
Defining the Focus in Solution-Focused Brief Therapy

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Abstract

This paper explores an often underrepresented aspect of solution-focused brief therapy (SFBT): the notion of focus. The view that the focus in SFBT is on solution development is often overrepresented, and it seems that the evolving relational focus of SFBT needs to be put in the foreground. That is, there is a recursive relationship between the client's focus and the therapist's focus. In the beginning of therapy, the therapist pays attention to the client's focus—usually problem discussion. Once the therapist acknowledges the client's current position, the client is better able to pay attention to the therapist's alternative focus—solution development. In this paper, we utilize a case transcript of Insoo Kim Berg, one of the developers of SFBT, to demonstrate how the relational focus moves the session forward toward client change. We conclude by suggesting that future SFBT treatment manuals and textbooks include the importance of having a relational focus when using SFBT in order to uphold the integrity and quality of the SFBT model.

Keywords: solution-focused brief therapy, focus, recursiveness, relational focus

Solution-focused brief therapy (SFBT) has been thoroughly studied (see McKeel, 2012, for an extensive review); however, people may not always be exploring the most important aspect of the model. Some explore the “therapy” aspect (i.e., the various techniques, such as the miracle, exception, and scaling questions), some the “brief” aspect (i.e., average number of sessions), and others the “solution” aspect (i.e., the solution-building process). Perhaps the most influential aspect of SFBT, however, is the “focused” aspect. In this paper, we will examine this often ignored component and will define what it means for the model.

Focus can be defined as the center of attraction, a state or condition permitting clear perception or understanding, or directed attention (“Focus,” n.d.). We assert that the focused aspect of therapy tends to get lost—leading to potentially destructive therapeutic interactions. As Ghul (2005) noted, beginners tend to be “over-focused on the ‘classic’ solution-focused questions” and are “more concerned with asking the questions in the right way at the right time than working in tune with the client” (p. 170). When this happens, therapy shifts from being “solution-focused” to “solution-forced” therapy. For example, in their work with mothers who have a child with severe intellectual disabilities, Lloyd and Dallos (2008) found that the mothers viewed the miracle question as irrelevant and confusing. The researchers believed this was because the therapist was misattuned with the client at

that point in the session, as the miracle question would not have made sense for the client.

We believe that such a tendency of solution-forced therapy happens because therapists lose sight of the therapeutic interchange and the importance of connecting with the client's worldview and, in essence, the therapist becomes a technician who is separate from the client. Eve Lipchik also explained that clients may maintain their problem-focused positions when therapists ask questions that are disconnected from the conversational flow and the client's emotionality (Young, 2005). However, in SFBT, our contention is that the “focused” aspect of treatment is a relational action that connects therapist and client. When therapy lacks this attunement, therapists will have a more difficult time understanding the client's concerns and, in turn, the client will have a more difficult time following the therapist's invitations to alternative perspectives of their situation. In this paper, we will utilize a case transcript of Insoo Kim Berg (1994b) working with a couple, from a training tape she developed, to highlight how she pays attention to the clients' concerns and then, conversely, how the clients draw their attention to Berg's uncovering of their strengths and resources. This recursive operation of focus helps move solution-focused sessions from problems to solutions and prevents sessions devolving into being solution-forced interchanges. The purpose of this paper is to explore this often disregarded aspect of SFBT—an aspect

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that demonstrates how practitioners must understand the therapeutic system rather than just the nuts and bolts of the model.

