steiner, an established child psychiatrist who collaborated on a case. This case intervention was developed into a SFBT training video, the *Eagle and a Mouse* case.

Each participant was asked to watch the session and note any of the concepts listed on the SFBT worksheet. The SFBT worksheet was comprised of theoretical underpinnings of the model. The concepts are as follows: joining with the client (verbal and nonverbal) techniques, any nonverbal matching, examples of the therapist taking a not knowing stance and viewing the client as the expert, approaching the client with

curiosity, reframing ideas, exceptions, metaphor, compliments, coping questions, strengths, resources, the miracle question, preferred future/therapeutic goals, and the scaling question. Once the video clips were completed, the researcher and participants discussed what was observed and how it was helpful throughout the session. Participants' successful completion of the SFBT recipe for creativeness worksheet, while watching the video example of Berg, reinforced the concept of selecting key components and ideas from a client's story.

Successful completion of the SFBT recipe for creativeness worksheet was determined by the participants' ability to select SFBT key concepts and completion of the creative scaling question process. Analysis of the participants' performance was used to assess adherence to the approach, as well as to creative improvisation of the techniques.

Kirkpatrick Level 4: Results/Data Collection

Kirkpatrick's fourth level of evaluation determines to what degree predetermined targeted outcomes occur, as a result of the learning events (Kirkpatrick, 1998). Participants were then broken into pairs and asked to perform an impromptu role-play in which one person is a client and the other is a SFBT therapist. Participants not involved in the immediate role-play were asked to observe and take note of any analogies or metaphors being expressed. As each role-play was completed, the pair of participants performing the role-play was given the option to discuss the experience from their perspective and receive immediate feedback from all other participants watching the role-play. Participants demonstrated understanding through active role-plays with other therapists, and reflection on SFBT ideas focused on the scaling question. Thus, in the third activity, the therapist built upon the information provided by the client in order to

create the metaphoric expansion of the scaling question within his or her own language. The researcher provided a copy of a case example of the metaphoric expansion of the scaling question, utilizing the Miami Heat NBA basketball team (Pantaleao & Rambo, 2014). This article was then discussed in an open forum with all participants.

Successful completion of the role-play was determined by the participants' ability to co-construct a metaphor, with the use of the "client's" language, and deliver an enhanced scaling question. The "therapist" participant was to utilize the enhanced scaling question to assist in the client's relation and understanding of the scale to rate progress. Analysis of the participants' performance was used to assess the success of the outcomes of the use of creative scaling questions.

The researcher analyzed the data qualitatively using the following basic procedures: (a) transcribed the recorded sessions; (b) utilized open coding to determine basic qualitative concepts; (c) used axial coding to group concepts into categories and themes; (d) cross-walked these emerging qualitative distinctions with the objectives of each Kirkpatrick level within the context of the training program (e.g., In Level 4, compare the results of the role play with anticipated results to determine adherence to the learning objectives and the participants' actual performances); (e) kept an audit trail of results; and (f) utilized the chair as an expert reviewing of the results. The researcher utilized Microsoft Word editing and reviewing tools to conduct the analysis of the data.

In conclusion, this training program assisted novice therapists in constructing creative client-centered clinical interventions. Once the participants completed the training program, a semi-structured interview was completed with each participant. The

participant's competencies in the three main areas of listening, selecting, and building were examined through thematic analysis.

Thematic Analysis

According to Braun and Clarke (2006), thematic analysis is "a method for identifying, analyzing and reporting patterns (themes) within data" (p. 79). The theme recorded is in congruence with the research. Braun and Clarke (2006) said, "a theme captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set" (p. 82). The themes that emerge in relation to the overall research question are the key to this form of analysis. The most effective thematic analysis for this research study is inductive theoretical thematic analysis.

Inductive theoretical thematic analysis is "a process of coding the data without trying to fit it into a preexisting coding frame, or the researcher's analytic preconceptions" (Braun & Clarke, 2006, p. 83). Thematic analysis is about understanding people's everyday experiences of reality in order to gain comprehension into the phenomenon in question (Braun & Clarke, 2006). Thematic analysis is not grounded to any specific pre-existing theoretical framework, thus allowing flexibility to be used with multiple theories. However, according to Braun and Clarke (2006), when utilizing an essentialist/realist approach, "relationship is assumed between meaning and experience and language (language reflects and enables us to articulate meaning and experience)" (p. 85), meaning the research epistemology guides what is said about the data.

Trustworthiness

Trustworthiness is considered a measure of validity in regards to qualitative studies (Hays & Singh, 2012). According to Hays and Singh (2012), "in discussing the "truth value" of the research process, it is imperative that clinicians and educators also think of establishing validity not only as demonstrating research strengths but also noting research limitations" (p. 192). Given the differences between quantitative and qualitative research, internal and external validity commonly referred to within quantitative research can be considered credible and transferable within the constraints of qualitative research. The researcher aimed to verify the trustworthiness of the proposed research study through justification of creditability, transferability, dependability, and creativity.

Creditability is commonly referred to as internal validity, "the likelihood that there is a casual relationship between two variables without interference from other variables or threats" (Hays & Singh, 2012, p. 192). Hence, the credibility of the proposed training program would be determined by the novice therapist's competency to build upon the client's language to create a metaphor expansion of the scaling technique. Transferability refers to the generalizability of the results to the population outside the study participants (Hays & Singh, 2006). The training program will enrich the marriage and family field by encouraging novice therapists to view the uniqueness of SFBT. According to Hays and Singh (2006), dependability refers to "the consistency of study results over time and across researchers" (p. 201). This notion of dependability mirrors the concept of reliability within quantitative research, examining the consistencies of the training program.

Creativity is a trademark characteristic of trustworthiness within qualitative research studies. According to Hays and Singh (2006), creativity refers to "implementing novel methodological designs, including imaginative ways of organizing, presenting, and analyzing data" (p. 203). The notion of creativity will be utilized with the proposed experiential training program through both theoretical and applied aspects of learning, a unique way of building client specific SFBT techniques.

Ethical Considerations

Upon receiving approval from the Institutional Review Board (IRB), the researcher began the research process with consideration for the safety and wellbeing of all participants. The researcher ensured that all participants were informed that the study was completely voluntary and they were able to withdraw at any point with no penalty to them. The researcher ensured the nature of the study was completely transparent to each participant. The study was clearly outlined with the potential benefits of participating.

This training program contributed to each participant's SFBT knowledge base and provided assistance in skills such as listening to the client's story, selecting elements of the client's preferred future, and building upon the client's language. Each participant was assured all information and discussion shared throughout the training/interviews was confidential. The evaluation of the MESQ training program can be generalized to benefit all students enrolled in the graduate programs, as well as provide evidence of the efficacy of this program and information that may lead to improving the training processes and outcomes along with participants' experiences. The information was anonymous and only used for data analysis and research discussion.

The risks in this study were minimal and the researcher developed procedures to

minimize any potential risk. The likelihood of the participant's confidentiality being invaded is minimal. The researcher, co-investigators, and IRB had access to the digital audio recordings. The following measures were taken to minimize any potential risk: (a) discussion of confidential information was done in a private closed setting; (b) the researcher informed the participant that all information collected during this study will be kept for a minimum of thirty-six months after the completion of the study; (c) the researcher advised the participants to maintain confidentiality and privacy to minimize the potential for harm and discomfort; (d) recordings from the semi-structured interviews were kept on an encrypted flash drive, which was stored in a locked filing cabinet located in the researcher's home office, with the standard digital recorder stored in the same locked filing cabinet; (e) all paper documentation collected during the study was secured by the researcher in a locked file cabinet; (f) all direct personal identifiers were removed by the researcher from all documentation with the exception of the adult informed consent form (Appendix A); and (g) the researcher restricted access to the voice recordings obtained during the semi-structured interview to further maintain participant participation.

The researcher transcribed all recordings using headphones in her home office. The researcher de-identified any names mentioned during the interview to protect confidentiality by assigning pseudonyms. The researcher informed participants of limits to confidentiality. Being recorded means that confidentiality cannot be guaranteed since voice may be potentially known by anyone who hears the interviews. Foreseeing this challenge, the researcher limited access of the interviews to persons including the IRB and the researchers. The researcher will destroy audio-recordings, transcripts, and other

collected data thirty-six months after the conclusion of the study by deleting electronic files and shredding hard copies. At the close of the thirty-six month period, the researcher will permanently delete all digitally stored information and shred any written documentation.

There is minimal risk that psychological or emotional distress would occur. The researcher informed the participant that he or she has the ability to refrain from sharing information, or discontinue his participation in the study research at any time free of consequences. The significant risk to participants would be the loss of time. Participants were engaged in this training for not longer than two and half hours. The researcher and participants met at a time that was convenient for both. Participants were able to withdraw from the study at any time without any penalties; they were informed about the time requirement for their participation during the informed consent process. The potential exists that a participant of the research study may be a student or advisee of the co-investigators. However, all subjects were free to decline participation in the study without fear of reprisal because the co-investigators will not be aware of who would be participating.

This MESQ training program contributed to each participant's SFBT knowledge and provided assistance in skills such as listening to the client's story, selecting elements of the client's preferred future, and building upon the client's language. The participants benefited from this training program by learning an innovative and creative use of the SFBT scaling technique, how to apply this technique to case scenarios, and developed new SFBT competencies. This study benefits the MFT field as a whole by introducing an

innovative modification to the SFBT scaling question. Therefore, the researcher suggests the study had a positive benefit to risk ratio.

