

# Ambiguities of ‘doing what works’: how professionals make sense of applying solution-focused support for people with intellectual disabilities

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**Objectives:** Solution-focused support (SFS) is an upcoming approach to support people with intellectual disabilities (ID). However, while research shows that clients appreciate this approach, insight into professionals’ experiences and their application of SFS is lacking. This article describes a qualitative study aimed at understanding how professionals make sense of learning and applying SFS, specifically, Cauffman’s Solution Cube.

**Methods:** Logbook files in which professionals reported their experiences with SFS for a full year were qualitatively analyzed in two steps: (1) identification of how professionals assigned successful and unsuccessful applications of SFS, and reflected on what worked and dilemmas arising during this application process, (2) identification of patterns over time in how professionals learned how to deal with the encountered dilemmas.

**Results:** The main dilemma experienced by professionals concerns ‘doing what works’ in conjunction with other dimensions of the Solution Cube. Three overall patterns were identified to address how professionals made sense of learning how to apply SFS over time and deal with ambiguities of ‘doing what works’ in practice: (1) a focus on caring, (2) a focus on empowering, and (3) a focus on balancing between the two.

**Conclusions:** Understanding how professionals deal with SFS over time enables researchers to identify different ways professionals learn SFS, along with the ambiguities they experience about the approach and unintended applications. Implications for implementing SFS and learning facilitators that might help promote a balance between caring and empowerment, specifically for people with ID, are provided.

**Keywords:** Solution-focused support, Intellectual disabilities, Staff training, Professional learning

## Introduction

Over the last decades, strength-based approaches, presented as alternatives for the traditional biomedical model, have found their way into research and practice in the field of disability. A prominent example is *solution-focused support (SFS)* (De Shazer *et al.* 2007; Gingerich *et al.* 2012; Quick and Gizzo 2007; Stoddart *et al.* 2001), which originated from solution-focused therapy (De Shazer 1985). SFS involves a future-oriented and pragmatic work approach encouraging simple, adaptive solutions based on ‘doing what works’ and using people’s own strengths and resources (De Shazer 1985). It proved to be effective and efficient in a diversity of therapeutic settings and mental-health-related counseling (De Shazer *et al.* 2007; Gingerich *et al.* 2012; Quick and Gizzo 2007; Stoddart *et al.* 2001). More recently, it has also been adapted for empowering clients with intellectual disabilities (ID), for

example by means of a greater use of simple language and a flexible approach in questioning and handling the process (Roeden *et al.* 2009).

The success of SFS depends on the capabilities of the involved professionals and especially their clients. While clients with mild ID can thrive in SFS contexts (Roeden *et al.* 2011b, 2014), clients with moderate or severe ID generally lack sufficient verbal and cognitive abilities to engage in SFS-related activities like goal setting, homework assignments, and evaluations (Roeden *et al.* 2012a). Nevertheless, clients with moderate or severe ID can benefit from non-verbal techniques, such as visual aids and emoticons as an alternative way of communicating. Carefully designed pilots have shown promising results, where clients with mild ID indicate that SFS corresponds with their preferred way of receiving support (Roeden *et al.* 2011b). Also, when compared to a control group, clients with mild ID who received SFS significantly progressed in their treatment goals along with their psychological and social functioning (Roeden *et al.* 2014).

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While clients reported positive effects of SFS for themselves, successful implementation of SFS for people with ID also depends on the skills acquired by professionals (Roeden *et al.* 2012b). Although solution-focused practices seem seductively simple (Smith 2011; Trepper *et al.* 2006), the SFS techniques can be rather disruptive to the normal state of care. Empowering ID clients can easily conflict with other goals, such as upholding the routines, practices, and policies of the services (Antaki *et al.* 2002; Jingree *et al.* 2006; Rapley and Antaki 1996). Professionals in training may readily learn basic solution-focused techniques, but it takes time to achieve a thorough sense of what works for an individual client in a specific situation (Hagen and Mitchell 2001). Therefore, the aim of this study was to explore how professionals deal with, learn, and apply solution-focused practices in supporting clients with ID. We attempted to explore the question: How do professionals make sense of their success and barriers to success when applying SFS? With a more thorough understanding of how professionals actually apply solution-focused practices, health care organizations can then more accurately facilitate their staff who use SFS and, in turn, support the needs and goals of their ID clients.

### SFS by professionals

Professionals need to translate the philosophy of SFS into practice, including a broad range of basic assumptions, communication techniques, and assignments. Several modifications and extensions have been made to the originally solution-focused therapy developed by De Shazer and Berg (2012) in order to improve its suitability for specific client groups and work contexts. In this study, we researched the 'Solution Cube' designed by Louis Cauffman (Cauffman 2008, 2010), as it played a central role in the training of the caregivers participating in this study. The Solution Cube corresponds with the original SFS approach, but includes additional dimensions to meet the continuous character of support to people with ID instead of a focus on its brief character in therapeutic settings. It summarizes six dimensions (hence its name 'Solution Cube'): basic axioms; basic rules; non-specific factors; solution-focused communication techniques; flowchart, and mandates. These dimensions are further described below.

First, *basic axioms* (e.g. resilience, client-centeredness, and systemic model) include accepted propositions that form the basics of the solution-focused approach. Second, *basic rules* (see Table 1) focus on the attention on solutions and what works.

Third, *non-specific factors* are derived from research by Lambert (1992) who stresses that therapy outcomes are, for a large part, determined by non-specific therapeutic factors, such as environmental factors, the therapeutic relationship, and induction of hope for change. These non-specific factors help to create awareness that solution-focused working cannot be reduced to techniques

**Table 1 Basic rules of SFS (Cauffman, 2008)**

1.	If it ain't broke, don't fix it
2.	Once you know what works, do more of it
3.	If something doesn't work, don't do it again; do something different
4.	If something works, teach it to others

**Table 2 Communication techniques of SFS (Cauffman 2008)**

Technique	Purpose
Socializing	Small talk at the start of most conversations
Contextualizing	Exploring the general context of the client and his/her perceived problem
Goal setting	Enabling to track successes, thereby fostering the belief that change is possible and attainable
Uncovering resources	Shifting focus away from the problem, fixating instead on one's own resources to bring about change
Differentiating	Scaling questions to stimulate the client to compare the past with the present
Future orientation	Envisioning a future without the problem
Giving compliments	Strengthening power that increases trust of the relationship and reinforces the client to do more of what works

and separated from these other non-specific therapeutic factors.

