Reviews

RESEARCH REVIEWS

Brief descriptions and reflections on recent research articles and books relevant to the development of Solution Focused practice and theory.

by Michael Durrant

Bell, R. J., Skinner, C. H., & Halbrook, M. K. (2011).

Solution-Focused Guided Imagery as an Intervention for Golfers with the Yips.

Journal of Imagery Research in Sport and Physical Activity, 6 (1), 1–16.

In a study that might be of particular interest to many managers, Bell and his colleagues report on the use of SF techniques to help resolve golf problems!

"Yips" are, apparently, problems golfers experience when putting, with about 30% of experienced golfers experiencing a twitch, freeze or involuntary interruption during a putting stroke. The authors note that previous researchers have identified two distinct types of putting yips – Type I and Type II (Stinear et al., 2006). While researchers acknowledge that both types of yips may be associated with stress, Type I yips are seen as **primarily** a neurological phenomenon, described as "a task specific focal hand dystonia" (typically treated with medication or an injection of Botox), while Type II are seen as primarily anxiety-related. Previous researchers have suggested that Type I yips may be associated with particular

neurological events, which lead to abnormal processing and impair sensory-motor activities (Paradiso, Cunic, & Chen, 2004) and there is some discussion of research that has observed similar dystonia in musicians, which identified similar specific abnormal neurological processes.

This study employed a previously researched assessment tool (Smith et al., 2003) to classify participants as suffering Type I or Type II yips and those with Type II were excluded from the study. Thus, the final sample is of golfers whose spasms or twitches when putting are primarily NOT psychological or emotional difficulties. After excluding participants who were not regular golfers or who did not demonstrate yips when observed over nine holes, the study proceeded with four participants.

The study employs an interesting methodology. Rather than using a conversational therapy process, the researchers use "Solution-Focused Guided Imagery" (SFGI). SFGI is a structured application of familiar SF techniques (Sklare, Sabella, & Petrosko, 2003), which provides participants with a 15–step auditory script. It guides them systematically through a process of imagining what the desired state will be like, imagining the miracle, recalling and visualising exceptions and scaling the things they visualise. The researcher reads the auditory "cues" at each step; however, there is no subsequent conversation. Thus, the process primarily occurs within the participant's imagination. The researchers use a multiple baseline single-subject methodology. This is a recognised methodology, particularly when sampling small, specialised populations. Data is collected and presented separately for each participant in a "before-intervention" and "after-intervention" process, which means that each subject effectively acts as his/her own control. Data is presented as a number of time-series graphs, inviting visual analysis.

For all four participants, yips decreased significantly following SFGI. All four showed medium or large effect sizes when looking statistically at the size of the effect of the intervention, baseline compared to the treatment phase and baseline compared to the later maintenance phase.

This is the third published study of Bell and his colleagues' use of SF ideas to help golfers with their yips (Bell & Thompson, 2007; Bell, Fisher & Skinner, 2009). The researchers are gradually extending their focus from the initial paper, which was a descriptive single case study, to demonstrating the generalisability of their results.

Vogelaar, L., van't Spijker, A., Vogelaar, T., van Busschbach, J. J., Visser, M. S., Kuipers, E. J., & van der Woude, C. J. (2011).

Solution Focused Therapy: A Promising New Tool in the Management of Fatigue in Crohn's Disease Patients: Psychological Interventions for the Management of Fatigue in Crohn's Disease.

Journal of Crohn's and Colitis, 5(6): 585–591.

Crohn's disease is a form of Inflammatory Bowel Disease (IBD) which is a chronic condition for which there is no known cure. Sufferers have an ongoing inflammation of the gastrointestinal tract and endure periods of cramping abdominal pain, sometimes severe. Periods of flare-up are associated with pain, fever, diarrhea, etc. Fatigue is listed as a symptom of the disease and the condition also shows an increased incidence of depression (US National Library of Medicine, 2012). In terms of the current paper, it is important to note that fatigue and stress are results of Crohn's disease, not psychosomatic causal factors.