Summary

This chapter introduced the research methodology that was applied to this study and supported the utilization of action research through an inductive theoretical thematic analysis. The training program's goal of assisting novice therapists to facilitate the SFBT scaling technique creatively, through the use of metaphor, was outlined in detail. The core competencies of the training program were defined using three main objectives: listening, selecting, and building. Chapter IV will then review reactions that emerged through the thematic analysis of the participant's data collection activities. Chapter V will discuss the benefits of the proposed training program and limitations to the study.

CHAPTER IV: FINDINGS

The main tenets of SFBT can be taught; however, every person practices the techniques as it best fits for their unique therapeutic style (Berg & Miller, 1992). As previously stated, many novice therapists gravitate towards this model for its initial perceived simplicity (Stalker et al., 1999). However, through training they are taught the complexities. All who engage in this model comprehend SFBT differently. The MESQ training program was developed to assist student therapists in the exploration of creativity with the use of the scaling question. The individuals that participated in this study shared valuable perspectives about their experience of co-creating a collaborative metaphor. This chapter illustrates the objectives, data collection activities, and reactions that I derived from my analysis of the statements shared by the participants of the study.

The excerpts that are shared represent those of each participant (identified by P1-P6) in the study, and observations I witnessed as the researcher (identified by LP). Table 1 displays a number of objectives, categorized by Kirkpatrick's four levels of evaluation, the data collection activities completed, and the participant reactions. I conducted a semi-structured, private interview with each participant. In the analysis, it was found that common experiences emerged and a number of relevant reactions were shared. In other words, there were commonalities among the data collected from each participant's interview, their experiences, and reactions that developed. The information presented and illustrate in this chapter emerged from analysis of the composite data, and is representative of the perspectives shared by the participants in all of the interview configurations.

Table 1. *Objectives, Data Collection Activities, and Outcomes*

Objectives	Data Collection Activities	Reaction
Kirkpatrick Level 1: Reaction To what degree participants react favorably to the learning event.	**1.1 Self-Assessment pretest (Appendix E):** Participants were given a pretest prior to the beginning of the training program. **1.2 Semi-Structured interview (Appendix C):** Participants were asked to partake in a private semi-structured interview following the completion of the training program.	1.1.1 SFBT Comprehension 1.1.2 MESQ Training Goal 1.1.3 SFBT Training Goal 1.2.1 Collaboration 1.2.2 Positive Engagement 1.2.3 Suggested Improvements
Kirkpatrick Level 2: Learning To what degree participants acquire the intended knowledge, skills, and attitudes, based on their participation in the learning event.	**2.1 Action scaling (Zalter & Fiske, 2008):** Participants positioned themselves on a physical scale (line taped down the middle of the room) in accordance with their understating of SFBT techniques. **2.2 Case scenario (Appendix D):** One participant read the case scenario out loud. Another participant was instructed to listen for symptomology, and another participant was listening for what was already working in case scenario.	2.1.1 SFBT Technique Understanding 2.2.1 Finding Exceptions
Kirkpatrick Level 3: Behavior To what degree participants apply what they learned.	**3.1 SFBT recipe for creativeness (Appendix B):** While watching clips from a SFBT training video, *The Eagle and a Mouse*,	3.1.1 Construction of a metaphor 3.1.2 Implementation of the metaphor

	participants were provided with a SFBT recipe for creativeness worksheet in order to assist in identifying SFBT key concepts.	
Kirkpatrick Level 4: Results/Data Collection To what degree predetermined targeted outcomes occur, as a result of the learning events	**4.1 Role Play:** Participants were engaged in an impromptu role-play in which one person was the client and the other was the SFBT therapist, co-constructing an individualized metaphoric expansion of the scaling question.	4.1.1 Change

Kirkpatrick Level #1: Experience

Kirkpatrick's first level of evaluation, reaction, was measured by the participant's experience of the MESQ training program, which was assessed by the participant's responses to their self-assessment pretest (Appendix C), and their semi-structured private interview (excerpts listed throughout this chapter). Within the first level, the participant's experience is categorized by the following reactions: comprehension, MESQ training goal, SFBT training goal, collaboration, positive engagement, and suggested improvements. Within this level of evaluation, the participant's feedback in regards to the MESQ training program is illustrated.

1.1.1 SFBT Comprehension

The self-assessment pretest was comprised of four questions and completed by each participant. This activity measured the participant's self-assessment of their SFBT knowledge. The first two questions on the assessment asked participants to scale their comprehension of SFBT prior to engaging in the MESQ training program. The pre-test

scales followed the standard SFBT format, with 10 being the most informed, and 1 being the opposite. All five participants ranked themselves a 6 or higher on the scale.

1.1.2 MESQ Training Goal

The last two questions were goal orientated and read as follows: What do you hope to accomplish? How do you see yourself progressing to your goal of SFBT knowledge? Every participant indicated learning a new way to utilize the SFBT scaling question, in regards to what they each hoped to accomplish in the MESQ training program.

P1: Learn a new tool to use in therapy.

P2: To learn a different way to scale, to better relate to clients.

P3: I am looking forward to mastering the use of scaling questions and relative follow-ups in the context of SFBT.

P4: Learning a new SFBT tool to continue developing my understanding of this model.

P5: Better knowledge of using metaphor in SFBT.

Participants alluded to becoming more confident in their understanding and implementation of the SFBT scaling question.

Another foundational aspect of the MESQ training program was emphasizing the utilization of creativity with in SFBT. In regards to increasing the participants understanding of the scaling question, P5 stated:

LP: Do you believe the training assisted in improving your understanding of the SFBT scaling question?

P5: I was going to say yes, but then I remembered I was answering a scaling question. I would say 8. [Participant initially scaled a 7 in regards to their knowledge of the scaling question.]

LP: Okay. So, it improved your understanding of the scaling question, in what ways?

P5: I think it, maybe it didn't change my understanding of it, but changed the way I understand how you can use it as a solution focused therapist. Especially with how creatively you can use it. Just the way that you presented it, I had never thought about it like that before. So, I like that you introduced the idea, because sometimes I feel like in solution focused there is this pattern that you follow, and I don't know that it is good or provides the right environment for creativity. So, I like that you were able to introduce the creative aspect of it.

Based on these responses, the participants indicated the MESQ program assisted in comprehension, understanding, and the creativity of the SFBT scaling question.

1.1.3 SFBT Training Goal

Participants then answered the fourth question; how do you see yourself progressing to your goal of SFBT knowledge? Similarly to the responses listed above, all participants listed additional SFBT trainings towards a goal of SFBT confidence.

P1: Becoming more comfortable with the model and going from a 7 to an 8 on the scale listed above.

P2: I hope to obtain better ways of measuring client progress through the training.

P3: The direct experiences at BTI, and in the PROMISE program, allowed me to progress in my confidence with SFBT. I plan on gathering more experience in the field and theory.

P4: At this point I have traveled to various SFBT related conferences in hopes to become knowledgeable in this model. By doing so I will be able to adapt the core SFBT beliefs to my way of working with clients. My knowledge of SFBT increases every time I engage in SFBT training, such as this.

P5: Continuing education course/seminars, trainings, and supervision.

The reactions of the participants were favorable towards the MESQ training program, as demonstrated by a two level increase. All five participants ranked themselves a 6 or higher in the initial phase of the training program, and upon completion, four out of five participants re-scaled themselves at an 8 or higher. Each participant identified additional trainings, seminars, programs, and supervision as a way of continuing to develop and refine their SFBT skills.

The MESQ training program incorporated various experiential learning exercises, which P3 reported as being helpful to learning the enhanced scaling technique. P3 reported he was a visual learner, and therefore indicated the scaling in action exercise at the beginning of the MESQ training program, assisted in his comprehension of the scaling question.

P3: Well I think that I like… I am a visual person as well, and so I think that the tape scale was also a good idea. Whether it is on the wall or on the floor or just on a piece of paper. I think I would say an 8 if I had to pick a number. Yeah.

LP: Okay. Cool. So if it was helpful, in what ways did you find it helpful?

> P3: The first part is visualizing it, and second of all, I think it was one of the first times, if not the first one at all, that somebody asked me directly a scaling question. So that was really, really interesting because I am used to asking them, but not receiving them. So, I found it challenging, you know, and I think that I shared that challenge with all of the other members present, because it wasn't that easy for us to pick a number. So that was the first part that was useful. Visualization and then ask myself, you know, being the one asked. So, to see the scaling question from a different point of view.

P3 noted that as a therapist, he has never experienced being asked a scaling question, which he found to be challenging for him.

All participants indicated they had been taught the foundations of the SFBT model and ranked themselves above mediocre SFBT therapists, but not yet the most informed SFBT therapist. Each participant implied their intent, when agreeing to participate in the MESQ training program, was to enhance their knowledge and skills of SFBT, as well as with the SFBT scaling question. The collective goal was to become more exposed to SFBT techniques to feel more confident with the model. Finally, to achieve that goal, each participant indicated attending continuing education workshops, seminars, trainings and/or supervision as being the route to get there.

1.2.1 Collaboration

Each participant was asked the following scaling question: On a scale from 1 to 10, 10 being full comprehension and 1 being confusion, do you believe that the training program has assisted you in improving your understating of the SFBT scale question?

Upon their responses, four out of five participants scaled themselves at an eight or higher on the scale.