Fourth, the *interaction* between client and professional plays a central role in SFS and several *communication techniques* enable professionals to interact with clients in a solution-focused way (see Table 2). Based on social constructionism (Cantwell and Holmes 1994), SFS stresses the important contribution language has when creating new perspectives and realities for clients. An example is shifting the focus during interactions from problems to solutions with the aim of empowering clients to think about workable solutions to their own situation (Gingerich and Eisengart 2000). A well-known technique for future orientation is the miracle question, which asks the client to describe what life might be like once the problem is solved (De Jong and Berg 2012; De Shazer 1988).

Fifth, the *Flowchart* dimension is designed as an aid to indicate the nature of the relationship between the client and professional, and help professionals to position themselves in the interaction. Relationships range from *noncommittal* to *searching* to *consulting* to *co-expert* relationships (Cauffman 2008). Each relationship asks for a different approach of the professional, such as stimulating, motivating, or advising the client toward solution-focused functioning. The interaction is also directed by the focus of the client on a particular problem or a limitation, which affects what type of questions the professional may ask, as a limitation cannot be solved.

The last part of the Solution Cube addresses three *mandates* that professionals simultaneously have whenever they are supporting clients: manager, leader, and coach (see Table 3). Cauffman (2008) states that based on the situation, professionals need to position themselves

**Table 3** Mandate roles as part of the Solution Cube (Cauffman 2008)

Mandate role	Focus Actions of the professional	Actions of the professional
Coach	Support the client to come to solutions by his/her own volition and by recognizing and utilizing his/her individual resources	Stimulates and motivates the client and reinforces behavior which is productive in finding a solution
Manager	Create and manage the basic conditions needed for a fruitful relationship with the client	Manages the client with the professional's knowledge and expertise
Leader	Determine what is needed and which mandate role to address based on expertise, experiences, and the situation	Takes the initiative and steers the direction of the interaction

with an emphasis on one of these mandates, which are not mutually exclusive, but dynamic. These mandates can be understood as different forms of power of attorney professionals assume when interacting with clients.

In combination, all six dimensions of the Solution Cube approach require that professionals have the expertise to estimate and evaluate clients' request for help along with the client's own resources. While experience in using solution-focused techniques and language is considered key in becoming a competent solution-focused professional (Murray and Murray 2004), there are also risks involved when professionals new to SFS engage in 'solution-focused' practices (Nylund and Corsiglia 1994, as cited in Cunanan and McCollum 2006). Examples of the risks include client's pain not being acknowledged, clients not being allowed to adequately discuss the problem, or the professional not considering the client's reasons for asking for support. Such client neglect occurs when professionals apply SFS in an inflexible manner and/or rigidly use solution-focused techniques.

The Solution Cube, however, emphasizes professionals' capacity to balance between empowering and caring for their clients. In this study, in order to address how professionals deal with, learn, and apply solution-focused practices to support clients with ID, we asked professionals to report and reflect on their practices during a solution-focused training program for a period of one year. Drawing on these reports, we explored:

- (a) Which dimensions and techniques of SFS do professionals describe when reflecting on perceived successful and unsuccessful interactions with ID clients?
- (b) How do professionals make sense of applying and learning SFS when working with people with ID over time?

By addressing these questions, we contribute to the current literature by providing in-depth insights into how professionals make sense of SFS in practice over time.

## Method

### Research context

Our research was conducted at Tameij, a Dutch health care organization that supports intellectually disabled people in their life and work. In 2005, the organization adopted a solution-focused work approach. The Solution Cube (Cauffman 2008) was introduced and integrated into the organization as the solution-focused work approach by

means of a systematic training program for all employees. Training consisted of an introduction exercise and e-learning, five supervision sessions including reviews of video-recorded interactions supported by internal solution-focused trainers, and two days of training supported by an external expert in SFS.

### Procedure

As part of a larger project on solution-focused learning and experiences at Tameij, we used the longitudinal data from nine recently appointed employees. During their first year in the organization, we interviewed them three times and they kept bi-monthly logbook files. This long-term approach provided the time needed for us to evaluate the whole learning process and for the professionals to acquire and integrate their new knowledge and skills.

### Participants

Fourteen participants were recruited from September 2010 to July 2011 through convenience sampling. Inclusion criteria were: employment for less than a year, intention for long-term engagement, being in the process of completing trainings in SFS, and willing to participate in the research process. Due to personal reasons and work-related constraints, five participants left the study at an early stage, resulting in a sample size of nine participants who finished the study. The final sample consisted of seven women and two men between the ages of 24 and 53 (mean = 38.4). All participants were recently employed (less than one year), and their work experience in mental health care ranged from no previous experience to 25 years in the field (see Table 4 for an overview of all participants).

### Data collection

Participants were contacted by email and instructed to complete an online logbook file every two weeks on the same weekday. They were asked to specifically answer three questions: (1) Did you consciously apply SFS in the last two weeks? (2) Provide a detailed account of a particular experience in the last two weeks, reflecting on a situation in one of the following four scenarios:

- (1) solution-focused and effective,
- (2) solution-focused and not effective,
- (3) not solution-focused and not effective,
- (4) not solution-focused and effective.

(3) Complete a work engagement scale (Schaufeli et al. 2006). Question 1 and 3 were excluded from this

**Table 4** Overview of participants

Participant	Profession	Client group	Years of work experience
1	Caregiver	24-h setting, autistic clients	22
2	Caregiver	Outpatient clients (MID)	4
3	Caregiver	Outpatient clients (MID)	>8
4	Assistant caregiver	24-h setting, mixed group of clients	Internships
5	Assistant caregiver	24-h setting (SID/MID)	<2
6	Caregiver	24-h setting (MID)	>8
7	Assistant caregiver	24-h setting (MID)	4
8	Caregiver	Child daycare (CD)	13
9	Overnight caregiver	24-h setting, mixed group of clients	25

Notes: MID = Mild ID, SID = Severe Intellectual Disabilities, CD = Complex Disabilities.

study's analyses. In a concluding interview, participants were asked to reflect upon and, when necessary, clarify the instances they had described in the log files.