This paper reports research conducted by a team of gastroenterologists and psychologists in the Netherlands which sought to establish whether psychological interventions can improve fatigue in Crohn's disease sufferers. The authors' report previous research that has shown the effectiveness of cognitive therapy in improving fatigue associated with other medical conditions, such as cancer (Gielissen, Verhagen, Witjes & Bleijenberg, 2006), and so they wonder about the usefulness of psychotherapy in IBD-related fatigue.

40 adult Crohn's disease patients were randomly allocated to three groups — Problem Solving Therapy (PST) group, Solution-Focused Therapy (SFT) group and Treatment as Usual (TAU) group, with 10 participants in each of the two therapy groups and 20 in the TAU group. The PST group received 10 sessions, over three months, in which they followed a "general model of problem solving" (involving problem definition leading to goal setting, brainstorming and evaluating pros and cons of possible solutions). The SFT group received five sessions, over three months, of SF Therapy. The paper does not describe the SFT protocol in detail; however, it seems that it was largely based on identifying exceptions. The TAU group received no psychological intervention.

The authors note that the relatively small (final) group size affected the power of the analysis. However, they conclude that fatigue decreased and Quality of Life scores increased for both therapy groups. The authors comment that "SFT showed more patients with less fatigue and better quality of life" (p. 589). Patients in the TAU group showed either no change or a worsening of fatigue.

Interestingly, the authors note that the SFT group had significantly fewer drop-outs during treatment than the PST group. Further, their results showed that SFT resulted in significantly lower health-care costs, both because SFT involved half the number of visits than PST but, moreover, because the SFT group showed a lower number of outpatient clinic visits.

The authors conclude that this pilot study shows that "SFT is a promising new tool to manage fatigue in Crohn's disease patients" and note the importance of a larger randomised controlled trial.

Reflections

These two papers are significant, I think, because they report the effectiveness of SF techniques in producing improvement in phenomena that are not just psychological. Physical or

medical conditions are often associated with psychological concomitants and the "boundary" between physical and psychological is not always clear (and is perhaps fluid). Previous research has shown that people's subjective experience or emotional state can have an objective effect on physical conditions. For example, Cohen et al. (2003) examined the effect of emotional style on susceptibility to the common cold. Using a large sample size, they showed that people with Positive Emotional Style (that is, people who typically experience positive and optimistic emotions) were significantly less likely to develop a cold when given nasal drops containing rhinovirus than were people with Negative Emotional Style. It is important to note that the study is NOT simply describing a phenomenon whereby "more positive" people endure their illness more easily, complain less or are less affected by the illness. This study showed that the physical, bodily response to the physical introduction of actual virus material was significantly different.

SF is not simply about helping people "be more positive". However, the two papers reviewed here are consistent with Cohen's (2003) findings and potentially extend those even further. The finding that SF therapy, which focuses on successes rather than analysing failures (in the case of the Crohn's patients) and which concentrates on making real the desired outcome (in the case of the golfers), leads to demonstrable improvement in neurological or disease-related difficulties is of enormous significance. It adds weight to the assertion that SF work may have an impact, for example in organisational work, on so-called objective or physical factors that affect performance, productivity and so on.

An interesting aspect of the first study is that the guided imagery protocol excluded any conversation from the process. Instructions were given verbally. For example:

> ***Step 3*** — With your eyes closed, imagine that a miracle happened tonight while you were sleeping, and this miracle solved your problem. Because you were sleeping you didn't know this miracle had occurred. When you woke up

> you realized you no longer had this problem. Picture in your mind what would be the first small sign that would show you were doing something different. After you have a mental image of this different behavioral action, describe what you would be doing. Do not describe something you would not be doing (Bell, Fisher & Skinner, 2009, p. 13).

The process was thus identical for each participant, with no differences that could be attributed to different therapist-client (or researcher-subject) effects. This is potentially an important step in demonstrating the power of SF techniques themselves rather than just attributing changes to "relationship factors".

Roeden, J. M., Maaskant, M. A., Bannink, F. P., & Curfs, L. M. G. (2011).