> LP: What do you feel you have learned or gained from this training program?
>
> P2: I think, well just from doing it, I know my next sessions I am probably going to want to use it more because I see how not only is it useful to the client because I can relate to it, but I feel like it is more fun for me to. It makes it challenging. One thing in therapy is that I don't like doing the same things over and over and asking the same questions, because then that does not make it interesting for me to kind of keep doing therapy in the same way, and this makes it kind of like I have to listen to what the clients say and I have to engage with them more, and not that I don't already do that, but this makes it even better. It allows me to kind of figure out something I can use from their language, which is one of the biggest pieces of solution-focus is making sure that you are incorporating and letting the client be the expert in the session so this really allows them to do that, because again, they are talking about themselves and something that incorporates what we are using the metaphor for.

As P2 points out, the notion of using the client's language is unique to the MESQ training program, and the notion of collaboration run parallel to that of de Shazer's teaching of the model. She indicated typically a scaling question is noted as 1-10, with 10 being the goal and 1 being the opposite. The MESQ was designed to utilize the client's language and co-create a scale, which is unique to this program.

1.2.2 Positive Engagement

Participants reported the MESQ training program was useful to their studies and practice of SFBT. In the excerpts below, from P5 and P1, both conveyed the importance of the academic open conversational forum format of the MESQ training program as an avenue to discuss and share professional experiences.

> P5: That is one of my favorite things to do as a professional. Like meet with other people and talk about what we are doing professionally, especially people who have like interests and like models or just how they do therapy. Um. Because, I love to collaborate with people. No person does therapy the same way as another person. So like, hearing P1 and hearing you and just, I love collaborating with people and taking with people, so I always really enjoy stuff like that, just the discussion and yeah.
>
> P1: I really enjoyed being around other therapists and taking about cases and that was the best part, you know. I really enjoyed that.

All participants reported a significant benefit to the MESQ training program was conversing with other therapists about SFBT techniques and how they each use them uniquely.

For the purpose of this study, positive engagement reflects on what the participants enjoyed about the training program and what they felt was beneficial. In this excerpt, P3 refers to utilizing SFBT as an artist, through using the client's language to co-create the metaphor.

> P3. I was excited to come because I think that therapy is an art, so when I heard about the way that you wanted to develop the scaling question into the artistic

way. You know, that clients' talk to us about personal things, so using their words, makes sense. We have to be artists in order to use that data and make it into something useful and nice for them to see or something that they can see in another way. So they are reframing parts, so I was really interested. I think part of it was just part of this benefit comes from talking about it. You know, making philosophy over the scaling question so yeah.

P4 valued the MESQ training program as it contributes to making the abstract thoughts more concrete.

P4: Um. I think it was very informational and I think it was very thought intensive, if there is such a thing. Um. I think its very creative to want to be able to scale to have an option for people who maybe can't gauge accuracy with their feelings on a scale of 1 to 10 for age or for whatever age why they couldn't do that, but to gauge it with something that is more tangible and concrete as a character or a sports person is a really great idea.

P3 and P4 deemed the MESQ training program to have value, for them each as therapists.

1.2.3 Suggested Improvements

As a researcher, I completed the MESQ training program with the intention to assist therapists in looking at SFBT in a different way. However, there is always room for improvement, therefore, each participant was asked to suggest one thing they would change or improve about the training program. P3 and P2 suggested the MESQ training program display additional examples to illustrate the use of metaphor with the scaling question.

P3: Well improve, maybe with examples.

LP: More examples?

P3: Yeah. Because I think that the NBA Miami Heat one was great, so I think another example I'd just you know. I like art so I think that was a piece of art that you showed us.

LP: That's awesome. That's a good way of looking at it.

P3: Yeah. That is how I see therapy. Like, making art pieces.

P3 goes on to indicate the MESQ training program's video clips exemplified the importance of listening to their client's language and to truly hear their words.

P3: I think it was helpful, the video as well, because we were really focused on the hearing part, and I think that before to build something, you have to see it. You know, in piece of marble Michelangelo saw already the statue. So you have to see first in the case of therapy, you have to hear it. You know, you have to get the information and so I think the video was useful as well.

In regards to what could be improved about the MESQ training program, P2 stated:

P2: Probably what we were talking about earlier is just creating more examples about understanding the difference between this is a regular scaling question or traditional scaling question and the metaphorically enhanced kind of question. We will call it that. Um. I loved the role-play. So if there is any way we can do more of that in a certain way, or maybe provide case examples or something where we can kind of get more in touch with it from a therapeutic context. Because like the applying it, you know, kind of thing. So, if we can apply it more, like with an examples or case scenarios that you kind of give us. You kind of did actually, I'm sorry, you did give us some good examples, but more of that

would have been useful. Then, the role-play at the end was perfect, so I actually enjoyed that. Um. So anyhow, if you could in any way if you have the time to or the resources to incorporate any more of that I think it would give us just a little bit better understanding because we can kind of put ourselves in there as trainees.

P1 suggests the MESQ training program should have a formula and concurred with P2 and P3 on additional examples.

P1: As far as the training part, um, I think if you get the tangible part in, the build, select thing, and maybe form it more. You know, I think having the formula and then practicing that in a role-play and different stuff and then maybe giving an example of yourself doing it that would really probably bump it up as far as training purposes. For me, at least.

This portion of Kirkpatrick's evaluation is significant because it assists in understanding how well the MESQ training program was received by the participants, which supports de Shazer's premise of best learning the model though implementation. According to Trepper et al. (2006), "One of de Shazer's lifelong goals, was to improve the quality of training in SFBT. He recognized early that SFBT was seductive: the basics are easy to learn, but the art of doing it well, like most psychotherapy, takes many years of supervised experiences." (p. 134)

Kirkpatrick (1996) states, "It is important to have tangible data that reactions are favorable. It is important also because the interest, attention and motivation of participants had much to do with the learning that occurs." (p. 41) The participant's feedback also serves as suggestions for future trainings, and identifies areas or topics that may be absent from the training program. Some unexpected themes that emerged are: the

development of the client therapist rapport, enhanced comprehension of SFBT, the use of metaphor in therapy, and collaboration with other therapists with clients. Once I assessed what each participant thought of the MESQ training program, and identified areas for improvement, I then moved onto level two of Kirkpatrick's evaluation.

Kirkpatrick Level #2: Learning

Kirkpatrick's second level of evaluation, learning, was measured by teaching the participant knowledge, skills, and attitudes. Kirkpatrick (1996) indicated one or more of the following questions being answered could measure learning: "What knowledge was learned? What skills were developed or improved? What attitudes were changed?" (p.42). Within the second level, the participant's experience is categorized by SFBT techniques of understanding and finding exceptions.

2.1.1 SFBT Technique Understanding

P2 below discusses the usefulness of knowledge gained from the MESQ training program, regarding the use of the client language.

> P2. I think, well just from doing it, I know my next sessions I am probably going to want to use it more because I see how not only is it useful to the client because I can relate to it, but I feel like it is more fun for me to. It makes it challenging. One thing in therapy is that I don't like doing the same things over and over and asking the same questions, because then that does not make it interesting for me to kind of keep doing therapy in that same way, and this makes it kind of like I have to listen to what the clients say and I have to engage with them more, and not that I don't already do that, but this makes it even better. It allows me to kind

of figure out something I can use from their language, which is one of the biggest pieces of solution and focus is making sure that you are incorporating and letting the client be the expert in the session so this really allows them to do that, because again, they are talking about themselves and something that incorporating what we are using the metaphor for.

P5 reiterates the importance of having and developing SFBT skills, and how the MESQ training program assisted in enhancing those skills.

P5: Umm, I think a new perspective on how the scaling question can be used by a solution-focused therapist.

LP: In what way would you use the technique in the future, if at all?

P5: Umm, I really liked how you started talking. I guess you started the presentation with how you had used it with an adolescent, because I feel like sometimes they can be really difficult to work with because they don't want to be there, they are too cool for whatever it is that they are doing or they have been dragged here by their parents, and I have always found that getting to know them and making the questions more meaningful to them is always a better way to kind of help them open up and feel more comfortable with the process. So I would definitely see that would be a way that I would use what I have learning in the future for sure.

2.2.1 Finding Exceptions

P4 distinctly states how he viewed the scaling question, once he had completed the MSEQ training program. This participant viewed the MESQ training program's concept as a meta-perspective learning event.

P4: I think with therapy, so often it is so abstract and it is so what people think subjectively that it is hard to really nail down maybe certain techniques. I think it really shows therapists the value of scaling questions overall, and I think just that meta-perspective is what I really gained from it. Like how an ordinary therapist, maybe they are extraordinary but lets just go with ordinary for right now. Maybe they don't use it in that way so that they can take those skills and hone them in, and then they could make it whatever they want it to be. So I think that learning that they could do that, so it was kind of a meta-perspective learning for me.

P1 indicated she felt the training program gave her more confidence in her ability as a therapist. As displayed in this excerpt from P1's interview:

LP: What do you feel you have learned or gained from the training program?

P1: Um… I think it probably wasn't your objective, but a little more confidence in my ability as a therapist.

LP: Oh. That's awesome.

P1: (giggles) Well that wasn't the point of it at all. Um, and also you know how you pick up stuff and you hear about stuff and you learn stuff and you're like: Oh, I'm totally gonna use that, you know, and then you go into therapy and you don't. It just renewed my want to use metaphor more and to continue to use that as a tool, because it is a fantastic tool for clients to really and apply it to their own life, or whatever you are trying to say in that metaphor. It brings it back to them and its not you telling them what they should do. It is you suggesting it in a way that relates to them. Which I think is great. So, that is what I kind of got out that it is something that I can pull out, like; oh I forgot I had it. I can use this.

