Solution-focused Therapy Research:

A Common Factors Perspective

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Outcome research seeks to discover if a therapeutic model is effective and/or how one therapy model compares to another. Process research investigates therapy techniques, the client-therapist relationship, and other activities that occur in sessions. Process research provides opportunities to test what works within therapy models, introduce and develop new ideas and techniques, and, more generally, discover what works in psychotherapy.

Process research was deeply imbedded in the development of Solution-focused Brief Therapy (SFBT). deShazer and the team at the Brief Family Therapy Center investigated many of the techniques they were developing to create the SFBT approach. A brief summary of findings from that process research, along with studies conducted by others, is presented.

Further, a common factors perspective is suggested as one guide for developing SFBT process and outcome research.

A Common Factors Perspective

Many different attempts to organize and present a common factors perspective exist. Here is my attempt.

1. The research is clear: psychotherapy works.
2. Despite decades of efforts, outcome research has not found “the best therapy.” Although research has found some therapeutic models are not effective, many therapy models are effective and no one therapy model has been demonstrated superior. To explain this, a common factors view was derived from the accumulated research – perhaps those effective therapeutic models are all doing something similar, even if in different ways, that are important to understanding what makes psychotherapy work.

Five categories of common factor seem strongly related to therapeutic outcomes. These factors are not distinct or independent and should not be presented in a pie chart or assigned relative importance. Instead, these are interrelated factors that seem to lead to successful therapy.
1. **Client Characteristics.** Clients having clear goals and using their strengths and resources to achieving change. Clients taking action or changing perspectives/understandings that create solutions.

2. **Therapist.** Although no one therapeutic model seems superior, some therapists are much more effective than other therapists, despite the therapeutic model they use. These therapists tend to be active, warm and empathetic, more likely to use and adapt empirically supported techniques with clients, and to listen to, elicit, and respond to client feedback.

3. **The Therapeutic Alliance.** A sense of teamwork and congruence on therapeutic goals and the path to accomplish those goals (see Metcalf, et al., 1996; Wettersten et al, 2005).

4. **Hopes and Expectations that Improvement Will Occur and Be Maintained** (Reiter, 2010).

5. **A therapeutic model or approach to organize the efforts between therapists and clients which both find useful to guide the therapeutic process toward a successful outcome.**

Some future research of SFBT can be richer and more meaningful & helpful to clinicians by including Common Factors as independent or dependent variables.

**SFBT Process Research:**

*What we know and how SFBT and Common Factors connect*

Several SFBT techniques and approaches have some empirical support (McKeel, 2012). These include:

1. **Identifying Pretreatment Improvement**
2. **Presuppositional Questions**
3. **The Miracle Question**
4. **The First Session Task**
5. **Asking “What’s better” at the beginning of second and subsequent sessions**
6. **Scaling Questions**
7. **Solution Talk**

**Pretreatment Improvement.** SFBT therapists typically ask about pretreatment improvements early in the first session. Pretreatment change appears common – likely because clients have acknowledged a problem and already making efforts to seek solutions; among others, phoning for a therapy appointment. Various studies have found that 15% to 30% of clients report making some important improvement in their situation before their first therapy session.

From a common factors perspective, pretreatment changes highlights and encourages client characteristics and past successful action that can be useful in achieving treatment goals as well as promote hope by recognizing that change can and does happen.

**Presuppositional Questions.** In SFBT, these are leading questions therapists ask which assume and communicate a positive expectation about the client, their situation, and/or ability to accomplish their goals. These questions are used to introduce possibilities or discover exceptions, improvements, or steps toward solutions.
An example of a presuppositional question about pretreatment improvement is:

“Often people report that between the time they phone to make a therapy appointment and their first session, things have already begun to improve. What have you noticed about your situation?”

Research finds that presuppositional questions such as the one above increase reports of pretreatment improvements to about 66%.

SFBT practitioners use presuppositional questions throughout therapy. Examples occurring at other phases of therapy are:

1. How did you make that happen? Or, how did you decide to do that? (presupposes the client’s efforts or choices led to improvements)
2. Who noticed this change? (locates change into a social context)
3. What does that tell you about your ability to accomplish your goal?
4. What kinds of difference did this make? (expanding the impact of the action)
5. What makes you confident this change will continue? (promoting hope)

Research suggests some caution when using presuppositional questions. In interviews with clients after SFBT sessions, clients sometimes reported not feeling heard or understood when their therapist asked presuppositional questions (MacMartin, 2008), leading these researchers to suggest SFBT therapist must first clearly show understanding of the client’s situation before asking presuppositional questions.

