Peer-reviewed Papers

Solution Focused Conflict Management in Teams and in Organisations

Drs. Fredrike P. Bannink MDR

Rather than dwelling on the conflict, solution focused conflict management asks: what would you prefer instead of the conflict? The focus is on the preferred future of the team or organisation. Clients are considered capable of formulating their vision and of devising solutions that bring this hoped-for outcome closer. The expertise of the solution focused mediator lies in asking questions which help clients in this respect and in motivating clients to change. Conversations become positive and shorter; ensuring that SF conflict management is also cost-effective.

"Winning will depend on not wanting other people to lose"

R. Wright. Nonzero. History, Evolution and Human Cooperation

Introduction

In the Netherlands, thirty per cent of all absences due to illness are conflict-related. Presumably, this percentage varies little from country to country. Mediation is an alternative form of conflict resolution, well suited to resolving conflicts in teams and in organisations. The goal is to aid clients in finding an acceptable solution for their conflict. In this the mediator is a multipartial facilitator who helps clients to achieve their hoped-for outcome. The advantage of mediation is that it revolves around reaching a 'win-win' situation

(everybody gains: non-zero-sum game), whereas in the court-room, for example, it is a 'win-lose' situation (zero-sum game).

Over the past years, good results have been achieved with SF conflict management, also called SF mediation. This form of conflict management does not focus on exploring and analysing the conflict, but focuses directly on the preferred future of the clients and on the steps they can take in order to reach this outcome. SF techniques are not only useful in a conflict situation, but also for consensus building in a team or organisation.

Brief History

SF interviewing was developed during the eighties by de Shazer, Berg and colleagues at the Brief Family Therapy Center in the USA. They expanded upon the findings of Watzlawick, Weakland and Fish (1974), who stated that the attempted solution would sometimes perpetuate the problem and that an understanding of the origins of the problem was not always necessary. Propositions of de Shazer (1985) are:

- The development of a solution is not necessarily related to the problem. An analysis of the problem is not useful in finding solutions, whereas an analysis of exceptions to the problem is.
- The clients are the experts. They are the ones who determine their goal and the road to achieving this. De Shazer (1994) assumes that problems are a sort of subway token: they get the person through the gate (to the professional) but do not determine which train he will take, nor do they determine which stop he will use to get off.
- If it is not broken, do not fix it. Leave alone what is positive in the perception of the clients.
- If something works, continue with it. Even though it
 may be something completely different from what was
 expected.

• If something does not work, do something else. More of the same leads nowhere.

Looking to the Future

De Bono (1985) distinguished four dimensions in conflict thinking: is the action *fight*, *negotiate*, *problem solve* or *design*?

In the *fighting* approach, words of this idiom are used: it revolves around tactics, strategy and weak points. This is the language of the courtroom, where winning is the goal. The word *party*, as often used in mediation, also stems from this idiom and in SF mediation is replaced by the neutral word *client*

Negotiating suggests a compromise, whereby the possibilities are limited to what already exists, rather than envisaging something new.

Problem solving concerns the analysis of the problem along with its causes (the 'medical or mechanical model'). A disadvantage of problem solving is that when the problem is defined, the type of solution expected is also defined. With these three ways of thinking about conflict one looks backward at what already exists.

The fourth and best way in conflict resolution, the *design* approach, is solution focused and looks forward at what might be created. One possibility is to first determine the end point and then to see what solutions may get us there. Another approach is to simply jump to the end and conceive a 'dream solution'. Its content can be illogical because it concerns a fantasy. More importantly it can suggest circumstances in which the conflict would no longer exist: "Imagine the conflict resolved, what would you then be doing differently?"

If-questions (hypothetical questions) are useful because they refer to alterations in the condition of the conflict. Perceptions and thinking have become locked solid; therefore there is a need to introduce some instability in order to unfreeze the thinking. The basic purpose of the mediator is to convert a two-dimensional fight into a three-dimensional

exploration leading to the design of a desirable outcome. 'Conflict thinking should not be a fight but a design exercise' (De Bono, 1985, 124).

Haynes, Haynes and Fong (2004) state that a mediator can only mediate in the future tense. They propose that a mediator uses future focused questions to initiate change. 'Most clients are highly articulate about what they *do not* want and equally reticent about what they *do* want. However, the mediator is only useful to the clients in helping them to determine what they do want in the future and then helping them decide how they can get what they want. It is difficult for the mediator to help clients not get what they do not want, which is what clients expect if the mediator dwells with them on the past' (p. 7).