Participants displayed an understanding of the intended knowledge, skills, and attitudes of the MESQ training program by utilizing the tenets of SFBT and pointing out exceptions discovered in the provided case scenario. As the developer of the MESQ training program, I felt it was significant to utilize experiential training (Rao, 2010), once again supporting de Shazer's premise of learning by doing (Trepper et al., 2006). Hence, activities were developed to appeal to one or more learning styles: visual (i.e. the video clips), auditory (i.e. the video clips, role-play, and explained examples), and kinesthetic (i.e. role-play and SFBT recipe for creativeness). Each activity was geared towards learning, to then be able to construct and perform the metaphorically enhanced scale.

Kirkpatrick Level #3: Behavior

Kirkpatrick's third level, behavior, was measured by the participant's construction and implementation of a scaling metaphor. Each participant completed a SFBT recipe for creativeness worksheet while watching video clips to identify key SFBT tenets. Within the third level, the participant's experience was categorized by the following reactions: the construction of a co-created collaborative metaphor, and the implementation of that metaphor into a scaling question. Thus, an evaluation in performance is a change in the participant's behavior.

3.1.1 Construction of a metaphor

As a 'client' in the role-play, all participants were able to co- construct a metaphorically enhanced scaling question. P2 has fully grasped the concept of the MESQ training program as illustrated below. P2 internalized the concepts taught by the MESQ training program and was already contemplating how to incorporate these concepts into his present profession.

P2: I could see myself using this. For instance I could see myself using this in career counseling as well because, I am very used to kind of jumping into a very traditional scaling question to find out where the clients are, and where they want to be and maybe what a goal is for them. But now, I can see me taking the time to ask more questions and find out a little bit more about them to make that joining process a little more in depth so that I can see if I can use a better version of a scaling question that they can relate to. So, I can see this not even just enhancing my ability to do scaling, but enhancing by ability to join with them, because that's what leads into this it seems like, because, you can't create a metaphor without knowing a little bit about them first.

Similar to P2, P5 reported learning this technique was positive, especially to use with adolescence clients, in which a collaborative therapeutic alliance is a huge factor.

LP: Okay. What do you feel you have learned or gained from the training program itself?

P5: Um. I think just a new perspective on how the scaling question can be used by a solution-focused therapist.

LP: In what way would you use the technique in the future if at all?

P5: I really liked how you started talking. I guess you started the presentation with how you had used it with an adolescent, because I feel like sometimes they can be really difficult to work with because they don't want to be there, they are too cool for whatever it is that they are doing or they have been dragged there by their parents, and I have always found that getting to know them and making the

questions more meaningful to them is always a better way to kind of help them open up and feel more comfortable with the process. So I would definitely see that would be a way that I would use what I learned in the future for sure.

The role-plays were an assessment of the overall outcome, the co-construction of the metaphor. Every pair of participants were able to come up with a metaphor for the case "adolescent." In the excerpt below, P3 explains his participation partner was excellent at listening to what he was saying and selecting his terminology, to deliver the metaphor.

P3: Well, from your example and from the little exercise in the end, it was really inspiring, because I remembered the lady's name that worked with me, you know when we paired up?

LP: Oh, you mean P4.

P3: Yeah. She is great. You know we were making it up, but she was great picking up the little stuff that she thought was useful to use. So, I would say that it was useful in the part of opening up my ears for select information that can use to build up the scaling question.

P1 goes on to describe the significance of the SFBT scaling question and the unique concreteness that is achieved with this technique. P1 indicated the need for concreteness was for both the client and therapist to know where the client is in that moment.

LP: Do you use the scaling question?

P1: Actually, I do. I recently have been using it with a client who was dealing with alcohol. It's the best because it gives you that concrete. You get to

understand where they are at with the problem or the issue or anything. So that is why I love it because it is more real and concrete and not just words. It is a number that I can say okay this is the scale and this is where you are. That's what I like about it.

The pairs of participants (client and therapist) were then asked to implement the metaphor into a scaling question.

3.1.2 Implementation of the metaphor

As the 'therapist' in the role-play, the participants were able to construction and implement the metaphor. In this excerpt, P4 discussed his role-play partner and how they were able to construct a metaphor that fit the case example.

P4: We had to break intro groups and the person that I was with, I played the therapist and he played the child, the 11-year-old child, and his situation. He was very talkative, where as maybe in the other groups the kid wasn't as talkative. I really liked the way that I could work with him specifically, because he was very malleable, very personable, he wanted to talk. He wasn't throwing a fit like an 11-year-old could, like I don't want to talk to you, that kind of thing. That would add a little layer or challenging, but I like it that he went with it. Obviously, he was an adult and not an 11-year-old, but I like the way that he role played, an I felt that we, again, made that much more concrete in the idea that working in this way and asking these kinds of questions could lead to the answers that we are looking for.

P5 described a recent presentation with P1 at a national conference, and made a reference to the importance of listening for personal information to make connections with each person.

P5: Um. One thing that I was just thinking about; one of the other things that P1 and I did during our presentation was we asked people what their previous experiences with co-therapy had been like, so maybe if you want to ask like if you guys use metaphor in your, you know, therapeutic practice, how do you use it, is it effective, like do you find it works better in some situations than others. Because then you can take what they have said and weave it into what you're going to say later so that it makes it seem like more personalized and people maybe connect with it a little bit better.

Participants were able to apply what they learned as displayed by the construction and implementation of the metaphor. Kirkpatrick (1996) stated, "Level 3 evaluation determines the extent to which change in behavior occurs because of the training program…Therefore, it is important to see whether the knowledge, skills, and/or attitudes learned in the program transfer to the job." (p. 61) Each participant indicated in his or her interviews to have learned a new SFBT scaling question technique through the use of metaphor. They were all able to demonstrate their abilities, to comprise a metaphorically enhanced scaling question in the role-play.

Kirkpatrick Level #4: Results/Data Collection

Kirkpatrick's fourth level of evaluation, Change, was measured by the participants' predetermined targeted outcomes occurring, as a result of the learning events incorporated in the MESQ training program (i.e. role-play). Within the fourth level, the participant's experience is categorized by change. Some participants described

it as change in the why they view the scaling question, or the use of creativity within the SFBT model, or change within themselves as a therapist.

4.1.1 Change

Each participant was able to utilize the 'therapist's' metaphor to create change. Kirkpatrick (1996) reports the tangible results are always better. However, he states, "when I teach leadership, motivation and decision making, I expect participants to understand what I teach, accept my ideas, and use them on the job" (p. 69). He refered to not being able to prove his training program was the cause of change, "there are too many other factors that affect results… you can find evidence that positive results have occurred" (p.69). The positive results that occurred for the MESQ training program have been indicated when P5 was able to construct a baseball metaphor after viewing a video clip. As she reiterates in the excerpt below, discussing new techniques and ideas with other therapists are a positive outcome for her as well.

> LP: The example you gave with the baseball team with using the family as a team or using like the team type of thing. I would have never thought about that, I was thinking of the adolescent as the player.
>
> P5: Yeah.
>
> LP: It was a good example. I would not have thought of that normally.
>
> P5: Right. But that is why I love stuff like that so much, because I feel like that is when the best stuff is talked about, when people are bouncing off of each other and everybody feels comfortable talking about, you know, their ideas and all that stuff too. That is why I love going to like the expo and stuff like that, because it just really invigorates your like want to be good at this and do a good job and try

new stuff, because I feel like you get stuck in a routine a lot of the time when you are not around people like that and I find those opportunities help me kind of be like: Oh, yeah, this is why I' m doing this. It's like here is what other people are doing; I am going to try that.

The following excerpt from P3 demonstrates the participant's ability to utilize the concept with a client he is currently seeing in therapy.

LP: Okay. In what way would you utilize the technique in the future, if at all? Like, do you see yourself using it in the room?

P3: Oh yeah definitely. I always use it. I think right now, I reviewed the team where I asked the mom. Um. She is bothered by her ex-husband's behaviors. She said that she gets irritated. So I said okay, 1 being irritated and 10 being not the perfection because you are going to always be a little bit bored by that, so where do you see yourself. She was so concerned, that I thought she was going to pick 1, you know. Instead she picked 3. So, you know, I already showed surprise and you know, it is a little example of how I start to use imagination and enhanced language in my scaling question.

P3 illustrated his traditional scaling question.

Upon completion of the role-plays, each participant was able to demonstrate and deliver a metaphorically enhanced scaling question. Many of the participants made reference to the traditional SFBT scaling question and the "beyond the textbook" MESQ version of the technique. In the following excerpt, P2 exemplifies the notion of being creative with the SFBT model and techniques.

P2. Because, anything that, like, forced us to kind of look at that differently, kind of challenged us to look at traditions differently, you know the traditional solution focus differently. So I liked that. Because she was doing traditional, so we are trying to get a little bit more than that. You know, the more creative way of approaching that. So I think it was, and then that final role-play helped us actually do it. So I thought that was good.

LP: Cool. Anything else?

P2: Uh. No. I think this is useful. Like I said, now because of your training, I feel like I am actually going to try to be more creative and like open myself up more in the joining process and ask more, hopefully, metaphorically enhanced type questions and so that I can bring out those good scales. I think this can probably extend even past the scaling question. I could probably do this with everyone. Like if I create a metaphor, I'm probably not just going to use it for the scale, I would probably use it for the exceptions, I'd probably use it for coping questions, everything. So I think it was very useful.

