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Hope-Focused Solutions: A Relational Hope Focus of the Solution-Building Stages in Solution- Focused Brief Therapy

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Hope-Focused Solutions: A Relational Hope Focus of the Solution-Building
Stages in Solution-Focused Brief Therapy

by

Jenna Wilson

A Dissertation Presented to the
Graduate School of Humanities and Social Sciences
In Partial Fulfillment of the Requirements for the Degree of
Doctor of Philosophy

Nova Southeastern University

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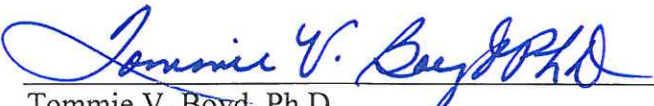
This dissertation was submitted by Jenna Wilson under the direction of the chair of the dissertation committee listed below. It was submitted to the Graduate School of Humanities and Social Sciences and approved in partial fulfillment of the requirements for the degree of Doctor of Philosophy in the Program of Marriage and Family Therapy at Nova Southeastern University.

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Table of Contents

Acknowledgments	iv
List of Figures	xi
Abstract	xii
Chapter I: INTRODUCTION	1
Hope in Solution-Focused Brief Therapy	1
Hope in Positive Psychotherapies	6
Hope as a Psychotherapy Common Factor	7
Hope as a Common Factor in Human Relationships	10
Four Main Attributes of Hope	11
An Experiential Process	12
A Spiritual or Transcendent Process	12
A Rational Process	12
A Relational Process	13
Goals, Resources, Action, Control, and Time (GRACT)	13
Hope as an Adjective	17
Hope Literature	18
Chapter II: LITERATURE REVIEW	24
Theories on Hope as a Common Factor in Human Relationships	24
Theories on Hope as a Common Factor in Psychotherapy	24
Four Main Factors of Hope	26
An Emotionally Charged Relationship	26
A Therapeutic Setting	27
A Therapeutic Rationale	27
A Therapeutic Ritual	28

Hope Theory	28
Willpower	30
Waypower	32
Hopes Two Main Attributes: Willpower and Waypower	32
High Hope	33
Hope Therapy	34
Hope Building in Hope Therapy	35
Therapeutic Hope Process Stages	36
Theories on Hope in Solution-Focused Brief Therapy	36
Therapist Stance	39
Hopeful Expectations	39
Coping Questions	41
Presuppositional Questions	42
Miracle Question	42
Exception Question	43
Scaling Questions	44
Complimenting and Pretreatment Improvement	44
Homework/First-Session Task	44
Research on Hope	45
Summary	48
Chapter III: METHODOLOGY	49
Grounded Substantive Theory	50
Self of the Researcher	51
Data Collection	53
Participants	53

Transcription	54
Data Analysis	56
Open Coding	56
Axial Coding	57
Theoretical Coding	58
Memo-Writing	58
Quality Control	59
Summary	60
CHAPTER IV: RESEARCH FINDINGS	61
SFBT Solution-Building Stage One: Defining the Problem	61
Case 1A: Irreconcilable Differences	62
Case 2A: Over the Hump	64
Case 3A: I'd Hear Laughter	66
Across-Case Analysis: Solution-Building Stage One – Defining the Problem	67
SFBT Solution Building Stage Two: Developing Well-Formed Goals	67
Case 1B: Irreconcilable Differences	69
Case 2B: Over the Hump	70
Case 3B: I'd Hear Laughter	73
Across-Case Analysis: Solution Building Stage Two - Developing Well-Formed Goals	75
SFBT Solution-Building Stage Three: Exceptions	76
Case 1C: Irreconcilable Differences	77
Case 2C: Over the Hump	80
Case 3C: I'd Hear Laughter	82

Case 1D: Irreconcilable Differences	86
Case 2D: Over the Hump	89
Case 3D: I'd Hear Laughter	91
Across-Case Analysis: Solution-Building Stage Three - Exceptions . . .	94
Synthesis of Solution-Building Stages One Through Three	95
SFBT Solution-Building Stage Four: End-of-Session Feedback	97
Case 1E: Irreconcilable Differences	97
Case 2E: Over the Hump	99
Case 3E: I'd Hear Laughter	102
Across-Case Analysis: Solution-Building Stage Four	
End-of-Session Feedback	105
SFBT Solution-building Stage Five: Evaluating Client Progress	106
Case 1F: Irreconcilable Differences	107
Case 2F: Over the Hump	110
Case 3F: I'd Hear Laughter	112
Case 1G: Irreconcilable Differences	115
Case 2G: Irreconcilable Differences	116
Across-Case Analysis: Solution-building Stage Five – Evaluating	
Client Progress	117
Insoo Kim Berg's Consistently Hopeful Stance	118
CHAPTER V: DISCUSSION AND IMPLICATIONS	123
Researcher's Reflections	124
New Developments and Contributions of the Study	126
Strengths and Limitations of the Study	129
Implications for Future Research	130

Implications for Clinical Practice and Training	132
References	134
Biographical Sketch	141

List of Figures

Figure 4.1: Relationship between Solution-building Stages, Hope Phases, Solution-Focused Brief Therapy Techniques	119
Figure 4.2: SFBT hopeful therapist encompassing Hope Phases, Solution-Building Stages, and Tenets	120

Abstract

The positive psychotherapy focused on for this study is Solution-Focused Brief Therapy (SFBT). Insoo Kim Berg and Yvonne Dolan (2001) once described the essence of Solution-Focused Brief Therapy (SFBT) as the “pragmatics of hope and respect” (p. 1) and despite Berg and Dolan’s declaration of hope’s importance in SFBT, little process research has been published looking at the “pragmatics” of hope in SFBT practice. Hope is seen as a common factor in psychotherapy since the human relationship, also known as the therapeutic alliance, is a foundation of psychotherapy. Hope plays a significant role in every human interaction and it is seen as a common factor in human relationships.

To begin to address this gap, a pilot study was conducted of an Insoo Kim Berg training recording, *Irreconcilable Differences*, in order to explore how she listened, selected and built hope in her work. Based on a SFBT technique focus, the preliminary results suggested Insoo Kim Berg builds hope relationally through the solution-building by working within the clients’ focus and their presenting problem. Four different yet interrelated hope phases in the SFBT solution building process were identified. To address this gap further, based on a SFBT stage focus, three cases by Insoo Kim Berg were analyzed in this study, *Irreconcilable Differences*, *Over the Hump*, and *I’d Hear Laughter*. The goal of this research was to demonstrate the how Berg listened, selected, and built hope with clients to validate her progression within and across the five SFBT solution-building stages, in all three cases through constant comparison, and to show how these findings are congruent with SFBT hopeful tenets. All with the intention of allowing

the pragmatics of hope and respect to become more transparent for future SFBT practitioners.

Findings suggested building hope appears to be a relational process to building solutions and is co-constructed. Berg demonstrates how she embodies a hopeful stance throughout the duration of therapy. Results show how Berg builds hope within and across her progression of the solution-focused brief therapy solution-building stages, utilizing SFBT techniques and processes, which all align with the foundational SFBT tenets.

CHAPTER I: INTRODUCTION

Hope in Solution-Focused Brief Therapy

Solution Focused Brief Therapy (SFBT) is a widely used, evidence-based, positive psychotherapy model, which on one hand can seem simplistic and pollyanna due to the hopeful SFBT tenets such as the client has the strengths and resources to change or do something different, focusing and highlighting the times when the problem is not a problem, conversations are co-constructed from a problem focus to a solution focus, and the client is the expert of their own life (Berg & Dolan, 2001). Also, these tenets occur over brief period of time (Berg & Dolan). Despite this relative simplicity, it can be challenging for therapists to perform these tenets in an effective manner.

Solution-Focused Brief Therapy is a “constructivist, postmodern, poststructural approach – one that conceives therapy as a process of clients and the therapists co-constructing more desirable ‘realities’” (Dattilio, 1998, p. 204).

When Insoo Kim Berg wrote with Yvonne Dolan, she stressed how SFBT could be summed up by one phrase, “the pragmatics of hope and respect” (Berg & Dolan, 2001, p. 1). The pragmatics are equivalent to the notion that one would work briefly and therapeutically. The hope piece is that clients will move to constructing solutions within their life based on their focus and expectation for change (Berg & Dolan). The respect piece is the notion of working from the client’s perspective and maintaining that the client is the expert within their focus (Berg & Dolan). In making hope a central tenet of their practice, Berg and her colleagues established that at its heart, Solution Focused Brief Therapy embraces this common factor of the human condition (Berg & Dolan, 2001).

The common factor of hope in Solution-Focused Brief Therapy (SFBT) is critical for the overall success for the approach, and encompassing the expectation of hopefulness is foundational in SFBT (Berg & Dolan, 2001). Even though Insoo Kim Berg and Yvonne Dolan (2001) described the essence of Solution-Focused Brief Therapy as the “pragmatics of hope and respect” (p. 1) and despite Berg and Dolan’s declaration of hope’s importance in SFBT, little process research has been published looking at the “pragmatics” of hope in SFBT practice. The pragmatics can be defined as the relationship between hope and respect, which allows hope and respect to fit together because hope and solutions must always be within the client’s focus otherwise it would not be categorized as hope (Berg & Dolan). Hope seems to be most evident throughout the solution building process in SFBT, whereas the notion of respect can be seen when the therapist is following the client’s focus or worldview (Berg & Dolan).

The solution-focused brief therapy model (SFBT) “evolved out of the Brief Family Therapy (BFT) approach between 1978 and 1984” (Franklin, Gingerich, McCollum & Trepper, 2012, p. 3). One of the most foundational and basic tenets of the therapist in SFBT is to build a collaborative relationship with the client. Therapists and clients collaborate to find alternatives to their current undesired behaviors (De Jong et al., 2013). In order to do so, it is crucial the therapist connects with the client before any possibility for therapeutic change takes place. A lot of time is spent connecting, joining, and validating clients throughout SFBT therapy. This joining and validating is done in many different ways throughout the therapy process. The SFBT therapist joins with their client in a way that allows them to gain a sense of what it is like to be where their client is and since the client’s behavior makes sense in context, the SFBT therapist is to become

curious about how the client's reality makes sense for them (Bateson, 1972). The therapist's stance should be one down, or a not-knowing position (Fisch, Weakland, & Segal, 1982). Maintaining maneuverability in the room is important with the client and is accomplished by staying non-judgmental and non-pathologizing with the intention of opening up possibilities for solutions, which is hopeful (Fisch et al.). Solution-focused brief therapy focuses on solution development versus problem solving and encourages clients to do more of what is working (De Jong, Franklin, Gingerich, Korman, McCollum, & Trepper, 2013). The timing and pacing of SFBT informed questions and comments based on the client's responses are critical when maintaining therapeutic maneuverability throughout solution building (Fisch, et al.).

Solution-focused brief therapists use exceptions or times when the problem is not happening, to co-construct solutions with the client (De Jong et al., 2013). These solutions in solution-focused brief therapy are behaviors that the therapist and/or client would be able to observe (De Jong et al.). Other solution-focused brief therapy tenets suggest clients will find the solution to their problem utilizing solution building through joining with the client in a way that allows the therapist to explore strengths, resources, exceptions, scaling questions, homework, compliments, and goals with the therapist, and also creates hopefulness (De Jong et al.). Focusing on client's strengths, resources, and exceptions helps to "inspire clients (and therapists) and promotes empowerment," which promotes hope (Dattilio, 1998, p. 205).

Therapeutic change takes place in solution-focused brief therapy when the therapist focuses on the positive behaviors in the client's life that the client would like to continue see happen in order to begin building solutions (de Shazer, 1985). The therapist

is active throughout the session in co-constructing multiple hopeful perspectives or frames of reference (Dattilio). The therapist engages clients in questions that are leading in order to direct the client's focus to solutions and a hopeful future (Dattilio).

Solution-focused brief therapy is informed by Bateson's (1972) notion that "difference which occurs across time is what we call 'change,'" (p. 458) as well as the social constructionist idea that through our interactions and the way we language our ideas, we construct our individual realities and understandings of the world around us (i.e., our focus) (Gergen, 2009). As such, our interactions and reactions are components in a recursive process (i.e., process of hope) (Fisch et al., 1982). In therapy, it is "a difference which makes a difference" (Bateson, 1972, p. 459).

Solution-focused brief therapy assumes that the client already holds the solution to their problem and small changes or differences will snowball into larger changes in the client's life (De Jong et al., 2013). Therefore, it is the "brief therapist's idea that no matter how awful and how complex the situation, a small change in one person's behavior can make profound and far-reaching differences in the behavior of all persons involved" (de Shazer, 1985, p. 16). Solution-focused brief therapists use exceptions or times when the problem is not happening, to co-construct solutions with the client (De Jong et al.). Hopeful therapists and clients collaborate to find alternatives to their current undesired behaviors (De Jong et al.).

Exploring this difference, maintaining the point of reference, which is the client's focus and worldview, and solution building is hopeful in SFBT because the therapist looks for a positive difference and "this sense of therapist expectancy of positive change is conveyed to the client" (p. 138) and allows the client to think in terms of positive

change for his or her future (Reiter, 2010). Solution building questions are hopeful questions because they are future-oriented and goal-oriented based on the client's focus, therefore "this tenet suggests that the future is a hopeful place, where people are the architects of their own destiny" (de Shazer, 2007, p. 3). These aspects of SFBT allow the client to realize that they are in control of their future and positive changes and if they can achieve one small goal then others can be achieved as well (Reiter, 2010). These tasks also allow the client to notice that they "did something to make a difference" (p. 137) have made these changes themselves, and are competent to make further changes toward their goals, which seems to create hope (Reiter).

According to the Solution-Focused Brief Therapy Association's (SFBTA) Research Committee, there are three main components to the model that are an accurate representation of SFBT: (1) utilizing conversations focused on the client's concerns or within their focus; (2) participating in conversations focused on "coconstructing new meanings surrounding clients' concerns;" (3) using "specific techniques to help clients coconstruct a vision of a preferred future and to draw upon past successes and strengths to help resolve issues" (Franklin et al., 2012, p. 4). These components are outlined in the treatment manual to "help standardize the implementation of SFBT by practitioners and increase treatment fidelity of the model" (Franklin et al., p. 4).

The fidelity of the solution-focused brief therapy (SFBT) model is crucial in understanding the effectiveness of the hope and solution building interventions in therapy. For both client and therapist, SFBT is grounded in terms of a hopeful relationship. This hopeful interaction between therapist and client can be seen as the premise of SFBT since the founding tenets of SFBT suggest that there is the expectation

of a hope focus, respectfully within the client's focus, which therefore allows for the overall enactment of solution-focused brief therapy hopeful in nature (i.e., the pragmatics of hope and respect; Berg & Dolan, 2001).

Hope in Positive Psychotherapies

Hope is a significant notion in positive psychotherapies such as SFBT because just the process of attending the first session can increase a client's hopes for the future and belief that things may be different. This notion that things may be different can lead to goals and solutions, which tends to create more hope as this process continues in therapy.

The therapist being hopeful can be a significant influence on the client (Snyder & Taylor, 2000). Clients tend to come into therapy with a perceived power about the therapist and seem to have expectations that the therapy process will be useful in some way, which is why they make an appointment (Snyder & Taylor). Snyder and Taylor found "they come primed to believe in the power of the healer – the psychotherapist in this case" (p. 94). This hopeful belief becomes something that is contagious and grows into a hopeful context for therapy to take place and "the therapist's enthusiasm [i.e., hope] for his particular approaches becomes infectious such that the client's may feed off of it" (Snyder & Taylor, p. 94).

In positive psychotherapy, having desired goals and creating routes to achieve those goals seem to be essential for creating hopefulness (Synder, 2000). In order for progress to be made in therapy, clients need to be able to formulate an expectation of things getting better or being different in some way, which is hopeful. According to Snyder et al. (1999), "People in psychotherapy become hopeful by finding any one of the

following: a new goal, a new pathway, or a new sense of agency” (p. 190). For instance, Snyder (2000) believes “hope theory is built upon goal pursuit thinking” (p. 131). This hope theory is seen as “an interrelated system of thoughts” (Snyder, 2000, p. 12). The client is focusing on reaching their positively desired goals for their future, which “is the mental bridging to goals dreamed now and attained in the future” (Synder, p. 25).

Positive therapeutic outcomes can be linked to hope.

According to Lopez, Floyd, Ulven, and Snyder (2000):

Hope therapy is designed to help clients in conceptualizing clearer goals, producing numerous pathways to attainment, summoning the mental energy to maintain the goal pursuit, and reframing insurmountable obstacles as challenges to be overcome. The hopeful therapeutic relationship facilitates these hope components. The change in hope does not occur at the surface or behavioral level; rather, the person’s deeper self-perceptions of being capable of agentic and goal-directed though must be enhanced. (p. 123)

Looking through a hope therapy lens, a client’s negative ideas about their current situation can be utilized and seen as clues to what they would like to be different or better, which helps to formulate therapeutic goals (Snyder et al., 1999). These positive psychotherapy tenets fit with the hopeful foundational tenets of solution-focused brief therapy (i.e., focusing on the future, goal-oriented, positive focus).

Hope as a Psychotherapy Common Factor

Hope can be widely understood in terms of being a common factor because of its level of significance in all effective psychotherapy. Hope may also be referred to as expectancy or the placebo effect in literature regarding common factors (Frank, 1961).

Since many therapists agree there are common factors throughout all therapy models that facilitate effective psychotherapy, the presence of hope seems to be no exception.

Hubble, Duncan, and Miller (1999) found “most therapeutic methods or tactics share the common quality of preparing clients to take some action to help themselves” (p. 10). Frank (1973) suggests therapy holds the expectancy and expectation that the client will feel better and get help. Clients seem to possess the notion of hope through the idea that something can be done in therapy to help them (Frank, 1973). Clients come into therapy with the expectation that it could help them with their problem, which is a hopeful notion. Hope also seems to be a common factor across all therapy models because clients come to therapy in hopes that they will not only be helped but their problem will change or improve specifically (Reiter, 2010).

Lambert (1992) reports his ideas of the basic common factors that are key elements in producing effective change in therapy. These key factors are 30% the therapeutic relationship, 40% extratherapeutic change, 15% technique, and 15% expectancy (Lambert, 1992). Lambert’s expectancy and placebo factors “refer to the portion of improvement resulting from the client’s knowledge of being in treatment, becoming hopeful, and believing that the treatment was credible” (Sprenkle, Davis, & Lebow, 2009, p. 53). Frank and Frank (1991) argued that maintaining an emotionally stable and confiding therapeutic relationship with a hopefully determined therapist helps in the process of re-moralizing clients. Expectancy can therefore be defined as “the activating energy of hope” (Friedman & Fanger, 1991, p. 34).

Frank (1961) also identified common factors of psychotherapy similar to Lambert, Sprenkle, Davis, and Lebow, when he mentioned the placebo effect (i.e., hope),

having an expectation for improvement or change, creating emotional arousal, creating hope, creating a therapeutic alliance, creating a therapeutic context, and encouraging the client to understand their circumstances through alternative perspectives.

Snyder and Taylor (2000) reported:

Placebo comparison groups in psychotherapy research often serve as controls for what is perceived by the investigators as the effective *common* ingredients in all psychotherapies. As such, it should be noted that these psychotherapy investigators already have implicitly agreed with the premise that one component of hope serves as a common factor across therapies. Specifically, they stipulate that psychological placebo groups generally enhance agency-like motivation, one of the major building blocks of hope. (p. 96)

Regardless of model, other useful common factors in creating hope for change in therapy are utilizing client language, non-verbal matching, validating, joining, empathizing, paraphrasing and summarizing content accurately, normalizing, backchanneling, hedging, being curious or maintaining a not-knowing, one-down position, framing and reframing in order to offer an alternative perspective and help create a sense of hope (Blow & Sprenkle, 2001). According to Yalom (1995), “The instillation and maintenance of hope is crucial in any psychotherapy” (p. 4), and it is widely understood that hope can be developed and is crucial across all therapy models.

When exemplifying hope in SFBT, Reiter (2010) identifies:

Hope is a major factor in therapy and one that therapists can help foster in clients. Clients come to psychotherapy because things are not going the way that they wish in their lives and their normal coping mechanisms have not been successful

in alleviating the complaint situation. Many clients come to therapy with some of their hope diminished. Part of coming to therapy is to increase one's hope and expect change. (p. 133)

Most positive psychotherapies subscribe to the hopeful assumption that clients hold the strengths and resources they need to solve their problem and therefore hold the solution to their problem (de Shazer, 1985). Therapists can be curious in a hopeful way about the client's relationships and the client's relationship to their problem, which includes the pattern of interaction in how they relate to their problem (Cade & O' Hanlon, 1993). Exploring the possibility of new perspectives through framing, reframing, and metaphor helps to create a sense of hope (Keeney, 1983). The therapist may also notice the rule to the client's problem and highlight the exceptions to aid in the shifting of perspectives and builds upon hopefulness across sessions (de Shazer). The intentionality is to facilitate a safe, warm environment where clients can discuss their lives while collaborating with the therapist in a hopeful way that is useful in reaching their therapeutic goals. These processes help to build a hopeful therapeutic alliance as a foundation and increase the client's level of hopefulness for their future.

Hope as a Common Factor in Human Relationships

The therapeutic alliance is significant in influencing the client's level of hopefulness. Research has also discovered that the notion of hope is seen as a foundational common factor throughout our human existence (Lynch, 1965).

According to Farran, Herth, and Popovich (1995):

Hope constitutes an essential experience of the human condition. It functions as a way of feeling, a way of thinking, a way of behaving, and a way of relating to

oneself and one's world. Hope has the ability to be fluid in its expectations, and in the event that the desired object or outcome does not occur, hope is still present.

(p. 6)

The notion of hope can be expressed in many ways. At the most basic level, hope is defined as “to cherish a desire accompanied by an expectation of fulfillment or success” (Merriam-Webster, 2014, p. 1). Hope can be expressed affectively as a feeling, cognitively as a way of thinking, and behaviorally as a way of relating and behaving (Farran et al., 1995). When hope is expressed affectively as a feeling, it seems to trump being just an emotion and can be conceptualized as an “energizing force” (p. 5) that “propels persons forward when the odds seem to be against them” (Farran et al.).

Looking at hope from a cognitive perspective, it seems hope has been “associated with a sense of fortitude, as described as dealing with facts beyond visible, and described as an assumed certainty that a dreaded possibility will not happen” (Farran et al., 1995, p. 5). If the less favorable possibility does end up occurring, hope serves a purpose in the sense that the individual may create other ways of managing the new set of circumstances.

From a behavioral lens, hope seems to be an active process, “in which the individual seeks possible and appropriate alternatives” (Farran et al., 1995, p. 5).

Four Main Attributes of Hope

Farran et al. (1995) conceptualizes hope as having four main attributes: “(a) an experiential process; (b) a spiritual or transcendent process; (c) a rational process; and (d) a relational process” (p. 6). The authors go on to further explain that they conceptualize the “experiential process as the *pain* of hope, the transcendent or spiritual process as the

soul of hope, the relational process as the *mind* of hope, and the relational process as the *heart* of hope” (Farran et al., 1995, p. 6).

An experiential process. The idea of the experiential process being thought of as the *pain* of hope stems from philosophical and theological perspectives (Farran et al., 1995). Through the philosophical and theological context, hope embodies many challenges, trials, and adverse events in which people who have gone through such events and experience the pain associated with such situations, come out as survivors, which is hopeful. These challenges can be categorized as more than just stressful life events but include a sense of “powerlessness, or a potential hopelessness associated with the inability to change one’s external circumstances” (p. 6), such as suffering or captivity (Farran et al.).

A spiritual or transcendent process. In regards to focusing on the *soul* of hope through the spiritual or transcendent process, many theologians and philosophers agree that hope is woven throughout faith and vice versa (Farran et al., 1995). It seems that “faith cannot be sustained without hope, and hope has no based without faith” (Farran et al., p. 7). Hope and faith are associated with spirituality and hope can even be characterized as a sort of faith in him/herself or others, a confidence about something that is not yet proven, and a sense of assurance about an uncertain context (Farran et al.).

A rational process. The third attribute, the *mind* of hope, accounts for the rational, cognitive process (Farran et al., 1995). Hope “constitutes a delicate balance of experiencing the pain of difficult life experiences, drawing upon one’s soul, spiritual, or transcendent nature, and

at the same time maintaining a rational or mindful approach for responding to these life experiences” (Farran et al., p. 9).

A relational process. The last attribute, the *heart* of hope, is a relational process since it happens between people who are in relationship to one another (Farran et al., 1995). It seems to be inspired by love and can be influenced from person to person through the bequest of one’s presence, communicating verbally optimistic expectations, and displaying confidence in the person’s ability to overcome any obstacles in their life (Farran et al.). Farran et al., (1995) suggests “that hope is a developmental process based upon early relationships in which persons first learn to trust and then upon cumulative experiences in society” (p. 10).