### Data analysis

All log files were uploaded and analyzed with the help of ATLAS.ti software. A total number of 154 logbook files were created by the participants over 12 months (excluding thirteen entries that did not describe situations with clients, but included remarks such as 'no time' or 'no inspiration'). To address the first research question, all log files were treated as separate units of analysis. To address the second research question, the log files were analyzed per participant and sequentially over time. We used a multi-step content analytical procedure consisting of two steps. The first focused on the first research question and consisted of three sub steps:

- (a) *Overview*. The first author read all files of every individual participant and created an overview of the division of log files over the four scenarios of application and effectiveness (i.e. participants' response to Question 2 described under Data Collection). Note that a few log files were later moved to a different scenario based on the participants' final interviews. During this first exploration, the large diversity of the data became clear. For example, besides explicit and implicit references to dimensions of the Solution Cube, participants also described other practices and techniques.
- (b) *Identifying SFS and non-SFS dimensions*. The log files were coded deductively based on literal references to the dimensions of the Solution Cube (Cauffman 2008) and descriptions of its application. In addition, inductive, open coding (Strauss and Corbin 1990) was performed to identify additional techniques and concepts to SFS dimensions. Finally, all codes were grouped into five overarching categories: (1) interpretations of SFS, (2) learning reflections, (3) barriers to applying SFS, (4) facilitators for learning, and (5) other techniques.
- (c) *Perceived level of success of SFS- and non-SFS dimensions*. All codes and categories were

matched to the scenario they were assigned to by the participants.

The next step focused on the second research question and consisted out of three sub steps. These were performed using printed Atlas.ti files and color markers to detect patterns and equations and gain transcending insights:

- (a) *Development over time*. Individual response patterns of the participants over time were identified drawing on the codes assigned in step 1b. (Appendix B)
- (b) *Comparison between participants*. We identified commonalities and differences in frequency and diversity of SFS dimensions reported in the log files.
- (c) *Integration*. We combined the results of step a and b to search for overall patterns in how the five categories across the four attribution scenarios developed over time.

## Results

### Overview

Of the 154 log files analyzed, 100 files (65%) were about instances in which SFS was reported as successfully applied, 30 (20%) were related to successful non-application, 14 files (9%) to unsuccessful non-application, and 10 (6%) cases to unsuccessful applications. These findings showed mostly positive experiences. Perhaps most striking was the divergent quality and extensiveness of the log files between the participants. The length of the log files ranged from 17 to 243 words and differed considerably in their degree of comprehensiveness and references to SFS techniques and dimensions.

Overall, the log files contained referrals to all the dimensions and solution-focused communication techniques. While some participants were more explicit than others, most of the professionals referred explicitly to *communication techniques*, followed by more implicit applications of the *basic axioms*, *basic rules*, and *non-specific factors*. The *communication techniques* of contextualizing and goal setting were most prominent and often explained as 'open questioning' and 'letting the client come up with a solution.' Differentiating and future orientation were less referred to. Socializing was not made explicit in any log file. Apart

from the techniques included in the Solution Cube, 35 other communication techniques were identified within the log files (see Appendix A), classified into nine main categories. *Because mandates* and *flowchart* relationships were seldomly explicitly indicated by participants, only the dilemmas prominent in the application and sensemaking of the other four dimensions will be elaborated upon addressing the first research question. Below, we describe the results for the two research questions consecutively.

### **Doing what works: SFS dimensions and techniques described by professionals**

The *basic rules* were often assigned to situations in which the participants focused on what technique worked when searching for a practical solution to situational problems, such as:

The client goes shopping each week. His spending limit is €17.50. Each week he far exceeds this limit. He will pay later. In the drawer in which he keeps the receipts, I put a sheet of paper with €17.50 written on it in large letters. Each time he opens his drawer, he sees this and is reminded of the maximum amount he may spend. It works.

While this intervention seems to work, it does not show any interactional approach to problem-solving. It calls into question whether the client actually had a request for help and is empowered in the process of finding a solution. In another example of doing what works, the same participant shows how to adjust to the level of a client, making use of a metaphor:

A client gets a different personal coach. This client once was a trainer and leader of a women's soccer team. I reminded him that his team did not always stay the same. 'That's right,' he said. 'We did change players.' [I explained that] this is what we do here as well. Here a team is also sometimes changed. He then understood why his personal coach changed.

While it is arguable whether these log files are exclusive for SFS, as it does not show the client's involvement to the described solution or the professional's attempts or considerations in doing so, it shows how this participant made sense of SFS, implicitly drawing on the dimensions *basic axioms* (client-centeredness) and *basic rules* (doing what works).

Referrals to *non-specific factors* were infrequent in the log files. The files that referred to techniques such as 'give space,' 'listen,' and 'show understanding' were mostly examples in which clients experienced stress or disabilities due to their intellectual level and were assigned to successful applications of SFS. In terms of doing what works, professionals seem to adjust to the type of relationship (flowchart) and possibly were not able to engage in solution-focused interaction. On the other hand, it seems that professionals reflect on SFS by drawing on single

dimensions of Cauffman's Solution Cube, without taking into account or reflecting on its consistency with other dimensions.

In some cases, the basic rule 'doing what works' seemed to contrast with suggested solution-focused communication techniques, as shown in this testimony: 'Normally speaking, this should be the other way round, as open questions are an invitation to talk. The closed questions incited him to correct my interpretation.' This shows how professionals experience tensions between theory and actual practice and explore what works.