SF Conflict Management in Practice

- The *first question* following introductions, an explanation of SF mediation and a presentation of the structure and rules of play is: 'What needs to come out of this mediation?' or 'What are your best hopes?' Clients may react to this with a (brief) description of the conflict, to which the mediator listens with respect, or they may immediately indicate their goal for the mediation. In SF mediation it is important to both acknowledge the facts and influences of the conflict and to help clients change the situation. It may be helpful to give clients one opportunity to say 'what definitely needs to be said' at the start of the mediation. This reduces the possible continued reverberating of negative emotions.
- Developing a clearly formulated (mutual) goal. Clients are invited to describe what will be different once the conflict is resolved: 'What difference would that make?' Sometimes the miracle question is put forward: 'Imagine a miracle occurring tonight that would (sufficiently) solve the conflict which brought you here, but you were unaware of this as you were asleep: how would

- you notice tomorrow morning that this miracle has taken place? What would you be doing differently? What would be different between you?' And: 'How would the miracle manifest itself during the day?' (compare De Bono: 'dream solution').
- Goal examples are: a (restored) good cooperation within the team, a positive relationship between two or more people or the ending of a relationship in as good a manner as possible. If no mutual dependency can be found and no goal can be formulated, mediation is not indicated. The courtroom may then be a good alternative.
- Assessing motivation to change. The mediator assesses the relationship with each client: does it concern a visitor, a complainant or a customer relationship? In a visitor relationship the client is mandated and does not attend of his own volition. He has been referred by others (judge or manager in the organisation) and does not personally come forward in search of help. Those referring the client are concerned or have a conflict with him. The mediator will attempt to create a context in which the client may voluntarily ask for help. He may, for example, ask what those referring the client would like to see different in the future and to what extent the client is prepared to cooperate in this.

In a *complainant relationship* the client is suffering emotionally, but does not (yet) see himself as part of the conflict and/or the solutions. The other team members, management or the system are to blame and need to change. The mediator will acknowledge the client's suffering and may give suggestions for reflecting upon, analysing and observing moments when the conflict is or was there to a lesser extent or moments when (an element of) the miracle or desired outcome is already happening.

In a *customer relationship* the client does see himself as part of the conflict and/or solution and is motivated to change his behavior.

The SF mediator goes beyond the verification of commitment: he is trained in relating to the existing motivation and in stimulating change. It often happens that clients will start mediation from a *visitor* or *complainant relationship*. This early assessment of each client's level of motivation is of essential importance for the strategy of the mediator and for the type of homework suggestions.

- Exploring the exceptions: Questions are asked regarding the moments when the conflict is less serious and who does what to bring these exceptions about; the mediator can also ask about moments that already meet (to a degree) the goal of the clients: 'What is already working in the right direction?'
- Utilizing competence questions: The mediator looks for the clients' competences through questions such as: 'How did you do that? How did you decide to do that? How did you manage to do that?' The answers can foster 'empowerment' and may be of help in revealing whether something which has helped at an earlier stage can be done again.
- Utilizing scaling questions (10 = very good, 0 = very bad): Scaling questions will be asked in order for the mediator to assess improvements between the moment when the appointment was made and the end of the first mediation session. These questions also serve to measure and speed up progress in the mediation, to measure and stimulate motivation and confidence or hope that the preferred future can be reached. 'If on a scale 10 means 'pure collaboration', the ideal hoped for outcome, and 0 means 'pure conflict', where would you say you are right now?' (Schelling, 1960).
- Feedback at the end of the session: At the end of the meeting the mediator formulates feedback for the clients, which contains compliments and usually some homework suggestions. The compliments emphasize what clients are already constructively doing in order to reach their goal and can be seen as a form of positive

- reinforcement of desired behavior. The suggestions indicate areas requiring attention by the clients or further actions to reach their goal.
- Evaluating progress: There is regular evaluation of how far clients have come in achieving their hoped-for outcome. They explore what is yet to be done before they would consider the mutual goal (sufficiently) achieved and would deem the mediation process complete (usually finalised with a settlement agreement). 'What would be the next step?' 'What could be your next step?' Or: 'What would be the next sign of progress?' Every SF conversation is considered the final one; at the end of every conversation the mediator asks whether another meeting is considered necessary. Clients will determine the scheduling of the next meeting.
- The attitude of the mediator is one of 'not knowing' and 'leading from one step behind'. The mediator stands behind the clients and asks SF questions, inviting them to look at their preferred future and defining steps to get there.

