

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/342577076>

# Effort-Focused Interviewing

Article in *Journal of Systemic Therapies* · March 2020

DOI: 10.1521/jsyt.2020.39.1.35

CITATION

1

READS

407

3 authors, including:



Harry J Korman

SIKT

16 PUBLICATIONS 583 CITATIONS

[SEE PROFILE](#)



Scott D. Miller

International Center for Clinical Excellence

143 PUBLICATIONS 7,209 CITATIONS

[SEE PROFILE](#)

Some of the authors of this publication are also working on these related projects:



Project

Review on the development of solution focused therapy theory [View project](#)



Project

Difficult Conversations in Therapy (DCT) RCT project [View project](#)

## EFFORT-FOCUSED INTERVIEWING

HARRY J. KORMAN

JOCELYNE M. KORMAN

SIKT Malmö, Sweden

SCOTT D. MILLER

International Center for

Clinical Excellence, Chicago, Illinois

*In early 2018, we were reminded of the work of experimental psychologist Carol Dweck. She has shown that praising children for traits and qualities (smart, thoughtful, etc.) or for “working hard” led to very different outcomes when it came to both performance and the level of challenges that children took on after they were praised for one or the other. The two first authors have tried to learn solution-focused brief therapy for over 30 years and have some competence at interviewing about qualities and successes: interviewing “as if the client is smart.” We have not developed our skills in interviewing about efforts though: for example, “as if the client has worked hard.” This article presents a piece of Carol Dweck’s research and its practical application to a case with a socially isolated 11 year old who does not want to see other children. The article discusses effort-focused questions and discusses when these kinds of questions might be useful.*

*Keywords:* brief therapy, failure, effort focus, compliments, praise, solution-focused brief therapy

Only those who dare to fail greatly, can ever achieve greatly.

John F. Kennedy, Day of Affirmation Address,  
University of Cape Town, Cape Town, South Africa, June 6, 1966

Emma (all names have been changed) was 11 years old when her mother brought her to therapy because of massively increasing difficulties in getting Emma to go to school. By this time, she had not seen the inside of a classroom for several years. Staff in school murmured about autism spectrum disorder even though no formal

Address correspondence to Harry Korman, Skabersjövägen 356, 233 92 Svedala, Sweden. E-mail: harry@sikt.nu

© 2020 JST Institute LLC

diagnosis was ever made. Emma spent her days in school alone, in a room adjacent to the classroom. There she could listen to what happened without seeing others or others seeing her. Despite the isolation—hearing the teacher and lessons only through a connecting door—she has managed academically.

For the most part, the lack of social interaction was what concerned Emma's mother. At one point during the first session, she said, "Emma has no friends. Even at recess, she doesn't leave the room." For her part, Emma complained first of "panic attacks" and then of "black thoughts." From there, the first session was a quite ordinary solution-focused first session, the therapist (Harry Korman) starting with exploring what Emma and mother were hoping to see happening as a result of therapy. Emma wanted to stop having "the panic attacks," and she said she wanted to "feel happier." If this happened, she would be able to be in the classroom when she was in school. Mother hoped that Emma would be happier at home and that she would express a desire to see other children. She also hoped that Emma would not cry every morning when she prepared to go to school, and of course, she wanted Emma to be able to get out of the group-room and into the classroom.

To the standard miracle question,<sup>1</sup> Emma and mother answered with richly detailed descriptions of ordinary daily activities. Emma would wake up looking forward to going to school and would get out of bed more easily, perhaps even immediately as her mother woke her. She would feel much happier, talk nicely to her little sister, eat breakfast without fussing, and get ready for school without mother and father having to nag about it. For her part, Emma said mom and dad would be happy and proud if she got out of bed herself and went to school. To a question about what would surprise mom the most, she answered that mother would surely faint if she braided her little sister's hair. Mother nodded at this in agreement. Mother said that after school, Emma might want to play with someone or at least talk about wanting to. Emma said emphatically, "I want to go to school, and I want to be *in* the classroom with the others, but I like to be by myself. Do things on my own." She looked at her mother and added, "even though people nag me about it."