P1 shares the value of metaphors, in a therapeutic setting, such as P2. The co-constructed metaphor allows for the exploration of exceptions to the client's situation.

LP: In what way would you utilize the technique in the future, if at all?

P1: Um. I actually think I do it now. I predominantly do MRI therapy, but I still look for exceptions. I kind of meld a little bit of solution focused in with it, and I try to use metaphors as much as I can because I think it is a great way. I'm just going to try to continue and use more of it, and maybe try and see more intertwining of solution focused into it.

The co-construction of the metaphor facilitates understanding the client from their perspective. The client is then asked questions; these strategic questions can range from how to positively increase their scaled number, to exceptions that are present in his or her life. All in the hopes of measuring change, the predetermined targeted outcome of this study.

Summary of Findings

The analytical framework of this study was action research to reflect on the MESQ training program and assist with collaboration of suggested improvements. The training program was structured according to the ISD model in order to capture all outcomes of experiential learning. Then it utilized Kirkpatrick's four levels of appraisal as the evaluation tool for the MESQ training program. I employed a thematic analysis when deriving the experiences and objective portions embedded in Kirkpatrick's levels. Kirkpatrick's four levels of evaluation helped to objectively analyze the effectiveness and impact of the MESQ training program.

The results of this study support many of the findings in the existing literature about the complexities of SFBT (Berg & Miller, 1992; de Shazer 1985; 1988; 1994; de Shazer et al., 2007; Lipchik, 2002; Nelson & Thomas, 2007). The excerpts featured in this chapter illustrate a range of issues that were particularly relevant to the participants in the study. They emphasized the significance of contextual factors such as personal experiences, listening and selecting of client language, and building of a co-constructed metaphor. Considered together, they clarify the participant's experience of creating a metaphorically enhanced scaling question.

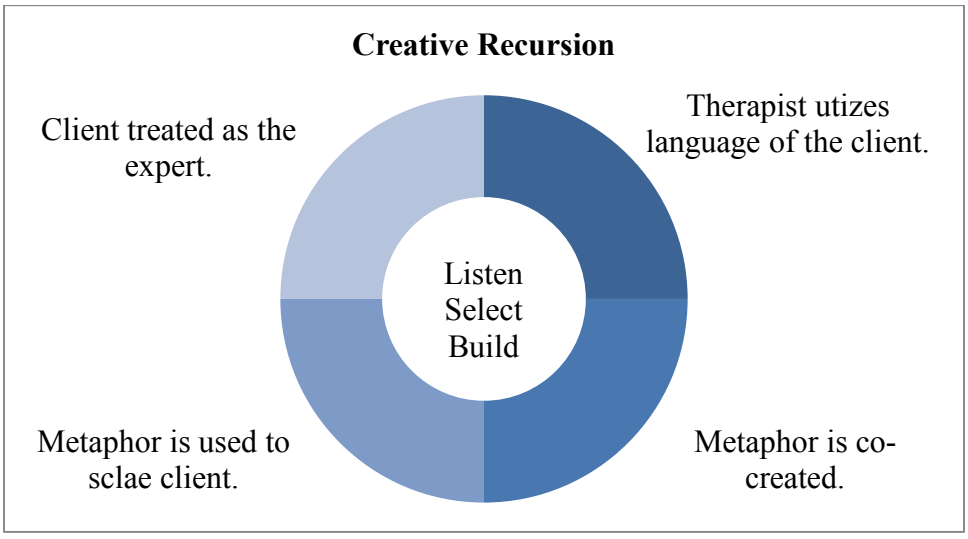
Summary

In Chapter V, I make connections between the findings from this study and the existing literature on the topic of metaphors and the creativity of SFBT. I identify the strengths and limitations of the study and offer suggestions for future studies to expand upon what has been found in this evaluation of the MESQ training program. I will discuss the implications of the study and its relevance for the field of marriage and family therapy.

CHAPTER V: DISCUSSION AND IMPLICATIONS

Reflections on the MESQ Training Program

This study was designed to evaluate the effectiveness of the MESQ training program and to discover valuable improvements. The MESQ training program was established to assist novice therapists in utilizing the SFBT model creatively. I conducted this study with the hopes of enhancing the development of SFBT skills for participating therapists, and changing their perspective towards SFBT techniques and interventions by adding an element of creativity. To my surprise, the findings of this study shed light on the idea of an existing creative recursion. In this cycle, the novice therapist respects the specific terminology utilized by the client, which is needed to co-create a meaningful metaphor (Figure 1). The training exemplified the participant's existing knowledge of SFBT and demonstrated a new way of looking at the model.



The results of this study corroborated the notion of creative recursion and indicated as being beneficial to participating novice therapists. The creative recursion that emerged from the study supported the pragmatics of the SFBT model.

The identified purpose of this study was to: increase basic and new creative knowledge of the SFBT model, enhance the development of SFBT skills, change novice therapists' perspectives towards SFBT techniques and interventions, and to evaluate the MESQ training program. The MESQ was created and implemented isomorphic to that of the SFBT model, which is demonstrated in below (Figure 2).

SFBT Tenets		Outcomes of MESQ
Solution building	➔	P2: I think this is useful. Like I said, **now because of your training I feel like I am actually going to try to be more creative and like open myself up more in the joining process and ask more, hopefully, metaphorically enhanced type questions** and so that I can bring out those good scales. I think this **can probably extend even past the scaling question**. I could probably do this with everyone. Like if I create a metaphor, I'm probably not just going to use it for the scale, I would probably use it for the exceptions, I'd probably use it for coping questions, everything. So I think it was very useful.
Client's desired future	➔	P5: Umm, I really liked how you started talking. I guess you started the presentation with how you had used it with an adolescent, because I feel like sometimes they can be really difficult to work with because they don't want to be there, they are too cool for whatever it is that they are doing or they have been dragged here by their parents, and I have always found that **getting to know them and making the questions more meaningful** to them is always a better way to kind of help them open up and feel more comfortable with the process.
Being curious of the client's experiences	➔	P2: I think, well just from doing it, I know my next sessions I am probably going to want to use it more because I see how **not only is it useful to the client because I can relate to it, but I feel like it is more fun for me too**. It makes it challenging…**It allows me to kind of figure out something I can use from their language, which is one of the biggest pieces of solution focused** is making sure that you are incorporating and **letting the client be the expert in the session** so this really allows them to do that, because again, they

		are talking about themselves and something that incorporating what we are using the metaphor for.
Finding exceptions	➔	P4: I think with therapy, so often it is so abstract and it is so what people think subjectively that it is hard to really nail down maybe certain techniques. **I think it really shows therapists the value of scaling questions overall,** and I think just that meta-perspective is what I really gained from it. Like how an ordinary therapist, maybe they are extraordinary but lets just go with ordinary for right now. Maybe **they don't use it in that way so that they can take those skills and hone them in, and then they could make it whatever they want it to be.** So I think that learning that they could do that, so it was kind of a meta-perspective learning for me.
Clients discover alternatives through experiences	➔	P2: **I could see myself using this**. For instance I could see myself using this in career counseling as well because, I am very used to kind of jumping into a very traditional scaling question to find out where the clients are, and where they want to be and maybe what a goal is for them. But now, **I can see me taking the time to ask more questions and find out a little bit more about them to make that joining process a little more in depth so that I can see if I can use a better version of a scaling question that they can relate to**. So, I can see this not even **just enhancing my ability to do scaling, but enhancing by ability to join with them**, because that's what leads into this it seems like, because, **you can't create a metaphor without knowing a little bit about them first**.
No right or wrong responses	➔	P4: We had to break intro groups and the person that I was with, I played the therapist and he played the child, the 11-year-old child, and his situation… Obviously, he was an adult and not an 11-year-old, but I like the way that he role played, an **I felt that we, again, made that much more concrete in the idea that working in this way and asking these kinds of questions could lead to the answers that we are looking for.**
Client's solution behaviors already exits	➔	P3: Well, from your example and from the little exercise in the end, it was really inspiring, because I remembered the lady's name that worked with me, you know when we paired up? LP: Oh, you mean P4.

		P3: Yeah. She is great. You know we were making it up, but she was great **picking up the little stuff that she thought was useful to use**. So, I would say that it was useful in the part of **opening up my ears for select information that can use to build up the scaling question.**
Small change leads to large change	➔	LP: What do you feel you have learned or gained from the training program? P1: Um… I think it probably wasn't your objective, but **a little more confidence in my ability as a therapist.**
Client is the expert	➔	P2: It allows me to kind of **figure out something I can use from their language**, which is one of the **biggest pieces of solution-focus** is making sure that you are incorporating and letting the client be the expert in the session so this really allows them to do that, because again, **they are talking about themselves and something that incorporates what we are using the metaphor for**
Utilize client language	➔	P3: You know, that clients' talk to us about personal things, **so using their words, makes sense...** So they are reframing parts, so I was really interested. I think part of it was just **part of this benefit comes from talking about it. You know, making philosophy over the scaling question** so yeah.

In each participant interview, when asked if the MESQ training program assisted in applying the SFBT model creatively, the answers were a unanimous "yes." The participant responses varied in how the MESQ was helpful, which highlighted the utilization of the co-creation of a metaphor and the significance of listening to the client and using their language. The MESQ training program developed a creative outlet for therapists to view and utilize the SFBT model, regardless of their professional experience. As P2 stated, "I think this was useful, because of your training I feel like I am actually going to try to be more creative and open myself up more to the client joining process … to get more information for a meaningful metaphor."