We believe that there are times that SFBT therapists restrict the range of their therapeutic focus too narrowly. That is, therapists seem sometimes to understate or neglect that a fundamental part of doing SFBT is to follow the client. Examples of this also can be seen in current texts on SFBT; for instance, the Solution-Focused Brief Therapy Association's official treatment manual states that one of the basic tenets of SFBT is that "the therapeutic focus should be on the client's desired future rather than on past problems or current conflicts" (Bavelas et al., 2013, p. 2). In the manual's listing of the tenets of SFBT, the importance of adjusting to the client's focus is not included. However, the contributors to the manual do point out that the therapist should listen to the client's words and phrases in the listen, select, and build process—but this is mainly in order to listen for aspects of a solution. While we agree that focusing on the client's desired future is the desired outcome, this description does not paint the full picture of how to get there—that the therapeutic focus is a flowing interchange between therapist and client. Similar descriptions can be seen in some of the books popularizing SFBT. For example, Connie (2012) was even more adamant about not addressing what might be called problems: "Another task for the [solution-focused] therapist at this point in the process is to reject any invitation to be drawn into problem talk" (p. 19). While it might be viewed as optimal to only address clients' strengths, resources, and solutions from the onset, we hold caution in not acknowledging client's concerns, as they bring them to therapy. For instance, if a couple entered therapy with the wife's complaint that the husband does not hear her when she points out things she does not like in the relationship, a therapist who does not acknowledge her concerns would be recapitulating the process that she is complaining about—leading to a potential disconnect in the therapeutic relationship. Also, by not focusing on the wife's problem focus, that is, her husband, or—more accurately—the times when she feels her husband is not listening, then the therapist might not be able to help the wife focus on relevant exceptions (i.e., times when she hears her husband apparently listening). For us, focusing in SFBT would allow us to acknowledge and verify her current position, as well as address what she is hoping for—to be heard and listened to.

When exploring the history of SFBT, the model was not originally called solution-focused therapy. De Shazer et al.'s (1986) seminal article was entitled "Brief Therapy: Focused Solution Development," and this title was in direct comparison to Weakland, Fisch, Watzlawick, and Bodin's (1974) paper, "Brief Therapy: Focused Problem Resolution," as the originators of SFBT developed their model out of their application of the Mental Research Institute brief therapy model. This shows that de Shazer (1991) originally referred to the SFBT approach as "the focused solution development model" (p. 58) and that in these early titles, the focused aspect of the model took precedence.

While SFBT is solution-focused rather than problem-focused, the two are intertwined. A therapist cannot push for solutions if the client is stuck in a problem focus. Thus, it is the therapist's responsibility to meet the client where he/she is and then add alternatives to the context (i.e., alternative meanings, behaviors, or cognitions). De Shazer et al. (1986) initially discussed this notion of matching as "fit." They explained:

In order to construct solutions, it can be useful to find out as much as possible about the constraints of the complaint situation and the interaction involved, because the solution (that is, change in interaction) needs to "fit" within the constraints of that situation in such a way as to allow a solution to develop. (p. 208)

The fit that we see happening here is the apparent relationship between the therapist's focus and the complaint/solution dynamic. Digging deeper, we can explore how the therapist contacts the complaint—through the client's explanation. As such, the therapist's inquiry must fit the client's perspective to get the information the therapist needs to understand the complaint/solution sequence. This fit may be seen as being "in between" (McKergow & Korman, 2009), where what happens in the therapy room is not scripted, but rather is based on what is happening in the moment between therapist and client via their dialogue and interaction.

Whose Focus?

The focus in SFBT involves both therapist and client's mutual co-construction. However, it is the therapist who must be mindful of where she places her direction. De Shazer et al. (1986) explained that the therapist should be collaborating with clients to describe their preferred understandings—the ones that they emphasize in their explanations of their situations. When examining potential pathways to solution development, the client's explanations are a prime avenue of opportunity. Thus, the therapist's focus is geared not only toward the client's descriptions of complaints (problems), but also on what clients are saying are not problems or when complaints are not as problematic.

In order to do this, the therapist must understand where the client currently is and where the client's focus is located. In her microanalysis of SFBT sessions, Bavelas (2012) explored the co-construction of language. One aspect of this involves the understanding of when the therapist uses formulation (Garfinkel & Sacks, 1970). *Formulation*, in the therapeutic context, occurs when the therapist summarizes what the client said and this summarization demonstrates the therapist's attention on the client's perspectives. Berg (1994a) provided some questions to assist the therapist to tune into the client's perspectives; these include: "What is important to this client? What would make sense to him? How does he see the problem? How does he explain that he has this problem?" (p. 54). Whatever response is given, it is

the therapist's job to first adapt to the client's worldview instead of the client first adapting to the therapist's. As Berg (1994a) explained, "When the client thinks you respect and validate his ideas, he will respect and validate your input" (p. 54).