Goals, Resources, Action, Control, and Time (GRACT)

In order to articulate these components, Farran et al. (1995) have identified an acronym, GRACT. The G stands for goals and is connected to the individual’s motivation in hoping they achieve their desired realistic and specific goals subjectively combined with what is achievable, objectively (Farran et al., 1995). The R represents resources in which hope is reliant upon to help the individual reach his/her goals (Farran et al.). These resources can be “physical, emotional, or social,” and without these factors, the individual’s goals or “hopes may not be attained” (Farran et al., p. 9). In order for the individual to take the next step in attaining his/her goals, he/she must put his/her resources into action, which makes sense when referring to A representing hope as an active process (Farran et al.). People must continuously take small steps toward achieving their goals and managing their current circumstances, which makes it this active process

(Farran et al.). Farran et al. (1995) believe that “hope also requires fortitude and a sense of C = control over one’s destiny” (p. 9). They explain how “it is the loss of control that is often associated with feelings of powerlessness or hopelessness” (Farran et al., p. 9). This is based on the constructs of time such as past, present, and future, hope seems to be a learned process or pattern of being with the world (Farran et al.).

These attributes above are not all the encompassing qualities of hope but four ways that some may conceptualize the presence or process of individuals who are considered to be hopeful in some way. Farran et al. (1995) report: “These four attributes of hope, as the pain, soul, mind, and heart of hope, can be seen, often simultaneously, when people suffer” (p. 10). Even the smallest strand of hope allows people to continue living even under the most trying circumstances (Farran et al., 1995). Hope plays a critical role in moments of suffering but through establishing plans, movement, and taking action during these life events, an individual may pull through being more hopeful than ever before. Frankl (1959) punctuates how he believes a person’s hope cannot be confined or limited even though that person may be imprisoned in some way or what seems like a limiting situation.

Different definitions of hope are expressed based on context and lens from which it is being studied. For instance, for many years, philosophers, theologians, clinicians, and scientists have been looking at the notion of hope (Farran et al., 1995). When looking at when or how hope is present, one challenge seems to be that it is difficult to accurately describe how we know when we see hope, how the individual became hopeful, and how we can assist those in maintaining and building hope, as well as how clinicians might help those who feel hopeless rediscover hope (Farran et al.). According to Farran et al.

(1995), “as we increase our understanding of hope, we open the possibilities of more effectively influencing another’s hope” (p. 4).

Farran et al. (1995) explain:

As persons, there were times in our lives when someone, something, or some inner strength helped us move through and even grow despite a difficult situation. And as we continue throughout middle adult years, our personal experiences continue to challenge and inspire our ability to hope. (p. xi)

This perspective of hope, (i.e., the desire and expectation for fulfillment), allows people to deal with or manage their circumstances in a way that allows them to still be hopeful even though their desires or goals are not currently being met or may not be met at all (Merriam-Webster, 2014). In situations where their needs or goals do not get met, they are still able to persevere and remain hopeful through those challenges maintaining an expectation that somehow things will get better or will be different in the future. This powerful expectation may change across time but it seems to be a hopeful force of our human existence. Hope “serves as more than an emergency virtue, and makes life under stress bearable” (Farran et al., 1995, pp. 5-6).

Farran et al. (1995) report:

Hope has been characterized as the ability to make expectations fluid and not be overcome by the absoluteness of the present; as a quality of being able to live contextually; as moving persons in the direction of transcending the status quo; and as an aspect of resurrection that is not the creation of another reality but a transformation of the present reality into one of greater aliveness. (p. 8)

To make life's circumstances bearable, according to Farran et al. (1995), hope can be utilized in two ways, in individuals as both a trait and a state. This is not to constrict hope's reach but to focus on the notion of hope at a very basic, foundational level. For instance, the state of hope "reflects the present feelings that persons have about a particular situation, it may fluctuate over time, and it can be influenced through growth or intervention" (p. 5). Farran et al. also adds that "as a trait, hope functions as a more enduring attitude or approach to life, and is less subject to fluctuation in response to life's vicissitudes" (p. 5). Clinicians have noticed "the presence of some indescribable strength despite adversity, an elusive attitude that helps persons through difficult situations, or an observable but unmeasurable 'sparkle' in their eyes that suggests that they still have hope" (Farran et al., p. 4). Many people may possess both qualities of hope, as a state and as a trait. When people encompass hope as both a state and a trait, they are also perceived as being positive, optimistic, happy, peaceful, and content with whatever they may face throughout the day or in life overall.

According to Lynch (1965), hoping embraces the notion of accepting one's challenges or difficulties as a vital process of one's life and also utilizing some sort of imaginative and creative process throughout these trails so that individual may continue to have hope. For someone who continuously hopes, any constraints or boundaries in regards to what may be possible become more expansive than the initial vision of what was possible and allows the individual to gain a sense of freedom because he/she is not tied down to any absolute outcome, which seems to create more hope (Lynch, 1965).

Hope can also be defined as a mysterious, elusive, abstract, or soft idea since it is often seen as a noun versus a verb or adjective (Farran et al., 1995). Individuals who

think of hope as a noun are typically “suggesting the possibility that the desired outcome will occur” (Farran et al., p. 5). Some people may think of hope as a verb; hoping about someone and utilizing the idea of hope in relation to an object (Farran et al.). In the sense that they hope for something to specific happen, usually a positive action, but hopes are often not expressed as clearly when we take a closer look, just that hope so far seems to focus on something or someone else (Farran et al.).

The difference between these constructs is when we focus on hope as an adjective, which becomes hopeful (Farran et al., 1995). Hope is an expectation or desire, but hope can also be categorized differently in language than the notion of hopefulness. When we think of hopefulness, we see it as being when one’s hopes are fulfilled. Hopefulness puts hope into motion.

Hope as an Adjective

As an adjective, “the object of hope is not clearly expressed, the individual is not necessarily placing hope in someone or something else, and the possibility for the earlier hope-for cure is not now possible, but the person still expresses hope” (Farran et al., 1995, p. 5). Hope is often thought of as just an emotion or feeling but it seems to be much more than that, as a desire or an expectation that things will be better and different.

The role of hope is central to clients experiencing positive outcomes in their treatment as a common factor in any effective psychotherapy. Therefore, it should not come as a surprise that when defining common factors as client and therapist attributes, therapeutic skills, and relational resources, that these are common in all effective psychotherapies, and hope is present throughout. Since hope is a common factor in the human relationship then hope can also be seen as a common factor in psychotherapy

since the human relationship or therapeutic alliance is the foundation of psychotherapy. Hope is especially a common factor in positive psychotherapies, and when hope is diminished within relationships, people seek psychotherapy to become more hopeful about their life.

Hope Literature

There is a vast amount of literature on the importance of hope as a common factor throughout all models of the world (i.e., human existence and positive psychotherapies). Lopez et al. (2000) suggest that focusing on hope and maintaining a positive frame or focus is crucial when it comes to helping individuals achieve their goals and feeling better about their current situation or their lives in general. Hope is one of the essential components in improved mental and physical health, and overall well being (Lopez et al.).

For instance, Farran et al. (1995) discussed how in their work with hopeful patients, they would often notice some individuals were doing extremely well despite their medical diagnosis and others were not doing so well. They became curious about the difference between the two and through trying to measure and describe what they were noticing, they found that the patient's level of hope related to the human spirit (Farran et al., 1995). Typically, "hope is still viewed as a 'soft' and difficult-to-measure construct. And because it represents a more healthy end of the spectrum, lack of variance in a research study of healthy subjects can be a problem" (p. xii), which makes studies looking at hope in patients slightly more difficult to quantify (Farran et al.).

Individuals who are suffering from an illness or who are injured tend to have an easier and swift recovery when they are able to be hopeful through the process and may

represent the human will to survive regardless of struggles (Farran et al., 1995). The notion of fostering hope in patients is being explored thoroughly in the context of health care and the findings suggest that hope fostered through interpersonal relationships between nurses, doctors, and patients is critical in experiencing a favorable health care outcome (Farran et al.). Patients faced with challenging diagnoses or medical adversity have a choice to choose hope or hopelessness and those who respond with and sustain hope through their current circumstances tend to have increased health and spirit (Farran et al.). Medical staff, such as doctors and nurses, have great influence when it comes to the patient and their family's levels of hope and since hope is contagious, it is useful when the medical professionals practice a hopeful stance (Farran et al.). Nurses who work closely with patients can influence hope levels drastically whether a matter of continuously nourishing patient hope or engendering hopeful spirit so that hopelessness in patients and their families is kept to a minimum (Farran et al.).

In addition, many researchers continue to highlight the “pivotal role that hope plays in early and subsequent improvement in psychotherapy” (Snyder et al., 1999, p. 184). Snyder et al. (1999) reports how “the degree of improvement treatment correlates positively and significantly with [client and therapist] expectancies” (p.186). Clients in psychotherapy become “hopeful by finding any one of the following: a new goal, a new pathway, a new sense of agency” (p. 190), which influences their level of expectancy for positive outcomes and effective psychotherapy (Snyder et al., 1999).

In regards to how hope is built and managed in effective psychotherapy, very little research has been conducted in positive psychotherapies and especially looking at the actual process of the building and managing of hopefulness, and in particular, Solution

focused brief therapy. Solution-focused brief therapy has been studied generally through efficacy research (Franklin et al., 2012) and is now considered an evidence-based practice model but not from a hope-centered focus. According to the SFBT manual, “Evidence-based practice has been defined as the integration of the best research evidence with clinical expertise and client values” (Franklin et al., 2012, p. 3). Other SFBT research, such as Reiter (2010) specifically explored how hope and expectancy plays an overall role in Solution-focused brief therapy from a SFBT-centered focus. Reiter focused on what the solution-focused therapist should be doing in more of a prescriptive manner to create hope and discusses more techniques of SFBT that are hopeful.

In regards to hopefulness in SFBT, McKeel’s (2012) research focused on reviewing change research and what interventions work in SFBT. McKeel also focused on examining SFBT techniques and success rates, as well as providing suggestions based on previous research (i.e., Eysenck, 1961; Kazdin, 1978; Paul, 1966; Shapiro, 1971) of how practitioners might make their interventions more effective. In addition, Blundo, Bolton, and Hall (2014) reported how “the presence of hope and the development and cultivation of *hope* plays an important role in the client change process” (p. 1) and is significant in relation to outcomes, which they suggest “requires enhanced awareness of hope in training and in practice of solution-focused brief therapy” (p. 1).

According to De Jong and Berg (2008), hopefulness is defined as when the therapist asks for exceptions to the problem and highlights when the clients are doing something positive through compliments, which suggests that what the clients are doing is hopeful. Hopefulness is also defined as “bringing client’s small successes into their

awareness and repeating the successful things they do when the problem is less severe” (para 2) and exceptions to the problem (Solution-Focused Brief Therapy Association, 2013). The compilation of these ideas lead me to believe that hope is something that can be built upon and amplified cognitively, which will eventually lead to putting hope into action through changing behaviors and reinforcing what is better and what is working for the client (i.e., hopefulness). The notion of hope in SFBT does not seem to be a passive one, which may be referred to as viewing; (Bavelas et al., 2013) this research study suggests that hope is to be looked at as an action, a verb, and more of a juxtaposition of both viewing and doing within SFBT.

Therefore, there is a gap in the literature when it comes to studying the actual practice and process of building hopefulness behaviors on the part of the therapist as well as how the clients’ relationally participate in the building of hopefulness. In reviewing the literature regarding process research in solution-focused brief therapy, there were no process case studies similar to my area of interest, where this was the focus of inquiry, which will be further discussed in chapter two. Therefore, this study hopes to focus on closing the gap on the process of building and managing hopefulness in Solution-Focused Brief Therapy.

In this research, I focused on the relational view through a lens of hope within the relationship of the SFBT therapist and client in order to discover how that relationship unfolds and is maintained. As clinicians, we need to have a better understanding of how hope is built and managed within successful solution-focused brief therapy cases. A major part of when SFBT is considered successful is the hopeful relationship that develops between therapist and client across time.

Since 2013, I have been exploring the literature surrounding the notion of hopefulness and specifically the pattern of building and managing hope in SFBT. The process of exploring hope began in a graduate course where the concept of hope appeared to be evident throughout the model. I was curious to see if any colleagues and professors had observed the same hopeful assumptions I did. I located the *Tales of Solutions* book and was intrigued by how Berg refers to the role of hope in SFBT. When the SFBTA manual was compared to Berg's writing about hope, I noticed hope was not mentioned in regards to the therapist's assumptions and stance. This curiosity sparked the pursuit to explore how hope is built in SFBT because it was a concept that was essential to the model but not clearly illustrated. Since then, I have been writing and exploring these ideas and the preliminary theory of hope.

I have been looking specifically at the relational effects of SFBT in terms of it being a relational process, the focus, circular language and questioning, the relationship between the members of the system, and for this work, looking at it through the lens of hope. Through a hopeful lens, a basic theory of how hopefulness is built and managed has emerged. The theory of hope-building, based on the pilot study, is an instrument that can be used to exemplify the types of behaviors that seem to be best practice in the process of building hopefulness in SFBT. Therefore, the research question was, "How does Insoo Kim Berg build hopefulness in Solution-Focused Brief Therapy?"

The focus of this research was conceptualizing and operationalizing hope as an action, an active process, something to be built upon, and focusing on how Insoo Kim Berg does just that with couples and families. Since the development of the preliminary theory, the next step was to test this theory more widely in multiple SFBT cases. The

focus was to conceptualize hope and the role of hope in SFBT more clearly, in a way I believe Berg intended to. In chapter two I described the notion of hope in more detail and the current research in positive psychotherapies such as solution-focused brief therapy.

CHAPTER II: LITERATURE REVIEW

Theories on Hope as a Common Factor in Human Relationships

Frankl (1959) states how hope is conceptualized in terms of a “spiritual freedom, a freedom which cannot be taken away, a freedom that makes life meaningful and purposeful” (p. 66). According to Stotland (1969), “with hope, a person acts, achieves, moves, and plans futuristically and assertively” (p. 108). When someone is hopeful about his/her future, the individual feels more confident in pursuing their dreams and making plans to achieve goals, which can give great purpose or meaning to his/her life (Farran et al., 1995). Stotland (1969) conceptualized hope theoretically as holding an expectation for achieving a goal. He holds the belief that one quality of hope was having a strong sense of what is possible for one’s future and also believed that hope was not only goal-oriented but “action-oriented” as a “motivational force” (Farran et al., p. 45). The “attributes identified included the relational component of hope, the time-oriented focus of hope, and the achievement orientation of hope” (Farran et al., p. 45). If clinicians are able to conceptualize hope as a relational, active, time-oriented process that is meaningful and purposeful, which includes goals and planning for the future, clinicians can understand how hope can be the driving force of the human condition and the foundational common factor of all human relationships and perhaps even our human existence (Farran et al.).

Theories on Hope as a Common Factor in Psychotherapy

The common factor of hope in relationships is a critical aspect of the human condition. The importance of a client-therapist relationship is a common factor of psychotherapy, so it can be said that a hopeful relationship, or interaction, is a

foundational common factor in psychotherapy. Therefore, in psychotherapy, the common factor that can be identified is hope (Frank, 1973). Common factors research on the effectiveness across psychotherapies suggests the key elements in producing change are the therapeutic relationship, extra-therapeutic change, technique, and expectancy (Lambert, 1992; Sprenkle, Davis, & Lebow, 2009). The common factor of expectancy can be defined as “the activating energy of hope” (Friedman & Fanger, 1991, p. 34).

Snyder (1994) claims clients attend the first session of therapy with the hope and expectation for change. The therapeutic alliance can increase this hope during the first session if the client perceives that the therapist holds their best interest (Snyder, 1994). Snyder (1994) explains how “trust is a building block of the client-therapist relationship, and this supportive relationship provides the foundation for furthering the client’s hopes for subsequent improvement” (p. 292).

Even though clients may come into therapy seeming hopeless or demoralized due to their failed attempts to solve their problem or issue on their own, Frank and Frank (1991) suggest this is not entirely accurate. The clients who seem hopeless actually do encompass hope, which is what motivates them to seek therapy (Frank & Frank, 1991). Snyder and Taylor (2000) suggest, “The term demoralized implies that someone is entirely lacking in motivation and is generally hopeless,” (p. 93) and since the client has made the call to seek professional help then there is hope that from this therapeutic process, something in their life could be better and different. The client “must perceive that something favorable is being accomplished” (p. 94) to remain hopeful (Snyder & Taylor, 2000).

Four Main Factors of Hope

There are four main factors that encourage hope and help lessen demoralization across multiple psychotherapy approaches (Frank & Frank, 1991). These four factors are “(a) an emotionally charged relationship; (b) a therapeutic setting; (c) a therapeutic rationale; and (d) a therapeutic ritual” (Frank & Frank, 1991, p. 36).

An emotionally charged relationship. Through the first factor, the emotionally charged relationship, the hopeful therapist helps to “re-moralize” (p. 35) clients and must have hopes that the client is able to change (Frank & Frank, 1991). The role of the therapist’s hope in the therapeutic process is crucial (Snyder, 1994b). If the therapist has a high expectancy for positive changes throughout the process then it seems to be contagious for the client to eventually shift to expecting something positive or different to unfold through the therapeutic process (Snyder et al., 1999). According to Reiter (2010), “Expectancy that going to therapy will help actually helps. It provides hope for symptom relief as well as other positive changes in one’s life” (p. 133).

If the expectancy of the therapist and client is focused on increasing the positive, continuing the positives (i.e., exceptions), or increasing difference, therapy tends to be seen as more hopeful of a process (Snyder et al., 1999). The expectancies of both therapist and client are significant in determining the outcome for therapy (Snyder et al.). When the therapist has high hopes or high expectations for their “clients’ abilities to change and in the potential of what they have to offer the client to bring about that change,” (p. 186) the therapeutic process often leads to clients’ possessing high hopes as

well (Snyder et al.). Maintaining high hopes and expectations that therapy can work for the better as well as highlighting possibilities creates an instillation of hope and an optimistic expectation for improvement in both the client and therapist (Hubble et al., 1997).

According to Snyder, Cheavens, and Michael (1999), clients who have higher hopes for their future hold “the positive expectation for goal attainment” (p. 206) and that hope and positive emotions are directly related.

According to Bandura (1969), research shows how “clients model their therapists’ patterns of thinking” (p. 187). This is significant when the therapist and client are working together to increase hopefulness, which allows the notion of hopelessness to become less significant. Hope seems to beget hope (Bandura, 1969).

A therapeutic setting. The second factor is creating a therapeutic context where therapeutic processes can occur because this allows the client to perceive the therapist as someone who is able to help them in making positive changes, which will end up strengthening client’s hopes (Frank & Frank, 1991). Snyder et al., (1999) explains a similar concept as, “The client must sense that this therapist-helper, working in this particular setting, has helped others to reach their goals” (p. 182). Snyder (1994) further explains how “the supportive relationship established in the early sessions allows the client and therapist to engage in shared detective work about the goals for treatment” (p. 295).

A therapeutic rationale. Frank and Frank (1991) propose that the third common factor, the therapeutic rationale, is where the therapist explains how it might make sense that the client is experiencing these presenting problems and how the therapeutic process

can lessen their symptoms in their experience. The therapeutic rationale is a critical piece in the therapeutic process because “clients who agree with the rationale of a particular therapeutic approach are likely to experience an increase in agency thinking that ultimately translates into increased determination to move toward improvement-related therapy goals,” which increases hope (Snyder et al., 1999, p. 183). Therefore, these authors agree that a hopeful therapeutic rationale can help the clients in understanding their current situation in a way that allows for pathway thinking (i.e., explaining how they might want to proceed in reaching desired goals) (Snyder et al.).

A therapeutic ritual. The fourth common factor identified by Frank and Frank (1991) is the therapeutic ritual. The therapeutic procedures or model used by the therapist may help to influence the client’s level of hope due to the confidence the therapist has in his/her mastery of this therapeutic ritual and “works by enhancing the client’s belief in the potential for healing” (Snyder et al., 1999). Through the therapist’s competency in their therapeutic model of the world or rituals, they seem to model both agency and pathways thinking for the client in hopes that they client will eventually pick up this way of thinking as well (Snyder et al.). Research shows clients model the way their therapist thinks and therefore if the therapist is hopeful, it is much more likely that the clients will begin to be hopeful about his/her future as well (Snyder et al.) Hope is contagious.

Hope Theory

Snyder et al. (1999) report that it is the combination of the first two factors that help to produce what he calls, “agency thinking (i.e., I *can* do it)” (p. 183), whereas the last two factors help contribute to “pathways thinking (i.e., Here’s *how* I can do it.)” The first two factors help clients create enough hope to know that there are possibilities for

something to be different and better for their future and the last two factors assist clients in formulating a game plan and understanding the first step(s) they needs to take to put those hopes into action in reaching their goals (Snyder et al., 1999).

Yalom's (1995) observation of how "the installation and maintenance of hope is crucial in any psychotherapy" (p. 4) encouraged Snyder et al. (1999) to focus on the "pivotal role that hope plays in early and subsequent improvement in psychotherapy" (p. 184) when clients in psychotherapy become "hopeful by finding any one of the following: a new goal, a new pathway, a new sense of agency" (Snyder et al., 1999, p. 190).

Snyder's (1994) explains how in hope theory a main starting point in creating the theory is the idea of "anchoring hope to a concrete goal" (p. 3). Snyder (1994) believes hope does not exist without being in relationship to some sort of goal, no matter how big or small. One of Snyder's main idea's about hope suggests that "hope involves the perception that one's goals can be met," and he maintains that it is how the individual conceptualizes accomplishing said goals that provides the basis for understanding hope" (p. 3). From the time we wake up until the time we go to sleep, we are constantly thinking in relation to goals (Snyder). In order to conceptualize one's future, he/she must have some sort of goal(s) in mind (Snyder). Snyder expands this thought by saying how even "if you try not to entertain a goal, you have one" (p. 4). In other words, the very act of attempting to not have a goal in mind means that you have a goal in mind (Snyder). In order to have goals in mind, one must have an idea of what their goals are as

well as ways they might travel in order to attain them (Snyder). Snyder summarizes hope in accordance with these ideas as “hope is the sum of the mental willpower and waypower that you have for your goals” (p. 5).

Snyder et al. (2000) explains this process in further detail:

Hope may be understood in terms of how people think about goals. Thinking about goals is defined in two components. First, there are the thoughts that persons have about their ability to produce one or more workable routes to their goals. And second, there are the thoughts that people have regarding their ability to begin and continue movement on selected pathways toward those goals. These two components are known respectively as pathways thinking and agency thinkingBoth types of thinking must be present for a person to experience hope. (pp. 180-181)

Willpower. The thought pathways that an individual has in order to think about their goals and think about ways to achieve their goals are considered the willpower (Snyder, 1994): “Willpower is the driving force in hopeful thinking” (p. 6). Snyder (1994) reports it is this willpower or “mental energy helps to propel the person toward the goal” (p. 6) from Point A to Point B.

According to Snyder (1994):

Willpower is a reservoir of determination and commitment that we can call on to help move us in the direction of the goal to which we are attending at any given moment. It is made up of thoughts such as I can, I’ll try, I’m ready to do this, and I’ve got what it takes. As such, willpower taps our perception that we can initiate

and sustain actions directed at a desired goal. There is a vibrancy and strength in willful thinking. (pp. 6-7)

Although, the individual's goals or hopeful outcomes must be clear and focused. Goals that are too vague are not going to initiate the willpower force to get the individual moving in the direction of their goals (Snyder, 1994). The focused and clear goals are the ones that often help fill the individual with "active and empowering thoughts" (Snyder, p. 7). In addition, it is crucial to understand that willful thoughts or willpower is not increased through a care free life in which the pathways to the individual's goals have been free of challenges or obstacles (Snyder). However, it has been noticed that individuals who run into hindrances in the pursuit of their goals actually end up having an increase in willpower and mental energy to overcome these challenges (Snyder).

Willpower alone is not enough to complete goals because it starts the process of thinking about the possibilities of actually reaching one's goals (Snyder, 1994). Acquiring the waypower in addition to willpower allows the individual to become more hopeful about achieving their goals for the future (Snyder). Waypower, pathways thinking, is defined as "the mental plans or road maps that guide hopeful thought" (Snyder, p. 8), the driving force of willpower and actual route a person may travel to get from Point A to Point B (Snyder). This pathways thinking component per Snyder's hope theory (2000) describes how clients can utilize their agency thinking in a way that allows them to begin brainstorming the pathways or routes in order to take action in reaching their desired goals. This could be the first small step in attaining a goal or solution to their problem. The therapist's hope is that the client will be able to generate useful routes to expected

goals through combining their original agency thoughts with their pathway thoughts (Snyder, 2000).

Waypower. This mental capacity, or waypower, is something one can recall in order to find more efficient ways of reaching his/her goals (Snyder, 1994). This mental ability to plan for our future is applicable to one or many different goals but it is easier to plan more effectively when our goals are specific and focused (Snyder). Snyder (1994) asserts how these “waypower capabilities are based, in part, on a previous history of successfully finding one or more avenues to one’s goals. Relevant research suggests that our memory, in fact, is organized in goals and plans” (p. 9).

According to Snyder and Taylor (2000):

Agentic thought is the motivational force or engine in hope theory. All the mental energy imaginable, however cannot guarantee successful goal attainment in psychotherapy. Perceptions that one can produce the routes to those goals is a second necessary component [i.e., pathways thinking]. (p. 97)

Hope’s two main attributes: willpower and waypower. Hope’s two main attributes are willpower and waypower combined (Snyder, 1994). For instance, “hope reflects a mental set in which we have perceived willpower and the waypower to get to our destination” (Snyder, p. 10). Some people seem to have an innate sense of willpower, or agency thinking, combined with waypower thoughts, or pathways thinking, to their preferred outcome while others simply do not (Snyder). Snyder et al. (1999) report how “at all stages of goal-directed behavior, the iterations of agency/pathways and pathways/agency thought continue and build on one another”

(p. 207). This combination of both willpower, or agency thinking, and waypower, or pathway, thoughts within an individual not only allows him/her to accomplish goals but they're also considered to have "high hope" (Snyder, p. 10). Those possessing high hope seem to be more effective in reaching their goals than those who possess only willpower or only waypower (Snyder).