Nelson (2010) comprised a metaphor when discussing SFBT and clarified the importance of training and education of the model for effective use. She made reference to an old electronic drill, which had a variety of drill bits to use on a number of projects, if used appropriately. Nelson (2010) stated:

> The wonder of the solution-focused approach is that it is strong, flexible, and reliable. Going back to the original metaphor, we need to buy a quality drill (ensure we're well trained and educated in the model); test, experiment, and practice a lot to become quiet and comfortable with it and select the right bit. (p. 8)

This metaphor of a drill, the variety of bits, and the need for training and experimentation, truly identifies the ongoing process of an emerging successful and effective therapist.

Stith et al. (2012) conducted a research study aimed at assisting novice therapists to more effectively utilize the SFBT miracle question. They suggested experiential learning techniques would improve novice therapist's ability to comprehend and deliver the miracle question effectively. These suggested learning techniques include role plays and observing more experienced therapists in action. According to Stith et al. (2012), "students who role-play the technique can then gauge their starting point and create goals for how they would like to deliver the miracle question more effectively." (p. 393) In regards to the MESQ training program both of these experiential exercises as well as a hands on activity were implemented. Many participates reported the role play as being a useful demonstration of the metaphoric scaling question, because it allowed them to see areas in need for improvement.

During the interview process, each participant was asked if he or she would utilize the MESQ in the future, and each participant, agreed it was a useful technique they would apply with a client. P3 stated, "Well, from your example and from the little exercise in the end, it was really inspiring…my role play partner was great at making information up, which was useful because it made me open up my ears for that type of information to build up the scaling question." Once again, referring back to the creative recursion cycle, the MESQ training impacts the therapist's way of listening to the client, as context becomes impetrative to co-creating a scaling metaphor.

Discussion

In my review of the existing literature in Chapter II, I explored the usefulness of SFBT, how novice therapists gravitate to the model, and how powerful of a tool the scaling question can be (Nelson, 2010). In some ways, the participants in the present study echoed what has been found in previous studies. For example, the study conducted by Estrada and Beyebach (2007) indicated clients reported the scaling question as helpful in identifying specific steps towards accomplishing their therapeutic goals. This study also underscores the previous assertion that the scaling question assists in making abstract thoughts become more concrete (Bavelas et al., 2013; Berg & Reuss, 1998; de Shazer, 2007; Nelson, 2010; Nelson & Thomas, 2007).

SFBT is noted to be talk therapy, essentially a strategic method of talking with clients (Ratner, George, & Iveson, 2012). Ratner, George, and Iveson (2012) go on to indicate, "the way clients talk about their lives, the words and the language they use, can help them to make useful changes" (p. 3). Pichot and Dolan (2013) concur with the importance of language and connect the notion to their belief; "clients are more likely to

implement ideas for change that they generate" (p. 15). In SFBT, "therapists listen closely to their clients' language for what is important to the client, for what their clients might want, for evidence of client competencies and successes related to what they want, and for their client's own and external resources" (Bavelas et al., 2013). The findings of this study are supported by the existing literature, in regards to the importance of using client's language in context in order to establish a working metaphor (Bavelas et al., 2013; Bavelas et al., 2000; Ciuffardi et al., 2013; de Shazer, 1988, 1994, 2007; de Shazer, Berg, Lipchik et al., 1986; Pantaleao & Rambo, 2014).

As noted previously in the literature review, de Shazer (1985, 1988, 1991, 1994, 2007) continuously wrote about the SFBT model in an evolutionary manner. De Shazer believed the model should follow a theoretical framework, which should also be adapted to fit the needs of the client (de Shazer, 1985, 1988, 1991, 1994, 2007). He indicated the SFBT model is unique to the client, as he or she is the expert. Out of the six participants, two reported dissatisfaction with the MESQ training program, due to a lack of formula on how to "come up" with the metaphor.

Although I reflected on the participants' suggestions of formulating the process to construct a useful metaphor, I returned to the teachings of Berg and de Shazer and determined this course of action would contradict the theoretical foundation of SFBT, co-creation of meaning. The creation of a formula could not be accomplished as it is the responsibility of the SFBT therapist to listen to their clients and co-construct a metaphor on a case by case basis, thus leading from one step behind (de Shazer, 1988; de Shazer et al., 2007).

The composite findings from this study expand upon what has already been found

on the SFBT model and how creativity can be introduced into the associated techniques. This concept of creativity within SFBT scaling question is a new and exciting element to be added towards existing literature. The findings from this study suggested the notion of allowing the client to create a significantly meaningful metaphor in which to assist in the therapeutic process of making abstract concepts concrete is plausible (Ciuffardi et al., 2013; Pantaleao & Rambo, 2014). Pichot and Dolan (2013) stated, "scaling presents wonderful opportunities to empower clients to explore exceptions and how they create them" (p. 19). The findings from this study supported this concept and revealed the positive outcome of applying creativity within the SFBT model. Nelson (2010) stated, "in essence we believe that the introduction of a sense of playfulness, of movement, and of difference through the use of converging scales encapsulates what we believe a solution-focused approach brings to helping clients" (p.28). Therefore, this study supports being playful with the SFBT model and clients.

Strengths and Limitations of the Study

From my perspective, the methodologies utilized throughout this study were among its primary strengths. The action research approach was used to assist practitioners in comprehending what they are doing (Hays & Singh, 2012). Thus, experiential training was applied to this study, to assist with the improvement of learning. The learning portion was then evaluated through ISD: Kirkpatrick's four levels of evaluation, which emphasized systematic measurable outcomes of learning (Kirkpatrick 1996; Clark, 2004). A quantitative study of using SFBT creatively would have offered a minimal overview that would be unsuccessful at capturing the valuable nuances that were important to this study and the contextual aspect would have gone unnoticed. Other

qualitative methodologies would not have given me the freedom to both evaluate the MESQ and interpret the participants' descriptions of their experience. Kirkpatrick's four levels of evaluation, known as summative informative, is a method of judging the worth of a program at the end of the activity (Clark, 2004). The focus becomes the outcome. Once the program evaluation was completed, a thematic analysis was conducted on the body of data obtained in the interviews, to determine the effectiveness of the training and identify implications for improvement.

Another fundamental strength is the novice therapists who volunteered for the study. I was able to obtain student participants who showed significant interest in the SFBT model, and were referred by university faculty. Through their honest feedback, I was able to produce positive improvements for the MESQ training program, and a body of meaningful data from which I derived the study's results. The participants in this study are not a representative of all students interested in the SFBT model, but their shared experience of the MESQ training program will resonate with future students interested in the model. The inclusion of both doctoral and master level therapists adds to the significance of these findings and allows for a variety of suggested improvements to guide future trainings and studies to be conducted.

My decision to conduct an individual interview with each participant about his or her experience was a significant strength of the study. The semi-structured interview allowed for flexibility and offered the opportunity for follow up questions to further add contextual meaning. Essentially, by asking the guided questions, we were able to stay on target but also entertain an exploratory conversation about utilizing SFBT creatively. This allowed me to engage in meaningful dialogs with the participants, who reported their

enjoyment of discussing SFBT techniques in a creative manner.

The added creativity to a model that has been perceived as simplistic (Stalker et al., 1999) is an important strength of this study. Mckergow and Korman (2009) wrote an article as a response to Stalker, Levene, and Coady's take on SFBT. They indicated the model is not simplistic, but rather radically different then traditional therapy. According to Lipchik (2002), "the answer is simple: SFT is more than the trademark techniques it is known for. It is a sophisticated therapeutic model that has been applied to a variety of situations" (p. 6). I agree SFBT is known primarily for strategic questions and techniques such as the miracle question, scaling question, discovery of exceptions, and coping questions. However, each question and/or technique is grounded in the various SFBT tenants, specifically language. De Shazer emphasizes the importance of collaboration and co-construction of meanings with clients (de Shazer, 1985, 1988, 2007). I believe utilizing SFBT creatively is a strength to this study because it embraces the co-created collaboration between therapist and client, through the use of metaphor.

Last but not least, from a culturally diverse perspective, the metaphoric enhancement of the scaling question is applicable to all due to the co-construction of meanings. When the client and therapist work together to build the scaling question, the client is essentially providing the therapist with their personal world view. Therefore, the individuality implied in this technique, overcomes larger cultural perspectives.

Limitations are minimal due to the nature of this study. The designed study was developed in order to elicit the desired results of the study participants gaining a working knowledge of incorporating creativity into SFBT, specifically adding a co-constructed

metaphoric expansion to the scaling question. According to Rounsaville, Carroll, and Onken (2001), the current rendition of this study would be categorized under Stage 1 of the proposed Stage Model of Behavioral Therapies, developed by Onken, Blaine, and Battjes (1997). This model separated the "scientific process that leads initial clinical innovation through efficacy research to effectiveness research" (Rounsaville et al., 2001, p. 133), into three distinct categories.

> Stage 1 consists of pilot/feasibility testing, manual writing, training program development, and adherence/competence measure development for new and untested treatments. Stage 1 can also involve the incorporation of basic behavioral research into research on the development of new behavioral interventions. Such research may have the dual goals of understanding behavioral change process as well as developing interventions to promote positive change processes. (p.133)

Hence the MESQ training program, a stage 1 pilot tested training program, met its indented results with each participant constructing and implementing a metaphorically enhanced scaling question, producing a positive efficacy result.

