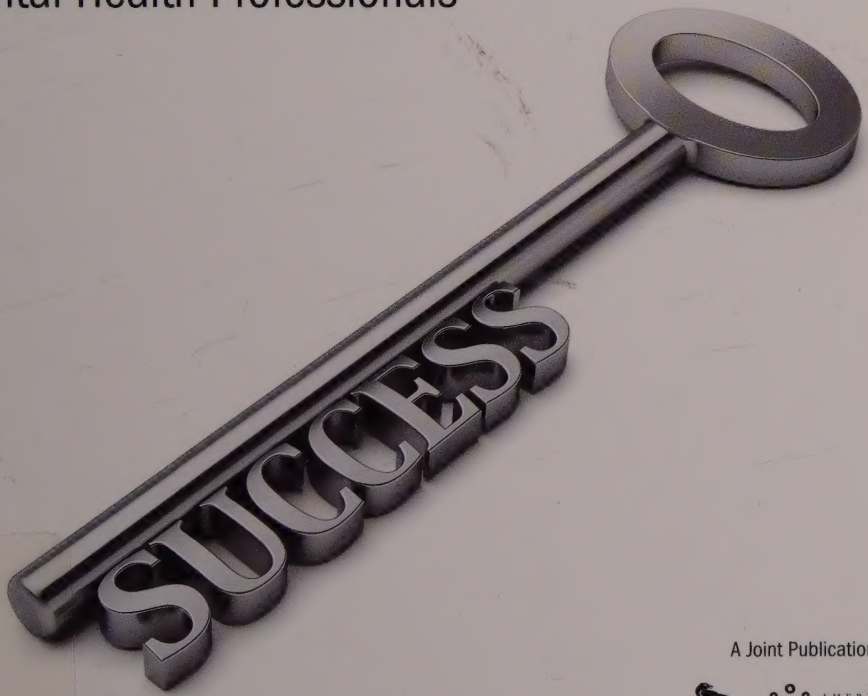
Brief Counseling That Works

Third Edition

A Solution-Focused Therapy Approach for School Counselors and Other Mental Health Professionals



A Joint Publication

CORWIN

AMERICAN SCHOOL COUNSELOR ASSOCIATION

Gerald B. Sklare

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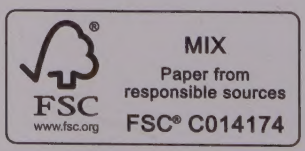
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Preface

This book provides step-by-step instruction in how to use solution-focused brief counseling (SFBC) with youth. School counselors certainly will be able to relate to the typical client concerns presented. Teachers will also benefit, because each component of this approach can be used independently in a variety of situations and school settings. Other professionals—psychologists, social workers, marriage and family counselors, pastoral counselors, licensed professional counselors, and drug counselors who work with youth—also will find the methods and case studies relevant.

SFBC is ideally suited for schools and mental health facilities. With large caseloads, school counselors and other mental health practitioners often have too little time to provide clients with longer-term, traditional counseling. Today more than ever, mental health professionals need a brief but effective approach suitable for a wide range of problems.

The book is intentionally short. Theory and research are discussed briefly; however, implementation is the main thrust. My approach is to lead you through the material one step at a time, including practice exercises at the end of the first four chapters and in Appendices A and B. I seek to provide the knowledge necessary to apply SFBC with children and youth.

OVERVIEW OF THE CONTENTS

The book is based on the work of Steve de Shazer (1985), who developed the SFBC approach. He discovered that by focusing on solutions rather than problems, clients were getting better faster

than with traditional counseling modalities. Implicit in the model is the belief that clients are not always overcome by their problems. In fact, solutions are present even though they may be unrecognized. By rediscovering their resources, clients are encouraged to repeat past successes. As simple as this sounds, it represents a powerful, empowering dynamic that enables clients to quickly resolve the difficulties that brought them to counseling.

Chapter 1 presents background, research, rationale, and principles for SFBC. The chapter also highlights the reasons SFBC techniques work well with clients from various cultural backgrounds. The exercise at the end of the chapter guides you to experience firsthand the effects of problem-oriented questions versus solution-oriented questions.

Chapter 2 demonstrates how to introduce clients to solution-focused counseling and how to facilitate the initial goal-setting phase of the model. Step-by-step procedures prepare you to help clients identify, behaviorally, what they will be doing to achieve their goal. In the section on the "miracle question," you learn how to help clients explore their goal by painting a mental picture of what their lives would look like if they were problem free. The exercises at the end of the chapter provide practice with goal setting and an opportunity for you to experience how the miracle question can help you with a problem you'd like to overcome.