The agency thinking, or willpower, allows the individual to begin conceptualizing goals for the future whereas the pathways thinking, or waypower, can be seen as the driving energy that creates the actual routes or action in carrying out these goals for the future (Snyder, 1994). Snyder et al. (1999) argues, "Hopeful thought not only operates to facilitate success during unimpeded goal pursuits, but it is also especially helpful when encountering barriers [and] higher hope helps people to deal more successfully with the stressful events in their lives" (p. 208).

High hope. The difference between people who possess the qualities of high hope or high hopefulness and those who do not are that those with high hopes are able to seek alternative routes when they run into obstacles on the path to their goals (Snyder, 1994). High-hope people are also able to then direct all of their energy to this new pathway effectively without taking much time to dwell on the failed attempts (Snyder). Snyder (1994) reports that the high-hope message is to "set clear goals and then get energized about ways to reach those objectives" (p. 12). Through studying individuals who are considered high-hope, Snyder has come up with a formula to help clarify how he generally conceptualizes hope and hopeful thinking.

Therefore, Snyder suggests the following hope formula:

Hope = *mental* willpower + waypower for goals. Note that *mental* is italicized in this definition. IT is worth highlighting again that hope is a process constantly involving what we think about ourselves in relation to our goals. Our thoughts, in turn, can influence our actual behaviors. At times, the external environment obviously has an enormous influence on us. Having acknowledged this point, however, I would emphasize that *how we think about and interpret our external environment is the key to understanding hope.* (p. 12)

Hope Therapy

Interpreting therapy as a positive, hopeful context can be extremely significant when it comes to assisting clients in achieving their goals and feeling better about their lives (Lopez et al., 2000). This is not to be confused with the notion of reducing negative symptoms in order to achieve more effective functioning (Lopez et al.). Lopez et al. (2000) proclaims “in hope therapy, the focus is on increasing the positive, rather than decreasing the negative” (p. 146).

Hope therapy was formulated to encourage clients seeking well-defined goals, discovering various pathways for achievement of these goals, possessing the mental energy to maintain long-term goal pursuit, and reframing challenges in a way that they are perceived as being more manageable to overcome (Lopez et al.). The basic notion of a client deciding to come to therapy and seek help for their discomfort or problem is hopeful and therefore, that client brings hope with them into the first session (Lopez et al., 2000). Lopez et al. (2000) suggest, “therapists can instill further hope for change and improvement by helping clients to find the hope they already possess and have

demonstrated previously in their lives” (p. 124). Lopez et al. named this process “hope reminding” (p. 125) and explains that it is a “hope increasing process” (p. 125). They explain further that “it is the purposeful search for and recollection of previous successful hope endeavors” (Lopez et al., p. 125). Instilling hope in clients consists of various tools that therapists can hold in their toolbox in order to help clients create their “house of hope” (Lopez et al., p. 124). Clients who are able to learn how to build on their “foundation of strengths” are able to construct their “house of hope” in a way that can provide lasting change (Lopez et al., p. 124).

Hope building in hope therapy. Hope building in hope therapy is enhanced when the therapist is able to understand the client’s expectations for seeking help and understand how their goals make sense within the context of their lives, which will also enhance the therapeutic bond between client and therapist (Lopez et al., 2000). According to Lopez et al. (2000), the main contributors of effective hope therapy is “hope bonding, the formation of a strong therapeutic alliance, and hopeful interpersonal relationships,” which allow for a hopeful therapeutic context overall and “lay the foundation and frame” for the client’s “house of hope” (p. 124).

Hopeful therapists hold many assumptions about the nature of hope, the human condition, and the change process (Lopez et al., 2000). For instance, hope therapies and hope theories are models of human motivation that are cognitively focused (Lopez et al.). Hopeful therapists also believe that everyone is capable of thinking hopefully and that these cognitive thoughts about hope can be increased and built upon (Lopez et al.). An assumption about time-orientation is also crucial in understanding how clients past and

future expectations influence their present condition and current hope(s) (Lopez et al.). The goals of hope therapy are to increase hopeful thinking through defining positive goals and behaviorally encourage clients to actively pursue these goals and engage the world in a more positive and hopeful way (Lopez et al.).

Therapeutic hope process stages. Lopez et al. (2000) discovered the “infectious nature of hope” [and suggest the] “therapeutic hope process is composed of two stages which are (1) instilling hope, which is achieved through hope finding and hope bonding, and (2) increasing hope, which is attained as therapists facilitate hope enhancing and hope reminding” (p. 127). Snyder (2000) confirms this assertion explaining when the clinician conceptualizes hope as mentioned above, as multidimensional, and as building blocks, “the clinician can begin to construct a positive psychological framework with the aid of the client’s preexisting strengths” (p. 57). In reviewing existing literature, Lopez et al. has suggested that solution-focused brief therapy (SFBT) is one of the recommended hope enhancing models.

As previously identified, in hope therapy, the clinician is focused on increasing the positive thoughts and behaviors rather than increasing the negative (Lopez et al., 2000). This notion is also true for solution-focused brief therapy. Berg and de Shazer (1994) describe a similar hopeful concept when they discuss one of the foundational hopeful tenets of SFBT, the focus of solution talk in place of problem talk.

Theories on Hope in Solution-Focused Brief Therapy

Solution Focused Brief Therapy, developed by Steve de Shazer and Insoo Kim Berg, is an evidence-based practice, which focuses on client strengths, competencies, and

resiliency; helping them discover solutions to their challenges instead of repeatedly focusing on the problems they are currently facing. Solution-Focused Brief Therapy practitioners effectively apply the model by utilizing questions and techniques that (a) empowering clients as experts to build upon their intrinsic resources and strengths; (b) developing explicit, measurable, and obtainable goals; (c) emphasizing exceptions; (d) identifying and facilitating solutions; (e) providing feedback and evaluating progress regularly; and (f) continually fostering a sense of hope and expectancy for change (De Jong & Berg, 2008). According to De Jong and Berg (2008), there are also five SFBT solution-building stages: (1) defining the problem; (2) developing well-formed goals; (3) exceptions; (4) end-of-session feedback; (5) evaluating client progress (p. 19). These stages guide the therapist by providing a therapeutic focus for how the SFBT session unfolds and provides a road map for the building of solutions.

In solution-focused brief therapy, therapists perceive clients as falling into distinct categories in the first session. The SFBT therapist pays attention to who may be the most vested in change in the room. This is done by categorizing clients as a visitor, complainant, or customer (De Jong & Berg, 2008). The visitor may appear to have little hope for change and may appear as resistant or wanting to avoid any participation in the therapeutic process (De Jong & Berg). The complainant does not view him/herself as having any participation in the problem and simply comes to therapy to encourage the therapist to fix someone or something (De Jong & Berg). The customer is someone who the therapist notices as the most vested in change within the clients system, wants to collaborate on goals, seems hopeful that things will change, is proactive and eager in working toward a solution (De Jong & Berg). Clients come to therapy to rediscover their

relationship to their future, hope, and possibility, major common factor themes, which SFBT helps bring to fruition (O' Hanlon & Beadle, 1994). According to Reiter (2010), "it is [the] focus on the future and possibilities instead of the past and problems that helps lead to hope" (p. 134). A main ingredient of change in SFBT is hopefulness (Reiter, 2010). He explains how SFBT therapists utilize the therapeutic factor of hope to help clients "to shift from a problem-saturated and pessimistic outlook on their situation to a more future-focused and optimistic viewpoint filled with an expectancy of change and hope for what will come" (Reiter, p. 146). Without hopefulness in a SFBT session, the conversations surrounding the client's goals, exceptions, strengths, and compliments would be less meaningful. Therefore while meaningful language is an important aspect of SFBT, so is hopefulness (De Jong et al., 2013).

Hope is typically thought of as just an emotion, but within the context of Solution-focused brief therapy, we are suggesting the notion of hope at the most basic level is conceptualized as a pragmatic expectation or desire as in the active pursuit hope-building or achieving a level of hopefulness. Combined with Berg and Dolan's notion of pragmatics, hopefulness puts hope into motion to where it is an action in relationship to solution-building. It is the building of hope, which through solution building becomes hopeful (i.e., hopes fulfilled through the development of a solution-focused viewing and doing can lead the person to being more hopeful).

So central is the management of hope in SFBT that Berg has defined the essence of the practice as the "pragmatics of hope and respect" (Berg & Dolan, 2001, p. 1). Following Insoo's edict we see the basic tenets of SFBT as being hopeful in nature and encouraging the therapist to assume a position of hope (Berg & Dolan). Solution-Focused

Brief Therapy can be defined as the pragmatic and systematic construction of hope-building, isomorphic to solution-building, which becomes fulfilled successfully when carefully co-created by the client and therapist within the client's focus or worldview (Berg & Dolan).

Therapist Stance

Another significant aspect of the SFBT model is the stance of the therapist or practitioner working with the client (Trepper, McCollum, De Jong, Korman, Gingerich, Franklin, 2012). The stance and “general tenor” (Trepper et al., 2012, p. 23) of the SFBT therapist is “positive, respectful, and hopeful” (Trepper et al., p. 23). Overall, the assumption of the therapist is clients are extremely resourceful and resilient and they can utilize this resiliency in order to make positive and hopeful changes in their lives (Trepper et al.). McKeel (2012) asserts how “clients in several studies (i.e., Lee, 1997; Shilts et al., 1994) valued the support, validation, and positive focus they experienced in SFBT and described SFBT as empowering” (p. 137). This validation, supportive environment, and positive focus of the future empower the client to feel more hopeful (Trepper et al.).

Hopeful Expectations

Another foundational notion of SFBT is the use of expectation juxtaposed with hopefulness (de Shazer, 1985). de Shazer argues (1985) how “it is part of the therapist's task to help define the context of therapy and create certain expectations of problem solution” (p. 79). As other positive psychotherapies asserted, the context of therapy is preconceived before the first session begins. In other words, clients already have an idea about their expectations for therapy when they contact the mental health professional and

believe that therapy will help with their problem, which is a hopeful mindset (Reiter, 2010). Reiter (2010) believes the context of expecting positive change in SFBT “begins with the solution-focused therapist’s mindset that expects change to happen for the client, usually quite quickly” (p. 136).

Five solution-building stages (defining the problem, developing well-formed goals, exceptions, end-of-session feedback, evaluating client progress; De Jong & Berg), many solution development techniques, and processes that help clients build upon hope and expectations. To help clients feel more hopeful about their current situation, SFBT therapists help clients realize that their situation can get better by asking exception questions, highlighting, and amplifying any improvements (McKeel, 2012). The SFBT practitioner hopes to “identify, acknowledge, encourage, and build” (p. 130) on any occurrences that have helped to improve the client’s problem or life in general (McKeel).

An expectation of SFBT is that the client holds the solution to their problem and that their problem would not be conceptualized as a problem if they did not already know a solution (de Shazer, 1985). According to de Shazer (1985), “solutions develop when the therapist and client are able to construct the expectation of a use and satisfactory change,” (p. 45) which creates hope. In the first session, clients hold a problem focused lens and their expectations often lie within their problem they have been attempting to solve (de Shazer). As SFBT sessions progress, clients begin to shift to a solution focused lens and their expectations begin to lie within their solution(s), which can be conceptualized as hopeful (de Shazer).

Even though there are numerous possibilities in discovering solutions and doing something different, most research in SFBT has focused on core techniques of the model

such as “using a miracle question, using a scaling question, scheduling a consulting break and giving the client a set of compliments, assigning homework tasks, looking for strengths or solutions, setting goals, and looking for exceptions to the problem” (Franklin et al., 2012, p. 4). McKeel (2012) states, “solution-focused therapists use presuppositional questions as interventions designed to promote hope by helping clients identify their strengths, abilities, successes, and possibilities” (pp. 131-132). The answers to these questions are utilized as a guide for the SFBT therapist in order to understand how the client visualizes his/her life once the problem is no longer occurring and how it would be better or different (McKeel, 2012). In addition, the SFBT therapist may incorporate coping questions if the client is unable to visualize their situation without their problem in it or if the client reports ways the problem is getting worse (Trepper et al., 2012).

Coping Questions

Coping questions were designed to be incorporated if the client’s hope seems diminished and the client is not ready to conceptualize strengths, resources, or exceptions to the problem (Trepper et al., 2012). The SFBT therapist remains hopeful by asking the client questions such as, “How have you managed to prevent [the problem] from getting worse?” or “How are you managing to cope with this to the degree that you are?” (Trepper et al., p. 30). Framing questions in this way, the therapist is attempting to utilize the client’s strengths and resources to help the client understand how he/she has been contributing to solving their problem in a positive way, and at the very least, preventing it from becoming worse (Trepper et al.). The intention of coping questions are to increase the client’s level of hopefulness so they can begin to visualize their life without their

problem, thus opening up possibilities and eventually leading them to find solutions (Trepper et al.). The next frame for the SFBT practitioner can often be the asking of presuppositional questions.

Presuppositional Questions

Presuppositional questions are “leading questions that communicate a positive belief or expectation about clients, their situation, or their ability to accomplish treatment goals” (McKeel, 2012, p. 131). These questions are hopeful in nature because they convey to the client that the therapist has an expectation that the client’s situation will improve and that the client holds the strengths and resources in order to create solutions (McKeel).

Miracle Question

In order to “develop and clarify treatment goals, promote hope, and prepare clients to notice exceptions,” the solution-focused brief therapist typically asks the miracle question (McKeel, 2012, p. 132). McKeel (2012) also argues that “clients report feeling more hopeful after answering the miracle question” (p.133) because they are able to visualize their miracle and create a goal for change. Quick (2008) argues, “When the client articulates the details of a miracle scenario, or when he or she realizes that pieces of that scenario are already happening, continuing and building on them are increasingly within reach. This process creates hope” (p. 57). Research interviews with clients confirmed how “the miracle question helped them to create or clarify goals for treatment and identify specific ways to accomplish these goals” (p. 133) and the interviews also confirmed how “clients report feeling more hopeful after answering the miracle question”

(McKeel, p. 133). In order to gauge the client's level of hopefulness across sessions, the SFBT practitioner will often ask the scaling question (de Shazer, 1994).

Exception Questions

Even though the overall focus of SFBT is future-oriented, therapists who utilize the model tend to still ask about times in the past where the problem was not a problem, looking for past and actual exceptions (De Jong & Berg, 2008). These past exceptions help the client notice when their problem was not an issue and therefore become hopeful that there may be a time in the future when it will no longer be an issue (De Jong & Berg). If the client cannot think of any actual exceptions in the past, the therapist will shift to a hypothetical, future focus to inquire about visualizing times if the problem was not occurring and explore the details of what would be different cognitively and behaviorally (De Jong & Berg). This sort of conversation is considered "solution talk" (McKeel, 2012, p. 135). Instead of giving advice or directing the client to the therapist's solutions, the SFBT practitioner will utilize exception questions to assist clients in "discovering, achieving, and maintaining improvements" (p. 135), which creates hope and solutions at the same time (McKeel). As the client is answering the exception questions, the therapist is noticing how to "connect to, amplify, and build on the responses to work toward further progress" (McKeel, p. 135). When the therapist maintains a hopeful stance and encourages solution talk, the client typically will also begin to become more hopeful and eventually initiate solution talk on their own (de Shazer, 1994). The SFBT therapist hopes to increase solution talk through asking questions such as the miracle question (de Shazer).

Scaling Questions

The solution-focused therapist utilizes scaling questions to build and manage hopefulness, commitment to change, and progress in general by measuring how the problem has improved from one session to another (McKeel, 2012). The therapist will follow up by asking the client what it would take to improve the number on the scale, which inspires more hopefulness as the client explores the future to see how the problem will improve and the first step they can take in order to create improvement in their lives (McKeel).

Complimenting and Pretreatment Improvement

Compliments are utilized throughout the SFBT sessions and are intended to help join with the clients where they are in their journey and also validate them on what they are already doing well (Trepper et al., 2012). According to Berg and Dolan (2001), the combination of complimenting what the client is already doing that is working and also acknowledging “how difficult their problems are,” [which can] “encourage change while sending the message that the therapist has been listening (i.e., understands) and cares” (pp. 90-94). This process is also sometimes referred to as pretreatment improvement (McKeel, 2012). McKeel (2012) points out how “identifying pretreatment improvement can increase clients’ optimism and motivation by helping them realize that their situation can get better” (p. 131). Both complimenting and exploring pretreatment improvement or change are considered hopeful in nature.

Homework/First-Session Task

Homework assignments also referred to as First-Session Tasks are given to clients after the completion of their first therapy session in order to “inspire hope that

improvements will occur, to increase the likelihood that clients will notice exceptions or improvements, and to encourage clients to take new action to achieve their goals” (McKeel, 2012, p. 133). In giving this homework assignment, the hope of the SFBT therapist is that the client will return to the second session with evidence of exceptions to the problem, more detailed information about the client’s efforts in attempting to do something different, and improvements about what he/she might want to continue to have in his/her life (McKeel). In other words, these first-session task assignments are “based on something the clients are already doing (i.e., exceptions), thinking, feeling, and so on that is moving them in the direction of their goal” (Trepper et al., 2012, p. 31). Many research studies have shown how the role of hope in psychotherapy as well as SFBT techniques and assumptions help clients accomplish their goals.

Research on Hope

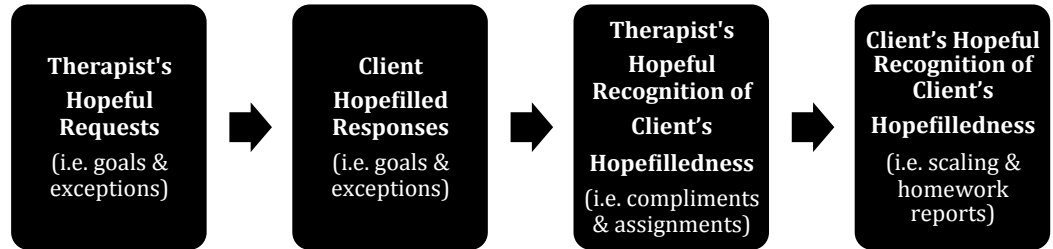
Research has been conducted in order to provide evidence to the claims that the Solution-focused brief therapy model asserts and how these techniques are effective in building hope. For instance, common factors research on effectiveness across psychotherapies affirm the key elements in producing change are the therapeutic relationship, extra-therapeutic change, technique, and expectancy (Lambert, 1992; Sprenkle et al., 2009). The common factor of expectancy can be defined as “the activating energy of hope” (Friedman & Fanger, 1991, p. 34).

In addition, McKeel (2012) mentions “several studies (i.e., Corcoran & Ivery, 2004; Dine, 1995; Jordan & Quinn, 1994, 1997; Shilts et al., 1997) found that SFBT techniques often increase clients’ hopes and expectations that they will accomplish their therapeutic goals” (p. 136). According to other studies such as Bozeman’s (1999), clients

who were interviewed after a few sessions of SFBT reported “having higher expectations that they would accomplish their therapeutic goals” (McKeel, p. 136). Another study by Quick and Gizzo (2007) found “clients credited the SFBT model with making them more hopeful about their situation and specifically attributed their optimism to SFBT principles” (p. 136).

Reiter (2010) is the main exploration how hope can be understood and conceptualized in SFBT. He identifies how SFBT therapists utilize the therapeutic factor of hope to help clients “shift from a problem-saturated and pessimistic outlook on their situation to a more future-focused and optimistic viewpoint filled with an expectancy of change and hope for what will come” (p. 146). Although he systematically reviews how an SFBT therapist can utilize hope throughout the basic stages and techniques in a case, his examination is not a process research study of actual sessions. My subsequent reading of McKeel’s (2012) review of SFBT process research failed to reveal any prior research on in-session hope building in SFBT practice; therefore, I hold there is a gap in the research literature regarding building hopefulness in SFBT practice. In this study I will focus on addressing the gap on the process of building hope in SFBT. In the pilot study, I conceived this SFBT hopefulness as the notion of fulfilling hope or manifesting hope in a way that the expectation or person’s wish or focus begins to be fulfilled through the preliminary hope building theory: (1) the therapist being full of hope through Berg’s behaviors and actions; (2) the clients themselves begin demonstrating hopefulness; (3) the therapist reflecting and suggesting that the clients behaviors and actions are hopeful; and (4) the relational idea of hopefulness built upon hopefulness when the clients reflect

on the therapist's reflection and recognize their behaviors and actions are hopeful and therefore, hope-filled.



Combined with Berg and Dolan's (2001) notion of pragmatics, hopefulness puts hope into motion to where it is an action in relationship to solution-building. It is the building of hope, which through solution building becomes hopeful (i.e., hopes fulfilled through the development of a solution-focused viewing and doing can lead the person to being more hopeful). The preliminary results suggested Insoo Kim Berg built hope relationally by working within the clients' focus and their presenting problem, similar to solution building.

Although hope is identified as an important ingredient in SFBT, there were not any specific studies focusing on how Berg and Dolan's pragmatics of hope and respect are built in a therapy case. The analysis of the pilot case, from a technique focus, suggested a particular pattern of hope building in one of Berg's couple cases so in this multi-case study, these findings were compared and contrasted through examining other cases from her work based on the SFBT solution-building stages perspective, which included cases of couples and families to see if the this emerging model of hope-building in SFBT can be improved.

Summary

Therefore, this study utilized grounded substantive theory to conduct a qualitative data analysis of the video and transcripts from three 2-session cases conducted by SFBT co-creator Insoo Kim Berg with family and couple cases. The goal of this study was to show the hopeful signs that allow Berg to progress within and across the five SFBT solution-building stages in all three cases through constant comparison and demonstrate how these findings are congruent with SFBT hopeful tenets based on the revised *Solution Focused Therapy Treatment Manual for Working with Individuals* (Bavelas et al., 2013) to allow the pragmatics of hope and respect to become transparent.

CHAPTER III: METHODOLOGY

The research question for this study was, “How does Insoo Kim Berg build hopefulness in Solution-Focused Brief Therapy?” This SFBT approach to hope was based on qualitative research of videos and transcripts of SFBT co-creator Insoo Kim Berg’s published cases. Using a grounded substantive theory, the preliminary results, based on the pilot study, suggested Berg built and managed hope relationally by working within the clients’ focus and their presenting problem. Through this analysis, four different yet interrelated hope phases in the SFBT therapeutic process were identified: (1) the therapist being full of hope through his/her behaviors and actions, (2) the clients themselves begin demonstrating hopefulness, (3) the therapist reflecting and suggesting that the client behaviors and actions are hopeful, and (4) the relational idea of hopefulness built upon hopefulness when the clients reflect on the therapist’s reflection and recognize that their behaviors and actions are hopeful and therefore, hope-filled.

This hope building theory based on the pilot study mentioned above, was created with one pilot case based on a SFBT technique perspective. To further research the process of hope-building, the researcher analyzed all three cases (including reanalyzing the pilot case) based on the five solution-building stages perspective: (1) Defining the problem; (2) Developing well-formed goals; (3) Exceptions; (4) End-of-session feedback; (5) Evaluating client progress (De Jong & Berg , 2008, p. 19) and utilizing grounded substantive theory. Grounded substantive theory was a good fit as the methodology because as identified by Charmaz’s (2014) model of grounded theory, the “foundational assumptions assumes multiple realities, mutual construction of data through interaction, researcher constructs categories, views representation of data as problematic, relativistic,

situational, and partial, and assumes the observer's values, priorities, positions, and actions affect views," (p. 236) which aligns with the SFBT tenets and social constructionist ideas as explained by De Jong and Berg (2008).

Grounded Substantive Theory

According to Charmaz (2014), grounded theory "consists of systematic, yet flexible guidelines for collecting and analyzing qualitative data to construct theories from the data themselves" (p. 1). Charmaz explains how "grounded theory begins with inductive data, invokes iterative strategies of going back and forth between data and analysis, uses comparative methods, and keeps you interacting and involved with your data and emerging analysis" (p. 1). From the beginning of the study, the grounded theorist is collecting data in order to develop theoretical analysis in hope of constructing concepts that allows us to make sense of statements and actions in context (Charmaz, 2014). Grounded theory fit with this dissertation because this methodology epistemology is one of co-construction, which "sheds the notion of a neutral observer and value-free expert" (Charmaz, p. 13) and SFBT's foundational premise is based on the co-construction of reality and solutions (De Jong & Berg, 2008). Charmaz reminds researchers about the constructed nature of their assumptions and the importance of maintaining multiple realities. In addition, she goes on to explain how we must also consider the role of the researcher in all interactions as part of the study because the position of the researcher is also a construction (Charmaz).

Charmaz (2014) identifies:

Grounded theorists (1) Conduct data collection and analysis simultaneously in an interactive process; (2) Analyze actions and processes rather than themes and

structure; (3) Use comparative methods; (4) Draw on data (e.g., narratives and descriptions) in service of developing new conceptual categories; (5) Develop inductive abstract analytic categories through systematic data analysis; (6) Emphasize theory construction rather than description or application of current theories; (7) Engage in theoretical sampling; (8) Search for variation in the studied categories or process; (9) Pursue developing a category rather than covering a specific empirical topic. (p. 15)

Case studies are useful in illustrating methodologies such as grounded theory as Creswell (2012) has pointed out: “Case study research involves the study of a case within a real-life, contemporary context or setting” (p. 97). Therefore, the purpose of this work was to analyze how the relationship between hope and solution-building unfolded within and across the context of the five solution-building stages. This allowed the theory regarding hope-building and the SFBT stages to emerge. The focus was on how SFBT tenets, techniques and processes are incorporated in building hope, which appears isomorphic to the process of building solutions.