Suggestions for Further Research

To expand upon the findings from this study, future research should include a randomized larger sample population, in order to "evaluate efficacy of manualized and pilot tested treatments" (Rounsaville et al., 2001, p. 134), essentially initiating Stage II of the Stage Model of Behavioral Therapies (Onken et al., 1997). Future studies should also incorporate additional questions throughout the interview process to fully encompass the participant's experience of the MESQ. It would be interesting to see a full cycle of

Kirkpatrick's evaluation process in which the MESQ is implemented in various cases, the measurement of the effectiveness within each individual case, and the lived experience of the clients as they co-collaborated on the use of this technique. Another possible expansion of this study would be to incorporate the MESQ training program into SFBT supervision. I would be curious to see how the supervisors interpret the MESQ training program and assist their supervisees in being creative, as well as how this program changes a novice therapists' perspective of the SFBT model as a whole.

Implications of the Study

The MESQ was developed to help clinicians with fine-tuning their SFBT skills, by adding creativity to the scaling question. The findings of this study support the notion therapists were already being creative within the model; however, they were unable to visualize and verbalize how the creativity was being utilized. The MESQ training program not only provided participants with a language to use when discussing their use of creativity but also encouraged the novice therapists to be confident in their professional abilities. In both this study and the MESQ training program presentation at the AAMFT annual conference (Pantaleao & Chenail, 2015), a number of participants gave examples of implementing metaphors into other SFBT techniques. One participant of the study indicated she would utilize metaphor when asking the miracle question. Another participant within the presentation suggested the use of metaphor when employing coping questions.

Although participants indicated they were already using metaphors within the SFBT model, the research findings suggest the notion of utilizing metaphor within the

scaling question technique is new. The MESQ displayed the versatility of the scaling question through the utilization of metaphor. Therapists now have the ability to carry the metaphor throughout the whole SFBT session: the miracle question, exceptions, and the scaling question. The derived findings promote the use of metaphor within the SFBT model.

For Graduate Level Students

The findings from this study had an impact on the way graduate students perceived the SFBT model, the scaling question in particular. The MESQ training program assisted in having them look outside the "SFBT box" and use the model to the best of their abilities and the client's. Students first had to comprehend the model and associated techniques. Once that was accomplished the MESQ took them to the next level of looking at each client individually and what metaphor would work best for him or her. Nelson (2010) stated, "ideas are only as good as the fit they have for clients - no more, no less" (p. 27).

For the purpose of this study, graduate students participated as a result of previously showing interest in SFBT practices, and the aspiration to further develop their knowledge of the model. The MESQ training program has impacted the student population, not only by enhancing their knowledge of SFBT, but also by utilizing the theoretical model creatively. An advantage of the MESQ training program was to show students how to use the MESQ at the appropriate time and to employ the technique when it is suitable for the client.

For MFT Therapists, Educators, and Supervisors

As evidence based research previously determined the SFBT model is beneficial to a variety of populations (Bond, Woods, Humphrey, Symes, & Green, 2013; Franklin et al., 2012; Kim & Franklin, 2009). The results from this study support the notion that not only can SFBT techniques be used with couples, individuals, and in group therapy sessions but also for training purposes. The MESQ findings suggest others using solution-focused approaches might benefit, such as solution-focused coaches, solution-focused clinical supervisors, and even solution-focused educational programs. Given the strength based, future orientated approach, SFBT is perfect when working with others in various settings. The MESQ training program could be incorporated into any program to emphasize the creative uniqueness of the model.

For the Field of Family Therapy

Developing a creative collaborative language with clients provides a contextual understanding of the clients' perspective. Bavelas et al. (2013) stated:

> SFBT equates therapeutic process with the therapeutic dialogue, that is, what happens between therapist and client. The change process in SFBT is the therapist's and client's co-construction of what is important to the client: his or her goals, related successes, and resources. (p. 4)

Therefore, through the co-creation of a meaningful metaphor between client and therapist, the process of change begins. The MESQ findings suggest researchers could further evaluate the effectiveness of SFBT scaling questions with metaphors and how the

metaphors elicit change.

Concluding Thoughts

When I first decided to study SFBT, I was concerned others would not see the value in adding to a technique that has already been established. Upon conclusion of this study, my expectations were not only met, but exceeded. All of the participants in the training program not only connected with the creativity portion, but offered their perspectives on the significance of utilizing this technique with their clients. The development of the MESQ provided me with a more in depth understanding of SFBT and the complexities of the model.

Conducting this study has been enlightening and creative. I developed both personally and professionally throughout the completion of this study. It enabled me to develop a new perspective on teaching, the pragmatics of SFBT, and the use of playfulness with clients.

This study gave me the opportunity to teach others a technique I found to be useful when working with a variety of clients. I thoroughly enjoyed developing and conducting the MESQ training program. I found it invigorating working with novice therapists excited about SFBT and intrigued about exercising it in a creative manner. The excitement from the participants' eagerness to learn opened the idea of teaching to me, an avenue I never would have thought taking prior to this study.

I initially became interested in the SFBT model because of the notion of change and no problem talk. Coming from a mental health background this was unique and

compelling, given the SFBT techniques. What encompassed me the most was the pragmatics of SFBT, and how meanings differ from person to person. Being exposed to both the mental health and family therapy worlds, I have concluded that context is everything. Through this discovery, I became aware of just how creative one can be with SFBT, and what that means for the client.

It is clear from the results of this study that no two participants are alike, just as no two clients are alike. Hence, some techniques work with some clients and others do not. However, all clients have a story, interest, idea, or concept, which can be incorporated into a metaphor. This creativity enhances the therapist/client relationship, meaning of language, and comprehension. Mckergow and Korman (2009) noted that solution-focused conversations could be commonly mistaken as ordinary conversations. However, the therapist is strategic with everything said and questioned. Mckergow and Korman (2009) stated:

> The solution-focused therapist listens actively for what the client wants (in past, present, and future), points to it by echoing, paraphrasing, and summarizing, and asks questions to create detailed descriptions of cognition, emotion, behavior, and interaction when the ordinary daily activities in the client's preferred future are happening. (p. 36)

Through these strategic activities, a SFBT therapist utilizes what he or she is listening to, selects key word or concepts, and builds a metaphor to fit the individual client using their language.

I hope that family therapists who access this study use its results to inform the way they work with clients. My hopes are that therapists who have read this study will utilize and embrace creativity with SFBT. It also would not hurt if creativity became a part of the daily therapeutic discourse.

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Appendix A

NOVA SOUTHEASTERN UNIVERSITY

Consent Form for Participation in the Research Study Entitled:
The Art of Solution Focused Brief Therapy: A Program Evaluation of the Metaphorically Enhanced Scaling Question (MESQ) training program for Novice Therapists in Creative Collaborative Language

Funding Source: None.
IRB protocol #

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For questions and/or concerns about your research rights, contact:
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What is the study about?
You are invited to participate in a research study. This study is designed to assist novice therapists in facilitating the SFBT scaling question through the experiential MESQ Training program and to evaluate the effectiveness of the MESQ training program by utilizing Kirkpatrick's four levels of evaluation.

Initials: _____ Date: _____ Page 1 of 3

Why are you asking me?
You are being invited to participate in this study, because you were enrolled in a marriage and family graduate program at NSU . You received a recommendation based on the evaluation of your basic knowledge of SFBT. You have already completed an introductory course on MFT theories, which provided a theoretical foundation of SFBT. You are also English speaking, willing to participate, and over 18 years of age. There will be approximately 6 participants on this research study.

What will I be doing if I agree to be in the study?
You will be asked to participate in the training program that will run approximately two hours. You will be asked to partake for the full training. However, if you are unable to participate in the entire training or choose not to, there will be no consequences for termination of the study. Upon completion of the training program, each participant will be ask a number of questions regarding their experience, in an interview format that will last no longer than sixty minutes. Mrs. Pantaleao will conduct these face-to-face interviews with in two weeks following the interview at a time that is convenient for the participant and the PI. If it appears that any participant may be in danger or no longer meets the inclusion criteria for the study, the research reserves the right to immediately terminate the participants experience.

Is there any audio or video recording?
The training program it self, will not be audio recorded. However, the individual participant interviews will be audio recorded. This research project will include audio recording of the interview. This digital audio recording will be available to be heard by the researcher, Lori Pantaleao, Ronald Chenail, Ph.D, and the IRB. The recording will be transcribed by Mrs. Pantaleao and she will use earphones while transcribing the interviews to guard your privacy. The recording will be kept securely in Mrs. Pantaleao's home office in a locked cabinet. The recording will be kept for thirty-six months from the end of the study. After that time, the audio recording will be permanently deleted and all written documentation will be shred by Mrs. Pantaleao. Because your voice will be potentially identifiable by anyone who hears the recording, your confidentiality for things you say on the recording cannot be guaranteed although the researcher will try to limit access to the recording as described in this paragraph.

What are the dangers to me?
Risks to you are minimal, meaning they are not thought to be greater than other risks you experience everyday. Three risks identified by Mrs. Pantaleao are confidentiality, psychological discomfort, and loss of time. Being recorded means that confidentiality cannot be promised, as the voice may be able to be identified by Ronald Chenail, Ph.D and the IRB. Psychological discomfort may occur at which point you may refrain from sharing information, and/or discontinue participation in the research study at any time free of consequences. Loss of time is a high risk, as you will be engaged in the study for a total of three hours (training and one on one interview). If you have questions about the research, your research rights, or if you experience an injury because of the research please contact Lori Pantaleao at (954) 243-8835. You may also contact the IRB at the numbers indicated above with questions about your research rights.