Bannink (2006a, 2008a) gives a comparison between SF mediation and three forms of (more or less) problem focused mediation (problem solving mediation, transformative mediation and narrative mediation). For an overview of differences between problem focused and SF mediation see Table 1 below

 Table 1
 Differences between problem focused and solution focused conflict management

Problem focused conflict management	Solution focused conflict management
Past/present oriented	Future oriented
Conversations about what clients do not want (the conflict)	Conversations about what clients want instead of the conflict (preferred future)

Problem focused conflict management	Solution focused conflict management
Focus on the conflict: exploring and analysing the conflict	Focus on exceptions to the conflict: exploring and analysing the exceptions
Conversations about the same and impossibilities	Conversations about differences and possibilities
Conversations for insight and working through. Conversations about blame and invalidation	Conversations for accountability and action. No invitations to blame and invalidation. Insight may come during or after treatment
Clients are sometimes seen as not motivated (resistance)	Clients are seen as motivated (although their goal may not be the goal of the mediator)
Client is sometimes viewed as incompetent (deficit model)	Client is always viewed as competent, having strengths and abilities (resource model)
Mediator gives advice to client: he is the expert	Mediator asks questions: clients are the experts. Attitude of the mediator is 'not-knowing' and 'leading from one step behind'
Mediator's theory of change	Client's theory of change
Expression of affect is goal of mediation	Goals are individualized for all clients and do not necessarily involve expression of affect
Recognition and empowerment are goals of mediation	Recognition and empowerment can be means in reaching the preferred future
Interpretation	Acknowledgement, validation and opening possibilities
Big changes are needed	Small changes are often sufficient
New skills have to be learned	Nothing new has to be learned: clients are competent and have made changes before

Maybe feedback from clients at end of mediation	Feedback from clients at the end of every session
Long-term mediation	Variable/individualised length of mediation: often short-term mediation
Mediator indicates end of mediation	Clients indicate end of mediation
Success in mediation is defined as the resolution of the conflict	Success in mediation is defined as the preferred outcome, which may be different from (or better than) the resolution of the conflict

SF conflict management with a team

The team consists of six nurses in an institution for people with psychiatric problems. There has been a bad atmosphere within the team for two years. This developed following a severe accident involving a resident, due to accusations of negligence within the group leading to a lack of mutual trust. Attempts to reinstate good cooperation within the team have failed. The director has spoken with all team members and has appointed a coach from within the institution. Since there was no improvement, the director sent the team to an external mediator. If there is still no improvement, dismissals are likely to occur. The nurses have agreed to mediation, albeit reluctantly.

The first meeting: The conversation starts with preliminary introductions and the creation of a positive, informal atmosphere through agreeing to continue on a first name basis, with the mediator showing an interest in the clients' working and private lives and giving compliments for the courage to start the mediation. Then follows an explanation of the SF process: the conversation will not so much focus on the conflict itself, but on what they would like to see different: their preferred future as a team and on how that may be achieved. There is room for acknowledging their emotions and normalising the frustration by reacting with empathy to the brief history of

the conflict. The clients are given space to 'say what definitely needs to be said'. Some make use of this by expressing the hope that these meetings will lead to a positive result. Following this, the mediator asks the *goal formulation question*: 'What are your best hopes'? And: 'What difference would that make'?

All team members indicate that they hope they can cooperate in a pleasant manner again, with a restoration of mutual trust. This would lead to greater pleasure in being part of the team. The mediator inquires into concrete behavior and how that would manifest itself: 'How could you tell that the level of trust between you was increasing?' What would you be doing differently?' Since most team members initially think others, rather than themselves, need to change (assessing motivation: complainant relationship), the mediator asks: 'What would you personally do differently, assuming that the behavior of others was more in line with the desired direction?'

The mediator asks: 'What is already working towards your preferred future? And what else?' Then the progress is scaled: 'On a scale of 10 - 0 (10 = pure cooperation and 0= pure conflict), where would you say you are right now?' The nurses mention marks between 2 and 5. The scale of 10 - 0 is drawn as a vertical line on a flip chart and the marks are applied. The mediator asks every member how they have already succeeded in reaching that mark and gives compliments. In addition, the mediator asks the team members which mark they would like to attain: which mark is 'good enough'? All would like to achieve at least a 7 or 8. The next questions are: 'What will one mark higher from now look like and what would you then be doing differently? How might you reach this mark? What would be the next step?' And: 'How would your colleagues notice that you have achieved one mark higher?' The team members are also asked how their patients and their director would notice that they as a team are progressing towards a 7 or 8.