Chapter 3 describes how you can equip clients to identify instances of unrecognized success and exceptions to their difficulties. You learn how to encourage clients through "cheerleading" that reinforces even slightly successful steps clients have used to improve their situation. This chapter also covers scaling techniques clients can use to assess their current status as well as progress toward their goal. The chapter concludes with detailed instructions for constructing a message—composed of compliments, a bridging statement, and task—that clients receive at the end of each interview. A practice exercise gives you a chance to apply these steps in addressing a personal situation of your own.

Chapter 4 reviews the components of the initial SFBC session and provides a transcript of one of my actual client cases so that you can see the entire process unfold as described in Chapters 2 and 3. The chapter also provides a flow chart and note sheet to help keep you on track as you implement the SFBC process. The chapter concludes with an opportunity to practice writing a message to the client whose case is presented in the

chapter and an opportunity to practice SFBC interventions for an entire session found in Appendix B.

Chapter 5 describes how to conduct an abbreviated SFBC counseling session and provides a flow chart and note sheet to help you implement the process. This short format is ideal when counselors and mental health practitioners may only have time for a 20- to 25-minute session with a client.

Chapter 6 covers the interventions you use in second and subsequent sessions to address the successes and challenges clients have experienced since the previous meeting. The chapter also discusses the scaling interventions used during second and subsequent sessions to determine clients' progress, and the use of a message to reinforce behaviors that keep clients on track for reaching their goal.

Chapter 7 addresses ways you can help reluctant and mandated clients become cooperative "customers" for counseling. The chapter also provides suggestions for dealing with particularly challenging situations and details techniques for turning difficult situations into workable goals.

Chapter 8 describes eight other applications of the solution-focused approach. It discusses 10-second "counseling," the use of a solution-focused referral form, and how to implement the solution-focused approach using puppets and using sand trays. The chapter also details how solution-focused concepts and techniques have been applied with small groups, entire classes, parent–teacher conferences, and guided imagery for groups.

Appendix A provides answers for a practice exercise on detailing a nonspecific goal. Appendix B contains a complete counseling session with prompts that give you an opportunity to practice SFBC interventions and then compare your interventions to the ones I used in the session. Appendix C contains detailed instructions as well as pages that can be enlarged and duplicated to create the booklet participants use in the solution-focused guided imagery group activity.

WHAT'S NEW IN THIS EDITION

Since the second edition of this book in 2005, many exciting developments have made even clearer the value of staying focused on solutions. In particular, this new edition cites recent research

on the effectiveness of solution-focused counseling and therapy, highlights more applications and new adaptations of SFBC, and provides new tools to help the practitioner.

The SFBC model presented in this book is not a static process. In the years since the previous edition, through my own practice and the experiences that other practitioners have so generously shared, new strategies and tips have come to light. This edition incorporates these new tips and techniques in ways that I believe have made the model even more effective. Also, the range of case examples has expanded to include a case study from a mental health agency setting. As I have trained more mental health professionals outside school settings, several have contacted me about their experiences using the SFBC model. The book has been enriched by the successes they have shared.

Creating well-defined goals is key to success in SFBC. Goals clarify the specifics of what clients want to accomplish—what success will look like. In the simplest terms, you have to know where you are going if you are to have a likelihood of getting there. In light of the critical importance of goals, this edition has expanded Chapter 2 on goal setting to incorporate more tips for handling the types of responses clients may give when you ask, "What are your best hopes from our meeting?" or "How can I help you?" Knowing in advance the range of responses that clients may give and being prepared to address them reduces the chance you will get "stuck" in determining what intervention to use.

Because of time constraints, school counselors have asked for ways to implement SFBC in shorter sessions. A new Chapter 5 describes in greater detail an abbreviated SFBC session. This short format is particularly useful for school counselors with large caseloads who may have only 20 to 25 minutes to counsel a student. For clients in settings in which they are paying for counseling "out of pocket," the short format may provide a more affordable alternative to the traditional 50- to 60-minute session. This chapter also features new tools—a flow chart and note sheet—specially designed for the abbreviated SFBC session. Reproducible copies of the new flow chart and note sheet are presented in Chapter 5. Used in tandem, these tools help keep you organized and on track with the process for the abbreviated SFBC session.