Solution-Focused Brief Therapy With People With Mild Intellectual Disabilities: A Case Series.

Journal of Policy and Practice in Intellectual Disabilities, 8(4), 247–255.

This paper (also from the Netherlands) also examines the use of SF therapy with a more "objective" problem – in the case, intellectual disability, which can be "measured" against some agreed-upon criteria. Again, this research employs methodology that presents a series of single-case studies, with statistics applied in analysing each case separately. While not providing the same kind of information and summary statistics that larger-scale studies allow, this kind of research provides a way to examine a series of individual studies in more detail. This paper reports on results with ten participants, each of whom had a mild intellectual disability and each of whom received five SF sessions. The authors provide their SFBT treatment protocol, which was followed to ensure that each participant received more or less the same therapeutic experience. The protocol follows a number of steps, including the questions asked by the

therapist, and the sequence will be familiar to those who know the SF process.

The four variables examined were quality of life, psychological functioning, social functioning and goal attainment. Each was measured using appropriate standardised instruments, either administered to the participants (and suitably adapted for their cognitive ability) or administered to carers to report on observed behaviour. In seven out of the ten participants, there were significant improvements in quality of life measures following SFBT. In eight out of ten cases, carers reported significant decreases of psychological problems. Seven of the ten participants indicated a greater than two point increase in goal attainment (on a ten-point scale of progression towards the goal).

In their conclusion, the authors demonstrate various ways in which SFBT is particularly suited to use with an Intellectual Disabilities population.

McKergow, M. (2012).

Solution-Focused Approaches to Management.

In C. Franklin, T. Trepper, W. J. Gingerich, & E. McCollum (Eds.), *Solution-Focused Brief Therapy: A Handbook of Evidence-Based Practice* (pp. 327–341). New York, Oxford University Press.

The book, *Solution-Focused Brief Therapy: A Handbook of Evidence-Based Practice*, was reviewed in the last issue of *Inter*Action and Macdonald (2011) observes that the book "offers detailed critical analysis of the existing research [on SFBT] in a timely and lucid fashion" (p. 125). His review understandably makes only passing mention of the chapter that may be of particular interest to many readers of this journal.

Mark McKergow begins by acknowledging that, while controlled research studies are possible in the therapy context, where "empirical research evidence" is demanded by admin-

istrators and funders, the world of organisations and business is often more pragmatic and ad hoc. After a brief, but helpful, summary of the history of the application of SF ideas in management, he goes on to discuss some of the particular challenges that the more varied nature of management contexts present. He contrasts the one-on-one client-therapist context, where the nature of the interaction is fairly clear and is limited, with the quite different relationships that arise in the workplace. The management context raises such issues as "how (for example) to ask questions from a not-knowing position if one is the manager, has known all those involved for many years, and will need to continue the relationship long after the conversation has finished" (p. 328). Such variations and issues clearly make systematic, controlled research more challenging.

After noting that there are numerous SF interventions in management contexts with anecdotal evidence of success, he goes on to review those published accounts that offer sufficient detail to allow some confidence in the results, noting that many of these are more of the form of case studies or qualitative analyses rather than the more "psychological" controlled study. McKergow provides a comprehensive account of the major published accounts of the application of SF techniques in a number of areas of management and organisations:

- Coaching
- Team Development
- Organisational Development and Performance
- Everyday Management
- Leadership Development
- Performance Management
- Quality management
- Conflict Resolution/Mediation
- Sales
- Strategy
- Training.

While many of these are more descriptive reports than "research results", the author provides a collection of real-life examples and successes that have at least passed the scrutiny of publication, which is broader and more comprehensive than anything previously available.

Finally, the author points out something that I have rarely seen considered when discussing outcome and research within the more traditional therapy or psychological context – the congruence between the values implicit in SF practice and the values demonstrated by SF practitioners. The business and management world is one often characterised by competition, suspicion and protecting intellectual property. McKergow notes that the development of SF approaches in the management context has been marked by openness, appreciating success and open-source sharing.

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