Self of the Researcher

In 2013, I became involved in a research group that consisted of faculty and advanced doctoral students. Ideas about how SFBT is conceptualized relationally were developed and named relational solution-focused brief therapy (R-SFBT). The main ideas of R-SFBT are that each SFBT solution-building technique is in relationship to the client’s focus or worldview of who, what, where, and when are seen as being problematic; each participant’s solution-building behaviors are in relationship to the other participants’ solution-building behaviors as the same SFBT questions are cycled and recycled with all participants present or not in session for each phase of the

treatment; and each solution-building phase outcome is related to the other phase accomplishments (Chenail, Ilic, Wilson, & Garcia, 2014). All SFBT assumptions and practices are grounded in hope.

I have been involved in multiple trainings, workshops, and webinars with Dr. Gordon in regards to our findings in SFBT such as basic and advanced SFBT trainings and workshops for professionals in the community and at Nova Southeastern University as well as SFBT presentations and posters at conferences locally, state-wide, nationally, and internationally (i.e., SFBT Expos, SFBT Southeastern Intensive, and SFBTA Conferences). I was a supervisor candidate with Dr. Gordon at the Family Therapy Clinic at Nova Southeastern University incorporating the clinical application and practice SFBT research and more specifically my pilot hope phase findings: (1) the therapist being full of hope through Berg's behaviors and actions; (2) the clients themselves begin demonstrating hopefulness; (3) the therapist reflecting and suggesting that the clients behaviors and actions are hopeful; and (4) the relational idea of hopefulness built upon hopefulness when the clients reflect on the therapist's reflection and recognize that their behaviors and actions are hopeful and therefore, hope-filled. I developed the first hope-focused solutions SFBT webinar series through the Department of Family Therapy with Dr. Gordon as well.

In this study, my interest focused on discovering how Berg's hopeful stance reflected the SFBT tenets by conducting the analysis from a solution-building stage perspective. As I looked at the transcripts line by line, I focused on how Berg builds upon hope from a solution-building stages lens, which was different than my concentration in the pilot

study. I looked to see if there were any patterns across the solution-building that might reflect the pragmatics of hope and respect.

To explore hope building from the solution-building stages lens, I, as the researcher, was interested in (a) exploring what Berg reports in the recordings about her work in general about SFBT and in particular about her actions in the cases to see if her commentary reflected any of SFBT hopeful assumptions (i.e., the clients have the strengths and resources to address their lives' concerns, no problem is perfect, from small exceptions, larger change can emerge, etc.). I also (b) continued examining the sessions themselves to locate implications of these hopeful SFBT assumptions (i.e., exploring pre-session changes, exceptions, client strengths, and resources). In addition, I (c) explored Berg's progression within and across the five solution-building stages (i.e., defining the problem, developing well-formed goals, exception, end-of-session feedback, and evaluating client progress) to discover what, if any, evidence of hope could be found in relation to solution-building.

Data Collection

Participants

Purposive sampling was used to select participants such as families and couple cases consisting of two-sessions or more in order to focus on hope building beyond a first session (Creswell, 2012). These case studies were chosen to focus on how Berg builds hopefulness in SFBT (Berg, 2004). The inclusion criteria for these recordings were that they were well-known, commercially available cases by Insoo Kim Berg, consist of at least two sessions, and are solution-focused brief therapy (Hoyt, 1998). These specific

case studies were appropriate because Berg is an expert therapist in SFBT and considered an expert of SFBT (Creswell, 2012) and she herself used the pilot study case (i.e., *Irreconcilable Differences*) to illustrate how she performed SFBT and to describe the workings of the model (Hoyt). The exclusion criteria for choosing cases were therapy sessions that are not solution-focused brief therapy, not cases by Insoo Kim Berg, and only one session (Hoyt).

To locate candidate cases, databases were reviewed such as Counseling and Therapy in Video: Volume I, II, and III and Counseling and Psychotherapy Transcripts, Client Narratives, and Reference Works from Alexander Street Press, Nova Southeastern University's VHS and DVD collection, and Solution-Focused Brief Therapy Association Online DVD Store to locate recordings of Berg's cases of two or more sessions. Two additional cases from years 1994 and 2008 were selected for this study.

Transcription

Each recording was listened to and verbatim transcripts were created, which noted and numbered speaker turns (Creswell, 2012). The words and utterances from the sessions were transcribed. In addition, any commentary Berg provided regarding her work in the sessions and her understanding how she worked as a SFBT clinician was also transcribed.

Attention was on the therapist talk in relationship to the client talk in order to look at the pragmatics of building hopefulness, including the techniques and process utilized by Berg to progress within and across the SFBT solution-building stages. To accomplish identifying the pragmatics of building hopefulness, Berg and Dolan's (2001) perspective that building hopefulness is isomorphic to building solutions was utilized,

and focused on how Berg used language to listen, select, and built solutions and hopeful signs, instances when she requested her clients to anticipate their desired future, exceptions to identify past, current, future, exceptions to the problem (SFBT techniques); or when she offered her clients compliments as acknowledgment and validation for coping well with, or noticing exceptions to problems happening (De Jong et al., 2010). In doing so, Berg's bridging of solution-building efforts within and across the stages was noted as the implementation of her pragmatics of hope.

As SFBT techniques and processes are noted, the researcher focused on the qualities of the clients' responses to Berg's hopeful inquiries to demonstrate how, if at all, did the clients identify their exceptions, strengths, and resources. As the researcher identified these replies, she described what qualities of hope these utterances could be understood to reflect. The clients' responses were compared to the goals and objectives of each solution-building stage to reveal how, if at all, their replies fulfill the expectation of each stage. For example, if it is determined Berg's request reflects a hopeful stance (i.e., "In six months from now, when you look back at this period in your life and can say, That was a good idea that we went and talked to Berg, what would need to happen for you to say your time here was helpful?"), I observed how, if at all, the clients' subsequent utterances related to signs of hopefulness, especially in solution-building stages one through three (defining the problem, developing well-formed goals, exceptions). For instance, did they report hopeful signs, and if they did, how did Berg respond to their responses as she progressed within and across the solution-building stages. Therefore, if the clients' solution-focus exhibits hopeful qualities, it could be seen in their responses to

Berg's end-of-session feedback, homework, the "What's better?" question, scaling (re-scaling) questions, and possibly therapy termination at the completion of the fifth stage.

Data Analysis

In utilizing Charmaz's (2014) grounded substantive theory, open coding was utilized to create a frame for the data that the analysis will be built upon. The two main processes of grounded theory that were focused on during open coding were: "(1) an initial phase involving naming each word, line, or segment of data followed by, (2) a focused, selective phase that uses the most significant or frequent initial codes to sort, synthesize, integrate, and organize large amounts of data" (Charmaz, p. 113). In-vivo coding was also utilized in order to further label and name important segments or phrases into similar units throughout the cases as well (Glaser & Strauss, 1967). Once the units of hopeful talk were identified, qualitative data analysis was conducted using aspects of grounded substantive theory such as axial coding and theoretical coding on recordings and transcripts from three 2-session cases conducted by SFBT co-creator Insoo Kim Berg (Charmaz, 2014). The units analyzed (e.g., therapist and client hope-building utterances, as defined above, within and across solution-building stages), were used to conceptualize the relationship between the hope-building units within the overall SFBT solution-building process and outcomes (i.e., Berg and the clients relationally acting hopefully within and across the stages of SFBT; De Jong & Berg, 2008).

Open Coding

The SFBT basic tenets, techniques, and processes (listen, select, build) as well as the solution-building stages in the revised *Solution Focused Therapy Treatment Manual for Working with Individuals* (Bavelas et al., 2013) and three case studies total (six

sessions in total) were identified and focused on. The *Interviewing for Solutions* book (De Jong & Berg, 2008) in order to note the assumptions of the SFBT theory and SFBT association was also utilized. Open coding was used to identify what, if anything, makes the assumptions hopeful (i.e., “to cherish a desire accompanied by an expectation of fulfillment or success;” Merriam-Webstar, 2014). The transcript was read line by line identifying if the data fit within the five SFBT solution-building stages: (1) Defining the problem; (2) Developing well formed goals; (3) Exceptions; (4) End-of-session feedback; and (5) Evaluating client progress. If the data fit, it was considered signs of hope within a solution-building context. In terms of building hope, the researcher focused on and recognized moment-to-moment therapist-client interaction. In order to analyze the data further and then categorize the data, the researcher utilized axial coding (Charmaz, 2014).

Axial Coding

Axial coding was applied (Charmaz, 2014) in order to group and categorize the units above (i.e., therapist and client hope-building utterances within and across the SFBT solution-building stages based on the SFBT tenets). Axial coding, as identified by Charmaz (2014), “relates categories to subcategories, specifies the properties and dimensions of a category, and reassembles the data you have fractured during initial coding to give coherence to the emerging analysis” (p. 147). This coding process allowed the researcher to specify “the properties and dimensions of the categories” (p. 147) and build relationships around the categories (Charmaz). Once the relationships between the categories were identified, theoretical coding was used to further make sense of the relationship.

Theoretical Coding

Theoretical coding was applied to conceptualize the relationship between the hope-building units within the overall SFBT solution-building process and outcomes (i.e., Berg and the clients relationally acting hopefully within and across the stages of SFBT; De Jong & Berg, 2008). According to Charmaz (2014), theoretical codes help the researcher “theorize the data” and “are meant to be integrative; they lend form” (p. 150) to the previous codes collected. Theoretical coding was an opportunity to support and define but also reject parts of it and redefine the theory. Constant comparison was used between each case’s results and compared to each case to see what relationship, if any, could be shown across the hopeful categories of the solution-focused brief therapy stages.

As the grounded substantive theory was constructed through this multi-case study, the researcher compared and contrasted the SFBT hope-building processes in relationship with the solution-building stages of the Solution-Focused Brief Therapy Association (Defining the problem, Developing well-formed goals, Exploring for exceptions, Providing end-of-session feedback and suggestions, and Evaluating client progress; Bavelas et al., 2013). In addition, the hope-building processes and solution-building stages was also compared and contrasted, in congruence with the SFBT foundational tenets as per the revised *Solution Focused Therapy Treatment Manual for Working with Individuals* (Bavelas et al., 2013) in order to make the pragmatics of hope and respect more relationally transparent in SFBT.

Memo-Writing

Throughout the analysis process, memo-writing was utilized throughout the transcript to write memos and highlight segments to describe the meaning of the words

chosen such as when the therapist's talk appeared to be hopeful in relationship to the client's talk within and across the solution-building stages. Charmaz (2014) identifies "Memo-writing is the pivotal intermediate step between data collection and writing drafts of papers. Memo-writing constitutes a crucial method in grounded theory because it prompts you to analyze your data and codes early in the research process" (p. 162).

Quality Control

In maintaining quality control, a variety of strategies were applied to ensure the trustworthiness of the data analyzed and the credibility and integrity of the hope-building theory (Charmaz, 2014). To this end, the research (a) supported each pronouncement of the hope-building model with ample excerpts from the cases along with accounts of judgments of the examples evidential qualities supporting claims, (b) maintained memo-writing throughout the investigation in which the researcher recorded her actions and decisions, (c) which produced an audit trail noting the analytical decisions with supporting data, and (d) utilized expert review with committee members. The audit trail consisted of coded transcripts with memos and a research notebook where I continued to refine the theory.

To address any possible researcher bias, the researcher met with the dissertation chair and discussed the "constant comparison approach in which a given data point would be compared with another to see if the same code would apply, thus develop consistency in usage of the codes" (p. 5) in order to make sure the analytical decisions are supportive of claims as the researcher (Harry, Klinger, & Sturges, 2005). While keeping the pilot study theory in the background, the researcher made every attempt to review all three cases with an open mind in attempt to open up whatever possibilities may emerge.

Summary

Utilizing grounded theory created an opening for many ideas about the relationship between hope-building and solution-building to emerge. Charmaz's (2014) grounded theory concepts fit with the assumptions of solution-focused brief therapy in that they are both from a social constructionist perspective, consider the role of the researcher and therapist, and maintain the idea of multiple realities. Through the analysis of the transcripts, the findings in chapter four provide evidence of how the theory unfolds and the processes that build hope and solutions in SFBT

CHAPTER IV: RESEARCH FINDINGS

The research question for this study was, “How does Insoo Kim Berg build hopefulness in Solution-Focused Brief Therapy?” In this study, to research the relationship between hope-building and solution-building through the lens of the five SFBT solution-building stages, all three cases were analyzed utilizing grounded substantive theory. The five SFBT solution-building stages are: (1) Defining the problem; (2) Developing well-formed goals; (3) Exceptions; (4) End-of-session feedback; and (5) Evaluating client progress (Berg & De Jong, 2008, p. 19). Through the inclusion of the transcripts below, the goal of the analysis is to show if there is evidence to validate Berg’s hopeful progression within and across the five SFBT solution-building stages within and across all three cases, *Irreconcilable Differences* (2004), *Over the Hump* (1994), and *I’d Hear Laughter* (2008).

In the following excerpts, the analysis will be presented in two parts. The within-case analysis will discuss each SFBT solution-building stage and its hopeful objectives, expectations, processes, and techniques typically utilized within that stage. In addition, the SFBT tenets that inform the clinician in each stage will also be presented. At the end of each stage, an across-case analysis will summarize the research findings across all three cases.

SFBT Solution Building Stage One: Defining the Problem

In this first solution-building stage, the objective is to define the presenting problem with the clients. The expectation of this stage is that each client will be able to clearly report what the problem is, which informs the therapist of the client’s focus and worldview. Even though the clients are discussing the problem, in the solution-focused

brief therapy approach, this is still a sign of hope. This is a sign of hope because the SFBT therapist approaches the problem differently than other positive psychotherapies based on the basic tenets of the model. In this stage, one SFBT tenet informing the therapist is that there is no perfect problem (Bavelas et al., 2013). This tenet is hopeful because it assumes there are opportunities for finding solutions related to any problem; and out of the problem the solution may emerge.

The SFBT practitioner also assumes all clients have the strengths and resources to find solutions to their problem (De Jong & Berg, 2008). This is hopeful in stage one because the therapist believes clients have the ability to build solutions, no matter the problem. Another hopeful perspective in stage one is the belief that the clients are the experts of their own lives and therefore, are the experts of their problem (De Jong & Berg). This demonstrates a hopeful sign for the SFBT clinician because when the clients can clearly articulate their problem, it is assumed they will be able to clearly articulate what would be different if their problem was solved. In the following excerpts, Berg and the clients will define their problem and focus for therapy, which leads to developing goals.

Case 1A: Irreconcilable Differences

In the first example, Berg spends time getting to know Bill and Leslie before she hears about their problem. Berg wants to make sure she has a clear understanding of their worldview, which fits with the SFBT belief that clients are the experts of their lives (Bavelas et al., 2013). Berg learns Bill and Leslie have been married for seven years and have two children together. Bill has another child from a previous marriage. Bill is an attorney and Leslie works in customer service. In excerpt 1.001A, Berg learns how Bill is

spending a lot of hours out of the home due to trying to build up his own law firm and clientele and how Leslie sees this pattern of behavior as a problem.

Excerpt 1.001A: Bill: So I spend a lot of hours with a lot with clients, and a lot of them are women.

Excerpt 1.002A: Leslie: Which is really our problem, a part of our problem because, uhm, I know that you have to spend time at work. He spends an awful lot of time at the house. So that I have the primary responsibility for our children. My question and my concern is and that's one reason that I wanted us to come here so that maybe, through talking, he could come to understand that he has some responsibilities too.

Excerpt 1.003A: Insoo Kim Berg: So, it sounds like you both are feeling very frustrated about what's going or what's not going on between the two of you?

Within-case analysis: In excerpts 1.001A-1.002A, Both Bill and Leslie clearly define their problem and their reason for seeking therapy (Bill working long hours and Leslie taking on responsibility of the children). Berg listens to their problem definition and acknowledges she has heard their frustrations in excerpt 1.003A. Within this problem definition, Berg is listening for what behaviors the clients would need to be different for them to find solutions. Berg listens for the signs of hope when the clients are able to define the problem in detail because they are able to understand, visualize, and verbalize clearly what they want to focus on in therapy and what they would like to be different in the future. Berg selects these hopeful signs to accomplish the expectations in stage one. Berg demonstrates through this process how she is informed by the foundational SFBT tenets.

Excerpt 1.004A: Bill: It's very difficult. We used to communicate.

Excerpt 1.005A: Leslie: See, that's part of the problem.

Excerpt 1.006A: Bill: But, I mean, you know, we just have a problem of being able to talk, together.

Within-case analysis: Based on the clients' clearly defined the parts of their problem and what needs to be different in excerpts 1.004A-1.006A (Bill and Leslie's complaint of not being able to talk together), Berg has enough hopeful signs that the clients' are hopeful enough to progress into the second solution-building stage (developing well-formed goals). In the second solution-building stage, Berg will introduce more hopeful talk about goal setting and solutions.

Case 2A: Over the Hump

In the second example, Berg gets to know the clients in a similar way to the first example. Berg learns Sue and Keith have been married for over eight years and have five children. She learns how the family has had the involvement of the social service and criminal justice system throughout most of their marriage. At different times throughout the marriage all five children have been removed from the home, some more than once, due to the parent's drug use. This family has been referred to Berg for therapy by the social service agency.

Excerpt 2.001A: Insoo Kim Berg: What um, is your understanding of why social services thought you needed to come and talk to me?

Excerpt 2.002A: Sue: In March, when my kids were taken from us there was serious trouble going on in our home. We were involved in drugs big time. I was dealing drugs with my older kids' father. Him and I split up and the drugs got bad

and it slowed down a little bit. And then I met Keith. Keith and I started to deal again and it got carried away and at that point my family was right to step in, my grandfather, my mother, and a cousin stepped in and they had the kids removed, the three older ones; removed from the home.

Excerpt 2.003A: Insoo Kim Berg: So you've been through a lot. You've been through a lot. So this family has been through a lot.

Excerpt 2.004A: Sue: Mmhmm. And he was in prison (points at Keith). He was in prison and I was by myself. I started completely over. They gave the two boys back to me on December 12th and then on December 21st Ryan was born. In January, we got a home and he wanted his little sister back in January for his birthday so the social worker returned her to us in January and they continued to send them. He couldn't understand what happened last year; there have been numerous calls. Every time we turn around the social service is at our door (Keith nods in agreement).

Within-case analysis: In excerpt 2.001A, Berg asks the clients their reason for why the social service agency believes they need to seek therapy. Sue, the mother, answers for the family in excerpts 2.002A and 2.004A and provides Berg with a clear understanding of the family's problem definition. In excerpt 2.003A, Berg acknowledges that she is listening to the clients' problem and validating how many struggles the family has been through upon arriving in her office. Again, the client's ability to clearly define the problem is a hopeful sign because it demonstrates the client's capability to know what needs to be different. Berg can select these hopeful signs out of the talk and progress into developing well-formed goals for the family (solution-building stage two).

Case 3A: I'd Hear Laughter

In the third example, the case illustration is qualitatively different than the first two cases because the transcript does not show the clients' definition of their problem (solution-building stage one). Based on Berg's pre-session commentary in the transcript she shares how Lou, the husband is currently unemployed and depressed. This is causing difficulties with Judy, his wife. The couple has been married for twenty-two years. Both parents are also concerned about their daughter, Sarah, who has not been attending school recently since she started dating her boyfriend, Jason. The only mention of one of their problems is in the excerpts 3.001A and 3.002A below where Berg asks about Jason's influence on Sarah and Judy confirms it is a problem.

Pre-session excerpt with Insoo Kim Berg: This case, ah, the father's name is Lou, and mother is Judy. Father is currently unemployed and, ah, naturally, he's quite depressed about that. And, ah, the couple have been married 22 years, and until recently, their daughter, Sarah, has been very well functioning, and as you will see, very bright, and very articulate. Now comes the interview. So let me, ah, jump right in there.

Excerpt 3.001A: Insoo Kim Berg: So you don't think that Jason is a good influence on Sarah?

Excerpt 3.002A: Judy: I don't think Jason's a good influence on Sarah. She doesn't go to school. She stays out late at night. I don't know where she is.

Within-case analysis: In this case, it appears that Berg made contact with this family prior to the interview in the transcript where she learned about their problem definition. She informs the audience what she has learned prior to the session in her pre-session

discussion above. As a result, it appears she was able to listen and select enough hopeful signs about how their problems could be different so that she may transition into developing well-formed goals (solution-building stage two).

Across-Case Analysis: Solution-Building Stage One – Defining the Problem

Across all three cases, Berg appears to demonstrate how enough evidence of hope is clear in the clients' problem definition to progress forward into the second solution-building stage (developing well-formed goals). In the first two cases, these hopeful signs were demonstrated in the transcript (all clients being able to define a clear and workable problem) whereas the third case they were demonstrated in her pre-session discussion. Berg listened for and selected out signs of hope from the clients' conversation in accordance with the objectives of stage one. The signs of hope she selected was when the clients were able to define their problem in clear and workable terms and also identify what needs to be different and better. Berg then builds on these hopeful signs through her transition into stage two, developing goals and solution-building. A sign of hope on Berg's behalf is demonstrated by her progression into the second solution-building stage. It represents her recognition that all clients have given her their clear, workable problem definition, and only then does Berg progress forward.

SFBT Solution-Building Stage Two: Developing Well-Formed Goals

In the second solution-building stage, the objective is to co-construct well-formed goals with the clients. In this stage, the clients' goals are in relationship to the previous problem definition stage, their clearly defined problem (De Jong & Berg, 2008). The expectation of stage two is that the therapist and clients will develop goals that are concrete, manageable, very detailed and are typically related to what the clients need to

be different in the previous stage. The technique typically utilized to fulfill this stage's expectations is the miracle question and "six months" question. You will in the first example see how Berg asks the "six months" question to set goals with Bill and Leslie.

According to Bavelas et al. (2013), in the *Solution Focused Therapy Treatment Manual for Working with Individuals*, all of the SFBT tenets are based on solution-building rather than problem-solving, which creates hope because the therapist is expecting the client can focus more on solutions and less on their problem. This shift in focus allows the therapist to shift the conversation to focusing on goals and the client's strengths and resources for solutions, which is also a hopeful sign. In addition, the SFBT tenet, "the conversational skills required of the therapist to invite the client to build solutions are different from those needed to diagnose and treat client problems" (Bavelas et al., 2013, p. 2) shares what the overall hopeful perspective and focus of the therapist should be throughout solution-focused brief therapy.

The SFBT therapist is focused and asking questions that build solutions and in doing so create hope, which is different than diagnosing and treating problems. The SFBT process of listening, selecting and building is hopeful because diagnosing and treating problems would be focused on negative talk whereas SFBT is focused on positive discussion surrounding what's working. This approach informed by the hopeful SFBT tenet that "the therapeutic focus should be on the client's desired future rather than on past problems or current conflicts, clients are encouraged to increase the frequency of current useful behaviors" (Bavelas et al., 2013, p. 2) is hopeful because they assume the client's focus should be on their desired future (solutions) and not focused on their problem. As a hopeful tenet suggests, the therapist encourages clients to do more of what

is working (increase the frequency of current useful behaviors) while assuming the clients are doing something that is useful for them already.

Case 1B: Irreconcilable Differences

In the first example, Berg is working with Bill and Leslie regarding issues in their marital relationship. In excerpt 1.001B she asks the “six months” question requesting the couple visualize the future of their relationship to set a goal for therapy in relation to their problem. This question is similar to the miracle question in the sense that they are both utilized to set goals for therapy and encourage clients to begin thinking about their future without the problem existing, which is hopeful.

Excerpt 1.001B: Insoo Kim Berg: What do you suppose needs to happen, as a result of you being here today? So that you can say, sort of, ah, looking back at this time. Oh, let's say three months from now? Six months from now? When you look back at this period in your life, so you can say to yourselves, “That was a good idea that we went and talked to Insoo. That was helpful.”

Excerpt 1.002B: Leslie: Well, I would hope that Bill could come up with some kind of understanding of his responsibilities. You know, listening to one another and communicating.

Excerpt 1.003B: Bill: That's what we need.

Excerpt 1.004B: Insoo Kim Berg: What?

Excerpt 1.005B: Bill: Communication.

Within-case analysis: By asking the six months question, Berg is adopting the hopeful stance in that she has a positive expectation that despite the couple seeing problems in their relationship, they would also be able to imagine goals and solutions. Berg listens for

signs of hope, which would be the clients' visualization of their goals (miracle; desired future), and discussing exceptions to their problem. In this case, both Bill and Leslie offer goals, (i.e., 1002B, 1003B, & 1005B) which can be seen as signs of hope on their part (i.e., Bill and Leslie listening to one another and communicating). Berg selects these reports as signs of hope on the clients' behalf. Berg stays within the context of goal formulating questions until she gathers both Bill and Leslie's goal (miracle) for their relationship. She will not move on in the conversation until both of them have given her a clear goal in relation to their problem. This is her hopeful sign that the clients are becoming a little more hopeful themselves if they are able to provide a detailed goal for therapy. Berg continues to listen and select these hopeful signs out of the clients' talk in order to build (listen, select, and build processes; Bavelas, 2013) to the stage three (exceptions).