In recognition of the many times clients who are sent to you arrive there unwillingly, this edition expands suggestions for how

to use SFBC principles to work with reluctant clients. For school counselors, this edition also includes special recommendations for working with students who were mandated to see you in lieu of suspension or other major disciplinary actions because of their disruptive behavior or violations of school rules.

Over the years, I have corresponded with many of the practitioners who participated in workshops I've conducted as well as other colleagues in the field of solution-focused counseling. It has been especially exciting to see ways they have adapted solution-focused techniques with different settings and modalities. Chapter 8 features several of these new applications, including the use of sand trays and the use of solution-focused parent–teacher conferences. Incorporating sand trays within a solution-focused session provides another tool for working with children in mental health facilities and schools. Applying SFBC methods in parent–teacher conferences creates a positive, goal-oriented format that helps both parents and teachers be more effective in helping students. The chapter also features an example of a different approach to using SFBC with small groups.

WHO CAN BENEFIT FROM THIS BOOK

This book is designed for school counselors, mental health professionals, and university faculty who teach in mental health programs. The intent of this book is to present step-by-step instructions coupled with case examples to enable you to gain the skills needed to use the SFBC approach. The book also can serve as a quick reference guide if you feel you are "stuck" and need to refresh your knowledge of the SFBC process.

The fact that clients can see positive results in a short time provides a particularly important advantage to those of you with large caseloads, especially in schools. Because this model focuses on solutions—rather than problems and their history—counseling becomes brief and success tends to come quickly.

Mental health counselors, psychologists, and social workers, especially those of you working in agency settings, can benefit from this book. It provides a framework for counseling clients—children, adolescents, and adults—in a way that is efficient, effective, and positive. By staying focused on clients' successes, rather

than their problems, practitioners have reported that they leave at the end of the day feeling energized and hopeful.

Counselor educators in universities report that they have found the previous two editions of this book to be effective in teaching SFBC as well as popular with their students. As of November 2013, 148 higher education institutions have used the second edition of this book. Several professors have commented that their students really appreciate the book. In particular, one professor told me that his school counseling students found this book to be a practical aid in preparing for the challenges that lie ahead for them as school counselors. His students also indicated that they especially appreciated the book because, compared to most of the required texts in mental health theory, it highlighted applications and case examples.

My hope is that this third edition will be even more useful in helping school counselors and other mental health professionals effectively serve their clients in a variety of settings.

Acknowledgments

Although my name appears on the cover, the completion of this book would not have been possible without the excellent training I received in SFBC from Steve de Shazer, Insoo Kim Berg, John Walter, and Scott Miller. Also, I cannot express enough gratitude for the significant contributions of Anne Domeck, who spent endless hours editing the pages and chapters of the manuscript for conciseness and clarity. She has made the content of this book easy to understand, but more important she has been a partner in contributing insights about the SFBC model that have led to some of the revisions reflected in this edition. She has attended workshops I have conducted and has a firm understanding of the solution-focused brief counseling approach that will be apparent as you read this book.

Mona Cattan Lewis's interest in SFBC and dedication in transcribing case studies from videos were greatly appreciated. To the many participants in the workshops I have conducted, I am thankful for your enthusiasm and willingness to learn something new, especially Margaret Cavitt, Jed Turner, and Diane Nichols, whose creative applications of solution-focused counseling to groups have been included in this book. I am grateful to Don Nims and Letitia Holland-Cundiff for contributing their application of puppetry with SFBC. Holly McBrayer's and Julia Chibbaro's unique application of integrating solution-focused methods with sand trays has been a welcome addition to this edition of the book. I greatly appreciate Russ Sabella's contribution to this edition of his innovative application of SFBC techniques in parent–teacher conferences.

I am also thankful to the many students I have counseled using this approach. Their stories fill these pages with hope.

They have made me a better counselor and educator, and my life has been inspired by their successes.

I dedicate this book to my children, Brad, Courtney, and Seth. To my wife, Anne, I am indebted most of all to you. Your unconditional encouragement, empathy, and understanding made this edition of this book possible and, most of all, I dedicate this book to you.

About the Author



Gerald B. Sklare, EdD, LPCC (Licensed Professional Clinical Counselor), was a professor in the Department of Educational and Counseling Psychology at the University of Louisville in Kentucky for more than 30 years. His bachelor's degree in education, master's degree in counseling, and doctorate in counselor education are from Wayne State University in Detroit, Michigan. He taught in an elementary school in inner-city Detroit, in a junior high school in Warren, Michigan, and in a high school in Itazuke, Japan; and he served for 7 years as a high school counselor in Farmington Hills, Michigan. He received training in SFBC from the founders of the solution-focused approach, Steve de Shazer and Insoo Kim Berg, as well as from John Walter and Scott Miller. Dr. Sklare has conducted more than 150 workshops on solution-focused brief counseling in the United States and abroad, and he has practiced in school settings and in private practice using this approach.