Directive *communication techniques* were mostly assigned to effective non-applications or addressed when barriers to apply SFS emerged. In other cases, directive techniques were perceived as solution-focused when it seemed to work for the client at that moment. By drawing on the basic rule 'doing what works,' some participants clearly relied on their expert positioning and their estimation of clients' implicit requests for help:

I introduced a client to the psychologist, while the client wasn't aware of it (which did not correspond to SFS, but just happened like this). She did not herself ask for help, although she suffers a lot from constant brooding. I, therefore, said that she needed to get in touch with a psychologist that might help get rid of all that brooding. She accepted this suggestion and was happy that something was actually undertaken. So while she did not explicitly ask for help, the request was still formulated this way.

Examples in which professionals determined what was best for their clients especially emerged for autistic clients or when clients encountered stressful situations. Of course, it depends on the language used, which can be more inviting than steering. Professionals can still possess the skills to be directive, without positioning as the expert. Participants also noted several communication techniques to support clients to calm down or to provide an overview of the situation. In these examples, clients struggled with information overload, a unilateral negative approach to a situation, or were not able to structure a coherent story. Participants described the necessity to structure and summarize clients' stories, providing lists with pros and cons or solutions, or to share their own opinion. While these interventions may contribute to clients' search to express their problems, not all participants considered these techniques congruent with SFS. One participant explicitly reported her ambiguity about SFS in relation to a client's implicit request for help:

SFS means that one lets the client think for themselves. In my opinion, he was not able to do so at that moment, and he actually calmed down because I took the 'thinking' over from him. The question is which kind of help he was asking for at that time? One could say that at that moment he asked me to take over and thus relieve him. (It could, therefore, actually have been SFS).

SOLUTION-FOCUSED			
Barriers to applying SFS	Pitfalls SFS techniques	Techniques that worked	Barriers to applying SFS
Conflict/resistance situations	Question overload Solution-focused questioning in a non-committal relationship Not considering distinction between problem and limitation Giving inappropriate compliments	Goal and future orientation Contextualizing Adjusting language to level of the client Directive techniques Listen and verify Providing clarity/overview Offering choices Focus on strengths and resources Motivational techniques	Professional goals
NOT EFFECTIVE		2 1	EFFECTIVE
3 4			
Barriers to applying SFS	Techniques that did not work	Techniques that worked	Barriers to applying SFS
Time issues Poor alignment between colleagues	Responding automatically Sticking too much to the rules Providing solutions too quickly	Directive techniques Adjusting language to level of the client	Clients' emotional imbalance Time issues Client's intellectual disabilities
NOT SOLUTION-FOCUSED			

**Figure 1** Overview of described techniques and perceived barriers, pitfalls, and facilitators in four scenarios of supporting applications.

This quote also shows the participant’s struggle with a one-sided focus on a single SFS aspect, and how reflecting on her action helped her to become aware of available best practices. In some situations, SFS was not even considered. Participants referred to clients who were irrational, upset or agitated, intoxicated, confused or hostile toward others. In this state, clients were not able to engage in solution-focused thinking and professionals took a more directive approach, such as confronting clients with their behavior or prohibiting them from entering the room:

Last week I was involved in an incident with a client. He wanted to enter the open house in a drunken state. I had to talk to him about his alcohol consumption and tell him that it meant he was not allowed to enter the open house. I could not apply SFS, as the resident was aggressive and not approachable. He could hardly stand on his feet and talked with a thick tongue.

Figure 1 shows an overview of the techniques that were identified in the four scenarios: (1) solution-focused and effective, (2) solution-focused and not effective, (3) not solution-focused and not effective, (4) not solution-focused and effective. In addition, Fig. 1 shows the perceived barriers and facilitators for learning SFS in the context of each scenario. We explore these findings in the next section.

**What works? Making sense of applying and learning SFS techniques over time**

Overall, the nine participants reported taking advantage of SFS dimensions. While participants perceived their applications of SFS as generally effective, they showed a significant difference in the way they connected theory and practice and related each to the challenges when supporting clients. Based on their interpretation and reflections, we identified three overall patterns of how professionals made sense of learning how to apply SFS over time: (1) a focus on caring, (2) a focus on empowering, and (3) a focus on balancing between the two (see Appendix B). To illustrate these three ways of learning SFS over time, we now give a detailed account of three participants, one for each way of making sense. Where necessary to clarify the dilemma involved in each pattern, references to other participants are included.

**Focus on caring**

‘Ella’ (Participant 9) had many years of experience and showed an emphasis toward caring, but also demonstrated nominal change in her perspective regarding her support of clients. Her description of SFS seemed exclusively focused on finding a practical solution to a problem instead of an interactional approach to problem-solving. For example:

Downloaded by [Universiteit Twente.] at 00:15 12 September 2017

A client went to a football match, but would come back late. There is no proper public transport connection from A [city in the area] back home. Solution: the overnight caregiver will pick him up before her shift starts so he can go to the match.

While Ella shows a positive approach in responding to clients' request for help, her carer position is sometimes put to the test, as in the following excerpt where Ella describes how she dealt with an unexpected situation:

When they come to our office, clients have to knock and wait until we open the door. A client knocks, while I'm having an appointment. I, therefore, don't open the door right away, but still the client enters and I confront her somewhat fretfully. She had, however, had a mishap at the bathroom and her trousers were wet. Before even listening to her, I told her that she had to wait. Yet it was kind of urgent indeed, because her trousers were completely soaked. Before rashly judging her, I should have asked her what was so urgent that it could not wait.

This example illustrates an automatic response of Ella that was unfortunate; guided by rules rather than the urgent request for help from this client. She seems to take the position of leader at the expense of client centeredness. Exploring what worked in every conversation was also a matter of experience and getting to know the clients, as shown in this log file by Ella:

I have an agreement with a client that he gets his medication every day at precisely the same time. Today he was five minutes late. I thought I would apply SFS by complimenting him on still coming to get his medication. He, however, maintained that I should have stuck to our agreement – at 22:30 and not 5 min later – and so refused his medication. I first thought that I was doing well, but came to realize that with him I really needed to keep to our agreements.