As can be seen, focus is a relational process. The focus of SFBT is not devoid of therapist and client—where there is only an exploration of solutions. Focus is a back-and-forth flow between therapist and client and client and therapist; it encompasses where they are together placing their attention. In this relational process, the therapist expands what he or she is paying attention to, first seeing what the client views as significant at that point in time (usually problems/complaints at the beginning of therapy) as well as what is understated or unsaid of that communication (i.e., the goals—for instance, when the client states, "I don't want to fight with my spouse," they are saying not only what they do not want, but also what they *do* want—to get along with their spouse). SFBT sessions move forward when the focus of the session is mutual between therapist and client.

There are various qualities of focus to determine whether the therapist and client are engaged in the same discourse. These qualities, based partially off of Karl Tomm's (1984) distinction of Milan systemic therapy questions, include perspective, spatial, temporal, behavioral, and affective focus. The *perspective quality* includes a focus on problems or solutions. The *spatial quality* examines what happens between persons. The *temporal quality* explores distinctions in time, while the *behavioral quality* examines how people have changed their actions. Finally, the *affective quality* concerns the differences in people's emotional states. Therapists attend to where their clients are putting their attention, acknowledge that position, and then shift the focus along the continuum of that quality. For instance, if a husband complains about his wife, the therapist can acknowledge the complaint and then shift to a reciprocal interaction between wife and husband to see if the husband shifts as well. The therapist might make a statement such as the following:

For you, you don't like it when Maya yells at you. It seems that what you are hoping for between the two of you is a different type of interaction. How would you prefer things to be between the two of you?

SFBT has been criticized, since not much time is spent on examining the complaint or its etiology. However, this is not an accurate critique of the model. In exploring de Shazer et al.'s (1986) seminal article, much time is spent discussing the client's complaints. However, it is presented as the absence of the complaint. When clients come to therapy, they usually start a first session with a focus on complaints—who is doing what, when, where, and how. This is important, because a therapist's verification of a client's worldview helps the client feel understood and serves to connect therapist and client (Short, 2010). Short (2010) explained that effective therapists usually do not impose their worldview on clients, but rather, work from within the client's worldview. De Jong and Berg (2008)

explained that "it is important to listen to these concerns to orient yourself to their situation, discern who and what are important to them, and let them know they are being heard" (p. 45). When therapists do not listen, acknowledge, and verify a client's initial position, they run the risk of engaging in solution-forced therapy.

While complaints may seem to be the client's primary direction, the client also desires a life of more than these complaints. By talking with the client about their complaint and joining with that attention, the therapist can also connect with the sometimes *unfocused focus*—the idea of life without the complaint. This can be seen in the interplay between problem talk and solution talk—the perspective quality of focus. Usually, a session begins in the realm of problem talk, where therapists allow their attention to align with the client's presenting explanations. During this conversation, the therapist will try to uncover the client's focus on their life devoid of the complaint—what is called *solution talk* (Furman & Ahola, 1992). Typically, the SFBT therapist opens a session with an offering of solution talk—perhaps by asking, "What needs to happen here in our work together so that you know that coming here has been worth it to you?" (de Shazer, 2005, p. 71). If the client follows that opening, the therapist continues in that direction. However, if the client engages in problem talk, the therapist can respect that position, acknowledge it, and open pathways to alternative possibilities. Figure 1 presents a visualization of the process of relational focus in SFBT.