The session continued with the miracle scale: "If 0 means when mother made the appointment to come here, and 10 is how things would be after a miracle happened, where are you on that scale?" Emma put herself at a 7, mother put Emma at a 3, and when exploring the differences that put them higher than 0, what seemed to be an important exception to the picture of a socially isolated girl emerged. (An exception is a technical term in solution-focused brief therapy. It is shorthand for

1. "Suppose a miracle happened during the night while you were sleeping, and the problem that we talked about here was solved just like that (snapping fingers). But since you were sleeping when the miracle happened, you can not know it happened. So after you woke up, how would you discover that this miracle happened? What would be the first thing you noticed that was different? What would you do? What would mother notice? How would mother respond to that? etc."

when the problem should have happened but did not.) Since about a month, Emma had started playing on a soccer team coached by her father. “She is good at it,” said her mother, adding, “and she is no different from any other kid when she is there.” Quite some time during the first session was spent on trying to flesh out the details on how Emma got herself to go to practice and matches and generally both being and feeling quite successful with it. The family also described some other small changes at home, like the evening routines being somewhat easier. Emma said that she had no idea how she had made these things happen; they just happened. When asked how mom and dad had been helpful, she answered, “Mom’s nagging and pushing.”

Several things could happen that would be signs to Emma and mother that she was moving higher on the scale. In no particular order:

- She would not cry as she prepared for school in the morning.
- She would play with her little sister.
- She would get up immediately as her mother woke her.
- She would think about going into the classroom.

All and all, a rather ordinary first session of solution-focused brief therapy (de Shazer 1985, 1988, 1991; de Shazer et al., 1986, 2007).

After the thinking-break, Harry delivered a bevy of compliments. Impressive girl, smart as a whip, sensitive and thoughtful with a wide register both intellectually and emotionally. The summary ended with Harry saying, “Parents pushing seems to be helpful and make a difference. Emma going to soccer and making small changes at home are certainly signs that you are all doing something right. So continue to do what you do and pay attention to further signs of progress.”

Emma and her mother came to the second session reporting nothing much had changed. The small things that were better at home already in the first session had continued, but at school, which seemed the most important part to both, nothing had changed. Harry was not very worried though. Sure, it was a serious problem, and the people in school responded to Emma as if she was a very disturbed child, but as it often happens in solution-focused practice, Harry could not see that there was anything seriously wrong with her.<sup>2</sup> Of course, he suspected that if she did not change her behavior in school, if she continued to live up to the expectations of the worried professionals around her, her future might prove bleak. Harry was not very worried about her after the second session though. The only concern was that many clients in solution-focused brief therapy start describing that things are better already when they come back the second time.

2. Because of the singular focus in solution-focused brief therapy on how clients will know that they don’t need therapy any longer, and the parts of this that are already happening, there are very often no signs of pathology, even in cases traditionally seen as very serious.

## SCOTT MILLER'S VISIT

During the week after the second session with Emma, Scott Miller (the third author) came to visit. Scott and Jocelyne and Harry are colleagues and long-time friends. Over the last three decades, Scott has taken the habit of checking if Harry and Jocelyne are home whenever he has a day or two of free time while in Scandinavia. The conversations are engaging and far-ranging, often extending deep into the night, long after the more sensible family members and visitors have gone off to bed. This time was no different.

Of late, Scott has become interested in deliberate practice. Chow and colleagues (2015) published the first study documenting that therapists with superior outcomes spent significantly more time working at improving their performance than their less effective peers. A big part of their success, it turned out, was identifying their “edge”—those moments when their usually effective way of working breaks down, fails—and then consciously and deliberately developing and rehearsing alternatives. Said differently: pushing oneself into zones of non-comfort and staying there, rehearsing alternative ways of interacting.

At some point during the discussion that evening, Scott flipped open his laptop and showed two videos from YouTube ([https://www.youtube.com/watch?v=TTXrV0\\_3UjY&t=](https://www.youtube.com/watch?v=TTXrV0_3UjY&t=) and <https://www.youtube.com/watch?v=NWv1VdDeoRY&t=>). Eleven- and twelve-year-olds were given a simple puzzle to complete. After completing the task successfully, the children were praised in one of two ways. Half were praised with the words: “You did really well. You must *be really smart* at this,” and half were praised with the words: “You did really well. You must *have tried really hard* at this.”