The mediator gives feedback: *compliments* for the willingness to improve the team atmosphere and the concrete steps

mentioned to reach one mark higher. At the end of the meeting all team members are invited to pay attention until the next meeting to the moments when the team has already (for a while) reached one mark higher, so that next time this can be discussed. The *final question* is: 'Do you think it is useful to return?' The team members specify the scheduling of the next appointment.

The second meeting: The opening question, ten days later, is: 'What is better?' The team members say that things are going slightly better. They talk more to each other and the air seems to have cleared a little; they also greet each other in the corridor again. They are invited to give details about how they were able to do this, and the mediator compliments them with the achieved result.

Using scaling questions: The marks are a little higher: ranging from a 4 to a 6.5. Again the marks are recorded on the flip chart. The team members explain how they have reached these marks. The team meetings are becoming more constructive because they do not interrupt each other and listen more to one another. The next questions are: 'What might one mark higher from now look like? What would be the next step? What would you be doing differently? What can you do yourself and what do you need from the other team members'?

At the end of this meeting the feedback consists of *compliments* from the mediator and the *suggestion*: 'When you work together in the weeks to come, *act as if* you are already one mark higher and take notice of what difference that makes. Do you think it is useful to return and if so, when should the next appointment take place?'

The third meeting: The opening question in the final meeting, four weeks later, is: 'What is better?' All indicate that it is going fairly well. Marks range from 5.5 to 8. Again they are recorded on the flip chart. The mutual trust has to some extent been restored. They have become more interested in each other and increasingly enjoy each other's company. Included in the settlement agreement is the intention to work as much as possible as a 'dream team'. Should,

despite their best efforts, a new dispute arise, they will again attempt to find solutions through mediation. To conclude, the mediator *compliments* the team about the achieved result. Following this meeting the settlement agreement is signed by the team members. They decide to have dinner together as way of celebration. Three months after signing the agreement, a follow-up by telephone finds that the team – and the director – are satisfied with the result.

Indications and Contraindications

Indications: Research has shown that solution focused conversations have a positive effect in less time than problem focused conversations and that they satisfy the client's need for autonomy (Stams et al., 2006). The SF model has proven to be applicable in all situations where there is the possibility of a conversation between client and professional: (mental) health care (De Shazer, 1985, 1994; Bannink, 2006b: 2007ab; Macdonald, 2007; Bakker & Bannink, 2008; Bannink, 2008e), in management and coaching (Cauffman, 2003), in organisations (Stam & Bannink, 2008), in education (Goei and Bannink, 2005), in working with mentally retarded people (Roeden & Bannink, 2007) and in conflict management/mediation (Bannink, 2006ab: 2008abcdf. 2009ab). SF conflict management is suitable for teams and organisations, whereby it is important that there is a shared preferred future (or that clients are able to envision one during mediation).

Contraindications: A contraindication is the situation in which it is impossible to establish a dialogue with the clients, for example if a (mandated) client is psychotic or does not want to talk to the mediator. Another contraindication concerns a well executed SF mediation which has yielded disappointing results. In these situations a lengthier form of (more problem focused) mediation, such as problem solving, transformative or narrative mediation, might be indicated or another SF mediator might be appointed. Research shows that the relationship with the professional is far more important

for a successful outcome than any method is (Norcross et al, 2002).

A different contraindication does not concern the clients, but the mediator or the institution. If the mediator is not willing to let go of his attitude as an expert, SF mediation will not work. The final contraindication relates to mediators or institutions maintaining waiting lists for reasons of financial security. SF mediation is short in nature, as a result of which waiting lists can be reduced relatively quickly.

Concluding Remarks

In conflict management the measure of success is not so much whether a client wins at the other client's expense, but whether he gets what he wants *because* he enables the others to achieve their dreams and to do what they want (Wright, 2000). Mediators could be trained to help their clients in designing those dreams and solutions and to assist them in the motivation to change. Clients can be motivated to work hard to achieve their goal. As a result the mediator also has energy to spare at the end of the day. SF conflict management can help clients *and* mediators create their preferred future.