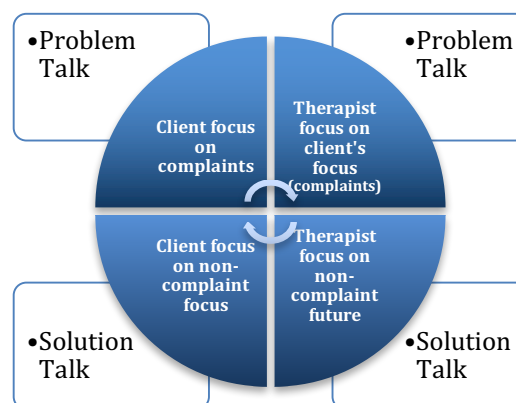


Figure 1. The relational process of focus in SFBT sessions.

We can look at this shift from problem talk to solution talk as a shift in the language game occurring between client and therapist (de Shazer & Berg, 1992). In essence, what had been secondary (the absence of the problem or the presence of something beyond the problem) now becomes primary and in tandem, what was primary (the complaint) now becomes secondary. We can also look at this in terms of being focused and unfocused, as in the case of taking a picture with a camera. When using a camera with a lens, we focus in on a particular object, which becomes clear, while other objects become unfocused and blurry. In order to focus on the blurred image, the original focus point must become

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blurred. What is being described is the process of moving back and forth between problem and solution talk. Problem talk is concentration on what is not working, while solution talk is conversation outside of the complaint (Berg & de Shazer, 1993). The more the conversation centers on solutions (non-problem times), the more therapist—and most importantly the client—believe in and move toward what they are conversing about. This shift in the conversation may come about as therapists notice the hints of possibility in the client's story (De Jong & Berg, 2008). These are points in the conversation where an opening to solution building occurs.

Cooperating

When the therapist's and client's focus are in agreement, cooperation occurs. Along with developing rapport with the client, cooperating is one of the solution-focused therapist's two main emphases in the first session (de Shazer, 1982, 1985). De Shazer (1982) defined *cooperating* in the following manner:

Each family (individual or couple) shows a unique way of attempting to cooperate, and the therapist's job becomes, first, to describe that particular manner to himself that the family shows and, then, to cooperate with the family's way and, thus, to promote change. (pp. 9–10)

Cooperating is a re-description of “resistance” (de Shazer, 1984). This happens when the therapist widens the lens of understanding from the family-as-a-system to family therapy-as-a-system. The latter includes both the family and the therapist. As such, the therapist must pay attention to how connected he or she is with the client's worldview as the therapist can make an error of not listening to what the client wants and does not want. De Shazer explained that a therapist's error “would mean to me that the therapist wasn't listening, and therefore he told the client to do something the client didn't want to do” (as cited in Hoyt, 1996, p. 64).

SBFT's relational focus is multifaceted. In one respect, the therapist pays attention to how family members' intentions and desires are aligned. However, what makes therapy move forward is the relationally aligned focus between therapist and client. As such, each person's use of language impacts how the conversation flows. De Shazer and Berg (1992) described this back-and-forth process:

Clients describe their situation from their own particular, unique point of view. The therapist listens, always seeing things differently, always having different meanings for the words that clients use, and thus redescribes what the clients describe from a different point of view. The possibilities of new meanings open up from these two different descriptions, these two different meanings, when they are juxtaposed. . . . The result is not the client's

views and meanings and it is not the therapist's view and meaning but something different from both. (p. 77)

De Shazer (1982, 1991) described this process as a *binocular theory of change*: When two vantage points are used to examine something and there is enough similarity yet difference between the two, something new emerges. Figure 2 presents how the client's and therapist's focus and meanings combine to provide a different direction for therapy—one that moves toward solutions and goals.



Figure 2. The binocularly between client and therapist focus and meaning.