CHAPTER ONE

Counseling in Schools and Other Settings: Problems and Solutions

Picture yourself right out of graduate school with a degree in school counseling, eager to demonstrate your effectiveness counseling students at a school that has just hired you as their school counselor. You have wanted to be a school counselor for as long as you can remember.

A year passes and the picture has dimmed. You have become overwhelmed with your assigned responsibilities and find little time to counsel students. When you make the time to counsel students, you find yourself feeling discouraged because you only have time to give students a few sessions, and this leaves you thinking, "What can I accomplish in a few sessions, so why bother?" Because your main motivation in becoming a school counselor was to counsel students, you become disillusioned and question your decision to enter the field.

Then a flicker of hope appears when you learn of a counseling model that seems ideally suited for schools. This approach, called solution-focused brief counseling (SFBC) or therapy, appeals to you

because it focuses on students' assets rather than their deficits, and only a few meetings are needed to help students get on track to resolving their issues. Because many of the steps in the SFBC process resemble techniques you learned in other approaches, the model is relatively easy for you to master.

As you use this solution-oriented approach to change the focus of counseling from problems to solutions, you begin to notice a change in the students you counsel. They seem more confident as they begin to recognize their strengths and resources that were previously unnoticed. You observe your students repeating their successes, which in turn beget other successes. Your sessions have a positive focus, leaving you and your students feeling upbeat. And because the students are doing all the work in your counseling meetings, you are going home after work energized and full of hope.

This sounds too good to be true; however, practicing SFBC in schools can help counselors deliver the kind of assistance that drew them to the profession, and it does brighten counselors' outlooks. As one elementary school counselor described, she no longer goes home depressed, thinking of all the unpleasant conditions her students face. Instead, she focuses on solutions and achieving goals. She noted, "I find myself more helpful to children more of the time and that makes me feel great knowing I'm doing what my title describes" (M. Cavitt, personal communication, February 15, 1996). Another elementary school counselor reported that:

> I am very excited about this new counseling technique I learned from Dr. Sklare [in an SFBC workshop] . . . for it has gotten me results right away. So much so that some of the teachers are asking me to come back right away for follow-up sessions. . . . If you knew what a rough year I have had, you would understand why this is so exciting for me. I feel as if I have come out of a dark cloud. . . . only to rediscover the "me" that loves to work with students. . . . I've sort of had a "reawakening" of who I am with a stronger passion for living life. (D. Nichols, e-mail, March 28, 2013)

But why are so many school counselors feeling they can't deliver the help they were trained to give? Practicing school counselors commonly cite the lack of training in counseling strategies

that can actually be applied given the realities of a school setting. Counselor education programs typically emphasize theoretical models of counseling that require longer-term therapy than school counselors have time to offer or that school districts want for their students. School counselors do not have the time or, in some cases, the training to provide such therapy. Long-term therapy is beyond the scope of the school counselor's role (American School Counselor Association, 2012; Hatch, 2013). Although it is important for counselors to understand the theoretical underpinnings of psychoanalytic, psychodynamic, gestalt, behavioral, transactional analysis, rational emotive behavioral, Adlerian, and person-centered counseling, expecting school counselors to apply these models in a school setting is unrealistic.

In many settings, mental health professionals are facing pressures because of large caseloads coupled with requirements from managed care or insurance companies to limit the number of sessions for each client. The SFBC model is especially relevant in light of these demands. I am receiving increasing requests from agencies and professional organizations to provide SFBC training to psychologists, social workers, and mental health counselors. Feedback from mental health professionals using the model confirms the benefits of the solution-focused approach in these settings. As an example, the day after I conducted a 6-hour SFBC training session for 20 therapists at a mental health agency, the director at the agency reported:

> I just did LCSW supervision with one of my social workers who was at your training yesterday. This is a really great therapist already. She had just finished a session where she worked your Solution Focused model step by step, and it went fantastic. She said it was one of her best sessions ever and this client of hers who is depressed had more energy and drive than she has had in any session before. She shared the Messages they wrote to one another in the session. It was just awesome. She's so excited! (J. Hulette, e-mail, October 31, 2013)