References

- Bakker, J.M. & Bannink, F.P. (2008). Oplossingsgerichte therapie in de psychiatrische praktijk [Solution Focused Brief Therapy in Psychiatric Practice]. *Tijdschrift voor Psychiatrie [Dutch Journal for Psychiatry]*, 50, 1, 55–59.
- Bannink, F.P. (2006a). *Oplossingsgerichte Mediation [Solution Focused Mediation]*. Amsterdam: Pearson.
- Bannink, F.P. (2006b). Oplossingsgerichte Vragen. Handboek Oplossingsgerichte Gespreksvoering. [Solution Focused Questions. Handbook Solution Focused Interviewing]. Amsterdam: Pearson.
- Bannink, F.P. (2006c). Oplossingsgerichte Mediation [Solution Focused Mediation]. *Tijdschrift Conflicthantering [Journal of Conflict Resolution]*, 7, 143–145.

- Bannink, F.P. (2007a). Gelukkig zijn en geluk hebben. Zelf oplossingsgericht werken. [Being Happy and Being Lucky. Solution Focused Self-Help]. Amsterdam: Pearson.
- Bannink, F.P. (2007b). Solution Focused Brief Therapy. *Journal of Contemporary Psychotherapy*, 37, 2, 87–94.
- Bannink, F.P. (2008a). Solution Focused Mediation. *Conflict Resolution Quarterly*, 25, 2, 163–183.
- Bannink, F.P. (2008b). Vergelding of verzoening [Retaliation or Reconciliation]. *Forum voor conflictmanagement* [Forum for Conflict Management], 1, 26–28.
- Bannink, F.P. (2008c). *Solution Focused Mediation*. Retrieved from www.mediate.com and www.adrresources.com
- Bannink, F.P. (2008d). Visitor, complainants, customer. Motivating clients to change in mediation. Retrieved from www.mediate.com and www.adrresources.com
- Bannink, F.P. (2008e). Posttraumatic Success: Solution Focused Brief Therapy. *Brief Treatment and Crisis Intervention*, 7, 1–11.
- Bannink, F.P. (2008f). Solution Focused Mediation. *The Jury Expert*. Retrieved from *at www.astcweb.org*
- Bannink, F.P. (2009a). *Supermediators*. Retrieved from www.mediate.com
- Bannink, F.P. (2009b). Supermediators. *Column Conflictinzicht* [Column Conflict Insight], 1, 4–6.
- Bono, E. de. (1985). *Conflicts: A Better Way to Resolve Them*. London: Penguin.
- Cauffman, L. (2003). Oplossingsgericht management & coaching [Solution Focused Management and Coaching]. Utrecht: Lemma.
- Goei, S.L. and Bannink, F.P. (2005). Oplossingsgericht werken in remedial teaching [Solution Focused Remedial Teaching]. Remediaal, Tijdschrift voor leer- en gedragsproblemen in het vo/bvo [Dutch Journal of Learning and Behaviour Problems], 5, 3, 19–26.
- Haynes, J.M., Haynes, G.L. and Fong, L.S. (2004). Mediation. Positive Conflict Management. Albany: State University of New York.
- Macdonald, A. (2007). Solution Focused Therapy, Theory, Research & Practice. London: Sage.

- Norcross, J.C. (Ed.) (2002). Psychotherapy Relationships that work; Therapeutic contributions and responsiveness to patients. Oxford: University Press.
- Roeden, J.M. & Bannink, F.P. (2007). Oplossingsgericht werken met licht verstandelijke beperkte cliënten [Solution focused brief therapy with mentally handicapped clients]. Amsterdam: Pearson.
- Schelling, T.C. (1960). *The Strategy of Conflict*. Cambridge: Harvard University.
- Shazer, S. de. (1985). *Keys to Solution in Brief Therapy*. New York: Norton.
- Shazer, S. de (1994). Words Were Originally Magic. New York: Norton.
- Stam, P. & Bannink, F.P. (2008). De oplossingsgerichte organisatie [The Solution Focused Organization]. *Tijdschrift voor Kinder- en Jeugd Psychotherapie [Journal Child- en Youth Psychotherapy*], 3, 62–72.
- Stams, G.J., Dekovic, M., Buist, K. & Vries, L. de. (2006). Effectiviteit van oplossingsgerichte korte therapie; een meta-analyse [Efficacy of Solution Focused Brief Therapy: A Meta-analysis]. *Gedragstherapie [Journal of Behavior Therapy]*, 39, 2, 81–94.
- Watzlawick, P., Weakland, J. and Fish, R. (1974). *Change: Principles of Problem Formation and Problem Resolution*. New York: Norton.
- Wright, R. (2000). *Nonzero. History, Evolution and Human Cooperation*. London: Abacus.

Fredrike Bannink is a Master of Dispute Resolution and a clinical psychologist. She is an SF trainer and author of many international publications solutions@fpbannink.com, www.fpbannink.com.