The impact of the small change in words on subsequent performance was dramatic. Given the choice of solving an easy or more challenging puzzle immediately after the compliments, 92% of those praised for *having tried really hard* chose the more difficult task while only 33% of the children praised for *being really smart* chose the more challenging one. The children were then given a task that was impossible to solve. The children praised for efforts worked harder, longer, and seemed to enjoy it more than the children praised for intelligence, who tended to become frustrated quickly and give up early. After this artificially induced failure, the children were given a task with the same degree of difficulty as the first simple one they had done. The most disturbing finding was that in the final simple task, the children that had been praised for being really smart dropped their average score by 20%. The children that had been praised for trying really hard raised their average score by 30%. In short, a 50% difference as a result of changing only three words. Saying “you must be really smart at this,” versus saying “you must have tried really hard at this” had a profound impact on whether and how long children persisted in the face of challenges, as well as on how well they performed subsequently.

The videos showcased the work of Carol Dweck, a psychology professor at Stanford University, whose research (Dweck 2006; Mueller & Dweck, 1998) has

shown how the language used to characterize and value performance impacts what she calls “Mindset.” When intelligence was labeled as static, as the result of immutable factors or traits, a “fixed mindset” resulted. In the cases of solving puzzles, being told they were smart led children to engage in behaviors aimed at maintaining that view. Thus, the children avoided challenges, gave up quickly when faced with obstacles, dismissed the relevance and importance of effort, felt threatened by the success of others, and finally ignored negative feedback. On the other hand, comments about performance emphasizing effort and learning engendered what Dweck calls a “growth mindset.” After being praised for their effort, the children behaved as if they saw the difficult puzzles as opportunities to learn more and extend their mastery. They chose more challenging puzzles, worked significantly longer, extended greater effort, embraced feedback, and were inspired to continue despite the difficulties.

Scott has used Dweck’s research in his work on deliberate practice. He observed that whatever the eventual payoff might be, spending lots of time at the edge of one’s abilities—focused on errors, mistakes, failures—is both exhausting and hard on the ego. For example, after spending several hours focused on refining a 30-second therapeutic exchange and failing, it is not uncommon for clinicians to voice doubt about their capacity to improve, or question whether they possess the requisite talent or abilities. Helping therapists become aware of and challenge their use of language reflecting and reinforcing a “Fixed Mindset,” and praising effort and hard work, has gone a long way to keep clinicians engaged in the process.

Harry and Jocelyne had an unexpected reaction to the clips. They said that this was old news. They said that when they started learning solution-focused brief therapy in the 1980s at the Brief Family Therapy Center (BFTC), Steve de Shazer, Insoo Kim Berg, Scott Miller, and Larry Hopwood as their teachers already then emphasized that “it is better—or more important—or more useful—to give compliments for ‘the hard work’ involved in client’s progress, rather than for the success.” Harry and Jocelyne said that this teaching at BFTC from the late 1980s had made a lasting impact on how they have taught solution-focused brief therapy, and Harry was quite sure that at least some of the people at BFTC were aware of Dweck’s research (she had started publishing already in 1973).

However, as the three of us were talking about this, Harry and Jocelyne started asking themselves if their development as clinicians over the past 30 years had been one of primarily learning and developing expertise in searching for—and praising—successes. Could it be that they had not put much—or any—effort into listening and interviewing for efforts? They also started suspecting that they had developed a tendency to drop failures—descriptions of clients’ attempts and efforts that had not been successful in at least some way. In the search for exceptions and reports of improvement since the last session, had they overlooked the fact that for a failure to happen there had to be some kind of effort or attempt preceding it? Since the beginning of the MRI (Mental Research Institute, Palo Alto, California), the attempted solution has been viewed as the most important part of the pattern

that maintains the problem (Weakland, Fisch, Watzlawick, & Bodin, 1974), when, in fact, it is always a sign of efforts that can be praised.

When Scott showed the Dweck tapes, Harry thought about Emma. He remembered perceiving her as smart and thoughtful, and he clearly remembered praising her for that and for succeeding in going to soccer—but had he praised her for the efforts involved? Had he even looked for efforts, and had he interviewed her about what she had tried to do to solve her problem?