This quote shows that giving a compliment can actually result in an unexpected response from the client, highlighting the importance of timing and specific needs regarding time issues as seemed the case for this client. As Cauffman (2008) suggests, compliments must be genuine, appropriate to the situation and not exaggerated. A focus on caring could raise dilemmas with regard to challenging clients vs. ensure clients' well-being.

While participants with a focus on empowerment indicated that the client's plan of support (referred to as POP at Tameij) enabled them to ask open questions and talk about clients' goals, participants with an emphasis on caring did not seem to consider the POP as equally effective. For example, participant one states: 'During a "POP" consultation, I applied SFS. I asked open questions, like "What would you like to happen in order to move one step closer?" It did not work as I hoped.' While personal plans were used by clients to define their goals and the support they needed, this participant acted contrary to the mandate of coach by taking an expert position. She referred to the mandate (of leader) to legitimize her action:

As result of a 'POP' consultation, a client declared that he no longer wanted speech therapy. Yet his relatives and I thought the therapy was useful for him since it is hard to understand his speech. At this point, I used the mandate and contacted a speech therapist.

In the final interview, this participant explained her decision-making based on what she felt was best for the client. She said that she searched for exceptions to the situation and solutions that might be more fun for the client to apply by means of exploring how to improve the client's experience with speech therapy, for example by having the company of his mother or having contact with the speech therapist to examine at what moments he does not like it. As such, she revealed a more nuanced position.

Overall, a focus on caring tends to take on the meaning of 'knowing what is best,' which violates the empowerment base of solution-focused work. Professionals with a focus on caring seemed especially motivated by a positive attitude, directive techniques, mandate positioning and a focus on 'doing what works' from their own perspective.

### Focus on empowerment

'John' (Participant 3) seemed self-confident about SFS from the start. His log files were the most extensive and detailed, focusing on empowering and challenging clients to decide for themselves what they wanted and how they wanted it. More than the other participants, John focused on the strengths and resources of clients. At the start, he positioned himself as positively critical toward colleagues who were less focused on empowering clients and applying SFS. His descriptions referenced the Solution Cube concepts most literally, which highlighted that the SFS vocabulary enabled John to reflect on his behavior. He was the only participant using mandates in his log files, which showed a strong link between theory and practice:

Dealing with a client who is in need of clarity, I wrote down some agreements regarding his holiday with his mother. The mother too accepted these agreements, but is a little forgetful. The client was, therefore, afraid that his mother, once on the road, would suggest different plans. Proceeding from the 'leader' mandate, I told the client to bring along the document with the agreements, so he could show these in case his mother forgot. When such clarity is not provided for, the client makes up his own stories and becomes very suspicious towards his mother.

Related to this approach is the 'manager' mandate with respect to making agreements and the 'leader' mandate with regard to finding solutions. Although I applied as much as possible the 'coach' mandate, because I wanted to work on the independence and autonomy of the client, this particular client's autonomy is sometimes his own pitfall, because he fabricates his own stories when facing a lack of clarity.

This example shows John's reflection on why he deviated from the coaching position, based on an appeal

to other, in his eyes more pressing, dimensions of the Solution Cube. He has, for example, a strong emphasis on empowerment, and refers often to the importance of trusting relationships and non-specific factors. These take precedent over an expert position and his conviction of what is best for the client, which indicates that he is less concerned about overburdening the client or a need to protect them.

John is the only participant who recognized that SFS with clients with ID might involve a gradual process with successive steps over time:

The question is: What can the mother do (instead of swearing back) to let the client know that he hurts her with his swearing? The client understands that his swearing hurts her, and he wants to pay attention to it. He had no answer to my question nor did his mother... I respected this and called upon their own abilities to find an answer. This really developed into a solution-oriented process, so at the next session we can return to it in order to see which resources were addressed, possibly letting differentiation also play a role.

Despite John's general positive outlook, he reported difficulties when faced with client limitations:

At the moment, I coach a client who feels secure enough with being coached twice a week. Hardly anything new is being discussed. He lives at home with his mother, and we have arranged plans for intramural living. When I ask the client what he would like to talk about or continue to discuss certain issues, inviting him to come up with a solution, the results are rather meagre. He seems not to be able to reflect on a possible solution or perhaps experiences such difficulty in doing so, that he does not even get started.

Even though I apply SFS, it seems to be better in this case to talk about soccer and drink a cup of tea instead of effectively offering help. The client wants to keep everything as it is. And what cannot be helped right now, will just pass. That's fine, of course, but makes me realize that for me there is no challenge in it. At the moment, I am working very hard to keep myself motivated to coach this client – a point at which I rarely find myself. Now that I am writing this, it occurs to me that I should discuss this with my supervisor.

The dilemma brought forward by John is between his personal motivation (to be challenged) and the client's motivation (to keep things the same) and capacity to come up with a solution. This example shows that awareness and empathy for client's limitations, as well as insight into the complexities of SFS work with ID clients, can pose a heavy burden on the professional identity. Interestingly, it is through writing as part of the study, that John's resolve to finding his own solution becomes a relational practice. His emerging thought to call upon his supervisor to discuss the dilemma, also shows some vulnerability in his otherwise certain presentation. This opening to the importance of self-care might open up to reflecting on the limits of his focus on empowerment over care.

### A focus on balancing between caring and empowerment

'Susan' (Participant 2) was a very active participant, who logged the most learning reflections. Her focus was, in particular, on her clients' requests for help. From the start, she indicated that a clear request for help was conditional for SFS to be successful, as it indicated the client's readiness to be treated in a solution-focused way. For example, Susan reported: 'I keep trying to search for her request for help and how to support her in the best way. If her request for help is obvious, I can apply SFS.' This straightforward portrayal of clients' ability to formulate a request is problematized by participant 4 who writes:

We have a client who is currently very difficult to support. She says she doesn't understand a thing. With her it is impossible to formulate a question in such a way that she comes up with a solution herself. So I tried to let her choose between two options. For the moment, she found even this quite difficult. So now we will try to stimulate her; and if that does not succeed, we will make the decision for her.