I met with this same director 10 weeks after the training and she reiterated the benefits of the solution-focused approach, noting that when therapists at their agency "focus on

client's problems day in and day out they tend to get secondary trauma and it is hard for therapists to get past the problems and have hope for their clients." She observed these changes when the clinicians used SFBC:

> They had a renewed sense of hope that their clients actually were better than when they had originally seen them and they became excited to help clients explore their strengths. This made my therapists feel empowered as a therapist and made them feel more helpful to their clients. I think it has made them better therapists for all their clients, not just the ones with whom they used the solution-focused model. (J. Hulette, personal communication, January 13, 2014)

A clinical psychologist in a mental health agency shared the following comments about her experiences using the solution-focused approach presented in this book with some of her more severe cases:

> Though I had been trained in solution-focused techniques 15 years ago and utilized the strategies with many clients, I had not felt confident in using it with several client types. Following a training by Dr. Sklare, I challenged myself to try this method with my more severe and complex clients. I have been happily amazed. The power of the technique is still present with complex cases. I have begun to recognize decision trees in my mind about when and how to integrate it and found little reason not to use it as a primary tool for many of them. Working in a community mental health agency, most of my clients have suffered severe trauma, have few if any resources, and frequently have chronic illnesses. Many clients spend years in treatment, if not the majority of their life. However, the culture of being "raised in therapy" is a thing of the past given managed care and other financial limitations of services.
>
> Solution-focused therapy can be a powerful tool to achieve goals and objectives in a more focused and fast-paced manner. Review agencies are fond of clear goals,

scaled objectives, and measureable progress in the documentation they review. The Message [that the therapist writes to the client at the end of the session] is a wonderful tool to identify the plan for the client and therapist between sessions that is expected in documentation.

I find that parents are especially responsive to solution-focused techniques. Parents are very vulnerable to being perceived as "a bad parent." This is often experienced as humiliating, and parents can come to treatment for their child with significant defensiveness. Solution-focused techniques dissolve such defensiveness. It automatically places them as the expert and reinforces their self-view enough to tolerate considering change.

I have been working in this CMHC for 19 years now. I can say that solution-focused therapy has a place here. Dr. Sklare's training brought new enthusiasm to our staff who deal with such traumatic and difficult cases. Several have talked about a new hope, a new sense of confidence they have something to offer even our most disturbed clients. Instead of sessions ending on sad and defeated notes, more are ending with hope and a message both the client and therapist can hold on to. It has a wonderful impact on both our clients and our staff. (E. Jackson, e-mail, January 16, 2014)

Because the SFBC process described in this book is suitable for use by school counselors and mental health practitioners in a variety of settings, throughout the book the term *client* will be used to apply to students as well as other individuals in counseling or therapy.

Most counseling approaches used in counselor education programs focus on problems, thus implying that something is wrong with the client. With this perspective, clients' reluctance to talk to counselors who stress their faults is understandable. Furthermore, this emphasis on deficits usually leads to an extensive and time-consuming exploration of problems, etiology, histories, and causes. SFBC addresses both these issues. Because the model doesn't call for exploring the history and causes of the problem, counseling becomes brief. Furthermore,

by emphasizing clients' strengths and resources rather than deficits and failures, solution-focused counseling has a positive focus that empowers the client.

Frequently, youth who come to counseling are referred by school personnel, parents, or the courts. Rather than being "customers" of counseling, they come as "visitors," usually honoring either a request or an ultimatum. As a result, they may not commit themselves to the process. In these cases, the real customers are the parents, teachers, administrators, or other adults who want the client to change. Sometimes they, rather than the client, "own" the problem. Some youth who are referred to counselors may view counseling as really serving those who sent them, which may result in resistance. Because the model emphasizes clients' positive attributes and strengths, it tends to increase clients' willingness to participate in counseling. In addition, the SFBC model features specific interventions that help convert visitors to customers.

ORIGINS OF SOLUTION-FOCUSED BRIEF COUNSELING

In the late 1960s, solution-focused counseling grew out of Steve de Shazer's observations of what occurred when he began to ask clients to notice what was better in their lives between sessions (de Shazer & Molnar, 1964). Attention to problems that brought clients into counseling was not part of the assignment. Remarkably, two thirds of his clients reported that things were better by their next session. Among the one third who did not indicate that things were better, half of these clients began to discover improvements that had first gone unnoticed. This was significant—solutions were occurring but often went unrecognized unless attention was redirected to highlight these successes. It is also interesting that many of the things that clients reported were better had nothing to do with the problem that had brought them into counseling in the first place.