A question emerged from talking about this: Is it possible that descriptions of failed attempts can be potentially useful in the absence of exceptions or things being better?

## TRYING SOMETHING

Life is trying things to see if they work.  
attributed to Ray Bradbury

Harry then decided that if there had been no progress in the next (third) session, he would interview Emma about what she had tried. The session started with Emma and her mother saying that things were not better, so Harry started asking Emma about efforts. He asked what she had tried, what she had thought of trying, and what she had tried to try. He asked about what had been difficult and challenging. He noticed very quickly that interviewing about efforts and attempts is a very different activity from interviewing about successes, and he found it surprisingly challenging to develop questions and build further questions on Emma's answers. It became clear to him that during the 30 years that he had tried to learn solution-focused brief therapy, he had become reasonably good at interviewing about successes; those questions came automatically and without effort. Questions about efforts required a different way of thinking, were difficult to phrase, and inevitably led to talk about the challenges, the failures, and problematic things in Emma's life. While trying to do this with Emma, Harry found himself asking himself if he was still working inside of what he has elsewhere defined as being solution-focused brief therapy (McKergow & Korman 2009).

He found NOTHING. No efforts, no strategies, no planning, and nothing she had tried. Mother described one small improvement. It was a little bit easier to get Emma out of bed in the morning. Emma described it as just happening.

In the feedback to Emma and her mother after the break, Harry could only praise Emma for how much she was thinking about trying. She nodded intensely (maybe because Harry had just spent an entire hour asking her questions about what she had thought about trying and what she had tried and what she was perhaps thinking about trying in the future).

In the fourth session, mother told Harry that Emma had started to get up by herself in the morning. Emma now set the alarm clock when she went to bed and got up when it rang. She was happier at home, smiled more, was more talkative, and

was kinder to her little sisters. At school, she had tried to attend one lesson in the classroom. After the lesson started, she slipped into the classroom and sat down at the back. On a “how difficult was that scale,” Emma put it close to 10. Harry and Emma talked a long time about how she had made the decision to try, how she got herself to start moving from the group-room to the classroom, and what she was thinking while doing it.

On questions about what was difficult (inevitably leading to problem-talk, *which traditionally are refrained from as much as possible in solution focus*), she talked again about the black thoughts in her head that made her unable to move and how she struggled not to let them paralyze her. Fighting against them (*Harry felt some more unease about this turn of language because he sees himself as quite a rigorous solution-focused therapist, and this comes “dangerously” close to narrative therapy*). “Think them away,” said Emma, “take one step at a time.” She had also tried to go outside during one of the breaks. They scaled how much effort that had taken, and Harry asked more questions on what else she had tried—not just what she had been successful with. At the end of the session, she was praised for how much she took this seriously and how hard she worked at it.

During the following three sessions, she reported more progress. Mother described how things got better and better at home, and Emma talked about going more and more into the classroom and how she did that. She was also more and more outside during recess, and she started playing with other children. Mother reported that Emma had even started talking about taking the bike to go to school.

In the sixth session, mother told Harry that the school had started calling the parents, requesting that they come to school and help Emma be in the classroom with the other children and help her go outside with the other children during recess. Both Emma and mother found this strange and troubling, since Emma was making progress on her own, and it appeared as if the teachers had not noticed it.

Harry and the family spent some time talking about this and eventually tried to set up a meeting with the school. Being unable to schedule a meeting, Harry thought about situations he had been in over the years where important people failed to notice progress. He told Emma’s mother that he learned from a colleague and a friend many years ago about the importance of sharing the credit for the change (Ben Furman, Finnish psychiatrist, personal communication). In order for people to see change, it helps if they feel that they were responsible in some ways for the change and get credit or praise for it. Harry told mother about a parental couple who were on the verge of having their 10- and 12-year-old sons taken into care by a social worker who had worked with them for 2 years. Despite tremendous changes and improvements over the preceding 6 months, she was still seeing the parents as hopelessly incompetent. Harry told the mother of the boys that one thing that might make the social worker want to listen to what had become better would be if the mother could thank the social worker for her contribution to the change. Perhaps if the mother could say something like: “Despite our differences, I want to thank you. I want to thank you because if you had not put all this pressure on us