Case 2B: Over the Hump

In the second example, Berg introduces the miracle question as her first goal-formulating question to the family. She presents it to this family as a strange question and tailors it to fit their specific problem to make it more personal and easier to visualize. For instance, the family shared with Berg that their miracle would be that they would not worry social services because they would no longer be knocking on their door and checking on their every move, in regards to their children since they were recently reunified with them. She also incorporates how the family would no longer have to see people like her in their life either since they were mandated to therapy. All of these problems would be solved, which is a hopeful suggestion. In excerpts 2.001B and 2.002B, Berg requests the family visualize how their lives would be better if this miracle

occurred and asks for the first small clue that everything is different, which again, is a hopeful request on the therapist's behalf.

Excerpt 2.001B: Insoo Kim Berg: I am going to ask you a strange question ok? Probably question you've never heard before, or maybe you've heard before . . . I don't know. . . Lets say, Let's say, before we start all this I want to ask you a questions and that is that somehow after we meet today I go back to my office and you do whatever you do the rest of the day and whatever happens today, tonight night time comes and obviously all of you go to bed right?

Excerpt 2.002B: Insoo Kim Berg: So you go back to where you're going back to and everyone is sleeping tonight a miracle happens . . . The miracle is that you do not have to put up with social service at your door . . . People will leave you alone . . . You can do what you do . . . The problem there is have all the people come at your, your family, all the problems in this family, is all gone. You wouldn't even have to put up with people like me coming to you . . . The problem is all solved during the night because of this miracle that happens during the night but of course you're all sleeping so you don't know that this miracle has happened . . . so when you wake up tomorrow morning. . What would be the first small clue to you that everything is different?

Within-case analysis: In excerpts 2.003B, Keith responds to Berg's hopeful request but it is not clear to Berg what that means, which is not as hopeful of a sign as she is seeking. She is listening to select clear and concrete details of their miracle, which would be a more hopeful sign so in excerpt 2.004B she asks a follow up question to fully understand what exception Keith is attempting to communicate about the miracle.

Excerpt 2.003B: Keith: The gut feeling, the monkey off the back sort to speak

Excerpt 2.004B: Insoo Kim Berg: So after this miracle happens tonight and the problem is all solved, what would be different in your gut feeling?

Within-case analysis: In the following, (i.e., 2.005B, 2.006B, 2.007B) Keith mentions his part of the miracle and goal to their problem and Sue also mentions her part of the miracle for their family, which is a sign that the clients are hopeful about visualizing their desired future. Berg listens and selects the clients' responses as signs of hope.

Excerpt 2.005B: Keith: maybe I'd feel a little lighter, and little easier to move, not having to answer to my every move.

Excerpt 2.006B: Insoo Kim Berg: Okay.

Excerpt 2.007B: Sue: Being able to make decisions as husbands and a wife, and as parents and kids. Not having to wonder did we make the right decision or are we going to be judged on that decision.

Within-case analysis: Berg clarifies what she has heard in excerpt 2.008B to make sure they are both giving her their well-formulated goals, which is a sign of client hope (i.e., their miracle) and only once she notices this confirmation, (i.e., excerpts 2.009B and 2.010B) will she bridge the conversation forward.

Excerpt 2.008B: Insoo Kim Berg: So you would be able to make a decision between the two of you would say hmm this makes sense, lets do it this way, without somebody looking over your shoulder or not.

Excerpt 2.009B: Keith: Right.

Excerpt 2.010B: Sue: Right.

Within-case analysis: Keith and Sue's confirmation (excerpts 2.009B-2.010B) is validation of Berg's observation of hope. This progression in conversation is evidence that Berg has listened and selected hopeful talk from the clients' to build to stage three, which is discussing exceptions to their problem.

Case 3B: I'd Hear Laughter

In the third example, Berg asks the miracle question in excerpt 3.001B. She is listening for the family's signs of hope, which would provide a detailed picture of how the family would be different in their desired future (i.e., goals; miracle).

Excerpt 3.001B: Insoo Kim Berg: After we talk today, obviously, you're going to go home and do whatever you do for the rest of the day. And ah, you know, you go to bed. Everybody goes to bed tonight. And ah, when the house is quiet, miracle happens. And the problem that brought you here today, gone, just like that, just disappeared. But because you're sleeping, you don't know that this has happened. So, when you wake up tomorrow morning, what'll be the first small clue to you that something happened during the night? Something must have happened. Your problem is gone, how will you find out tomorrow morning?

Within-case analysis: In the following excerpts from this specific case, Judy responds to Berg's request for hope (i.e., miracle question) with hopeful answers about how things would be different if a miracle occurred over night, which is a hopeful sign that Berg recognizes and selects out as many details as possible as demonstrated in excerpts 3.002B-3.018B.

Excerpt 3.002B: Judy: Well, I'm the first one up. So, I think, I think that first thing I would notice would be that that Lou is up.

Excerpt 3.003B: Judy: And he's getting ready.

Excerpt 3.004B: Judy: Shaving.

Excerpt 3.005B: Judy: To the bathroom and, so, it's not just me all by myself.

Excerpt 3.006B: Judy: Somebody and then Sarah gets up.

Excerpt 3.007B: Insoo Kim Berg: Right.

Excerpt 3.008B: Judy: And she, and we have breakfast together.

Excerpt 3.009B: Insoo Kim Berg: The three of you?

Excerpt 3.010B: Insoo Kim Berg: Four of you?

Excerpt 3.011B: Judy: And well, and John gets up . . . (crosstalk)

Excerpt 3.012B: Insoo Kim Berg: Uh-huh.

Excerpt 3.013B: Judy: . . .and, and, and there are four people sitting on the table and maybe . . . (crosstalk)

Excerpt 3.014B: Insoo Kim Berg: Uh hmm.

Excerpt 3.015B: Judy: We're reading the newspaper . . . (crosstalk)

Excerpt 3.016B: Insoo Kim Berg: Okay. What would be different about Lou that will let you know that perhaps miracle happened for him?

Excerpt 3.017B: Judy: He'd get up and, and I would, I'd feel like he was ready to go, ready to, ah, ready to, I don't know, ready to do something.

Excerpt 3.018B: Insoo Kim Berg: What will you notice different about Judy that will let you know that a miracle happened, for Judy?

Within-case analysis: Berg receives a detailed visual from Judy, which exemplifies hope because Judy is able to envision her detailed miracle and what would be different. Berg moves onto asking Lou in excerpts 3.019B-3.021B about his miracle and what he would

notice to see if he can also respond with a hopeful answer the same way Judy did. In excerpts 3.022B and 3.023B, Berg continues her requests for hope with the couple's daughter, Sarah, to gather her miracle (desired future) in order to see if she is also able to respond hopefully about how she envisions her future once the problem is gone. As she demonstrated in the first two case examples above, Berg does not progress forward to the third stage in her conversation, whether it is with another family member or another SFBT technique, until every client in the room has given her a hopeful response to her hopeful request. Again, these hopeful responses are what she listens for and selects out of the conversation so that she may build these responses into her progression of stage 3 (exceptions).

Excerpt 3.019B: Lou: Ahh, well, maybe she would, I don't know, wake me up with a kiss.

Excerpt 3.020B: Insoo Kim Berg: Hmm, really? Hmm, so suppose she does wake you up with a kiss, what will you do that you didn't do this morning?

Excerpt 3.021B: Lou: I will kiss her back.

Excerpt 3.022B: Insoo Kim Berg: So when this is going on, what will you notice different about Mom and Dad that will let you know that something is different about Mom and Dad?

Excerpt 3.023B: Sarah: I think I'd hear laughter.

Across-case Analysis: Solution-Building Stage two – Developing Well-formed Goals

Berg asks the clients a goal-defining question (miracle question and six months question) and in all three cases, the clients are able to visualize their miracle and the behaviors that would be different and better in their desired future, which formulate their

goals for therapy. The fact that clients were able to visualize and verbalize their desired futures is hopeful and Berg listens for this hopeful sign and a fulfillment of the second solution-building stage (developing well-formed goals) and when the clients themselves begin demonstrating hopefulness. Berg connects the clients' miracle back to the problem definition. When she has selected significant evidence of hope out of the clients' talk, Berg builds on those responses in the next solution-building stage (exceptions). The third solution-building stage is related to the clients' miracle and problem definition. Berg asks the clients the most recent time this miracle or parts of the miracle has occurred with the intention of seeking exceptions to their problem, which represents signs of hope and solution-building.

SFBT Solution-building Stage Three: Exceptions

Within the third solution-building stage (exceptions) the clients' themselves begin demonstrating their hopefulness, which is evident by their ability to visualize and give a detailed description of past successes and future possibilities in regards to their focus (i.e., presenting problem or complaint; Bavelas et al., 2013). The objective and expectation of stage three is that clients are able to provide times when the problem is not a problem and is not occurring. To gather this information, Berg utilizes the exception question techniques. These exceptions can be hypothetical or actual occurrences and are informed by the SFBT tenet that "no problem happens all the time" (p. 2). This tenet is hopeful because "the therapist assumes there are exceptions—that is, times when the problem could have happened but didn't—that can be used by the client and therapist to co-construct solutions" (Bavelas et al., 2013). The tenets above demonstrate the SFBT therapist's hopeful worldview as she is listening for the times when the problem is not

occurring (exceptions).

Since the SFBT clinician takes a hopeful stance and understands that there are exceptions to the problem and that no problem happens all the time (Bavelas et al., 2013, p. 2), the SFBT therapist is able to associate the following tenet, which is “therapists help clients find alternatives to current undesired patterns of behavior, cognition, and interaction that are within the clients’ repertoire or can be co-constructed by therapists and clients as such.” This tenet suggests through co-construction the client and therapist are collaborating to discover the client’s strengths and resources to provide alternatives to the “current undesired patterns of behavior, cognition, and interaction within the clients’ repertoire,” (p. 2) therefore, recognizing a hopeful stance.

Berg not only utilizes exception question but also utilizes the scaling technique to listen for exceptions to the problem to transition through this SFBT stage and gain enough evidence from the clients’ responses to increase their level of hopefulness with the intention of the client’s becoming a little more hope-filled. Once these signs of hope are selected, Berg takes a break and appears to build her transition into the fourth SFBT solution-building stage (end-of-session feedback).

Case 1C: Irreconcilable Differences

In the first example of the exception question, Berg demonstrates her hopeful position by asking about the most recent time their miracle or parts of their miracle has happened, if at all, in excerpts 1.001C, 1.002C, and excerpts 1.003C.

Excerpt 1.001C: Insoo Kim Berg: When was the most recent time when you had a morning like that?

Excerpt 1.002C: Insoo Kim Berg: When would you say was the most recent time? Maybe not all of it but . . . (crosstalk)

Excerpt 1.003C: Insoo Kim Berg: Just the pieces of that, parts of that, sort of a miracle picture.

Within-case analysis: Leslie and Bill answer Berg's hopeful request for exceptions in excerpts 1.004C -1.007C but they mention how parts of their miracle (i.e., Bill smiling and Leslie having Bill embrace her) occurred after their daughter was born, which in this case was years ago. However, Bill and Leslie are able to recall when this exception occurred, which is a hopeful sign.

Excerpt 1.004C: Leslie: Probably . . .

Excerpt 1.005C: Leslie: . . . right after Evelyn was, was born.

Excerpt 1.006C: Bill: I mean, well, you know, somewhere in that framework.

Excerpt 1.007C: Bill: I would say it's been that long.

Excerpt 1.008C: Insoo Kim Berg: Okay. Okay. So, let me come back to this, this, ah, tomorrow morning. What, about uhm,

Excerpt 1.009C: Insoo Kim Berg: when your children know, I mean see the two of you tomorrow morning, what would they see different about the two of you that would tell them, "Wow! Something happened to mom and dad."

Within-case analysis: In excerpt 1.008C, Berg notices how this is not the most hopeful sign since it has been years since parts of the miracle have occurred. So she transitions back to asking for more details of their miracle and includes a relational question about what their children might notice about their parents if this miracle occurred to build more hope with Bill and Leslie through listening for exceptions to their problem. She asks for

more details to allow the clients to gain a clear picture of what would be better if their miracle had occurred, which is a hopeful sign because this would be a clear picture of their future goals. Berg can then select out the details of the miracle and exceptions as evidence of hope in the clients' talk.

Excerpt 1.010C: Bill: Some warmth.

Excerpt 1.011C: Leslie: Well, yeah. I don't think our kids have seen us embrace. They probably don't even remember it.

Excerpt 1.012C: Insoo Kim Berg: So, he may see the two of you embracing?

Excerpt 1.013C: Insoo Kim Berg: What else? What else would he see?

Excerpt 1.014C: Leslie: Oh, we would go somewhere together. That would really be a miracle. You know, instead of me.

Within-case analysis: Bill and Leslie both respond with more details of their exceptions (i.e., excerpts 1.010C and 1.011C) but Leslie's response is not as hopeful as Berg would like in order to move forward in the conversation. So she attempts to collect even more details of their exceptions and makes her hopeful request again in excerpts 1.012C and 1.013C. As mentioned in previous stages, Berg will not move forward in the conversation until she has listened and selected sufficient evidence of hope based on the clients' responses to her hopeful solution-building requests.

Excerpt 1.015C: Leslie: All four of us.

Excerpt 1.016C: Bill: Just all of us being in the same space.

Excerpt 1.017C: Bill: That would be different.

Within-case analysis: In excerpt 1.014C above, Leslie now responds with a hopeful exception about how she hopes her future with Bill and her family will be different and in

excerpts 1.016C and 1.017C. Bill agrees that this would be a desired future for their family, which is a hopeful sign because they were both able to agree on their desired future and their hopes for something better in their relationship. Berg can now build these hopeful responses from Bill and Leslie into the fourth solution-building stage, end-of-session feedback.

Case 2C: Over the Hump

In the second example, in excerpts 2.001C and 2.003C, Berg asks the oldest son, Mike, how he is able to stay away from drugs. This is important and a hopeful sign and exception if Mike is able to stay off drugs because Mike's parents have been in and out of prison due to their drug use and drug sales. It is a worry for the family that their children will get into drugs or get taken away again by social services.

Excerpt 2.001C: Insoo Kim Berg: by the way, how do you that?

Excerpt 2.002C: Mike: do what?

Excerpt 2.003C: Insoo Kim Berg: not get into drugs?

Excerpt 2.004C: Mike: just don't.

Within-case analysis: In excerpt 2.005C, Berg comments how the temptation to do drugs is high for the son, Mike. Berg makes this statement because the mother, Sue, has had a drug problem in the past and understands this as an opportunity to request hopeful evidence (strengths and resources) about Mike being different from his mother. Mike provides a hopeful response in excerpt 2.006C and Berg utilizes this as an opening to seek more exceptions for how he is able to stay off drugs (i.e., a sign of hope). Berg is listening for these exceptions in excerpt 2.007C, which would be a sign that the client can recall times of hope when the problem was not a problem.

Excerpt 2.005C: Insoo Kim Berg: How? The temptation is so great . . .

Excerpt 2.006C: Mike: no it aint.

Excerpt 2.007C: Insoo Kim Berg: no temptation? Ok. . So you just decided, you're not the druggie type?

Excerpt 2.008C: Mike: If I don't wanna do it, I'm not going to do it.

Excerpt 2.009C: Insoo Kim Berg: Are you that kind of person?

Excerpt 2.010C: Sue: Very much.

Excerpt 2.011C: Insoo Kim Berg: If you decide, that's it? Where did you learn to be that way?

Excerpt 2.012C: Mike: My mom.

Excerpt 2.013C: Insoo Kim Berg: Your mom? Oh yeah?

Excerpt 2.014C: Mike: And dad.

Excerpt 2.015C: Insoo Kim Berg: By the way, what are you good at in school? What's your best subject?

Excerpt 2.016C: Mike: Math.

Excerpt 2.017C: Insoo Kim Berg: Math? Math huh? Oh my goodness.. is this true?

Excerpt 2.018C: Sue: Yes, yeah it is.

Within-case analysis: In excerpt 2.008C he provides her with a hopeful answer and in excerpt 2.010C, his mom, Sue, reinforces his hopeful response by confirming it, which provides a hopeful sign for Berg to notice how Sue is hopeful too. These are the signs of hope Berg selects out of the conversation to build upon in the end-of-session feedback (stage four), which will increase the building of solutions as well.

Case 3C: I'd Hear Laughter

In the third example, Berg has collected information about one of the family's problems, which in this excerpt was their daughter, Sarah, not going to school. Sarah's mom, Judy, mentions how Sarah has everything going for her and Berg sees that as an opportunity to seek an exception to the problem because that is a hopeful sign on Judy's behalf, which Berg notices that sign of hope in excerpt 3.001C.

Excerpt 3.001C: Insoo Kim Berg: You mentioned she has everything going for her. What do you mean?

Excerpt 3.002C: Judy: I mean, she's smart . . . (crosstalk)

Excerpt 3.003C: Insoo Kim Berg: She is.

Excerpt 3.004C: Judy: . . . She's creative. She's . . . (crosstalk)

Excerpt 3.005C: Insoo Kim Berg: Uh-huh.

Excerpt 3.006C: Judy: . . . she's, she's good looking, she's, she's strong, she's healthy, she's . . . (crosstalk)

Excerpt 3.007C: Insoo Kim Berg: How do you . . . (crosstalk)

Excerpt 3.008C: Judy: . . . got everything she needs.

Within-case analysis: Berg is listening and selecting signs of hope out of the conversation (i.e., “. . . she has everything going for her . . .”) when Judy provides Berg with the hopeful exceptions (i.e., excerpts 3.002C-3.008C) she is seeking. Judy responds to Berg's hopeful request by asserting how Sarah is smart, creative, good looking, strong, healthy, and has got everything she needs. These are exceptions to the family's problem, which Berg will build on because they are also client signs of hope.

Excerpt 3.009C: Insoo Kim Berg: . . . know she's smart? How do you know she's smart?

Excerpt 3.010C: Judy: Because up until ah, two and a half months ago, she was on honor roll, she was getting great, great, grades. All the reports we got, where Sarah's doing a wonderful job.

Excerpt 3.011C: Insoo Kim Berg: Uh-huh.

Excerpt 3.012C: Judy: She's full of potential.

Excerpt 3.013C: Insoo Kim Berg: Wow, is that right?

Within-case analysis: Berg appears to want to gather even more details of these exceptions above from Judy to assure her that Judy is becoming more hopeful about Sarah and her future in regards to attending school (i.e., excerpt 3.009C). The more hopeful evidence Berg can listen for and select, the more she is able to bridge into her hopeful feedback in the next stage. Judy provides a hopeful response because she is able to provide Berg with an actual exception about a time when Sarah went to school and was getting good enough grades to make the honor roll (excerpt 3.010C).

Excerpt 3.014C: Insoo Kim Berg: You want to do what is, what is good for you? I see. Okay, uh hmm, so, when was the most recent time you've been in school?

Excerpt 3.015C: Sarah: Uhm.

Excerpt 3.016C: Judy: Thursday.

Excerpt 3.017C: Insoo Kim Berg: Thursday. Uh-huh, is that right?

Excerpt 3.018C: Sarah: Uh hmm.

Within-case analysis: In the excerpt 3.014C, Berg offers a hopeful inquiry to Sarah to see if she agrees that she wants to do what is good for her even if that means attending school

again, which would be a hopeful sign on the client's behalf. Berg asks Sarah and Judy an exception question about the last time she went to school because if Sarah attended school recently then that would show the clients demonstrating a little more hope about the possibility of it occurring again. Again, this aligns with the SFBT expectation that if an exception has occurred once then it is possible for it to happen again (De Jong & Berg, 2008).

Excerpt 3.019C: Insoo Kim Berg: Yeah. How did you make it to school, Thursday?

Excerpt 3.020C: Sarah: We caught the bus.

Excerpt 3.021C: Insoo Kim Berg: How do you get yourself motivated not to get up, get ready, out the door on time to catch the bus, huh?

Excerpt 3.022C: Sarah: 'Coz I know I was having this math test and I know if I'd, didn't take it, I'd be in a lot of trouble.

Excerpt 3.023C: Insoo Kim Berg: Yeah.

Excerpt 3.024C: Sarah: And I'd be real behind in the class . . . (crosstalk)

Excerpt 3.025C: Insoo Kim Berg: Ah, so, you do care about, being behind the class.

Within-case analysis: Once Berg has collected Sarah's exception (i.e., going to school), she is interested in more details about how that occurred with the hopeful stance that if it occurred once, it could occur again. This demonstrates the continued development of hope in the therapeutic process because Berg and the client are able to discuss the steps she took to make the exception occur, which aligns with the SFBT assumption that the client holds the strengths and resources to solve their problems. Berg demonstrates her

listening and selecting process of how she continues to build hope and will only progress to the next stage when each client has met the objectives of the current stage.

In the following case examples, to seek further exceptions and meet the objectives for stage three, Berg evaluates the current status of the clients' level of hopefulness and motivation toward making their situation better. She demonstrates this through utilizing the scaling technique and asks them on a scale of 1-10, 1 being the worst (i.e., based on their specific problem) and 10 being the best (i.e., based on their miracle) where they are right now and what would they need to do differently in order to move up a number on that scale. Again, the therapist's worldview is centered on hopefulness in the sense that the clients can visualize what would need to happen to make things better, which would result in an increase in their number on the scale. This visualization is hopeful because if the clients can visualize things getting better (i.e., their miracle and exceptions) then they can also visualize the first step they need to take (i.e., through the scaling question) in order to make things a little better. This can lead to positive changes not only in the client's thoughts but behaviors as well.

These hopeful beliefs are informed by the SFBT tenets. The tenet, "differing from skill building and behavior therapy interventions, the model assumes that solution behaviors already exist for clients" (Bavelas et al., 2013, p. 2). This is influentially hopeful because the therapist believes the client already possesses solution behaviors and do not need to be taught new solution behaviors (i.e., first step toward increasing the number on the scale). Encouraging clients to focus on solution behaviors that the therapist believes already exist within the client's repertoire is used in the place of the undesired behaviors. In the SFBT tenets, it is also "asserted that small increments of

change lead to large increments of change” (Bavelas et al., 2013, p. 2), which is a hopeful affirmation because the therapist believes any small positive changes can create larger positive changes in the client’s life. Eventually, the client will be able to identify these small positive changes (exceptions and an increased number on the scale) and increase their frequency.

Case 1D: Irreconcilable Differences

In the first example, Berg scales Bill and Leslie in their relationship together (i.e., excerpt 1.001D) as 1 meaning they are ready to walk away and 10 meaning they are able to do anything it takes to make the marriage work. This scaling question is a little different than usual for Berg because in this example she does not get into too many details about their miracle, although she makes sure to not go into detail about their issues and problems of the past. This lack of focus on the issues and problems is Berg’s hopeful worldview because she holds the focus on the future and on solutions to build on hopefulness.

Excerpt 1.001D: Insoo Kim Berg: Let’s say on a sort of a scale of 1 to 10, 10 stands for as things right now and you know what you’ve been through, the two of you know what you’ve been through and you know, what the issue has been and you know what the issues are, better than I do right now. Let’s say 10 stands for that you will do, just about anything humanly possible to make this marriage work. That stands for a 10, okay? And a 1 stands for “Pfft, you’re ready to, sort of, throw in a towel and you’re ready to walk away from this.” Where would you, each of you say you were at on the scale of 1 to 10?

Excerpt 1.002D: Bill: Seven.

Excerpt 1.003D: Leslie: I'm probably about a five.

Excerpt 1.004D: Insoo Kim Berg: You don't want to be at one?

Within-case analysis: Bill and Leslie both give their numbers on the scale in excerpts 1.002D and 1.003D (i.e., Bill is seven and Leslie is five) and since the numbers are at least in the middle or higher, it appears they are hopeful that they can make their marriage work and are willing to do anything possible to do so, which is what they agreed the 10 would stand for, which for the clients is also a sign of hope. In excerpt 1.004D above, Berg wants to amplify the clients' hopeful response by inquiring why they do not want to be at a one. Her intention is that the clients will give more details about how they are not at a one and how they have managed to be at the numbers they gave (i.e., Bill at 7 and Leslie at 5). Berg listens and selects these details because it is a hopeful sign if the clients can visualize how they are at the number they gave her and then visualize the next step they can take to increase their number. This hopeful sign not only increase's Berg's hope for the clients but increase's the clients own hopefulness as well, which highlights the relational process.

Excerpt 1.005D: Leslie: But I'm surprised to you at a seven.

Excerpt 1.006D: Leslie: Well, if we worked at it. I could say it would be more than that.

Excerpt 1.007D: Insoo Kim Berg: Really?

Excerpt 1.008D: Leslie: Yup.

Excerpt 1.009D: Insoo Kim Berg: So you see a lot of potential in this?

Within-case analysis: In excerpt 1.009D above, again Berg listens to select and amplify the clients' hopefulness and build on it. She demonstrates this by making overt how she

interprets their numbers on the scale as being hopeful for seeing a lot of potential. She checks in with both clients to see if she is correct on this assumption and also expects the clients will give her even more details about this being true, which she will continue to listen for and select out as signs of hopefulness.

Excerpt 1.010D: Leslie: Well, we do love each other and we (crosstalk)

Excerpt 1.011D: Insoo Kim Berg: Huh.