De Shazer's new approach capitalized on the fact that most clients could identify times when the problems that brought them into counseling were less severe or absent altogether. For example, typically clients who sought treatment for depression were not

always depressed 100% of the time. Usually there were times when depression was absent or less noticeable. By focusing on these exceptions to the problem, solutions previously unrecognized could be identified. This new approach also reflected a shift in emphasis from the traditional problem focus to a solution focus, where exploring the problem was minimized.

As solution-focused methods continued to develop, Weiner-Davis, de Shazer, and Gingerich (1987) concluded that perhaps positive change could take place even before the first counseling meeting. They began to ask individuals who called for appointments to notice between then and the time they came in for their first appointment what was better in their lives. Amazingly, they reported the same results that de Shazer found with the task assigned for clients to accomplish between sessions. Clients noted that perhaps the problems had been overemphasized. This finding led de Shazer and his colleagues to conclude that focusing on solutions rather than problems would be far more effective, a major philosophical shift in the counseling field. This led to one of the basic assumptions underlying SFBC—the notion that you tend to get more of whatever you talk about, whether positive or negative.

A number of innovative practitioners built on de Shazer's early work, particularly in the 1980s and 1990s (Berg & Miller, 1992; Berg & Steiner, 2003; de Shazer, 1985; O'Hanlon & Weiner-Davis, 1989; Selekman, 1997; Sklare, 2000; Walter & Peller, 1992). Through their efforts the solution-focused approach grew to have significant impact in school and mental health settings.

DIFFERENCES AND SIMILARITIES

As with most counseling approaches, when SFBC is compared to other methods, differences as well as similarities become apparent. As previously noted, one of the fundamental differences stems from the movement to a solution focus, which removed the need for in-depth exploration of the historical antecedents of clients' problems. Removing investigation of the causes and origins of problems from the process dramatically shortens the time needed for counseling. When the focus is on solutions, counseling becomes brief. Moreover, as the focus changes to solutions, actions gain importance and insight is deemphasized. The solution-focused approach

also differs from some counseling approaches in that it builds on the belief that changes in behavior lead to changes in feelings.

Ratner, George, and Iveson (2012) elaborated on the shift away from problems and toward solutions. They note that "at the heart of the solution focused approach is the invitation to the client to develop a detailed description of a picture of life when their best hopes from the therapy have been achieved and this picture is not determined by the problem that brought the client to therapy" (p. 241). Departing from the traditional focus on problems, diagnosis, and history can be an obstacle for experienced counselors because SFBC calls for a major shift in philosophy. This represents one of the biggest challenges especially for counselors who have been practicing—departing from the traditional focus on problems, diagnosis, and history.

SFBC also calls for clients to determine their own outcome or goal for counseling. Counseling focuses on clients' desires, not on the desires of the counselor, administrator, or mental health provider. Clients are viewed as being their own experts—they know what is best for them. Having faith in clients' abilities to identify their goal conveys confidence and respect, and when individuals are permitted to determine their own agenda for counseling, resistance diminishes. Giving up the role of the expert who knows what's best for clients may be difficult for mental health professionals. Effectiveness in using this method depends on the willingness to embrace this belief in clients' abilities, to allow clients to do all the work and assume all the responsibility, and to recognize that regardless of clients' past experiences or background, change for the better is possible.

Perhaps the most profound difference in this model compared to other approaches lies in the way the SFBC's positive nature impacts children and youth. As an example, after 3 weeks in which I used SFBC to counsel at-risk middle school students, the school secretary reported to me that she had asked these students the same two questions. The first was, "Do you want to come back and see the counselor again?" They enthusiastically responded, "Yes, I would like to do that." As a follow-up question she asked, "Do you think he [the counselor] wants to see you?" They emphatically responded, "He sure does!" These students had gained confidence by recognizing they were capable of being successful and were ready to demonstrate they could do it again. Students

seemed pleasantly surprised that a counselor or administrator would talk to them about what they were doing right, when their past experiences were generally negative because discussions focused on what they were doing wrong.

As another example, a fourth-grade boy I counseled with SFBC commented at the beginning of our second session, "I like coming here, for this is the first time anyone has talked to me about the things I do good." I have found this simple but remarkable statement to be a powerful reminder of the profound difference between SFBC and the other interventions and interactions that many students encounter in their daily lives. As another indicator of students' reactions, friends of some of the students I had counseled requested counseling for themselves and made comments such as, "Bridget isn't getting in trouble anymore, so I want you to fix me up like you did her." Accentuating children's previously unrecognized resources challenges and motivates them to prove their competence.