that you have, we would never have been able to make the changes in our family that we have.” The mother reacted with saying: “You want me to thank that bitch!” and Harry answered, “Yes.” The woman looked at him thoughtfully for a couple of seconds and then said: “It’s a damned good idea, but so damned difficult.” The couple then went home, and the woman practiced on her husband. The upshot is that when she thanked her social worker the week after, the social worker blushed, looked down and to the side, and mumbled: “Thank you.” She then lifted her head and asked, “What changes have you made?”

Harry then recommended that Emma’s mother thank the teachers profusely for how helpful they had been to Emma. He said that this might make them feel more implicated, more part of Emma’s improvement, and thus it might be easier for them to recognize the efforts and changes that Emma was already making.

### **Two Months Later**

Towards the end of summer, about 3 weeks before school started again, Emma’s mother sent the following e-mail:

Hi Harry,

I hope you are having a great summer. I just want to tell you that Emma has been amazing. The last week in school before summer she was in the classroom the whole day and was outside playing with the other children during breaks. Now during the summer holidays, she has started to see her classmates and once she even had a friend at home who slept over. She is so proud and content and she is happy to participate in activities we suggest. She tells us that she still struggles with the black thoughts, but that it becomes less and less hard work to not get stuck with them and just let them pass through her head. In through one ear and out the other, she says.

The teachers also stopped pushing. After our last meeting with you I attended a school meeting and tried what you suggested—to give compliments and thank the teachers for their hard work and commitment—it was not easy—but I thanked them for pushing as they had and how they had actively involved Emma in the process—it was lucky no one asked what I meant by that because I don’t really know what I would have answered. It was interesting how they reacted. First a little bit embarrassed, then very interested in the differences we had noticed at home and what Emma told us about how school was different for her. We told the teachers that Emma now goes to school with pleasure—instead of as before when we sometimes had to carry her there.

A while after, one of the teachers called and said that they had discussed Emma in the team and they wanted to put some extra resources into getting her up to speed with the other children—and, believe it or not—they wanted to know what Emma and we thought about it, and they wanted us to talk with her about it first.

We are so happy and grateful for everything and incredibly impressed with our daughter. We have an appointment scheduled when school has started, and we’ll see you then.

## E-mail From Mother 10 Days After School Started and 1 Week Before the Return Visit

Hi Harry,

The vacations continued as they began, and it's getting better and better. Emma participates in everything at home, is a bit rebellious sometimes, but it is possible to reason with her in a sensible manner as we never could before. It's like she's matured in an amazing way.

She has friends now. She takes initiatives and contacts them and they often contact her. She has slept over a couple of times with friends. She gets up in the mornings by herself and goes to school happily. She says that it is easy, does not take any effort at all any longer, and that she is not at all afraid of going to school anymore. This is the first time ever that she says this. Cooperation with the school has become completely different. They now tell us how well it is going and that they are so happy for Emma's sake.

We have discussed here, Stefan and I and Emma. We have decided that we want to continue surfing on the success and cancel the visit with you in 10 days—it does not feel like it is needed—and we hope we can get in touch again if the need arises.

Warm regards

### GOING VIRAL

Solution-focused brief therapy (SFBT) is Harry's and Jocelyne's preferred approach. One of the central tenets in the philosophy of SFBT is that when *what we do does not work*, we should do something different. In the case of Emma, interviewing about what she had tried, what she had thought of trying, and what she was thinking of trying offered an option because the traditional SFBT methods had not made any significant difference. The changes then happening with Emma prompted more interest in questions around efforts, attempts, and challenges.

Consequently, since spring 2018 effort-focused questions have infected Jocelyne's and Harry's practice, inserting themselves into previously unnoticed opportunities. Where before the absence of progress or exceptions would have led to returning to a best-hopes and miracle picture or moving to coping-questions, Harry and Jocelyne now find themselves exploring numerous possibilities among the many attempts and tries that their clients have invariably engaged in. The absence of progress or exceptions have become an invitation to explore what the client tried, and failures have become interesting since—as we said earlier—one cannot fail unless one has tried.