Excerpt 1.012D: Leslie: . . . don't sound like it but I think we do. (crosstalk)

Excerpt 1.013D: Insoo Kim Berg: You do?

Excerpt 1.014D: Leslie: I know I, I love him. He's a good husband.

Excerpt 1.015D: Insoo Kim Berg: Uh-huh. Does he know? Does Bill know how much you love him?

Excerpt 1.016D: Leslie: He ought to.

Excerpt 1.017D: Insoo Kim Berg: He ought to.

Excerpt 1.018D: Leslie: Uh-hmm. Yup.

Excerpt 1.019D: Insoo Kim Berg: Now, what would you say the chances of this marriage making it?

Excerpt 1.020D: Bill: I would really say at eight.

Excerpt 1.021D: Bill: You know, I'm willing to try to make it work. (crosstalk)

Excerpt 1.022D: Leslie: I didn't want you to chuck it all away.

Within-case analysis: Bill and Leslie show signs of hope in excerpts 1.010D-1.022D above when Leslie explains to Berg how Bill is a good husband, how much she loves Bill, and why she does want to make their marriage work. Bill chimes in in excerpts 1.020D and 1.021D where he adds how he is actually at an eight presumably after

hearing Leslie talk about him and their marriage in a positive and hopeful way.

Therefore, Berg's focus on hopefulness has increased the clients' hopefulness, which allows Berg to progress in her solution-building efforts.

Case 2D: Over the Hump

In the second example, Berg introduces the scaling question (i.e., excerpt 2.001D) in a similar way focusing on the future and not focusing on the details of their problem. Again, Berg is hopeful that the clients can provide her with a number on the scale to follow up with her questions about what they would need to do to increase their number. This is an example of Berg building hope with her clients through encouraging them to visualize the details of their miracle and begin identifying small steps they can take (i.e., through scaling question) to create their miracle. She listens closely to these details so that she can select them out of the conversation to build enough hope and progress onto the following stage.

Excerpt 2.001D: Insoo Kim Berg: lets say on a scale of 1-10 1 was when your family was in crisis Those hell days that was for 1. And the 10 stands for the day after this miracle actually happens we were talking about the day after, the 10 stands for that. What number are you right now?

Excerpt 2.002D: Keith: I think we're over the hump.

Excerpt 2.003D: Sue: Yeah, 6 or 7

Excerpt 2.004D: Insoo Kim Berg: 6 or 7? Do you agree with that?

Within-case analysis: In excerpts 2.002D and 2.003D, Keith does not give Berg a numerical response but he does give her a hopeful response that they are over the hump. Sue responds how she is at a six or seven, which is hopeful on the clients' part because it

is a higher number closer to their miracle. In excerpt 2.004D above, Berg wants to clarify with Keith to clarify how hopeful he is about his “over the hump” response. She also appears to want to make sure he is just as hopeful as Sue. Berg will not ask a follow up question until both clients have answered the scaling question clearly and in detail because she is building the hope, which moves the therapeutic process forward. In excerpt 2.005D, Keith provides Berg with a more clear response that she can build on in excerpt 2.007D, where she asks Keith for behavioral details (i.e., exceptions) that allow him to feel like he is over the hump, which is a hopeful sign.

Excerpt 2.005D: Keith: yeah, well a lot has changed in the last year – we went from being really unsure to what was going to happen to where we were going to be to now . . . ‘til the last 2 or 3 months we’ve done a lot

Excerpt 2.007D: Insoo Kim Berg: you said you were over the hump, you feel like you are over the hump. What tells you that?

Excerpt 2.008D: Keith: that we are able to see the future a little bit, able to make plans um

Excerpt 2.009D: Sue: we know . . . I mean

Excerpt 2.010D: Keith: We have certain goals set.

Within-case analysis: Keith and Sue begin to give Berg a response about how they are feeling over the hump but it appears Berg listens for a response a little more concrete so that she can select and build upon their answer.

Excerpt 2.012D: Insoo Kim Berg: So you see some hope? You seem a little light at the end

Excerpt 2.013D: Keith: light at the end of the tunnel . . . Yeah, and its not a freight train.

Within-case analysis: Berg demonstrates this in excerpt 2.012D where she asks Keith and Sue if they see some hope and perhaps a light at the end of the tunnel. Berg understands that if the clients do see some hope (i.e., Keith's response in excerpt 2.013D) then she can build upon that hope and increase it further, which along with building solutions, is her goal as the SFBT therapist.

Case 3D: I'd Hear Laughter

In the third example, in excerpt 3.001D, Berg introduces the scaling question in a similar way as the second example. Berg states that 10 stands for the day after the miracle and 1 stands for the day they called to make an appointment. The scaling question can also be tailored to fit the client's situation and to personalize the meaning of numbers 1-10. Similar to the other examples, the scaling question demonstrates Berg's hopeful stance and is her request for hope to the clients.

Excerpt 3.001D: Insoo Kim Berg: Okay. Let's say, 10 stands for, like uhm, day after this miracle? Okay. 10 step for that, that means that you don't have to come back to see me anymore, that stands for 10. And one stands for how upset you felt on the day that you picked up the telephone and called here for an appointment. That stands for 1. Where would you say things are at right now between 1 and 10 right now?

Within-case analysis: Similar to the first two examples, Berg focuses on each client in the room and make sure every person gives her an answer to her request for hope (i.e., number on the scale). Her request for hope is framed in such a way that the client is

invited to respond in a hopeful manner. Berg listens to detailed descriptions about how they are at their chosen number on the scale and selects the clients' hopeful ideas about what they would want to happen for that number to move up, closer to their miracle, which is the 10. The closer the number is to the miracle, the better, and more hopeful. This is also demonstrating Berg's hopeful stance that things can get better for the family and the miracle can occur.

Excerpt 3.002D: Judy: I'd say about a four.

Excerpt 3.003D: Insoo Kim Berg: Four. Uh-huh. How about for you?

Excerpt 3.004D: Sarah: Ah, five.

Excerpt 3.005D: Insoo Kim Berg: Yeah. How about for you?

Excerpt 3.006D: Lou: About four.

Excerpt 3.007D: Insoo Kim Berg: That's a lot. That's a lot. Well, what's helped to be at four? What's from the day that's, I think that was a week or so ago. What's, what's helped since you (crosstalk)

Excerpt 3.008D: Judy: Well, it's nice to hear, ah, Sarah say she, that she doesn't do drugs.

Excerpt 3.009D: Judy: And, uhm, you know, it's nice to have a laugh about Lou's stupid jokes. It kinda makes me, kinda cheers me up.

Excerpt 3.010D: Judy: It's just nice all being here. I mean, I never, you know, that's, uh, that's rare.

Excerpt 3.011D: Insoo Kim Berg: Uh-huh.

Excerpt 3.012D: Judy: I'd like to do that more.

Excerpt 3.013D: Insoo Kim Berg: And being able to talk about your family life.

Excerpt 3.014D: Judy: Yeah.

Excerpt 3.015D: Judy: You know. I get to hear what they really think. I appreciate that.

Excerpt 3.016D: Insoo Kim Berg: Yeah. Uh hmm. Right. Huh, wow. How about, ahm, how about for you? You said you were about five, about halfway there.

Excerpt 3.017D: Sarah: Well, it's nice doing things as a family, I wouldn't, no offense or anything, but I don't, I hope we don't make a habit of this. I mean, I hope we could come to some kind of, I don't know, comfortable level where we don't have to do things like this as a family where we can actually be comfortable with one another and, and not have to come to you.

Excerpt 3.018D: Insoo Kim Berg: To admit, right. Okay. So you mean, you could do this on your own?

Excerpt 3.019D: Sarah: Yeah.

Excerpt 3.020D: Sarah: But also do more things as a family.

Excerpt 3.021D: Sarah: Go to dinner.

Excerpt 3.022D: Sarah: Go to the movies.

Excerpt 3.023D: Insoo Kim Berg: Uh-huh.

Excerpt 3.024D: Sarah: Maybe go away somewhere for a weekend. We used to go to this cabin, this great cabin and we don't do that anymore.

Excerpt 3.025D: Insoo Kim Berg: Yeah, uh hmm. Okay. How about for you? I mean four is a lot, almost halfway, but not quite, but almost halfway there.

Excerpt 3.026D: Lou: Yeah. I don't know, I guess I'd go along with this 'coz it's nice to be all at the same place, the same time.

Excerpt 3.027D: Lou: Thinking about the same thing, I guess.

Excerpt 3.028D: Insoo Kim Berg: Uh-huh. Uh hmm. So somehow knowing that you are both want, and all of you wanting the same thing.

Excerpt 3.029D: Lou: Yeah.

Excerpt 3.030D: Insoo Kim Berg: And talking about how to get the same thing that you all want.

Excerpt 3.031D: Lou: Yeah.

Within-case analysis: These positive changes in thoughts and behaviors (as evidenced by the scaling question and clients responses in excerpts 3.010D, 3.017D, 3.024D, and 3.026D) increase the client's level of hopefulness, since they do not answer that they are at their worst. The clients' responses in excerpts 3.002D-3.031D are all hopeful signs that they can envision things getting better and their problem being gone, which moves them closer to their miracle. Berg will ask each client the same questions to make sure all the clients in the room are demonstrating these signs of hope for their future. Berg listens and selects these hopeful signs out of the clients' talk. Berg's processes of listening and selecting out hopeful signs throughout the scaling question responses allow her to build upon those hopeful responses. As evidenced above, the objectives of this stage have been fulfilled, and Berg is able to progress to the forth solution-building stage (end-of-session feedback).

Across-case Analysis: Solution-Building Stage Three - Exceptions

Across all three cases, the clients identify their desired future and exceptions to the problem. The clients were also able to identify their current status through the use of the scaling question and identify the one small step they would need to take for their

number to increase on the scale. That small step (i.e., behavior) can also be considered an exception to the problem. These are hopeful signs constructed upon the SFBT assumption that the therapist will encourage the client to do more of what is useful in their life. In all three cases, Berg listens for the clients' reports of times when useful behaviors have occurred and selects these instances out of the conversation as evidence of hope because they are times when the problem is not happening. The times when the problem is not happening are also related to the clients' miracle (desired future). Berg utilizes these signs of hope to build these observations to the solution-building stage four (end-of-session feedback).

Synthesis of Solution-Building Stages One through Three

Solution-building stages one through three (defining the problem, developing well-formed goals, and exceptions) appear in the literature (Berg & De Jong, 2008) as a linear process based on the therapist's progression from one stage to another. However, in all three cases, it appears these stages are a circular process in the sense that the client and therapist may refer back to their problem, miracle, exceptions, and scaling throughout therapy.

If the clients refer back to the problem, the SFBT therapist still acknowledges this as a sign of hope because if the clients are able to explain and define their problem in more concrete terms. The clients will also be able to explain and define the times when this problem is not occurring (exceptions) as well as visualize in detail what they would like to be better about their problem, which is the miracle. Berg shifts the context of the therapeutic conversation from problems to solutions through hope-building. In *Irreconcilable Differences*, Bill gets back into the problem definition once Berg has

already progressed into the exception stage. Bill explains, “It is impossible for us to have a conversation.” Berg demonstrates her hopeful stance by allowing the client to discuss the problem while redirecting them to solution talk by asking, “So what needs to happen?” Bill demonstrates his progression back to exceptions and solution talk when he responds to Berg’s hopeful request with his hopeful solution, “We need, we need to be able to communicate regularly even, you know, even if the issue was the money.” This example is hopeful because even though Bill regressed back to problem talk, Berg stays within her hopeful solution-building focus, and redirects the conversation to what would need to be different for the problem to be gone (miracle; exceptions). In an instance like this, Berg may also incorporate the scaling question technique again to gauge the clients’ level of commitment to finding a solution, hopefulness, and progress in relation to their goals. If the therapist refers back to the miracle (goals) and exceptions, it appears it is to listen and select additional signs of hope before building to the following stage (listen, select, and build) demonstrating the fluidity of the model.

Berg’s focus on hope throughout these stages demonstrates her belief in the SFBT tenet that if a positive behavior happens once, it can happen again, which happens inside and outside the session. This belief allows her to not become discouraged if the clients return to talking about the problem, to remain hopeful, and trust in the process of listening, selecting, and building hope. Therefore, no matter how many times the clients transition back and forth throughout the first 3 stages, the therapist still remains hopeful and is still able to listen, select, and build upon hopeful signs in the context of solution-building.

SFBT Solution-Building Stage Four: End-of-Session Feedback

In the fourth solution-building stage the objective is that Berg delivers her hopeful observations based on hopeful signs she has listened for, selected out of the conversation, and built upon with the clients across the first 3 solution-building stages (define the problem, developing well-formed goals, and exceptions). Her feedback, framed by hope, is a compilation of what the clients have defined as their problem, the goals they have developed, and the exceptions they have provided in response to her hopeful requests (miracle question, exception questions, scaling question). In this stage, the therapist is informed by the SFBT hopeful tenets that clients' are encouraged to increase their solution-building behaviors (homework assignment) and that no problem happens all the time (Bavelas et al., 2013).

Case 1E: Irreconcilable Differences

In the first example, Berg compliments Bill and Leslie about how it was a good time for them to have called so things did not get worse, (excerpt 1.001E) which is an example of Berg's hopeful perspective and stance. She adds in excerpt 1.002E how she sees that they are here to work on their relationship, care about their marriage very much, and they both want to do something about their problems, which are all hopeful acknowledgments and validations from the therapist, which she gathered in the first three solution-building stages (defining the problem, developing well-formed goals, and exceptions). Berg is reflecting on the session and suggesting that the clients' behaviors are hopeful.

Excerpt 1.001E: Insoo Kim Berg: I've thought long and hard and I really have to tell you that, uhm, I think that your calling to set up this appointment was a really

good time, really good timing because you don't want to make things worse. You don't want things to get any worse than they are already has been and, ah, it sounds like you both, you are very concerned about what's, what's not happening between the two of you, and I think that you wanted to do something about that.

Excerpt 1.002E: Insoo Kim Berg: And that's why you are here to, to, to do something about this, and, ah, what occurred to me is that both of you really care about this relationship, about this marriage a great deal but both in a very different way.

Excerpt 1.003E: Bill: Yes.

Excerpt 1.004E: Leslie: Yes.

Within-case analysis: In excerpts 1.003E and 1.004E above, Bill and Leslie show their approval in how they agree with Berg's validations and compliments so far, which is a hopeful sign. This is a sign of hope because Bill and Leslie agree that it was a good time for them to call Berg and agree that they both care about their marriage and want to work to save it. Through their confirmation of Berg's feedback, Bill and Leslie appear to begin recognizing that their own behaviors are hopeful (i.e., ". . . a very good start . . .").

Excerpt 1.005E: Insoo Kim Berg: And so I think that you two have a very good start because you already are there, thinking about right now as well as the future.

Excerpt 1.006E: Insoo Kim Berg: And, ah, that certainly would help. So, what I would like to suggest to you, between the two, between now and the next time we get together, is for each of you to keep track of what the other person is doing for you to keep track what Bill does and for you to keep track of what Leslie does to make things a little bit better (crosstalk)

Excerpt 1.007E: Insoo Kim Berg: . . . a little bit better (chuckles) for the marriage. And it's important for you to not to discuss it (crosstalk)

Excerpt 1.008E: Insoo Kim Berg: . . . and keep track of that. And when we come back together, we will discuss it more, the details of that. But I want you to sort of, ah, observe it, file it away, and then when we get together, we'll talk about that.

Within-case analysis: Berg continues to amplify and highlight all of the clients' stage two and three behaviors she sees as hopeful for their desired future (miracle and exceptions) and in building solutions. In excerpts 1.006E, 1.007E, and 1.008E, Berg suggests the clients keep track of what the other person is doing that makes things a little bit better in their marriage. Berg will make sure she acknowledges, validates and compliments each client's efforts and hopeful attempts to create solutions. Berg is still demonstrating her hopeful progression from stage one, to two, and three throughout her end-of-session feedback through encouraging the clients to begin to notice how each other's behaviors are hopeful in making their marriage better as homework. Berg's intention is to continue to build upon hopefulness with Bill and Leslie until they notice their own hopefulness increasing themselves. It is significant that Berg acknowledges and validates the clients' behaviors and attempts at solutions in her feedback so that she can bridge these hopeful observations to her homework assignment and to the next session.

Case 2E: Over the Hump

In the second example, Berg begins her end-of-session feedback (i.e., excerpts 2.001E, 2.002E, and 2.003E) in a similar manner to the first example by acknowledging and validating the clients on how they have been able to manage their current situation.

Berg always tailors her feedback to fit the client's worldview and more importantly, successes so far, which exemplifies her hopeful worldview and highlights her and the clients' hopeful progress through the first three solution-building stages (defining the problem, developing well-formed goals, and exceptions). Again, Berg is acknowledging and validating the clients' on their already successful attempts to highlight and suggest that their behaviors and actions are hopeful.

Excerpt 2.001E: Insoo Kim Berg: I am just absolutely amazed by your two, your fortitude to survive what you have survived . . . I am just absolutely amazed by this. Eight years what you've put up with and it sounds like it goes back further than that for you but just the two of you, this family, absolutely amazed by this and uh not only you survived it but also you have done a very good job. You know your children are very nice kids considering all this stuff that is going on. They are very well behaved here. You can tell they are very nice kids.

Excerpt 2.002E: Insoo Kim Berg: So obviously in the mist of all this, in spite of all this, you two have done something quite right. I don't think anybody would argue that. You have done lots of things right and lots of things are working. What makes it even more amazing is that you feel that you are over the hump and that's a huge accomplishment.

Excerpt 2.003E: Insoo Kim Berg: Amazing, amazing. So I guess now that you over the hump, what you need to do is stay over the hump . . . stay there . . .

Within-case analysis: In excerpt 2.004E, both Sue and Keith added to Berg's feedback that they are going to stay focused. This is a significantly hopeful sign on the client's part because Berg was not actually asking them a question in that moment but they chose to

respond to her feedback, already having a clear idea of how they will stay over the hump. This is significantly hopeful because it demonstrates how Sue and Keith may be close to recognizing how their own behaviors are hopeful, and therefore, hope-filled.

Excerpt 2.004E: Sue and Keith: Stay focused.

Within-case analysis: Berg incorporates the client's language and suggestion (i.e., excerpt 2.005E) about wanting to stay focused within her feedback as she continues to acknowledge and validate what she has heard, in a hopeful way. She encourages them to stay hopeful in trying to figure out what they need to do more of in order to notice what they are doing to keep them over the hump (i.e., excerpt 2.007E). In excerpt 2.006E, Sue already wants to tell Berg about what they need to do next in order to stay over the hump, which again is a hopeful sign for Berg that the client may be able to reflect on the therapist's reflection and recognize that their behaviors are hopeful and therefore, hope-filled. Consistent with the previous example, Berg makes sure she acknowledges, validates and compliments each client's efforts and hopeful attempts to create solutions before she explains their homework assignment. She then bridges these statements to the homework assignment and the next session with the intention of further building hope and solutions with the clients. In the following exemplars, Berg invites the clients to listen and select hope to then build on it collaboratively in the next session.

Excerpt 2.005E: Insoo Kim Berg: Stay focused and figure out what that little step you need to take to move up, and it sounds like you are on the way there . . . you have been on the way there for some time.

Excerpt 2.006E: Sue: Mmhmm. House hunting is our next big thing. We left in a big hurry. We were thrown out when the kids were given back to me

Excerpt 2.007E: Insoo Kim Berg: Okay so, what I would like you to keep in mind between now and next time we meet is, I would like the two of you to pay special attention to what each of you do to stay over the hump and gradually move up the scale. That's the first part. For the second part pay attention to what each of your children are doing to stay over the hump Pay attention to those, . . . keep track of little things, little things, each one of you . . . all of you, each one of you.

Case 3E: I'd Hear Laughter

In the third example, Berg's feedback is longer than the previous two examples but in a similar way, Berg acknowledges and validates the clients on what they are already doing to make things better, which is a hopeful sign and hopeful stance for Berg as the therapist (i.e., excerpt 3.001E). Consistent with the two prior examples, Berg highlights and compliments the positives she heard from the clients' progression through the first three solution-building stages (defining the problem, developing well-formed goals, and exceptions).

Again, Berg acknowledges and validates in this end-of-session feedback like she did in the first two examples above and shifts the focus to the positive. She adjusts the homework assignment slightly for this family toward the end of her feedback as she suggests each family member picks a day to act like everything is better and each of their numbers on their scale have improved (i.e., their miracle occurring). Berg asks that the family does not discuss which day they chose to act this way in hopes of discussing it at the second session to see if they can guess. Consistent with the previous two examples, Berg will make sure she acknowledges, validates and compliments each client's efforts

then bridge these hopeful signs to her homework assignment for the family. Again, this acknowledge, validate, and bridge process is Berg's hopeful attempt to co-create solutions with the clients and transition into the fifth solution-building stage (evaluating client progress).

Excerpt 3.001E: Insoo Kim Berg: First of all I want to, ah, mention, ah, obviously, the problem you, all of you are facing is very, very, tough especially, this must be really tough for you, uhm, I guess, ah, having not such a good job, father and, ah, and provider off the years. I guess it must be extremely hard for you, and yet in spite of that, I'm just really impressed by how you persist and still try to be helpful and still doing lot of things to, to do whatever you need to do and, ah, ah, I can also see Judy that a lot of your burden, all the responsibility falls on your shoulder. And, ah, indeed, uhm, ah, in spite of that, that you, even though you have days when you don't feel like getting up, you get up and you somehow realizing that you have to keep this family going, and so, it must be very hard, it must be very tough. I have to tell you, ah, Sarah that it's, ah, it's not everyday that I, I talk to a 15-year-old who is as, as bright as you are, as articulate as you are. Ah, so I guess what it also means is that you two have done something right with Sarah. Ah, and, ah, yet, it seems like it's within your reach because you have had it one time and, ah, so this is something you can do again.

Uhm, and, ah, I guess it looks really encouraging is how much you care about each other in this family, there's a lot of caring, lots of concern, and, ah, it's been like each of you been sort of, ah, going in separate ways, plus your own concerns and worries, and, and, ah, and so on. So, I think that you really have got

to start it all, really, I mean, this is a very good start in you being here today, first of all, and being able to sit here and talk about this and sharing with each other about how lonely you could get, and it sounds like you have been very lonely also. And, ah, somehow this is a really a good start. And obviously, you have a long way to go in accomplishing what you want to accomplish in family. Ah, but, since you've got this good start, I mean, you're being at four and five, I have to say that's very impressive. So, to get you started on this track that you got yourself, ah, on. I'm going to suggest to you homework. Uhm, and that is between now and next time I see you, I would like each of you to pick one day, and not tell each other about which day is your secret day and that's the day that you pretend that for you, you have gone up from four to five. Okay, that you are, you are halfway there and for you to pretend that you have gone up from five to six. And I would like you not to talk to each other about this, but you are to guess which day the other two people picked as this special day that when you're going to pretend that you have gone up, things are better 10 percent. Okay? Got that? Understood? So, you are to guess which day Lou picked and Sarah picked.

Excerpt 3.002E: Judy: I was to pretend that things are better? Even if it's exactly the same?

Excerpt 3.003E: Insoo Kim Berg: He may be doing a same thing, just pick a day, one day. Pretend that you have gone up from four to five. And of course, your job is to guess which day Judy picked as her special day, this is your special day. Okay? And then come back and tell me about it. I don't want you to discuss it

among yourselves. Now, when we get together, ah, I'm going to ask you lots of questions about anything.

Within-case analysis: In excerpt 3.002E, Judy seems to need clarification on Berg's suggested homework assignment. The client's response in this example is different than the previous two cases and could appear a little less hopeful due to possible confusion on the client's behalf. However, this is still a hopeful sign because the client is seeking a clearer understanding of the homework assignment, which appears to show the client is interested in attempting the task. In excerpt 3.003E, Berg encourages the client to try this task with the intention of the clients' demonstrating a more hope-filled worldview upon arriving at their next session. This amplifies the hope-building process and bridges to the final solution-building stage (evaluating client progress).

Across-case Analysis: Solution-Building Stage Four: End-of-Session Feedback

Within the fourth solution-building stage (end-of-session feedback) Berg demonstrates her validation of how the clients' behaviors are hopeful across all three cases. Berg acknowledges and validates the clients' past, present, and future successes (i.e., signs of hope; solution-building stages 1, 2, & 3). She compliments the clients on each solution-building stage they have progressed through. For instance, Berg compliments the clients on coming in when they did or making the call, which fits within stage one. She compliments clients on developing their miracle (stage two) for how they want their lives to be better and their exceptions (stage 3) to their problem in order to display her recognition of the clients' hopeful behaviors to this point in the session. Berg then bridges these observations to a homework task she suggests the client's complete on

the break between sessions. This process of acknowledging, validating, and bridging is a significant finding because it is evidence in Berg's hopeful feedback of how she progresses in a hopeful way throughout the solution-building stages. It appears Berg's focus is for the clients' to return more hope-filled, as evidenced by their self-report of successes and accomplishing goals (solution-building stage 5). Therefore, substantial evidence of how hope is Berg's vehicle within and across the solution-building stages is demonstrated.