SFBC With Children

The emphasis on action over insight makes SFBC an effective model for working with children. Since insight is not necessary, this approach offers a good fit because at some ages, youth do not have the cognitive skills essential to understand where they are and how they got there in the same way adults are able (Kral, 1994).

Solution-focused counselors found that by using their clients' words, counseling became easier for clients to comprehend. By using clients' language, counseling was personalized to meet their needs. Helping clients communicate at a familiar level and recognize that they are understood creates an ideal situation.

Another aspect of this method suits children well—the focus on using language that directs them to take positive actions. Children arrive at your door most often because the person referring them wants them to *stop* doing something (fighting, disrupting, talking, arguing) or *start* doing something (homework, cooperating, paying attention, being on time). Focusing on something the client doesn't want to do or wants to stop doing constitutes a negative goal. Negative goals are difficult for every one—regardless of age—to accomplish, because, to imagine yourself not doing something, you must replace those thoughts with

thoughts of what you *will* be doing instead. Developmentally, children especially need to identify the specific actions they need to take, which is exactly what the solution-focused method facilitates.

SFBC With Diverse Populations and Cultures

Public schools have increasing numbers of students from culturally diverse backgrounds (Holcomb-McCoy, 2001). In fact, projections indicate that, by 2020, the majority of students in public schools will come from diverse cultural, ethnic, and/or racial backgrounds (Campbell, 1994). Similar trends are being seen in the populations served by mental health agencies.

In some cases, cultural differences can be associated with issues related to trust. Some reports indicate that this may be particularly true for African American students (Biafora, Taylor, Warheit, Zimmerman, & Vega, 1993; Phelps, Taylor, & Gerard, 2001). This causes students to feel uncomfortable or unfamiliar with the idea of seeking help from outsiders like school counselors or mental health professionals. This may be the case for children from Latino backgrounds (Altarriba & Bauer, 1998). With children of Latino decent being the fastest-growing population of school-aged children in the United States (Aviles, Guerrero, Horwarth, & Thomas, 1999), schools need to find ways to best serve these students.

The issues stemming from cultural differences have led administrators, counselors, and mental health providers to seek a new understanding of how best to provide counseling services to youth from a variety of cultural backgrounds. As an example of the attention that has been directed to these needs, as long as 15 years ago an entire issue of the *Journal of Counseling and Development* (Robinson & Ginter, 1999) was devoted to the topic of diverse populations and the need for special care when counseling people from different cultural backgrounds.

Fortunately, many characteristics of the solution-focused approach make it an ideal counseling approach with diverse populations. SFBC sessions focus on clients' experiences within their own frames of reference—not the counselor's. In addition, SFBC uses clients' terms and phrases rather than the counselor's, recognizes that clients are the best experts on themselves, and focuses on strengths rather than weaknesses and on solutions rather than

problems. As a result, concern about discussing problems outside the family is not as likely to arise. These aspects of the SFBC model help clients from diverse backgrounds and cultures overcome their resistance to counseling.

DeJong and Berg (1998) found that 80% of African American clients and 82% of Latino clients (although the study had a small sample of Latino clients) compared to 71% of Caucasian clients of all ages either met their goals or made progress toward their goals as a result of SFBC. Many of the cases presented in this book were with African American students who came from economically disadvantaged neighborhoods. The success of these students in overcoming their difficulties was inspirational.

The SFBC approach also has had an impact beyond the United States. The fact that, so far, this book has been published in Japanese, Korean, Chinese, Turkish, and Greek is testament to solution-focused counseling's appeal in a range of cultures.

Similarities

Many of the skills associated with SFBC are shared with other counseling approaches. Listening, responding with empathy, asking open-ended questions, supporting, reinforcing, identifying goals, and applying scaling methods are but a few of the techniques SFBC has in common with other mental health applications. The transition to a solution-based approach will build on many of your current skills.

As with any counseling model, this approach may not be effective with all clients. Some may not want to be "fixed" because they may just want someone to listen to them. Clients who have recently experienced a loss may not yet be ready to find solutions.

Preparing Clients for How SFBC Differs

Some clients may be cautious about your new approach and reject your assistance. Making clients aware of your rationale for using this different approach may help alleviate their suspicion. For instance, if it is the client's first visit to a counselor, you could say, "When you were sent to see me, my guess is that you were expecting to talk about things that were going wrong in your life. Instead we're going to do something different. Rather than talking

about problems, we're going to focus on times when things have been going better and what you did to make that happen."