Initials: _____ Date: _____

Are there any benefits to me for taking part in this research study?
You will benefit from this training program by learning an innovative and creative use of the SFBT scaling technique, by applying this technique to case scenarios, and develop new SFBT competencies.
Will I get paid for being in the study? Will it cost me anything?
There are no costs to you or payments made for participating in this study.

How will you keep my information private?
The transcripts of the digital recordings will not have any information that could be linked to you. As mentioned, the digital recordings will be destroyed thirty-six months after the study ends. All information obtained in this study is strictly confidential unless disclosure is required by law. The IRB, regulatory agencies, or Dr. Chenail may review research records.

What if I do not want to participate or I want to leave the study?
Participants have the right to leave this study at any time or refuse to participate. If you decide to leave or not to participate, you will not experience any penalty or loos of services your have a right to receive. If participants choose to withdraw, any information collected about you **before** the date you leave the study will be kept in the research records for thirty-six months from the conclusion of the study and may be used as a par of the research.

Other considerations:
If significant new information relating to the study becomes available, which may relate to the participant's willingness to continue to partake, this information will be provided to you by the investigators.

Voluntary Consent by Participant:
By signing below, you indicate that

- ✓ This study has been explained to you
- ✓ You have read this document or it has been read to you
- ✓ Your questions about this research study have been answered
- ✓ You have been told that you may ask the researcher any study related questions in the future or contact them in the even of a research-related injury
- ✓ You have been told that you may ask Institutional Review Board (IRB) personnel questions about your study rights
- ✓ You are entitles to a copy of this form after you have read and signed it
- ✓ You voluntarily agree to participate in the study entitled: The Art of Solution Focused Brief Therapy: Experiential Training for Novice Therapists in Creative Collaborative Language

Participant's Signature:_____ Date:_____

Participant's Name: _____ Date:_____

Signature of Person Obtaining consent:_____

Date:_____

Initials: _____ Date: _____

Appendix B

The Metaphoric Expansion Scaling Question (MESQ)

Training Program Itinerary

- Informed consent
- MESQ development and goals
- Solution-Focused Brief Therapy (SFBT) overview
    - Scaling question
- Discussion of metaphors
- Listen
    - Case scenario one
- Select
    - SFBT recipe for creativeness
        - *The Eagle and the Mouse*
- Build
    - Role play
        - Case scenario two
- Set up a time for the follow up interview

Thank you for your participation!

Appendix C

Self-Assessment Pretest

Please answer the following questions on a scale from 1-10, with 10 being the most informed (i.e. an expert), and 1 being the opposite. What do you believe to be your understanding of Solution Focused Brief Therapy (SFBT)?

1 2 3 4 5 6 7 8 9 10

Please answer the following questions on a scale from 1-10, with 10 being the most informed (i.e. an expert), and 1 being the opposite. Where do you want to see yourself?

1 2 3 4 5 6 7 8 9 10

What do you hope to accomplish?

How do you see yourself progressing to your goal of SFBT knowledge?

Appendix D

Case Scenario One

Chad came into therapy; chad is a 23-year-old Caucasian male, who lives at home with his mom and grandmother. Chads mother is physically sick and on disability, while Chad's grandmother owns the house they live in. Chads parents were divorced when he was six, and since then his father has not been in his life. Chad has always been quite; kept to himself, always had difficulties in school and socially interacting with others was always a challenge. Chad taught himself how to play the guitar 5 years ago and has an online costumer service job. Since chad receives food stamps he is responsible for putting "food in the fridge." Financially things are tight for him and his family and sometimes Chad does not leave his room for days.

Appendix E

SFBT Recipe for Creativeness

Was displayed:	✓	**Comments:**
Joining with client		
Non-verbal matching		
Taking a not knowing stance		
Curiosity		
Reframe		
Analogy		
Metaphor		
Client is the expert		
Compliments		
Coping questions		

Strengths		
Resources		
Miracle Question		
Preferred future/ therapeutic goals		
Scaling Question		

Appendix F

Case Scenario Two

(Panaleao and Rambo, 2014)

A family of four comes in for family therapy. The family consisted of the youngest son (11 years old) and his mother, father, and brother (17 years old). The presenting problem had to do with the 11-year-old son's difficulties separating from his parents. Both the mother and father emphasized the anxiety their son felt when they were not within his vicinity. The father went as far as to claim that his son would fit the "online diagnosis of separation anxiety". The father expressed his concerns about the son's discomfort when being separated from his immediate family members for periods of time. The father used the word "phobias" to describe the son not being able to be in the house alone, not wanting to go to school during the week, and most importantly, not sleeping alone. The father conveyed that he would lie in bed with his son until he would fall asleep and then return to his own bedroom. The entire family was present for the first session.

In the following session, the therapist met with only the children in the family, the boy and his older brother. During this session, the therapist explored the brother's worldview regarding the family and issues he believed to be important; the therapist then proceeded to do the same with the boy. Over time, the boy began to relax and feel comfortable around the therapist. In an attempt to further join with the 11-year-old and continue to build client-therapist rapport, the therapist wore casual attire and the same brand shoes that the 11-year-old had worn the week before. This small nonverbal gesture to make the client more comfortable worked for this particular boy. After several sessions

together with his brother, the boy agreed to meet with the therapist alone. Once the therapist and the boy built a positive, trusting therapeutic alliance, the boy was willing to explore and discuss his fears of being alone. The therapist initially attempted the traditional SFBT scaling question with the client, but he was not receptive. How would you build a metaphorically enhanced scaling question, given this case scenario?

Appendix G

Interview Times

The semi-structured interviews will be completed after the training program at your earliest convenience. Please, select time frames below that will be accessible to you.

Week of May 28, 2015 – July 4, 2015

Times	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:00am							
10:00am							
11:00am							
12:00am							
1:00pm							
2:00pm							
3:00pm							
4:00pm							
5:00pm							
6:00pm							
7:00pm							
8:00pm							

Week of July 5, 2015 – July 11, 2015

Times	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:00am							
10:00am							
11:00am							
12:00am							
1:00pm							
2:00pm							

3:00pm							
4:00pm							
5:00pm							
6:00pm							
7:00pm							
8:00pm							

Appendix H

Semi-structured Interview Questions

On a scale from 1-10, with 10 being full comprehension and 1 being confusion, do you believe this training has assisted you on improving your understanding of the SFBT scaling question?

a. If so, in what ways?
b. What would you need to see, to know your original scaling marker increased?

What do you feel you have learned, or gained from this training program?

In what way would you utilize this technique in the future (if at all)?

What is one thing you would change to improve future trainings?

Biographical Sketch

Lori Ann Pantaleao was born and raised in South Florida, where she attended private school and concentrated on academics. Upon graduating from high school, she attended Nova Southeastern University (NSU), in Florida, to remain close to her family. Lori had a passion for studying an individual's thought process and behavioral patterns; hence she pursued a degree in Psychology with a minor in Forensic Studies. While completing her Bachelor's degree, Lori worked fulltime and maintained a respectable overall grade point average. Prior to completion of her degree requirements, Lori was offered a fulltime position at NSU.

Upon completion of a Bachelor's degree, Lori was promoted to an undergraduate academic advisor. Through this position, Lori was working more closely with NSU faculty members and began assisting with research opportunities. It was due to these experiences that Lori continued to pursue her interest in learning by enrolling in NSU's Master's degree in Mental Health Counseling. Lori continued to work at NSU while completing her Master's program and continuing on towards her Florida state license in Mental Health Counseling.

While completing her externship hours at Fort Lauderdale Hospital, Lori grew curious about how the law contributed to the lives of her clients. As a result, Lori completed of a Master's degree in Criminal Justice with a concentration in Behavioral Health. At the culmination of this program, Lori still found herself unhappy with the mental health system and how she was taught to understand her clients.

Lori always felt there had to be something more then viewing her patients as sick and mentally ill. After much reflection and multiple conversations with colleagues, Lori

ascertained that to understand how an individual thinks, one must take into consideration the system in which that person functions. This enlightenment of systems thinking led her to NSU's doctoral Family Therapy program.

Lori had found her niche and within the first year of the program, she was incorporating the systemic and relational concepts learned in the classroom to personal and clinical experiences. She gravitated towards a solution-focused orientated therapeutic perspective. Lori's first clinical experience in the Brief Therapy Institute (BTI) set the foundation, for which she would develop the Metaphorically Enhanced Scaling Question (MESQ) training program. While in the program, Lori accomplished a number of personal and professional milestones. She married and had a son while in the program, which affected her immediate family system. Professionally, she developed into an independent research and presenter.

While completing her doctoral program, Lori first presented the concept of the MESQ at the International Family Therapy Association (IFTA) conference in 2013, and later went on to publish this unique clinical intervention in 2014. As a teaching assistant for Dr. Anne Rambo, Lori was encouraged to further develop this concept. Through a mentorship with Dr. Ron Chenail, Lori constructed, delivered, and evaluated the MESQ training program. Throughout her journey, Lori refined the MESQ and presented the training workshop at the American Association of Marriage and Family Therapy (AAMFT) conference in 2015. Currently, as an undergraduate advisor at NSU, a practicing clinician within a thriving private practice, and a mother, she finds systemic connections in every aspect of her life.