While the therapist must understand the client's worldview and engage in conversation that supports it, the therapist must also see more than the client's worldview (de Shazer, 1982). This allows difference to enter the interaction, providing clients the opportunity out of their limited perception of the problem sequence to the solution sequence. One primary way that therapists introduce a different perspective is through *hedging*, or when the therapist takes ownership of a thought without bringing it forth as truth. For instance, the therapist might say, “This is just a thought, that . . .” or “I'm not sure if this is your perspective, but it seems . . .” Hedging is a way to demonstrate therapist neutrality. Here, the therapist is neutral, so as to not take sides with family members and so that the client can choose to accept (or not) the perspective the therapist proposes.

A part of a client's worldview is their ascribed meaning (*frames*) to a situation (de Shazer, 1985). The ascribed meaning to a frame involves whether the client views it with positive meaning or negative meaning. In using this terminology, it is possible to examine focus by understanding whether therapist and client agree on the frame. If so, their focus is in sync. Thus, a solution-focused therapist's focus is on the client's frame.

This notion of connection between therapist and client can be seen in the design of the intervention given to the client. De Shazer et al. (1986) developed an intervention design worksheet to help train therapists to work from the model. The final guideline is to “decide what will fit for the particular client(s), i.e. which task, based on which variable . . . will the client(s) most likely accept and perform. What will make sense to the particular client(s)?” (de Shazer et al., 1986, p. 216). In effect, the therapist's frame for the intervention has to fit the client's frame of what is happening and what could help. One of the original mantras for SBFT was that if the client's goals and the therapist's

goals were different, then the therapist was incorrect (Hoyt, 1996).

Solution-focused interventions are designed to fit within the client's worldview. Part of this happens through the therapist's creating a "yes set" with the client. Here, the therapist asks the client questions that are most likely answered with a "yes." De Shazer et al. (1986) described this process:

Simply, the start of the therapeutic message is designed to let clients know that the therapist sees things their way and agrees with them. This, of course, allows the clients to agree easily with the therapist. Once this agreement is established, then the clients are in a proper frame of mind to accept clues about solutions, namely, something new and different. (pp. 216–217)

Thus, it is the therapist's responsibility to shift their attention—even if just for a short time—to align with the client's, and then see if the client will shift their attention to the therapist's focus on the non-complaint times. This is made easier through the process of reciprocity. People are more likely to give to another when the first person has previously given. In the therapy realm, this happens when the therapist first shifts to the client's position, which then leads to a greater possibility of the client reciprocating this flexibility and shifting to the therapist's position (Short, 2010). Each SFBT solution-building technique is fashioned in relation to the client's focus of who, what, where, and when are seen as problematic.

Analyzing the Use of Focus in a Session: Leslie and Bill

In this section, we will demonstrate how an SFBT therapist moves sessions forward by engaging in a relational interchange of back-and-forth focus by utilizing one of Insoo Kim Berg's (1994b) training tapes. The case depicts a couple, Leslie and Bill, who are coming to therapy to address their marriage. In the beginning of the session, Berg attempts to join and socialize with the couple, asking Bill about his work. While describing his job as a lawyer, Leslie states that he is out every evening and spends time with a lot of female clients. Berg then asks Leslie about what she does. Leslie explains that she works as director of customer service for a telephone company and that she is the primary caretaker for their children.

Client's Focus on Problem Talk

In this segment (Excerpt 1), taken from early on in the session, we will see where Bill and Leslie place their focus.

Excerpt 1.

Leslie (1.01): I have primary responsibility of doing the housework, the shopping, the child care.

Insoo Kim Berg (1.02): And your children are very small?

Leslie (1.03): They're very small.

Insoo Kim Berg (1.04): They're very small, 5 and 3.

Leslie (1.05): Right.

Insoo Kim Berg (1.06): I'm sure they keep you very busy.

Leslie (1.07): Right, at home. Yes, and I actually take responsibility for Bill's, um, son, ah.

Insoo Kim Berg (1.08): Hmm.

Leslie (1.09): By his first marriage.

Insoo Kim Berg (1.10): Uh huh.

Leslie (1.11): Bill Jr., ah.

Insoo Kim Berg (1.12): Yeah.

Bill (1.13): On occasion. On occasion.