While it is difficult to draw definite conclusions about the quality or effectiveness of support based on this description, it does show some signs of impatience, a lack of employing non-specific factors, and underestimating client's limitations. Tentatively, this could indicate a solution-*forced* practice. This raises the question, whether Susan and other participants were more effective in using SFS, because of their sensitivity to clients' disabilities.

Susan's reflections illustrate how she was balancing between empowering and taking care of clients. In the beginning, she seemed to rely especially on the SFS theory she had learnt in the trainings to compensate for her lack of experience. Over time, she changed her use of the solution-focused theory into a more flexible interpretation, becoming more adept at assessing practical situations and more confident over time. In addition, as she better understood her clients, Susan was able to take more risks. It seems that her activities were increasingly focused on her effectiveness instead of on implementing the solution-focused theory. At the same time, she showed awareness of the alternative ways to support her clients. The following log file illustrates her actions and reflection on her learning:

I had a conversation with a client who was distressed about a forced relocation. The client was angry and remained silent. I, therefore, took the initiative and asked him what he wanted. He did not want anything. I then made a phone call – 'That's up to you,' the client said – in order to gain clarity about the budget. This was not SFS, as I did not let him take the initiative. I should have walked away and let him come up with ideas himself. Yet the relationship with this client is difficult, he is verbally weak, and so I took over.

This reflection shows a dilemma between goal orientation and providing space and time for the client to think. It



seems that Susan decided to take over based on her previous experience with this client and his communicative disabilities. Her learning reflections also highlighted barriers in applying SFS, such as a lack of time, poor alignment with other professionals involved, and clients who are not open or lack the abilities to engage in SFS. While these barriers also question how to interpret and deal with SFS in relation to organizing aspects, they highlight how Susan made sense of SFS in this learning process and balanced her approach. The following log files show how Susan reflects on a situation with a professional who adopted a different approach:

I had a conversation with a client and another aid worker of a different organization. At work, the client has a conflict with her manager. Because of this, she has already been suspended once. I should have asked how we could solve this, what can she do, what can I do? Instead, the conversation was difficult, because the other aid worker asked what I myself could do about it. I suggested that, together, we could request a meeting and then prepare for it. I asked if she agreed to this. The client is new and perhaps did not know exactly what my responsibilities included. Still, I could have been more attentive and asked open questions, instead of offering a solution.

This log file was just one example that showed the contrasting ways in which professionals and relatives supported the clients, emphasizing the importance of informing all stakeholders about SFS techniques.

Another balancing act Susan described was related to time management. For example, she reported being short of the time necessary for engaging in SFS when clients needed more time than was available to come up with solutions. Her full agenda sometimes forced her to deviate from SFS and provide solutions herself:

During a conversation with a client, I decided not to do everything according to SFS. It would otherwise have taken so much time. Altogether, I spent two hours with the client. I tried as much as possible to let him specify what he wanted and, in the beginning of the conversation, let him search for solutions himself. This is very hard for him and took a lot of time. At the end of the conversation, I proposed solutions and asked if he liked them.

While Susan did not provide information on what she exactly did or said to help the client in this conversation, this and similar examples show that the context of 24-h care, in comparison with brief therapy sessions, can cause a tension between the professionals' need to patiently question a client to seek for possible solutions and work efficiency.

In sum, what seems to be at stake is becoming more competent in helping clients to articulate their request, rather than holding on to the somewhat simplistic idea that the client already has the ability to formulate a request. However, this ideal application of SFS with clients with

ID is tested and negotiated time and again in the context of time and other constraints.

Overall, these reflections provide insights into dilemmas specific to each pattern (empowering, caring, and balancing between empowerment and care) of learning how to apply SFS with clients with ID. Below, we discuss the outcomes of these findings in relation to theory, practice, and learning.

## Conclusions and discussion

The high percentage of perceived successful applications of solution-focused techniques and the adoption of a wide range of techniques suggest that participants experienced the ability to effectively incorporate SFS into their work. This finding underscores that SFS is experienced by professionals as a positive approach when working with people with ID (Roeden *et al.* 2011a, 2011b). However, this apparent success is not achieved lightly, as the predicaments in learning how to apply SFS show. Not only do professionals experience predicaments when applying single dimensions of Cauffman's solution Cube (for example by focusing on the use of solution-focused communication techniques), but even more when multiple dimensions are applied in conjunction. Sometimes conflicts between dimensions are addressed, for example between doing what works and client empowerment. At other instances, one dimension is privileged at the expense of or to legitimize suppression of another dimension (for example taking the position of leader at the expense of client centeredness). Yet in other cases, professionals creatively changed the meaning of a dimension to fit the specific task at hand (for example in terms of finding a practical solution to a problem that occurs).

So, while participants were generally positive about applying SFS, their multiple applications of effective solution-focused techniques draw attention to possible risks of misinterpretation or misuse of SFS. The professional-client relationship, especially for people with ID, can be essential for empowerment since it is enabled by the clients' interactions with others, through which they come to understand their own capabilities and strengths (Polloway 1996). Since most clients maintain a searching or non-committal relationship with professionals, clients' requests for help need to be closely considered before adopting goal-directed and future-directed language. While goal orientation was considered as facilitating SFS, a possible drawback might be its dominant focus on achieving goals to the point where clients' well-being or emotional needs are neglected. In fact, a long-term trusting relationship is an essential basis for effective SFS (Roeden *et al.* 2011b). This focus on the cooperative and coequal character of solution-focused interactions might also be seen as essential for professionals who are learning to apply SFS in effective ways as well as when they need to balance between taking responsibility themselves and giving responsibility to their clients.

With regard to successful experiences with the application of single dimensions, communication techniques were most often mentioned. This finding might appear intuitive, since the use of techniques affiliated with the solution-focused model constitute the implementation of the approach itself, and techniques are expected to be compatible with each other in the quest of promoting solution-oriented functioning. However, professionals also reported, spontaneously, on dimensions that were not provided by the Solution Cube. This indicates an expansion of the professionals' understanding of solution-focused practice beyond its theoretical model, and/or a blurring of boundaries between theoretical approaches in actual practice.