SFBT Solution-building Stage Five: Evaluating Client Progress

Berg's observations and homework assignment from the previous session allows her to bridge and progress into the fifth and final solution-building stage (evaluating client progress). In this stage, the objectives are that the clients recognize that their behaviors are hopeful, and therefore hope-filled. This allows clients to possess a hope-filled worldview as a way of being, isomorphic to the SFBT therapist, once therapy is terminated. The objective and expectation for this stage is that the clients will self-report sufficient evidence of being hope-filled through discussing accomplishing their miracle (goals), discussing actual, recent, exceptions to their problem, and increased numbers on the scale (De Jong & Berg, 2008). The SFBT hopeful tenets that influence stage 5 (evaluating client progress) is the assertion that small change can lead to larger changes as evidenced by the techniques Berg utilizes in this stage (Bavelas et al., 2013). Also, the therapist continues to adopt the tenet that the client will report recent, actual exceptions that have occurred in relation to their problem. This tenet is also demonstrated through Berg's asking of "what's better?" and re-scaling clients' progress. Once enough hopeful

evidence is highlighted and clients are reporting all their goals have been met, the next progression would be termination from therapy.

In the following excerpts, Berg asks the clients what has been better in the beginning of the next session and the clients responded with actual, recent, exceptions that have occurred, this progress may or may not be in congruence with the given homework assignment after the previous session. If the exceptions align with the homework assignment, and happened recently, it appears to be a more hopeful sign. The objective of this stage is that the clients demonstrate their hopefulness through self-reporting differences that have been better (i.e., positive behavioral changes) in relation to their original problem focus and their goals from the previous session (miracle question, exceptions, higher numbers on the scale). Techniques utilized in this stage are the “what’s better?” question and re-introducing the scaling question (re-scaling the clients) to compare what has been better from the last time Berg and the clients met until now.

Case 1F: Irreconcilable Differences

In the first example, Berg asks both Bill and Leslie what has been better for the two of them (excerpt 1.001F). This hopeful inquiry is so because Berg is assuming the SFBT tenet that things have been better and listens for hopeful signs that demonstrate the clients’ problem has been better. Berg is focused on selecting the positive behaviors that have been different for the clients and highlighting how they have built solutions, which is hopeful.

Excerpt 1.001F: Insoo Kim Berg: What's been, ah, better for the two of you?

Excerpt 1.002F: Bill: Ah, well, ah, we managed to, I, I managed to, to bargain for sometime, and, ah, (crosstalk)

Excerpt 1.003F: Bill: we took the kids to the zoo. We had a wonderful time.

Within-case analysis: In excerpt 1.002F and 1.003F, Bill answers Berg's hopeful request with an actual exception that had occurred since the previous session, which is another hopeful sign on the client's behalf that the clients themselves begin demonstrating hopefulness. In excerpt 1.004F, Leslie confirms what Bill is sharing with Berg, which demonstrates that both Bill and Leslie are more hope-filled now that an actual, recent exception to their problem occurred.

Excerpt 1.004E: Leslie: We really enjoyed that

Excerpt 1.005E: Bill: As much as I hate to admit it, this was the level of communication.

Excerpt 1.006E: Bill: uhm, you know beginning to get a level of communication because we talked some more after we left here. (crosstalk)

Within-case analysis: Bill continues to give more exceptions that are evidence of his hopefulness increasing (excerpts 1.005F, 1.006F, and 1.007F) when he shares how their communication has improved as well. Berg collects as many details as possible to bridge these successes to the clients' behaviors and actions that allowed these recent, actual exceptions to occur, which is hopeful (excerpts 1.008F-1.012F).

Excerpt 1.007E: Bill: and so our communication has, has improved.

Excerpt 1.008F: Insoo Kim Berg: Wow! How did he (crosstalk)

Excerpt 1.009F: Insoo Kim Berg: . . . managed that?

Excerpt 1.010F: Insoo Kim Berg: Really. Wow! Wow

Excerpt 1.011F: Insoo Kim Berg: What about, what about Leslie's voice, (laughs) you mentioned her voice? What about it that, that helps?

Excerpt 1.012F: Insoo Kim Berg: How is it different?

Within-case analysis: Bill continues to provide more evidence that he is seeing how his and Leslie's behaviors and actions are hopeful and appears to be becoming more hope-filled, as evidenced by excerpts 1.013F-1.017F, where in excerpt 1.016F he actually comments on how maybe there is now hope in his life. Berg highlights and amplifies this hope-filledness and positive change in excerpt 1.018F where she asks in a confirming way how Bill's reports are a big change for them. Leslie confirms that she agrees with Bill and his hope-filled responses in excerpt 1.020F.

Excerpt 1.013F: Bill: You know, in the morning and, ah, (crosstalk)

Excerpt 1.014F: Bill: you know, she's, she's just been pleasant enough to kiss goodbye.

Excerpt 1.015F: Bill: and, I, (laughs) I mean, you know, hey come on now you know, a few weeks ago, you know, I was just ducking out the door I'm getting out (crosstalk)

Excerpt 1.016F: Bill: You know, I mean, ah, maybe there's hope . . . (crosstalk)

Excerpt 1.017F: Bill: . . . in my life. (crosstalk)

Excerpt 1.018F: Insoo Kim Berg: That's, that's a big change, isn't it? Yeah?

Excerpt 1.019F: Bill: Yeah.

Excerpt 1.020F: Leslie: Yeah.

Case 2F: Over the Hump

In the second example, Berg introduces her hopeful stance in excerpt 2.001F when asking how things are going better for the family. Right away, Keith is able to provide her with an exception in excerpt 2.002F, which is a hopeful sign from the client that he is becoming more hope-filled.

Excerpt 2.001F: Insoo Kim Berg: How are things going better for you?

Excerpt 2.002F: Keith: well, I am working a lot more

Excerpt 2.003F: Insoo Kim Berg: you're working a lot more?

Excerpt 2.004F: Keith: yeah

Excerpt 2.005F: Insoo Kim Berg: I also understand you moved because your phone number changed?

Within-case analysis: Berg does something a little different here (excerpt 2005F) when she introduces her own exception for Sue and Keith by asking about their possible move before the clients mentioned it. It appears this is because at the end of the last session, Sue was focused on moving and told Berg how that would be a successful step toward the family's miracle and to raise her number on the scale. Berg seeks confirmation from Sue in excerpt 2.009F (i.e., so that's better?). These are all signs that the clients are feeling more hope-filled about their situation because they are reporting actual exceptions that took place related to what they discussed in the previous session about what they would like to see happen in their desired future.

Excerpt 2.006F: Sue: yeah, it's a fairly decent area. Bayview. . . . I like it.

Excerpt 2.007F: Insoo Kim Berg: Oh you're living in Bayview now? That's a nice area.

Excerpt 2.008F: Sue: yeah, its very nice . . . very nice area . . . lots of kids on the same block. One of them my kid's age just had kids right across the street . . .

Excerpt 2.009F: Insoo Kim Berg: so that's, that's better?

Excerpt 2.010F: Sue: oh yeah.

Excerpt 2.011F: Insoo Kim Berg: so what else is better?

Within-case analysis: In Berg's typical style, she continues to collect detailed descriptions (excerpt 2.011F) about what else is better to amplify and highlight how the clients own behaviors continue to be hopeful. Berg also demonstrates how she is relating this current exception of the family moving to their goals for therapy. It is her intention that the more she does this, the more filled with hope the clients will become about their positive changes (i.e., hope-filled).

Excerpt 2.012F: Keith: the kids are doing good in school

Within-case analysis: In response to Berg's hopeful request for more details about the clients exceptions, Keith mentions how the kids are doing good in school (i.e., excerpt 2.012F), which is another hopeful sign from the client's perspective.

Excerpt 2.013F: Insoo Kim Berg: they are? really?

Excerpt 2.014F: Sue: oh yeah, mike graduates, he graduates the 2nd of June.

Excerpt 2.015F: Insoo Kim Berg: I know he was doing better already. What about the other kids? How is it they are doing better?

Excerpt 2.016F: Keith: I don't know, more stability I like to think

Excerpt 2.017F: Insoo Kim Berg: ahhh.

Excerpt 2.018F: Sue: The neighborhood, they're not being bounced around, they're in their own house, their own bedrooms with their friends to take up to

their bedrooms, the kids right outside to play with. They hadn't had it since this all started about a year ago and really there were not many kids where we were living in that home on 14th where it happened.

Excerpt 2.019F: Insoo Kim Berg: So this is much better? For them?

Excerpt 2.020F: Sue: yeah.

Excerpt 2.021F: Keith: yeah.

Within-case analysis: Sue and Keith continue to provide actual exceptions that have occurred since the last session (i.e., excerpts 2.014F, 2.016F, and 2.018F). Berg continues to highlight and amplify these exceptions to continue to build hope with Keith and Sue (i.e., excerpts 2.015F and 2.019F). Finally, Sue and Keith agree with Berg about things being much better for the kids and themselves, which is more evidence of them becoming more hope-filled.

Case 3F: I'd Hear Laughter

In the second example, Berg introduces her hopeful stance to the family in a similar way to the previous example above. For instance, in excerpt 3.001F Berg asks the family what has been better since their last session. The only noticeable difference is her hedging within this excerpt. She asks them what has been a little bit better to be specific. It appears that she hedged this hopeful question because Judy questioned her homework assignment the session prior and needed clarification. In order to maintain a hopeful stance and her maneuverability, it appears that Berg decided to hedge a little to prepare herself for whatever the clients' responses may be.

Excerpt 3.001F: Insoo Kim Berg: Well, good to see you again. So, what's been a little bit better in these past couple of weeks since we got here the last time?

Excerpt 3.002F: Judy: You mean our days? Our special day? (crosstalk)

Excerpt 3.003F: Insoo Kim Berg: Yeah. Two weeks overall, what's been, what's been a little bit better?

Excerpt 3.004F: Judy: Well, Sarah's been going to school.

Excerpt 3.005F: Insoo Kim Berg: Really?

Excerpt 3.006F: Insoo Kim Berg: Yeah? Everyday?

Within-case analysis: Similar to the first two case examples of the second session, Judy responds with an actual exception that occurred, (i.e., excerpt 3.004F) which is a hopeful sign that the clients are coming back into the session noticing how their behaviors since last session have been better, which is hopeful, and therefore, they appear more hope-filled about their future. Berg appears to understand that idea of things being better implies that since they have defined their problem, developed goals, and found exceptions; their problem has gotten better, which is a very hopeful sign. In excerpts 3.006F and 3.007F, Berg notices the hope-filled client response and it appears her intention is to amplify this exception. She goes onto focus on Sarah to see if Sarah agrees that this is a hopeful sign for her family's future miracle and perhaps pieces of it are already occurring, which would show how Sarah is feeling more hope-filled herself.

Excerpt 3.007F: Insoo Kim Berg: Wow. And you've been staying in school all day?

Excerpt 3.008F: Sarah: Yeah.

Excerpt 3.009F: Insoo Kim Berg: Yeah? Great. Great. So, how was it being you able to get to school everyday?

Excerpt 3.010F: Sarah: Well, I wanna do well.

Excerpt 3.011F: Insoo Kim Berg: You do? Right.

Excerpt 3.012F: Sarah: I mean, I wanna eventually go off and go to college and.

Excerpt 3.013F: Insoo Kim Berg: Really?

Excerpt 3.014F: Sarah: Make something of myself. Uh hmm.

Excerpt 3.015F: Insoo Kim Berg: Oh wow. Oh wow. That's what you wanted?

Excerpt 3.016F: Judy: Yeah, yeah.

Excerpt 3.017F: Insoo Kim Berg: So, what have you noticed different about, ah, Sarah these past couple of weeks in addition to her going to school? What's, what else has been different about her?

Within-case analysis: These portions of the transcript demonstrated how Berg collected as many details as possible about the times when the problem was not occurring (through listening and selecting) and the successes of the homework assignment to exemplify her hopeful stance (i.e., excerpt 3.011F). She was interested in hearing about the clients' exceptions since the previous session and was focused on how parts of their desired future had occurred, which were her hopeful assumptions (SFBT tenets). The clients demonstrated how their level of hopefulness had increased through being able to recognize that things have gotten better through reporting actual exceptions (i.e., excerpts 3.010F, 3.012F, and 3.014F) to their problem and successes that had occurred.

Also in the fifth solution-building stage, Berg may ask the scaling question again (i.e., rescale the clients) in consequent sessions to compare their previous number on the scale (i.e., level of hopefulness and motivation) to their current number on the scale (i.e., seeking positive difference). If the clients' give a higher number when they are re-scaled, it is a sign of hope that Berg will amplify with the intention of co-creating more even

hope for the future. If the clients' give a lower number, that would be a sign for Berg to re-cycle the listen, select, and build processes for hope.

Case 1G: Irreconcilable Differences

In the first example, excerpt 1.001G, Berg re-introduces the scaling question hopeful the clients' numbers have increased since the last session and since the completion of the homework task. She is hopeful that since they have reported actual exceptions that have occurred recently then they will be able to provide her with at least the next number on the scale, which is a sign from the clients that they're feeling more hope-filled.

Excerpt 1.001G: Insoo Kim Berg: Alright. Now let me ask you, remember those the numbers question? I'm gonna, am I gonna bring it out again? (laughs) Those numbers? (crosstalk) Now, as of right now, if I were to ask you where things stand in terms of how hopeful you are, then maybe, you know, maybe this marriage, uhm, can make it, remember? Ten stands for "you're very hopeful." You have, you know, every hope, any reasonable hope that anybody can have, uhm, and one stands for might "we might as well just throw in our towel." What would you say you are right now? That this marriage will make it?

Excerpt 1.002G: Bill Maybe a nine.

Excerpt 1.003G: Leslie Well, I was gonna say eight.

Excerpt 1.004G: Insoo Kim Berg That's a big change. That's a big change.

Within-case analysis: In excerpts 1.002G and 1.003G, Bill and Leslie confirm that both of their numbers have increased (i.e., Bill was a 7 and Leslie was a 5), which is a sign of

hope. Berg amplifies this sign of hope by commenting on how it is a big change since the last time she asked them the scaling question.

Case 2G: I'd Hear Laughter

Again, in the second example, Berg introduces the scaling question (i.e., excerpt 2.001G) with the hope of the clients' numbers increasing since the last session and since the completion of the homework task. She is hopeful since they have reported actual exceptions that have occurred recently (i.e., hopeful sign) they will be able to provide her with a higher number on the scale, which is a hopeful sign from the clients that they're feeling more hope-filled.

Excerpt 2.001G: Insoo Kim Berg - overall, remember last time, we were overall, let's say 10 stands for, you don't have to come back here anymore, where would you say things are at? These numbers question, remember that numbers question?

Excerpt 2.002G: Judy I'd put maybe, you know a five, definitely put it at five.

Excerpt 2.003G: Insoo Kim Berg A five, wow.

Excerpt 2.004G: Insoo Kim Berg Uh-huh. Uh-huh. How about for you?

Excerpt 2.005G: Sarah It fluctuates between a four or a five.

Excerpt 2.006G: Insoo Kim Berg Right. Uh-huh, uh-huh. Okay, how about for you Lou? What would you say things now overall? Uhm, from one to ten, remember?

Excerpt 2.007G: Lou Maybe four and a half.

Within-case analysis: Judy, Sarah, and Lou all respond (i.e., excerpts 2.002G, 2.005G, and 2.007G) with their numbers on the scale now, (i.e., Judy was a 4, Sarah was a 5, and Lou was a 4 in the first session) which Judy and Lou are both higher, which is a hopeful

sign. Sarah mentions how she is at a four or five, which is not as much of a hopeful sign as an increase in the number but is still more hopeful than her going down to a four completely.

Across-case Analysis: Solution-Building Stage Five: Evaluating Client Progress

Across all three cases, Berg is interested in listening to and selecting what has been better out of the conversation since the last time she saw the clients. Once she is able to select out enough signs of hope from the clients' successes, she attempts to build even more hopefulness through amplifying and highlighting these positive changes in the clients' lives. These positive changes are often related to their problem definition, miracle, and exceptions from stages one through three. The qualitative difference is when Berg re-incorporates the scaling question (re-scaling technique) to compare the clients' number on the scale to the number they previously gave, which demonstrates the clients' hopeful progress to not only her but the clients as well. This process amplifies the clients' recognition of their own hopefulness for their future. Again, this is a sign of hope if the clients demonstrate their hopefulness when they return to the following session self-reporting differences (higher numbers on the scale) that have been better (positive changes) in relation to their original problem focus and their goals from the first session. Berg re-scales the clients by re-introducing the scaling question in the next session for the *Irreconcilable Differences* (2004) case and the *I'd Hear Laughter* (1994) case but does not re-introduce it in the *Over the Hump* (2008) case.

Berg does not re-introduce this technique in *Over the Hump* as the clients returned to this session reporting all of their successes and how they have accomplished all of their goals. Since the scaling question is a technique to gauge clients' successes and highlight

their increased hopefulness, it was not necessary for Berg to re-introduce it as the clients were already describing their increased hopefulness and successes in great detail, that is, their lives were now better.

Insoo Kim Berg's Consistently Hopeful Stance

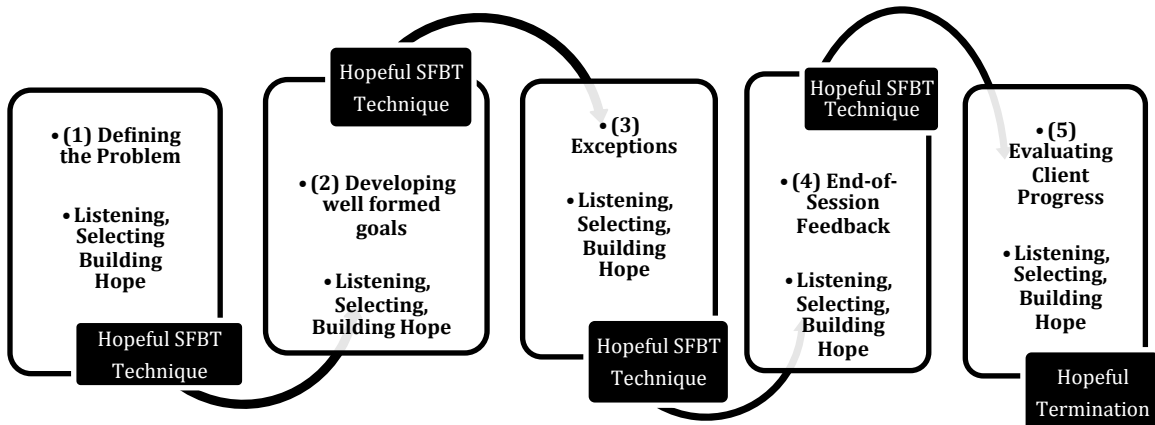
Across all three cases, the results suggest hope is a common factor that is woven throughout the model and its theory (foundational tenets, stages, techniques). The results also suggest hope is a constant, foundational assumption of the model and of the therapist. When therapists believe in the foundational tenets they assume a hopeful stance throughout the entire length of the case in the SFBT processes of listening, selecting, and building.

Throughout all three cases, it is evident how Insoo Kim Berg assumed a hopeful stance, no matter which solution-building stage, process, and technique she is demonstrating, which corresponds with the SFBT foundational tenets. As shown above, these foundational tenets appear to be hopeful in nature, (the focus is on solution-building rather than problem-solving, the therapeutic focus is on the client's desired future rather than the past or current conflicts, the therapist encourages clients to increase useful behaviors, the therapist assumes there are times when the problem does not occur; Bavelas et al., 2013) which appears to have a hopeful influence on the clients as well.

Utilizing grounded theory methods, examples from the transcripts demonstrated the different processes and techniques utilized within and across the solution-building stages to build hope with clients. Berg demonstrates throughout the sessions how she encompasses the SFBT hopeful tenets, while progressing from one SFBT solution-building stage to another based on the client's hopeful response from the previous stage.

These findings suggest that not only is it what the therapist does in SFBT to build hope and solutions but what the therapist and clients' do juxtaposed to build hope and solutions (i.e., Figure 1).

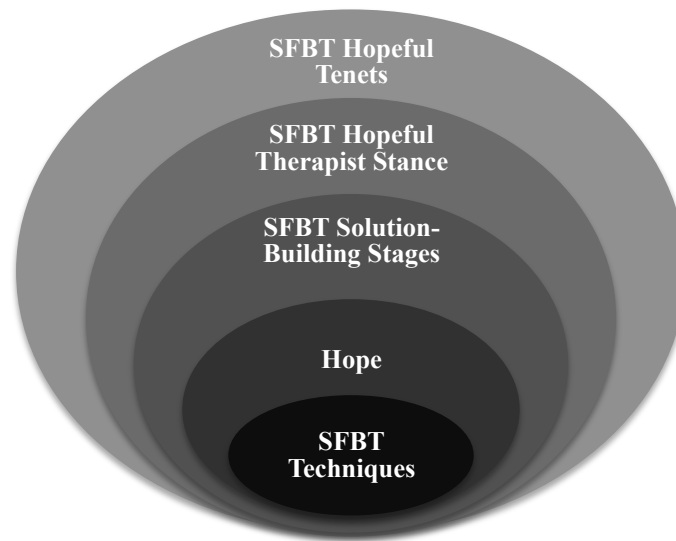
Figure 4.1: Relationship between Solution-Focused Brief Therapy Solution-building Stages, Hope, and Techniques within and across the stages.



The analysis of Berg's work suggests the timing of Berg's progression throughout the SFBT solution-building stages is juxtaposed with the client's hopeful responses to her requests for hope, encompassed by the larger context of the SFBT hopeful tenets (the foundational assumptions of the model). Within each stage, Berg listens, selects, and builds hope with her clients. This listening, selecting, and building process allows Berg to fulfill the objectives and expectations of each solution-building stage (defining the problem, developing well-formed goals, exceptions, end-of-session feedback, and evaluating client progress). Berg utilizes various SFBT techniques as her vehicle to progress across the solution-building stages when she has gathered ample signs of hope within the stage she is working in. Berg demonstrates these processes and techniques in

direct correspondence with the hopeful tenets of SFBT and therefore, maintains a hopeful worldview throughout therapy.

Figure 4.2: Relationship between SFBT hopeful tenets, the hopeful therapist stance, solution-building stages woven with hope, and techniques.



Findings suggest hope and solutions both appear to be co-constructed through language. Berg appears to demonstrate her hopefulness and note hope in the clients' talk in many qualitatively different ways based on which SFBT techniques are incorporated (i.e., miracle question, six months question, exception questions, scaling questions, complimenting, feedback, homework assignment, what's better). Berg utilizes her processes (i.e., listen, select, and build; Bavelas et al., 2013) within and across the first three SFBT solution-building stages. It appears in stages four and five, Berg utilizes acknowledge, validate, and bridge processes in her end-of-session feedback and evaluating client progress.

Across all the cases, this study's findings demonstrate how Berg is hopeful within and across her progression of solution-focused brief therapy's (SFBT) solution-building

stages, while building hope with her clients, which aligns with the foundational SFBT tenets (Berg & De Jong, 2008). Findings suggest hope-building appears to be a relational process to solution-building and is co-constructed when Insoo Kim Berg (2004) validates the clients' hopefulness, acknowledges their hopeful successes, and begins bridging statements that bridge on the clients' preexisting hopefulness (acknowledge, validate, and bridge).

Therefore, not only does Berg and Dolan's (2001) declaration of SFBT assert how the model is "the pragmatics of hope and respect" (p. 1) the findings suggest the foundational solution-focused tenets are hopeful in nature because they focus on "solution-building rather than problem-solving" (Bavelas et al., 2013, p. 2) and encompass positive and optimistic expectations for the client. These SFBT tenets are respectful in nature as the client is encouraged to be the expert of his/her own life, the therapist is to lead from one step behind while utilizing the client's language while staying within the client's focus or worldview (Berg & De Jong, 2008). The foundational tenets of SFBT align with the assertion that the notion of hope is an all-encompassing foundational common factor in SFBT and is seen within the solution-building stages of this SFBT. Hopeful talk patterns emerged from the transcripts to show how the hopeful therapist, Berg, remains true to the hopeful tenets of the SFBT model. The solution-focused therapist possesses a hopeful stance no matter where she is in the context of the solution-building stages. As evidenced in these findings, when the therapist is truly practicing solution-focused therapy, she must be exemplifying a hopeful perspective throughout all therapeutic conversations. Encompassing a hopeful worldview is the practice and essence of SFBT.

In chapter five, I discuss the idea of the aesthetics of SFBT and the new discoveries in regards to the relationship between hope and solution-building in solution focused brief therapy. I also compare the findings to Insoo Kim Berg's conceptualization of hope in SFBT. In addition, I discuss the strengths, implications, and limitations of my study as well as ideas about future research, clinical practice, and training.

CHAPTER V: DISCUSSION AND IMPLICATIONS

The focus of this study was to explore the relational view of SFBT through Berg's hopeful progression within and across the five solution-focused brief therapy solution-building stages: (1) Defining the problem; (2) Developing well-formed goals; (3) Exceptions; (4) End-of-session feedback; and (5) Evaluating client progress (De Jong & Berg, 2008, p. 19). Utilizing grounded substantive theory, three SFBT cases by Insoo Kim Berg were analyzed, *Irreconcilable Differences* (2004), *Over the Hump* (1994), and *I'd Hear Laughter* (2008). Through analyzing the transcripts of the three cases, the findings demonstrated sufficient evidence of how Berg progresses in a hopeful stance within and across the solution-building stages. Based on the results, the theory that emerged was the process of how Berg progresses within and across the solution-building stages in a hopeful way. Berg listens, selects, and builds on signs of hope while fulfilling the objectives and expectations for each stage.