Leslie (1.14): No, that's more than—

Bill (1.15): Not right there really, I mean.

Leslie (1.16): When was the last time that you went to pick up Bill Jr. and took him back home.

Insoo Kim Berg (1.17): Okay.

Leslie (1.18): Or make the arrangements.

Insoo Kim Berg (1.19): Let me—let me come back to that. Let me come back to that again. I'm sure you have a lot of issues. It sounds like you—how long have you been together?

Bill (1.20): Seven years.

Insoo Kim Berg (1.21): Seven years. Okay.

Leslie (1.22): Seven long years.

At this point in the session, both Bill and Leslie have been describing aspects of their marriage that they find problematic (e.g., Leslie having primary responsibility for the children, as expressed in Turn 1.01, including the son from Bill's first marriage, as described in Turn 1.07). They have complaints, mainly about what the other person does and does not do (see Turn 1.16). Their focus is on what they do not like the other person doing or not doing—what we would call problem talk.

Therapist's Focus on Clients' Problem Talk

Initially, the therapist's focus is on the client's focus. The case of Bill and Leslie is similar to most cases coming to therapy; the client comes in with concerns and complaints and wants to inform the therapist about them.

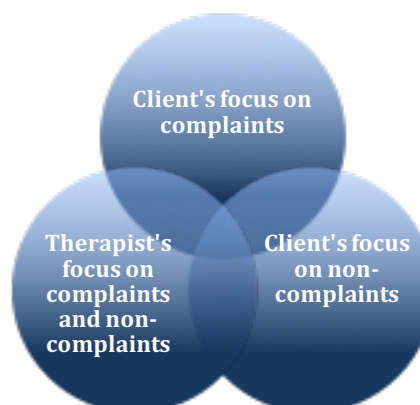


Figure 3. The relationship between therapist and client focus on complaints and non-complaints

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While the therapist knows that hidden beneath these complaints are goals and solutions, they must first join with their client in a collaborative dialogic endeavor, beginning with acknowledging and verifying the client's position. If this can be achieved, the therapist is then better able to shift the focus and have the client follow. Figure 3 shows the interconnection between therapist and client focus on complaints and non-complaints.

Excerpt 2.

Insoo Kim Berg (2.01): So, it sounds like you both are feeling very frustrated about what's going or what's not going on between the two of you?
Bill (2.02): Well, you know. I mean, she has zero understanding about what's going on and makes . . .
Insoo Kim Berg (2.03): Right.
Bill (2.04): It is very difficult.
Leslie (2.05): See, that's part of the problem.
Bill (2.06): We used to communicate.
Leslie (2.07): See, I got that.
Bill (2.08): but now . . .
Leslie (2.09): It's always me. I have the zero understanding. He understands it all.
Insoo Kim Berg (2.10): Sure.
Leslie (2.11): He understands it all. That's—that's the problem.
Insoo Kim Berg (2.12): Right. Right.

During this segment, Insoo stays with Leslie and Bill's focus on what is happening for them in Turn 2.01—that Leslie feels she has the brunt of the responsibility for caretaking and Bill believes that they used to communicate better. In her longest intervention (Turn 2.01), Berg engages in hedging ("So, it sounds like . . .") when she makes a statement that we would call a formulation—framing their complaints as frustration. This is an attempt by Berg to engage in *mutualization*—highlighting their joint focus of what is (or is not) happening in the marriage that they do not like.

Therapist's Focus on Solutions

While the therapist begins sessions focused on the client's focus, to be useful to the client the therapist is also focused on the unfocused focus of the clients—times when the complaint is reduced or absent. By first connecting with where the client's focus is at (during problem talk; see Turn 2.01 in Excerpt 2), the therapist has validated the client's worldview and is in a better position to shift the focus to the unfocused exceptions that have been occurring in the client's life. In this segment (see Excerpt 3), Berg hears Leslie's complaint (i.e., wanting to see Bill being more responsible; Turn 3.12) as well as an exception to that complaint (i.e., Leslie seeing Bill as being more responsible; Turns 3.13–3.30). She then shifts the talk from the problem to the unfocused focus—the exception.