The SFS maxim 'doing what works' was used in various, often creative ways that at points stretch the maxim way beyond its original meaning. Rather than debating its proper use, closer scrutiny of the manifold appearances of this stretching practice gives insights into the predicament involved in applying SFS with ID clients. This predicament is exemplified by the perception of directive communication techniques and the mandate positions. Directive communication is perceived as non-solution-focused, as this approach is related to a leader mandate for the professional. The *mandates* of manager and leader seem less associated with SFS, as they suggest a contradiction to the empowering stance of SFS. Consequently, we found some professionals trying to avoid leadership positioning. A forced focus was recognizable in the way participants anticipated unclear requests for help. Especially in the beginning, the log files showed a number of examples of participants maintaining open questioning even while clients were unable to answer them. It shows the pitfall of not considering the distinction between a solvable problem and not-solvable limitation, in the examples the client's intellectual disability. On the other hand, directive techniques were also seen as compatible with the *basic rules* of SFS that focus on 'doing what works.' This finding is reflected in situations in which professionals addressed a client's need for clarity, or when the professional intervened and assumed responsibility. While being directive is not part of the solution-focused paradigm, the nuances made by the participants in the final interview may lead to the question whether these examples refer to misuse of SFS dimensions or include inviting language and suggestions to direct or advice clients toward solutions while not reported. Either way, this finding draws the attention to the importance of practitioners understanding what solution-focused means. Especially the compass offered by the *flowchart* and how different ways of approaching a client can be effective in different types of relationships could strengthen the training and avoid misunderstandings.

The most successful applications were described when the professional was dealing with clients who were able to communicate their request for help and able to think of possible solutions. This suggests that the capability of

professionals to effectively support clients in a solution-focused way increases with the clients' level of self-efficacy and motivation to change their behavior. This highlights the tension between clients' and professionals' competence and draws the attention to the importance of balancing between taking action or not by the professional. Both overprotection and negligence of clients can have negative consequences.

Three overall patterns of how professionals made sense of applying SFS over time focused on caring, empowerment, and balancing between both. Within these sense-making processes, no relation could be found with regard to professional role, client group, or years of experience.

Professionals with a focus on caring tended to rely mainly on their professional knowledge and the norms regarding what benefits the well-being of the clients. As such they risk neglecting the client's input and a missing focus on shared decision-making. Not only professionals' goals, but also the preferences of client's relatives, and client's employers emerged as barriers for applying SFS. Although traditional convictions about client support may be in conflict with the wishes of the client, they might retreat professionals into former approaches and ways of acting (Smith 2011). Although this finding could possibly be ascribed to the lack of information in some logbook files, future studies may further explore how professionals deal with their compliance to professional convictions without neglecting the autonomy of clients.

The other end involves a one-sided focus on empowerment. The focus of SFS on empowerment and the idea that clients are able to think of solution themselves (Lloyd and Dallos 2006, 2008) seemed to direct some professionals in this study toward a co-expert relationship in which clients are leading and indicating what they wanted. This supports the importance of implementing SFS as a systemic model, providing a stance or mindset rather than a set of methods and techniques (Metcalf and Connie 2009). As shown in the log files of Susan and John, participants become more sensitive toward situational and clients' personal differences by means of reflecting on their actions, recognizing overburdening clients with questions or indicating their own frustration when clients could not think of a solution. In line with earlier studies that have stressed the need for implementing new approaches and philosophies as basic attitudes, instead of new techniques that indoctrinate poorly trained staff (Heath 1998; Jackson and Irvine 2013), the Solution Cube offers a holistic approach to SFS to help prevent solution-*forced* practice.

This study revealed insights into the learning facilitators that might help promote a balance between caring and empowerment. The multiple interpretations of SFS highlight the complexity of learning SFS within daily practice, as professionals need to explore how the different dimensions of the Solution Cube relate to each other in very diverse situations in practice. The multiple

interventions and techniques offered, such as *open-ended questions* and *giving compliments* invite professionals to experiment in practice. Of course, it is the solution-focused workers' job to make them work in a way that matches the strengths and resources of clients, but the general aim of SFS to guide solution-focused change may not be appropriate or effective in all the diverse situations professionals encounter in daily practice. As professionals need to make sense of this new way of working and try to maintain their professional effectiveness, they possibly show moments of solution-focused practice or deviating actions from the solution-focused paradigm. These learning moments are especially valuable to address possible misinterpretations, which are part of a socialization process into a new way of working.

A limitation of the Solution Cube could be that professionals have a tendency to narrow it down in order to keep things clear or manageable. The challenge is to open up professionals' perspective to other dimensions of the Solution Cube when professionals tend to adopt a one-sided application of SFS. It highlights the importance of creating space for reflection, as professionals' reflections give insights into examples and cases that may need additional attention in the process of learning.

For example, experienced barriers that emerged in this study draw attention to both practical dilemmas and the vulnerability of clients with ID. Emotional and behavioral problems of clients with ID, such as instability, aggression, and deviating behavior, withheld professionals from solution-focused language and actions. In these situations, participants took a directive, sometimes dominant position toward their client. Although participants did not perceive this positioning as solution-focused, contra-indications of solution-focused therapy, such as acute psychosis, severe depression, or severe mental retardation (Roeden and Bannink 2007, p. 43) need to be seriously taken into consideration, also in the context of SFS.

To stimulate learning experiences, and build caregivers' confidence in applying different mandate roles, training programs could focus on a variety of cases to develop sensitivity for the interactional context in which a mandate role is appropriate and regarded as solution-focused. Participants described the learning value of the Solution Cube, role models, alignment with colleagues, and training sessions. While various experiences were reported, it appeared that appointments with clients about their plan for support seemed to facilitate professionals in their practice of the different Solution Cube communication techniques.