Presuppositional questions that elicit client’s strengths and successes are consistent with a common factors perspective of focusing on what occurs in therapy to invite and support client factors and hope as well as to identify actions or new views of the situation that lead to solutions.

**Miracle Question.** Considered the most therapeutic technique of the model; typically asked during the first session of SFBT.

An example of the miracle question is:

“After we talk today, you’ll go home tonight, have something to eat, and eventually go to bed. While you’re sleeping tonight, suppose a miracle occurs. This miracle is that the problems that brought you here today – those problems are solved. But this miracle occurred while you were sleeping, right? So, when you wake up tomorrow morning, what will you notice happening that will tell you these problems are solved?”

de Shazer described the Miracle Question not a one question, but a process of hearing client’s responses and expanding on their description of their goals and preferred future. Research of experienced SFBT therapists has found four factors important in asking the Miracle Question. Therapists:

1. clearly join with the client before asking the question.
2. leading up to and while asking the question, therapist demonstrate empathy and understanding of the client and their situation.
3. explore exceptions to the client’s problem before and while asking the question.
4. do not offer suggestions about achieving the miracle while the client is answering.

Other research has examined the wording of the Miracle Question. For instance, in therapy with some terminally ill clients and mothers of children with severe intellectual difficulties, the term “miracle” derailed the conversation, suggesting alternative ways of asking the Miracle Question may be a useful therapeutic or research pursuit.

From a common factors perspective, the Miracle question helps clients develop and specify concrete goals and envision a better future (fostering hope and identify steps toward solutions). Research finds clients find the Miracle Question helps clarify their goals and feel more hopeful they can improve their situation, consistent with common factor research of a strong foundation for successful therapy.

First session task. After asking the miracle question, SFBT therapists often take a break, return to the session and provide compliments and then suggest some variation of the first session task, for instance:

“After this discussion, will you do something? Between now and our next session, I’d like for you to notice what things happen (in your life, marriage, or family) that are the sort of things you’d like to see continue to happen or happen more often. These may be things already occurring or something new. When we meet next, I’d like to start our session by asking you what you noticed.”

Research finds at the beginning of the second session of SFBT, about 86% of clients given the first session task report something positive and 57% report their situation is better. Further, clients assigned the first session task are more likely to accomplish their goals for therapy.

Additional SFBT Techniques with Empirical Support

Scaling questions: Client find these questions understandable and useful in describing their views and identifying ways to move up or down the scale. Clients easily understand scaling questions and find the useful to tracking, talking about, and guiding improvements.

Solution talk. A general approach of SFBT, and supported by common factors research, shows that the when therapists use solution talk, clients are more likely to talk about solutions.

What’s better? When therapists begin a session by asking “what’s better,” about 3 out of 4 times, clients report something is better.

Each of these three techniques can be viewed from a common factors perspective as activating client hope and action, developing a collaborative therapeutic relationship, and prompting new action or perceptions by clients.

How Process Research can help SFBT Therapists

Knowing that most common SFBT techniques succeed isn’t news to SFBT therapists. Building a body of research that verifies existing techniques are effective will add credibility and help establish SFBT as
evidence-based – a worthwhile goal that therapists can undertake or volunteer to participate in studies that advance efforts to create more research.

And, we can do more. Well-designed studies asking useful research questions can become the rule-of-thumb for SFBT if therapists and researchers unite - therapists volunteering to complete questionnaires and/or having clients rate or describe their experience, or experimenting with new ideas to improve the model – all designed to provide therapists with useful information about when and how to use existing SFBT techniques and develop and test new strategies and techniques to help clients achieve solutions.

If you want to help expand the research base of SFBT research, please contact me at jaymckeel@yahoo.com to discuss or volunteer to participate in new process studies of SFBT techniques, exploring how SFBT promotes hope, or the therapeutic alliance in SFBT. Thanks.

Selected Readings


Book devoted to presenting the case and research for Common Factors in psychotherapy.


Hubble, & B. L. Duncan (Eds.), *Handbook of solution-focused brief therapy* (pp. 335-349). San Francisco: Jossey-Bass.


Book presents a more moderate view of common factors research than Duncan et al (2010).