Excerpt 3.

Bill (3.01): If we can come out of this with some ground-level communication, I will think that it has been successful.
Insoo Kim Berg (3.02): Okay, Okay.
Bill (3.03): But, I mean—you know—we just have a problem . . .
Insoo Kim Berg (3.04): All right.
Bill (3.05): . . . of being able to talk, together.
Insoo Kim Berg (3.06): I understand.
Bill (3.07): And say . . .
Leslie (3.08): [talking over each other] I talk and you don't even say anything when I talk . . .
Bill (3.09): [talking over each other] You know, and hear each other.
Insoo Kim Berg (3.10): Okay.
Leslie (3.11): . . . anymore.
Insoo Kim Berg (3.12): Hang on a minute. Hang on a minute. Now, let me come back to this. You mentioned Bill being more responsible.
Leslie (3.13): Yes. I'd like . . .
Insoo Kim Berg (3.14): Okay.
Leslie (3.15): . . . to see more of that.
Insoo Kim Berg (3.16): Okay. Uh-huh.
Leslie (3.17): I—I appreciate him as a provider.
Insoo Kim Berg (3.18): Right.
Leslie (3.19): You know, I appreciate him as a husband. I do love him.
Insoo Kim Berg (3.20): You do?
Leslie (3.21): And, and I know he does work hard.
Insoo Kim Berg (3.22): You do love him?
Leslie (3.23): Yes, I do.
Insoo Kim Berg (3.24): Oh.
Leslie (3.25): I do.
Insoo Kim Berg (3.26): Uh-huh. Okay. So when he is more responsible, what will he be doing that he is not doing right now? That will let you know he's being more responsible?
Leslie (3.27): He will take responsibility more for our children. He will take more responsibility for his own son, whom I love very much too.
Insoo Kim Berg (3.28): Okay.
Leslie (3.29): He will take responsibility to include me and have respect for me—include me in his activities and have respect for me. It hurts me.
Insoo Kim Berg (3.30): Okay.

By spending time on the couple's frustration with one another, Berg was also able to hear their longing (which is the unfocused focus—they each have explained what they want the relationship to be, but have been zeroing in on what the relationship is not). By uncovering this unfocused focus, the session moves from problem talk to solution talk, and the possibility of positive movement is heightened.

Client's Focus on Solutions

Once the therapist is able to shift the therapeutic talk from problem focus to the unfocused focus (i.e., solutions and exceptions), clients are better able to place their

attention on the therapist's focus—which will ultimately lead to solution development. Here, Bill and Leslie focus on Berg's exploration of strengths, positive behaviors, and exceptions. This segment (see Excerpt 4) comes immediately after Insoo asks the couple the miracle question.

Excerpt 4.

Bill (4.01): I'll smile first thing in the morning.

Leslie (4.02): Aha.

Bill (4.03): Instead of avoidance.

Insoo Kim Berg (4.04): You'll smile at Leslie?

Leslie (4.05): He would put his arm around me.

Bill (4.06): I don't know about that.

Insoo Kim Berg (4.07): You'll put your arm, okay. He . . .

Leslie (4.08): Put his arms . . .

Insoo Kim Berg (4.09): . . . will put his arm around you.

Leslie (4.10): . . . would be a real, ah, sign of a miracle at this point.

Insoo Kim Berg (4.11): Okay. All right. So suppose he does, what will you do in response to that? What would it . . .

Leslie (4.12): I will turn my back to him.

Insoo Kim Berg (4.13): Okay. Okay. Is that right? Is that what she would do? Would that be a miracle for you?

Bill (4.14): Yeah, yeah. I think it would.

Insoo Kim Berg (4.15): Yeah? That was, ah—the—I mean that will be a miracle for you.

Bill (4.16): It would be very different.

Insoo Kim Berg (4.17): That—that would be very different? Okay.