In the participants' learning process, we also recognized reflective practice as a means to understanding the strengths and limitations of various tools and techniques in relation to supporting clients with ID. To prevent a unilateral SFS interpretation, trainers could, next to theory transfer and exercises, also address clients' different

functioning levels and how to balance acts of caring with empowerment. A focus on recognition and actions based on the non-specific therapeutic factors may help professionals move from finding solutions and meeting goals to building a trusting relationship (Cauffman 2010). Trainers could offer exercises in participatory sensemaking processes or coaching on the job to help professionals avoid strict handling of the model and solution-focused practices. In addition, the solution-focused therapy protocol could be useful for learning the variety of communication techniques that could be adopted.

### Limitations and future studies

Due to the qualitative nature of this study, several limitations need to be disclosed. First of all, convenience sampling was employed to recruit participants and the sample size was rather small, which means that the transmission of the results to other professionals in the organization is not possible. In addition, the majority of participants' experiences were reported as successful applications of SFS, indicating that participants were generally able to effectively apply SFS. However, due to the conceptualization of the logbook template, the possibility remains that the frequency of successful applications was produced by the professionals' bias for reporting their successful experiences instead of their failures.

Furthermore, the open format of the log files, solely asking participants to give a detailed account of a particular experience, led to limited information regarding the dilemma and/or contextual interpretations. Consequently, individual learning development over time could not be studied in great detail. In addition, given the great diversity of log file contents, the study breaks down into a series of case studies rather than directly comparable instances among participants. Especially from a sensemaking perspective, the findings mainly address the different interpretations people hold and adjust regarding the SFS framework and need to be read within the research context.

Future studies could include a format in which participants are asked to provide information, for example, a narrative mode, answering specific questions on where, who, what, why, and how. Also, additional studies are needed to further examine factors facilitating or impeding the success of SFS, for example in relation to different client groups. A complete description of the clients involved in every described situation was missing, so we were unable to compare experiences between client groups. This knowledge may be beneficial in learning SFS in relation to supporting clients with specific disabilities. More research is also recommended on how learning processes evolve and what processes enhance solution-focused skills and expertise. Participants mentioned the learning effect of participating in this study, indicating also the practical implication of long-term diary studies.

## Final remark

Given the relatively new adoption of the SFS approach in health care with clients with ID, it is promising to see how professionals apply and reflect on using SFS dimensions with confidence in their success. At the same time, our study shows the dilemmas arising when applying SFS, specifically when working with ID clients. More specifically, professionals struggled to balance SFS with more directive approaches. Finding this balance was further complicated depending on professional's overall focus on empowerment, care, or both. So, not only their overall vision, but also their interpretation, selection, and weighing of specific dimensions of Cauffman's Solution Cube affect the way SFS is learned and practiced. This points to the relevance of adopting a sensemaking perspective to understanding and training SFS work. Indeed, 'doing what works' is deceptively simple, yet its operation is fraught with ambiguous meaning.

This research offers valuable insights for organizations that provide training development and sensemaking activities, as well as for managers and behavioral experts or psychologists supporting professionals who use SFS. The findings of this study should be understood as a first step, hopefully leading to continued research on SFS for clients with ID.

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## Appendix A. Effective communication techniques emerging in the log files

Main categories	Initial codes
Goal and future orientation	Open-ending questions Let the client come up with solutions Goal orientation Solution-focused questions Future orientation Make agreements Contextualizing
Contextualizing	Contextualizing
Directive techniques	Close-ended questions Being clear Taking over the lead Steering client Propose solutions/give tips Confronting Prohibit/give no room Referring to rules
Adjusting language to level of the client	Interpreting non-verbal cues Helping remember Relief/not overburden Use of metaphors Provide space to think
Offering choices	Offering choices
Listen and verify	Show understanding/compassion Check back with the client Active listening Inform other about what works and not works
Providing clarity/overview	Summarizing Flipping the story Visualizing
Focus on strengths and resources	Giving complements Focus on positive aspects Ask for exceptions Uncovering resources
Motivational techniques	Challenge, stimulate, motivate Differentiate Respond to the request of the client

## Appendix B. Division of scenarios of supporting applications over time

Participants/ Measuring moment	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	Total of log files	Number of words*	Emphasis on
Participant 1	3	1	1	1	1	1	1	1	1	1	x	3	-	1	-	1	1	x	1	4	1	4	-	-	-	x	-	15	656	Caring
Participant 2	1	4	4	3	4	3	3	-	-	4	-	1	1	1	1	4	3	1	1	3	4	1	4	1	1	1	-	21	2366	Balancing act
Participant 3	4	1	1	1	1	1	4	3	1	1	4	1	1	1	1	1	1	1	2	-	-	4	1	1	1	1	1	25	3061	Empowerment
Participant 4	1	-	1	x	4	2	1	1	x	1	1	1	-	x	-	-	4	x	-	1	x	2	2	1	1	x	-	15	1019	Empowerment
Participant 5	1	1	1	4	4	4	1	4	4	1	1	4	-	3	1	1	1	1	1	1	4	1	1	1	1	1	-	25	1875	Caring
Participant 6	x	4	1	-	2	1	-	-	-	-	1	-	-	4	-	-	-	4	1	-	-	-	1	-	-	-	9	870	Caring	
Participant 7	1	1	4	1	x	3	1	1	-	x	1	-	-	x	1	-	1	1	-	4	-	-	1	1	-	-	14	1357	Empowerment	
Participant 8	1	-	1	1	4	1	4	3	1	-	2	1	-	-	-	-	1	2	-	3	1	-	-	1	2	1	18	1749	Balancing act	
Participant 9	1	-	-	-	-	1	1	1	2	3	-	x	1	3	-	2	1	1	-	-	-	1	-	-	4	-	12	860	Caring	
<b>Total</b>	<b>8</b>	<b>6</b>	<b>8</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>2</b>	<b>6</b>	<b>4</b>	<b>5</b>	<b>7</b>	<b>7</b>	<b>5</b>	<b>6</b>	<b>4</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>3</b>	<b>2</b>	<b>154</b>	<b>13813</b>	

Notes. 1 = successful application, 2 = unsuccessful application, 3 = unsuccessful non-application, 4 = successful non-application, X = excluded, - = no response  
\* after exclusion of entries that did not describe situations