The theory that emerged from this study is different from the pilot study in the sense that the pilot study was based on one case and focused on the relationship between hope and solution-building through the SFBT techniques. However, this research explored the relationship between building hope and solutions. This work explored Berg's processes of listening, selecting, and building hope within and across her progression of the SFBT stages. Berg's hopeful progression within and across the solution-building stages initially appears linear (problem-goal-exception). Although, the findings suggested, once Berg has progressed through the first three stages, she is able to transition within and across those stages in a circular manner. As discussed in chapter four, even though Berg and the clients may go back and forth across the stages, the

therapist is still able to remain hopeful through the listening, selecting, and building process.

This work also suggests that stage four (end-of-session feedback) demonstrates Berg's acknowledgment and validation of the clients' hopeful signs in stages one, two, and three (i.e., her validation of the clients' fulfilling the objective of each stage). In Berg's homework assignment, she invites the clients to listen, select, and build hope to allow them to report their own signs of hope in the next session. In stage 5, Berg appears to measure the clients' progress, which is the hopeful progress that was built through stages one, two, and three. The clients also measure their own progress within their hopeful responses to Berg's requests. This theory of relational processes could be conceptualized as the aesthetics of the pragmatics of hope and respect in SFBT.

In all three cases, the hopeful SFBT tenets are clearly integrated within the five solution-building stages and processes (listen, select, and build; Bavelas et al., 2013). The research suggests Berg utilizes different techniques within and across the stages but what was consistent was how Berg hopefully progresses throughout all five solution-building stages. Therefore, the theory that has emerged is a much more integrated theory through solution-building and hope in comparison to the pilot study findings.

Researcher's Reflections

The notion of hope has been a concept I have been curious about for some time. I wondered how some individuals chose to keep going and keep pushing forward even though they have been knocked down by life many, many times. I had many musings about this phenomenon. What was it that motivated people to get back up in the face of challenges and obstacles? How does it make sense that some people just never give up?

What makes those individuals different from the rest? What is it about them that is so unique? Is it hope, and if so, how do we define hope? Is hope an emotion, a feeling, a force, an energy, a way of being, or more? Could hope be the foundation of the human condition? Could it even be a common factor of all human relationships?

Since 2013, I have thoroughly reviewed the literature surrounding hope. I saw an opportunity to explore these concepts more in depth from my pilot study with the *Irreconcilable Differences* (2004) case. Based on my curiosity, the research question was, “How does Insoo Kim Berg build hopefulness in Solution-focused brief therapy?” Based on the results of the pilot study, the preliminary hope-building theory developed: hope phases (1) the therapist being full of hope through his/her behaviors and actions, (2) the clients themselves begin demonstrating hopefulness, (3) the therapist reflecting and suggesting that the clients behaviors and actions are hopeful, and (4) the relational idea of hopefulness built upon hopefulness when the clients reflect on the therapist’s reflection and recognize that their behaviors and actions are hopeful and therefore, hope-filled.

I became curious about whether this preliminary hope theory could be seen in other SFBT cases by Berg so to expand my findings, for the purpose of this study. I began to observe the foundational SFBT tenets from a hope-focused lens and wondered if my professors and colleagues had noticed these same observations. I explored this idea further and became even more curious about hope in SFBT when I stumbled upon how Berg (2000) defined solution-focused brief therapy as “the pragmatics of hope and respect” (p. 1). Hope was a significant factor in SFBT. I referenced the *Solution Focused Therapy Treatment Manual for Working with Individuals* (Bavelas et al., 2013) to look at how hope influences the model, application, theory, and tenets. I did not locate where

hope was emphasized in the manual in this way. To my surprise it appears that hope has been identified as an essential aspect of SFBT, yet was not explicitly identified.

The focus of this research was to conceptualize and operationalize hope as an active, relational process that is built upon. I reviewed the existing literature on hope in psychotherapy, specifically positive psychotherapies. Current literature demonstrates how hope is a common factor in various contexts and specifically in human relationships as identified in chapter two. This continued to promote my curiosity. Previous studies surrounding the notion of hope in positive psychotherapy and SFBT were also studied, that further validated the importance of hope and expectations (i.e., Blundo et al., 2014; Bozeman, 1999; Eysenck, 1961; Kazdin, 1978; McKeel, 2012; Paul, 1966; Reiter, 2010).

The integrated theory evidenced in all three cases is intended to exemplify the behaviors that appear to be a best practice in the process of building and managing hope in SFBT between therapist and client. Across all three cases, Berg can be seen demonstrating a consistently hopeful stance that aligns with the foundational tenets of SFBT.

New Developments and Contributions of the Study

In analyzing the data, new developments were discovered. The main contribution of this study was the aesthetics of how Berg appeared hopeful throughout the duration of therapy as she progressed within and across the five solution-building stages: (1) Defining the problem; (2) Developing well-formed goals; (3) Exceptions; (4) End-of-session feedback; and (5) Evaluating client progress (De Jong & Berg, 2008, p. 19). Berg's work shows the progression through the stages and demonstrates how she utilizes various techniques and processes to make her progression. This became new information

discovered in this study, not discovered in the pilot study. In the pilot study, the relationship between the preliminary hope theory and the solution-building stages was not clear and became more transparent through this work's detailed analysis. The pilot study findings were a basis for advancing through the process of this research. Another main contribution made evident in this study was the discovery of how the timing of Berg's progression throughout the SFBT solution-building stages is correlated with each client's ability to fulfill the hopeful objectives and expectations of each stage.

Within each SFBT solution-building stage, Berg could be seen demonstrates SFBT techniques (i.e., miracle question, six months question, exception questions, scaling (re-scaling) question, complimenting, feedback, homework) as her vehicle to progress onto the next stage and phase within the therapeutic context in all three cases. Therefore, these results made evident the relationship between hope and solution-building in Berg's SFBT. As mentioned above, the dynamics of the relationship between hope and solution-building appears to be the aesthetics of SFBT.

The findings of this study expanded upon the hope literature that currently exists and advanced it in the following ways. Reiter's (2010) article on hope and expectancy in SFBT was one of the main previous contributions to the topic. Utilizing the basic techniques of a SFBT case, Reiter reviewed how the therapist could utilize hope in the session from a technique focus yet did not conduct process research of actual therapy sessions. In addition, McKeel (2012) explored the process of SFBT, although it did not reveal research on in-session hope building. Blundo et al. (2014) stressed the importance of hope in SFBT and its practice and also reported how little literature has been written about the role of hope in SFBT, which they believe is unfortunate

According to Blundo et al. (2014):

It is essential for SFBT trainers, educators, and practitioners to recognize the importance of hope in the process of making the client's life better. Particular skills and attitudes expressed in solution-focused practice explicitly produce a spiral, generating hope between client and worker. (p. 59)

Hope has been noted as an integral part of solution-focused presuppositions, which Blundo et al. (2014) noted was throughout the actual practice of Solution-Focused Brief Therapy and conversations between therapist and client. They discussed how hope in SFBT is essential to enhancing clients' lives. However, this information did not expand how this process could be done. This study validates the significance of hope in SFBT and the process in such a way that SFBT trainers, educators, and practitioners could find it useful in how to build hope with their clients in SFBT.

This research focused on addressing that gap in the literature on the process of how hope is a building block in building solutions in SFBT. The main contribution of this work demonstrates the aesthetics of SFBT, which is how Berg hopefully progresses within and across the five solution-building stages, aligning with the hopeful SFBT tenets, and how Berg's progression within and across these stages depends on the clients' aptitude to meet the hopeful goals of each stage. If the therapist is utilizing SFBT techniques without understanding how the progression through the stages are intended to co-construct hopeful responses and solutions, the therapist may not be understanding the richness of Berg's SFBT.

Strengths and Limitations of the Study

Charmaz's (2014) grounded substantive theory assumes multiple realities, co-construction through human interaction, categories are constructed by the researcher, and takes into account the how the observer's position, action, priorities, and values influence data. This was a good fit for this study. This model also aligns with the postmodern social constructionist stance that solution-focused brief therapy assumes (Bavelas et al., 2013). The SFBT tenets are based upon the idea of co-constructing reality and solutions (De Jong & Berg, 2008). Also, SFBT takes into account the systemic idea that the therapist is a part of the system and influence in all interactions. Charmaz's theory identifies how the researcher affects all parts of the study.

Another strength is the development of the relationship between hope and the five solution-building stages in Solution-Focused Brief Therapy. Researching the relational tenets and assumptions SFBT from a hopeful lens is also strength. This hope focus and perspective of SFBT tenets influenced how this study was conceptualized, which allowed Berg's hopeful progression through the solution-building stages to emerge.

A limitation of the study is that only cases by Insoo Kim Berg were explored so the use of one specific therapist could also be seen as a limitation. Also, the use of only three 2-session cases (six sessions) could be seen as a limitation. Although, the analysis reached saturation by the third case, as there appeared to be no new SFBT stage patterns, thus, no new elements to the grounded substantive theory. Over the course of the new analysis of all three cases, an integrated theory, the aesthetics of hope and respect, was generated regarding the relationship between hope and solution-building when compared to the preliminary theory that emerged from the pilot study, which provided credibility to

the quality of the case sample. Therefore, despite the small, homogeneous sample a new revised theory was created.

Implications for Future Research

Implications for future research could be studying more than three Solution-Focused Brief Therapy cases, to expand themes and other information not a focus of this study. Since only cases by Berg were analyzed, researching different styles of the SFBT process based on various SFBT practitioners such as de Shazer, Lipchik, or Dolan, could also contribute to the research on this topic and add another layer to these findings. Other SFBT clinicians' work could be studied in a similar manner to compare and contrast the results of this study.

Based on these results, "the pragmatics of hope and respect" (De Jong & Berg , 2008, p. 1) can be defined as Berg's hopeful progression throughout the five solution-building stages and conceptualized as the aesthetics of the pragmatics of hope and respect. The theory of the aesthetics of hope and respect acknowledges how the relationship between hope and solutions guide the pragmatics and is the overarching process of solution-focused brief therapy. It appears transparent throughout the transcripts above how SFBT could be studied through the lens of aesthetics in the way Berg validates these theories of hope and solution-building in the feedback she provides during the end-of-session summaries. The aesthetics of hope and respect in SFBT could also be an area of focus for future research, as this concept has not been explored in depth prior to this study. Researching aesthetics of hope and respect could contribute as a training tool for clinicians and educators who practice SFBT.

Other areas of future research could utilize grounded formal theory (Glaser & Strauss, 1967) to compare and contrast the theory of this work with existing SFBT literature, which currently serve as the main source of evidence-based work. Some SFBT work has focused on the relationship between the techniques and stages. Although that is a useful focus of research, this study's results could contribute by demonstrating the relationship between hope and the progression within and across the five SFBT solution-building stages, in relation to the techniques and processes within each stage. Even though this study is tentative, based on limited number of cases and based on Berg's work in particular, the relationship between hope and solution-building could influence SFBT research outcomes and therapeutic progress, just as Berg and Dolan's (2001) definition of SFBT is the "pragmatics of hope and respect" (p. 1).

In addition, a SFBT hope-focused manual could be developed to specifically demonstrate the findings from this study to expand transparency of the aesthetics of the pragmatics of hope and respect. This manual could demonstrate how Berg's progressed in a hopeful way within and across the five SFBT solution-building stages. The progression could include the listen, select, and build processes within the first three solution-building stages as well as the acknowledge, validate, and build processes within the fourth feedback stage. This hope-focused manual could also note how Berg utilizes SFBT techniques as her vehicle to progress from one stage to another and how hope is her driving force throughout all her processes and techniques.

Based on this research, a SFBT hope-focused manual could also include a hope-building fidelity tool similar to the existing SFBT fidelity tool (De Jong & Berg,

2008). The current tool that assesses the therapist's fidelity to the SFBT model needs to be enhanced to explain and support how hope-building processes emerge in relationship to the solution-building process in SFBT. Researching these findings further could contribute to future trainings and teachings for SFBT clinicians and practitioners.

Implications for Clinical Practice and Training

Concerning Solution-Focused Brief Therapy practice, it is crucial that clinicians understand the pivotal role hope plays in their therapeutic work as well as being able to maintain a hopeful stance, congruent with the SFBT foundational tenets. From a clinical practice perspective, it is also essential that SFBT therapists are able to listen and select clients' signs of hope so they can build on the clients' hopeful feedback across the SFBT solution-building stages. Stith et al. (2012) agrees that student-therapists have a difficult time introducing SFBT techniques such as the miracle question to their clients as well as knowing when and how to ask follow up questions in order to expand on their clients' miracle. This finding from Stith et al.'s research is significant for future trainings as they explain: "When therapists are taught that the miracle question is a tool for creating hope, their faith in their clients will increase" (p. 393). Their finding highlights the importance of hope in future SFBT training for novice therapists.

In regards to training future SFBT practitioners and educators, the role of hope in the SFBT stages when made more transparent in trainings while employing the process of building hope within and across the solution-building stages with clients could influence therapeutic outcomes and effectiveness. These findings could make a significant contribution and enhancement of future writings and understandings that advance the

current information in the SFBT training materials. Berg consistently led her sessions with hope in the forefront and once her clients were hopeful enough to understand solutions as being a possibility, only then did she co-construct solutions, which is a significant training component for SFBT clinicians.

According to Berg and Dolan (2001), solution-focused brief therapy is the “pragmatics of hope and respect,” (p. 1) this emphasizes Berg’s findings about the foundational influence of hope on the model. The study’s findings are consistent with Berg’s findings above that SFBT is the “pragmatics of hope and respect” (Berg & Dolan, 2001, p. 1). The notion of hope in relationship to the SFBT solution-building stages, could be considered as the aesthetics of hope and respect. Additional research on the aesthetics of hope and respect could advance these findings, future trainings, and written materials for SFBT practitioners to make the role of hope in building solutions more transparent.

In summary, it was discovered how Berg built hope relationally with her clients’ and how Berg’s process of building hope is in relationship to building solutions. Therefore, all implications mentioned above could be significantly impactful in future research, clinical practice, and training of SFBT practitioners and educators.

References

- Bandura, A. (1969). *Principles of behavior modification*. New York, NY: Holt, Rinehart and Winston.
- Bateson, G. (1972). *Steps to an ecology of mind*. Chicago, IL: University of Chicago Press.
- Bavelas, J., De Jong, P., Franklin, C., Froerer, A., Gingerich, W., Kim, J., ... Trepper, T. S. (2013). *Solution Focused Therapy Treatment Manual for working with individuals: Revised 2013*. Solution-Focused Brief Therapy Association. Retrieved from <http://www.sfbta.org/researchDownloads.html>
- Berg, I. K. (2004). *Irreconcilable differences: A solution-focused approach to marital therapy* [Audio file]. Retrieved from <http://ctiv.alexanderstreet.com.ezproxylocal.library.nova.edu/view/1778954>
- Berg, I. K., & De Jong, P. (1996). Solution-building conversations: Co-constructing a sense of competence with clients. *Families in Society*, 77(6), 376-391.
- Berg, I. K., & Dolan, Y. (2001). *Tales of solutions: A collection of hope-inspiring stories*. New York, NY: W. W. Norton & Company.
- Blow, A. J., & Sprenkle, D. H. (2001). Common factors across theories of marriage and family therapy: A modified Delphi study. *Journal of Marital and Family Therapy*, 27, 385-402.
- Blundo, R. G., Bolton, K. W., & H, C. (2014) Hope: Research and theory in relation to solution-focused practice and training. *International Journal of Solution-Focused Practices*, (2)2, 52-62.

- Bozeman, B. N. (1999). *The efficacy of solution-focused therapy techniques on perceptions of hope in clients with depressive symptoms* (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (UMI No. 9962134)
- Charmaz, K. (2014). *Constructing grounded theory* (2nd ed.). Los Angeles, CA: Sage.
- Chenail, R., Ilic, D., Wilson, J., & Garcia, S. Y. (2014, February). *Focusing on focus in Solution-Focused Brief Therapy* [PowerPoint slides]. Workshop presented at The Solution Focused Expo, Orlando, FL.
- Corcoran, J., & Ivery, J. (2004) Parent and child attributions for child behavior: Distinguishing factors for engagement and outcome. *Families in Society: The Journal of Contemporary Social Services*, 85, 101-106.
- Creswell, J. (2012). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). Thousand Oaks, CA: Sage.
- Dattilio, F. (1998). *Case studies in couple and family therapy: Systemic & cognitive perspectives*. New York: NY: The Guilford Press.
- De Jong, P., & Berg, I. K. (2008). *Interviewing for solutions* (4th ed.). Belmont, CA: Brooks/Cole.
- De Jong, P., Franklin, C., Gingerich, W., Korman, H., McCollum, E. E., & Trepper, T. S. (2010). *Solution focused therapy treatment manual for working with individuals*. Retrieved September 16, 2013, from Solution Focused Brief Therapy Association website: <http://www.sfbta.org/>
- de Shazer, S. (1985). *Keys to solution in brief therapy*. Ontario, Canada: Penguin Books Canada, Ltd.

de Shazer, S. (1994). *Words were originally magic*. New York: NY: W. W. Norton & Company.

Dine, K. (1995) *Visions of the future: The miracle question and the possibility for change*. Unpublished doctoral dissertation, Boston, Massachusetts School of Professional Psychology.

Duncan, B. L., Miller, S. D., & Sparks, J. A. (2004). *The heroic client*. San Francisco, CA: Wiley.

Eysenck, H., (1961). The effects of psychotherapy. In H. Eysenck (Ed.), *Handbook of abnormal psychology: An experimental approach* (pp. 697-725). New York, NY: Basic Books.

Farran, C., Herth, K., & Popovich, J. (1995) *Hope and hopelessness: Critical clinical constructs*. Thousand Oaks, CA: Sage Publications.

Frank, J. D. (1961). *Persuasion and healing: A comparative study of psychotherapy*. Baltimore, MD: Johns Hopkins University Press.

Frank, J. D. (1973). *Persuasion and healing: A comparative study of psychotherapy* (rev. ed.). Baltimore, MD: Johns Hopkins University Press.

Frank, J., & Frank, J. (1991). *Persuasion and healing: A comparative study of psychotherapy* (3rd. ed.). Baltimore, MD: Johns Hopkins University Press.

Frankl, V. (1959). *Man's search for meaning*. Boston, MA: Beacon Press.

Franklin, C., Gingerich, W. J., McCollum, E. E., & Trepper, T. S. (2012) *Solution-focused brief therapy: A handbook of evidenced based practice*. New York, NY: Oxford University Press.

- Friedman, S., & Fanger, M. T. (1991). *Expanding therapeutic possibilities: Getting results in brief psychotherapy*. Lanham, MA: Lexington Books.
- Froerer, A. S., & Smock Jordan, S. (2013). Identifying solution-building formulations through microanalysis. *Journal of Systemic Therapies, 32*(3), 60–73.
- Glaser, B., & Strauss, A. (1967) *The discovery of grounded theory: Strategies for qualitative research*. Chicago, IL. Aldine.
- Harry, B., Sturges, K. M., & Klinger, J. K. (2005). Mapping the process: An exemplar of process and challenge in grounded theory analysis. *American Educational Research Association, 1-12*.
- Hope. (2014). In *Merriam-Webster*. Retrieved from <http://www.merriam-webster.com/dictionary/hope>.
- Hoyt, M. F. (1998). *The handbook of constrictive therapies: Innovative approaches from leading practitioners*. Jossey-Bass.
- Hubble, M., Duncan, B., & Miller, S. (1999). *The heart and soul of change: What works in therapy* (pp. 1–19). Washington, DC: American Psychological Association.
- Jordan, K., & Quinn, W. (1994). Session two outcome of the formula first session task in problem-and solution-focused approaches. *American Journal of Family Therapy, 22*, 3-16.
- Jordan, K., & Quinn, W. (1997). Male and female client perception of session two outcome of the problem- and solution-focused approaches. *Family Therapy, 24*, 23-37.
- Kazdin, A. (1978). Nonspecific treatment factors in psychotherapy outcome research. *Journal of Consulting and Clinical Psychology, 47*, 846-851

- Lambert, M. J. (1992). Implications of outcome research for psychotherapy integration. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook of psychotherapy integration* (pp. 94–129). New York, NY: Basic Books.
- Lehmann, P., & Patton, J. (2012). The development of a solution-focused fidelity instrument. In C. Franklin, T. Trepper, E. MCollum, & W. Gingerich (Eds.), *Solution-focused brief therapy: A handbook of evidenced based practice* (pp. 130-143). New York, NY: Oxford University Press.
- Lee, M. (1997). A study of solution-focused brief family therapy: Outcomes and issues. *American Journal of Family Therapy*, 25, 3-17.
- Lopez, S., Floyd, K., Ulven, J., & Snyder, C. (2000). Hope theory: Helping clients build a house of hope. In C. Snyder (Ed.), *Handbook of hope theory, measures, and applications* (pp. 89-122). San Diego, CA: Academic Press.
- Lynch, W. F. (1965). *Images of hope: Imagination as healer of the hopeless*. Baltimore, MD: Helicon.
- McKeel, J. (2012). What works in solution-focused brief therapy. In C. Franklin, T. Trepper, E. MCollum, & W. Gingerich (Eds.), *Solution-focused brief therapy: A handbook of evidenced based practice* (pp. 130-143). New York, NY: Oxford University Press.
- Paul, G., (1966). *Insight vs. desensitization in psychotherapy*. Stanford, CA: Stanford University Press.
- Quick, E., & Gizzo, D. (2007). The “doing what works” group: A quantitative and qualitative analysis of solution-focused group therapy. *Journal of Family Psychotherapy*, 18, 65-84.

- Quick, E. K. (2008). *Doing what works in brief therapy*. San Diego, CA: Elsevier.
- Reiter, M. D. (2010). Hope and expectancy in solution-focused brief therapy. *Journal of Family Psychotherapy, 21*, 132-148.
- Shapiro, A. (1971). Placebo effects in medicine, psychotherapy, and psychoanalysis. In A., Bergin & S. Garfield (Eds.), *Handbook of psychotherapy and behavior change: Empirical analysis* (pp. 439-473). New York, NY: Wiley.
- Shilts, L., Rambo, A., & Hernandez, L. (1997). Clients helping therapists find solutions in their therapy. *Contemporary Family Therapy, 19*, 117-132.
- Snyder, C. R., Cheavens, J., & Michael, S. T. (1999). Hoping. In C. R. Snyder (Ed.), *Coping: The psychology of what works* (pp. 205-231). New York, NY: Oxford University Press.
- Snyder, C. R., Michael, S., & Cheavens, J. (1999). Hope as a psychotherapeutic foundation of common factors, placebos, and expectancies. In M. A. Hubble, B. L. Duncan, & S. D. Miller (Eds.), *The heart and soul of change: What works in therapy* (pp. 179-200). Washington, DC: American Psychological Association.
- Snyder, C. R., & Taylor, J. (2000). Hope as a common factor across psychotherapy approaches: A lesson from the Dodo's verdict. In C. Snyder (Ed.), *Handbook of hope theory, measures, and applications* (pp. 89-122). San Diego, CA: Academic Press.
- Snyder, C. R. (1994). *The psychology of hope: You can get there from here*. New York, NY: Free Press.

- Snyder, C. R. (2000). The hope mandala: Coping with the loss of a loved one. In J. E. Gillham (Ed.), *The science of optimism and hope* (pp. 129–142). Philadelphia, PA: Templeton Foundation Press.
- Sprenkle, D. H., Davis, S. D., & Lebow, J. L. (2009). *Common factors in couple and family therapy: The overlooked foundation for effective practice*. New York, NY: Guilford Press.
- Stith, S. M., Miller, M. S., Boyle, J., Swinton, J., Ratcliffe, G., & McCollum, E. (2012). Making a difference in making miracles: Common roadblocks to miracle question effectiveness. *Journal of Marital and Family Therapy*, 38(2), 380-393.
- Stotland, E. (1969). *The psychology of hope*. San Francisco, CA: Jossey-Bass.
- Yalom, I. D. (1995). *The theory and practice of group psychotherapy* (4th ed.). New York, NY: Basic Books.

Biographical Sketch

Jenna Wilson born in Ft. Lauderdale, Florida, received her bachelors' degree in Psychology, her Masters' degree in Marriage and Family Therapy, and her Ph.D. in Marriage and Family Therapy at Nova Southeastern University. As a Licensed Marriage and Family Therapist in Florida and Clinical Fellow of the American Association for Marriage and Family Therapy, she currently is an AAMFT supervisor candidate working toward becoming an AAMFT Approved Supervisor. Wilson is a member of Delta Epsilon Iota Academic Honor Society.

Jenna has years of experience working clinically from a systemic, strength-based, hope-focused solutions approach with individuals, couples, and families. She has been a teaching assistant and supervisor assistant for numerous family therapy courses and clinical practicums. Wilson's experience presenting workshops, trainings, and posters at international, national, state, and local conferences including topics on instilling hope with families in collaborative divorce, building hope with substance misuse, her pilot study findings about the relational view of building hopefulness with individuals, couples, and families, and hope-focused solutions utilizing the solution-building stages in SFBT. While at NSU within the department of Family Therapy, she co-created a webinar series where she also presented her own webinar on Hope-Focused Solutions. She is involved in the process of writing and submitting research grants as well as conducting qualitative process research. Jenna continues to explore advancement in her career as a faculty member, marriage and family supervisor, trainer, and clinician.