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INTRODUCTION TO SFBT CONTRIBUTIONS TO PRACTICE-ORIENTED RESEARCH. PART II: CHANGING THE LANGUAGE OF CLINICAL PRACTICE

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This is the second of two special sections we have presented to *JST*, featuring new methods of research on solution-focused brief therapy (SFBT) that are directly useful to practitioners. The four articles in Part I (*JST*, vol. 32, no. 3) introduced microanalysis of therapeutic dialogues, which focuses directly on the details of how therapists work. The four articles here, in Part II, are more varied, but they continue to share several common themes:

- They start with the solution-focused brief therapy premise that language is the essential tool of the therapist.
- They focus directly on language used in actual psychotherapy practice—what all therapists do or might do before, during, or after their sessions.
- Each article examines one or more of the specific communicative choices that therapists make in their everyday practice.
- Each article uses a novel research method. Along with the microanalysis articles, they address the need for a wider evidence base, with a greater variety of methods than randomized controlled trials (Bavelas, 2011, pp. 144–145).

Taken together, the four articles suggest a much wider view of the ways in which language pervades practice and of the possibilities and benefits of practice-oriented research.

Richmond, Jordan, Bischof, and Sauer (2014) start with the assumption that intake procedures are not simply neutral ways of obtaining necessary information from clients. The language of an intake form or interview reflects assumptions about what is important for the clinician to know—and for the client to consider.

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Their article includes two studies on how intake procedures can include topics and questions that are the polar opposite of the language in the usual diagnostic intake procedures. The significant effects of changing intake language from problem-focused to solution-focused suggest that we should not underestimate the degree to which asking different questions leads to different answers.

Sánchez-Prada and Beyebach (2014) zero in on the particularly difficult issue of how to proceed when a client reports that, since the previous session, there has been no improvement (or even that things are worse). Their systematic qualitative analysis of eight therapists' responses reveals the kinds of communicative choices available for embarking on deconstruction of an initially negative report. What choices of topic are available? What level of specificity might be useful at a certain point? Should the therapist's approach be direct or indirect? The authors use examples and maps of the options to show how different therapists navigated their way through deconstruction dialogues.

Beyebach reviews two different kinds of research on the effectiveness of therapy. The traditional answer to what works evaluates the outcomes of a large sample of cases and reaches an overall conclusion. However, the practitioner is often interested in the effects of specific therapeutic actions (e.g., frequent progress scaling, negotiating goals, or avoiding conflictual interactions). Beyebach shows how the effects of these techniques can be measured immediately (within the session) or at the end of the therapy. These process-outcome studies show how therapeutic techniques can be seen as essentially the precise choice of particular language at a particular point in the session. Because all of this research took place in a University teaching clinic, it illustrates the possibility of sensitizing students to language choices early in their training.

Finally, Jordan proposes that the language of the clinic is written as well as spoken. Although it is usual to think of questionnaires as static instruments or tools, in fact they consist entirely of the developers' language choices: what topics to cover, what specific questions to include, how to phrase them, and what options to offer the client who is answering them. Jordan's Solution Building Inventory (published here in full for the first time) offers a radically different set of topics, questions, phrasings, and options from the usual clinical instruments, while still meeting the highest psychometric standards. Thus, eliciting information about a client's positive capacities need not occur only during a session; the SBI can initiate these topics even before therapist and client meet—in a document that remains in the file for others to see as well.

Taken together, these four articles suggest new perspectives on several taken-for-granted language practices in therapy:

- There are evidence-based SFBT alternatives to the usual problem-focused language in intake procedures and assessment tools.
- Studies of therapeutic effectiveness can be tightly focused on specific techniques, not just on whole therapy sessions.
- When the client says that nothing is better, the conversation is not over.

Each article introduces ready-to-use alternatives that readers may wish to try out for themselves. Most of all, we hope that they inspire readers to think of their own alternatives for the precise and purposeful use of language in psychotherapy.

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