Bill (4.18): Yeah. It would be a miracle. It would, it would—yeah.

Leslie (4.19): Uh hmm.

Insoo Kim Berg (4.20): Okay.

Bill (4.21): It will really be different than what's been going on as of now.

Insoo Kim Berg (4.22): Okay, so when she turns her back towards you instead—I mean, so she is facing you when you smile at her—she'll face you instead of, ah, turning her back towards you. What will you do when you see her do that?

Bill (4.23): Oh, I suppose I'll embrace her—probably.

Insoo Kim Berg (4.24): Uh-huh. So you will give her a hug?

Bill (4.25): Yeah.

Insoo Kim Berg (4.26): Uh-huh. What about you, Leslie? What will you do when he gives you a hug?

Leslie (4.27): Well, if he hugs me, I'll hug him back.

Insoo Kim Berg (4.28): Uh-huh. Okay, Okay. What will come after that?

Leslie (4.29): Well, Saturday? Never comes out (laughs). I guess.

Bill (4.30): Well, a miracle (laughs).

Insoo Kim Berg (4.31): (laughing) That is true. Okay, that's true. Okay, Okay.

By focusing on their unfocused focus—what they do want in the relationship rather than what they do not want—the session has moved from a language system predicated on problems to one of solutions; the couple begins to see miracles (see Turns 4.10, 4.18, and 4.30). Figure 4 provides a visualization of how the therapist's attention to the client's focus allows for a global shift in the focus of the session.



Figure 4. Acknowledgement and shifting of the focus in the session.

Discussion

If the SFBT therapist were to ignore the client's initial problem focus, he or she would threaten the therapeutic relationship. *Concordance*—the synergy between therapist and client in a productive alliance—is one of the common factors for positive therapeutic change (Lambert, 1992; Wampold, 2001). Thus, the therapist's focus is the client's focus, which allows for reciprocity during the course of the session—and, ultimately, allows the client to shift his or her view onto the therapist's views (see Berg's intervention during her clients' miracle talk in Excerpt 4). At first, the therapist's focus is the problem focus of the client (as seen in Excerpts 1 and 2), but it then switches to the unfocused focus of the complaint and solution distinction (as seen in Excerpt 3). This then allows the therapist's focus on exceptions located within the client's perspective to be utilized by the client (as seen in Excerpts 3 and 4).

By understanding relational focus, the solution-focused therapist is able to mutually engage the client in a language game that shifts from problem talk to solution talk. In essence, the session moves from an exploration of the client's initial focus to

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their unfocused focus—their solutions and exceptions. If the therapist determines that the client is paying attention to his or her exploration of solution building, he or she will be able move faster and more in depth in that process. However, if the client keeps returning to talk of complaints—problem talk—the therapist could adjust his or her speed, recognizing that there is still no alignment between therapist and client focus. At that point, the therapist would need to reconnect to the client, acknowledging and verifying the client's concerns and then introducing the unfocused focus of exceptions and possibilities.

Conclusions

In this article, we promote that one of the keys to the effectiveness of SFBT is focus. While solution building is considered a basic aim of SFBT (Pichot & Dolan, 2003), we hold that in order to get there, the key to effective therapy is located in a relational focus. That is, the therapist's focus should be on the client's focus (usually complaints), which then allows clients to shift their focus to the therapist's focus on the exceptions and solution building. We, at times, are concerned that SFBT therapists, especially those new to the model, will attempt to engage in therapy sessions primarily thinking about what solution-focused question they might ask next. When this happens, they may become solution-focused as therapists but at the cost of rupturing the therapeutic relationship. However, by having an eye on the notion of focus—and more specifically a relational focus—SFBT therapists will be more likely attuned to the flow of the session. We therefore suggest that upcoming books, textbooks and updates or revisions of the existing SFBT treatment manuals, for example the Solution-Focused Brief Therapy Association's treatment manual (Bavelas et al., 2013), clearly include the relational focus of SFBT to help guide therapists wanting to learn the model.

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