There are other areas where these questions have inserted themselves. When things are better, we (Harry and Jocelyne) have tended to explore the “qualities” and “traits” that have been useful to progress. It is still important to search what people have succeeded with, but we listen much more for the efforts it took to do the actions that made a difference, and for instance asking what the most difficult

was, and what the most challenging was—thus leading the conversation towards efforts through talking about difficulties and challenges. We spend less time on creating the details of what was better, and more time on the efforts that were involved in making progress.

On an even more general level, already in first sessions, we find ourselves seeking descriptions of how clients actively deal with the challenges of life. It is, of course, evident that if the therapist wants to praise efforts and attempts credibly, the therapist needs to know what the person did or tried to do, thought of trying, and or felt like trying, and or is thinking of trying in the future.

We also started experimenting with beginning the second sessions with the question: “So, what have you tried since we met last?” (If the client looks confused by this question, we then add: “to make things better.”)

We also think that questions about what someone has tried are less pushy than questions about progress. Instead of asking: “So how will your mother notice when you deal better with . . .,” we might ask: “So how would your mother notice any effort you put in trying to deal better with . . . ?”

## **A TENTATIVE OUTLINE FOR SYSTEMATIZING EFFORT-FOCUSED QUESTIONS**

Almost every question can be asked with a focus on the past, the present, and/or the future. These different alternatives are not about being competent in grammar. They are about being attentive to where the client is focused. Does it seem more useful to talk about what has happened, is happening, or will happen in the future? (What is most challenging now? What has been the most challenging part of what you went through? What will be the most challenging tomorrow or next week?) Many of them can usefully be asked inviting the perspective of others—for example, “How will mother notice when you’re trying even if you don’t tell her about it?”

### **What Can We Focus on and Listen for If We Want to Search for Efforts?**

- Challenges
- Attempts to solve the “problem”
- The hard work required in developing skills
- What the client has tried or has attempted to try.

With Emma, Harry asked:

- If you decided to continue trying to enter the classroom in the future, despite being afraid/having black thoughts, etc., what would be helpful? What would you try then? How would you go about it?

- What would mom see that made her think you were trying? How would she react to that?

## Challenges

Challenge is a useful word because it automatically assumes taking action.

- What has been—is—will be—the biggest challenge?
- How hard was it/will it be?
- What did you try to do to deal with that challenge?
- If I asked your partner, what would he say you did?

## Skills: Developing a Skill Takes Hard Work

- What skills would you need to develop to become better at this or that (e.g., handle your temper, stay in bed all night, stay in the classroom)?
- What do you think you could try that would help you develop that skill?
- How would your mother notice that you started working on developing that skill?

## Trying

- How confident are you that you will try? (Try—not succeed)
- What will tell your mom that you're there—perhaps already before you do it?
- Suppose you decided to (continue to) try and get into the classroom despite being scared/having a cloud of black thoughts, etc.; what would be helpful?
- What would you do?
- How would you go about it?
- What would mother see on you that made her think that you are trying?
- How would she react to that?

## Some Potentially Useful Scales

### (Challenges, Efforts, Attempts, and Strategies)

- How challenging is that? (“that” referring to something the client wants to do)
- How hard was it/will it be? (“it” refers to whatever the client tried—in Emma’s case, it was about her moving from the room adjacent to the classroom into the classroom)
- How difficult is/was/will that be? With 10 the hardest you can imagine and 0 the easiest
- How confident are you that you will try?

A very interesting idea and example of a slightly different use of a question on a progress scale came from one of our colleagues in Great Britain after being inspired by a draft of this article.

One other note on questions I've been testing out is around scaling. So I've been asking the typical miracle/preferred future scale, and once I have the number (say a 3), I've been asking what is it about the efforts they're making that keeps them up at that 3 instead of a 0? This has been leading to answers around achievements as well as efforts made—not necessarily linked to success, but more about things like being able to persist, things they're “kind of trying” and I work hard & do everything I can. Then I can expand upon these efforts and explore them further to amplify them. (Greg Oberbeck, personal communication, February 20, 2020)

### **Are Effort-Questions Different From Coping-Questions?**

The difference we see is that with the traditional solution-focused coping-questions, we listen for what people were successful with despite the hardship, and with effort-focused questions, we listen for what people have tried regardless of whether they were successful with it.

- What did you try to do to handle this impossible situation?
- What did you try to try?
- What did you do to keep trying?
- What were you thinking that helped you persist trying?
- How have you managed not to give up entirely?
- What has your partner/mother/son/etc. noticed that you have tried?

## **WHERE MIGHT WE BE HEADING?**

### **Harry and Jocelyne Speculating**

The clinical impression this far is that effort-focused interviewing is a useful addendum to solution-focused brief therapy and something we can try when what we do does not seem to make a difference. It is also a focus we can use when we feel that we need to slow down, for example, when the client has great difficulties describing what life will look like when things are better or cannot describe small signs of progress.

We think that interviewing about efforts could be a useful addendum to many other therapy models, so we hope that non-solution-focused practitioners will pick up Dweck's ideas and experiments and put some effort into trying to apply them in their work.

### Scott Speculating

Most of us feel like we are working hard, trying to make things better both for ourselves and for the people around us. We are all trying that. Whether true or not, in an objective sense, having that acknowledged—as Dweck’s research shows—helps keep us engaged and influences, and to some extent even predicts, what we will do in the future. Dweck’s experiments show that IF we praise efforts instead of traits, the children will select harder tasks and continue to try even in the face of obstacles and tasks that are in fact beyond their abilities at the moment, which is, of course, better than what happens when we praise qualities (e.g., being smart)—leading to a tendency to give up early.

Perhaps we are moving towards a “model” where neither the solution nor the problem matters. What matters is that the therapist helps the person feel engaged in his or her life, and effort-focused interviewing might be helpful in this direction.

### The Three of Us Concluding

We do not know if effort-focused interviewing is better or even a useful addendum to solution-focused brief therapy or any other therapy model. We do not know if applying Dweck’s research to therapy helps prepare and equip people to deal with the challenges of life. Intuitively, it seems to be more useful to have a “growth” rather than “fixed mindset,” and there are some indications that we as therapists might be able to influence that. We know that Dweck’s research has added something to our practice that we *believe* is useful, and we think it has helped us enlarge our repertoire. However, we want to remain very tentative about the potential usefulness of these ideas—thus, the emphasis on *believe*.

Emma should have the last words:

You have to go so far you don’t dare anymore.  
And then a bit farther.

Emma

## REFERENCES

- Chow, D. L., Miller, S. D., Seidel, J. A., Andrews, W. P., Kane, R. T., & Thornton, J. A. (2015). The role of deliberate practice in the development of highly effective psychotherapists. *Psychotherapy, 52*(3), 337–345.
- de Shazer, S. (1985). *Keys to solution in brief therapy*. New York, NY: W.W. Norton.
- de Shazer, S. (1988). *Clues: Investigating solutions in brief therapy*. New York, NY: W.W. Norton.
- de Shazer, S. (1991). *Putting difference to work*. New York, NY: W.W. Norton.

- de Shazer, S., Berg, J. K., Lipchik, E., Nunnally, E., Molnar, A., Gingerich, W., & Weiner-Davis, M. (1986). Brief therapy: Focused solution development. *Family Process*, 25, 207–221.
- de Shazer, S., Dolan, Y., Korman, H., Trepper, T., McCullom, E., & Berg, I. K. (2007). *More than miracles: The state of the art of solution-focused brief therapy*. New York, NY: Haworth.
- Dweck, C. S. (2006). *Mindset: The new psychology of success*. New York, NY: Random House.
- McKergow, M. W., & Korman, H. (2009). Inbetween—neither inside nor outside: The radical simplicity of solution-focused brief therapy. *Journal of Systemic Therapies* 28(2), 34–49.
- Mueller, C. M., & Dweck, C. S. (1998). Praise for intelligence can undermine children's motivation and performance. *Journal of Personality and Social Psychology*, 75(1), 33–52.
- Weakland, J., Fisch, R., Watzlawick, P., & Bodin, A. M. (1974). Brief therapy: Focused problem resolution, *Family Process*, 13, 141–168.