If the client has seen you or other counselors before, you could say, "I know you've discussed your problem with me [or other counselors] before and things may not have worked out. We're going to try something different this time. Rather than discussing problems, we'll spend our time talking about your strengths as well as resources you have used to make things a little better during times when you'd typically have the problem. Then we'll talk about how you made that happen."

EFFECTIVENESS

Solution-focused brief counseling (also called solution-focused brief therapy) has been recognized as effective in a number of publications (Bruce, 1995; Franklin, Moore, & Hopson, 2008; Guterman, 2013; Kim & Franklin, 2009; LaFountain, Garner, & Eliason, 1996; Littrell, Malia, & Vanderwood, 1995; Murphy, 1994; Pelsma, 2000; Ratner et al., 2012; Sklare, Sabella, & Petrosko, 2003; Thompson & Littrell, 1998). DeJong and Berg (1998) reported that 78% of children 12 years old and younger and 89% of children 13 to 18 years old made progress toward their goals in counseling 7 to 9 months after solution-focused brief therapy. Franklin, Biever, Moore, Clemons, and Scarmado (2001) studied the effects of solution-focused counseling on special education fifth- and sixth-grade students with behavior problems. Results revealed those students receiving solution-focused counseling made positive changes with a range of behavioral issues.

Cook and Kaffenberger (2003) conducted a solution-focused study skills group for middle school students and found that 50% of the students improved their grade point averages. The students' teachers and administrators reported positive benefits as well. Another study focusing on academics (Newsome, 2004) found that at-risk middle school students exposed to solution-focused counseling in a group setting increased their grade point average from pre- to posttreatment compared to the at-risk students who did not receive the solution-focused intervention. Saadatzaade and Khalili (2012) also conducted a study to measure the effectiveness of solution-focused group counseling on male high school students' academic achievement and their ability to

self-regulate, which entails their ability to assess their own progress and adapt strategies accordingly. They found that students exposed to the solution-focused group showed a significant improvement in their grades and self-regulation compared to the students in the control group.

Corcoran (2006) examined the effectiveness of SFBC compared to cognitive behavior therapy with children exhibiting behavior problems. He found that both approaches were equally effective in eliciting significant improvements as measured by rating scales completed by parents. A meta-analysis of solution-focused brief therapy outcome studies (Kim, 2008) indicated that solution-focused approaches yield results comparable to other psychotherapies. Kelly, Kim, and Franklin (2008) reported that solution-focused therapy has shown similar success as other forms of therapy but generally achieved the results in fewer sessions. Because SFBC tends to be effective with fewer meetings compared to other approaches, this makes it ideal for school counselors with large caseloads.

CORE "RULES"

As with any counseling model, there are core beliefs or "rules" that lead to the most effective implementation of SFBC. De Shazer (1987, p. 59) and Berg and Miller (1992, p. 17) have proposed three basic rules to guide counselors using SFBC.

Rule 1: "If It Ain't Broke, Don't Fix It"

The first rule borrows from the old saying, "If it ain't broke, don't fix it." Making an issue out of something that is not an issue for clients can cause difficulties in areas that were previously manageable to them. Counselors should focus on generating solutions, not additional concerns. This rule also reflects the philosophy that clients—not counselors—determine the goals for counseling.

Rule 2: "Once You Know What Works, Do More of It"

Rule 2 is, "Once you know what works, do more of it." The counselor gains valuable information by recognizing those interventions that seemed to lead to the client's progress. Once successes

are identified, counselors have clients replicate them. Avoid the temptation to become more elegant or try something different to move more quickly. An assignment or intervention that has worked previously has an excellent chance of succeeding again.

Rule 3: "If It Doesn't Work, Don't Do It Again. Do Something Different"

The third rule states, "If it doesn't work, don't do it again. Do something different." The American work ethic promotes the concept that "if at first you don't succeed, try, try again." When trying again, it is important to use different strategies to yield different results. In counseling, however, when confronted with difficulties, clients tend to use the same familiar coping strategies because that is what they know how to do. Walter and Peller (1992) describe a common example of this phenomenon, wherein people repeat ineffective strategies over and over. People often misplace an item such as a wallet or a set of keys. After thoroughly searching for the item and not finding it on the kitchen table, they check the dresser in the bedroom unsuccessfully, followed by the pocket of their coat, and then back to the kitchen table once again. If the item was not on the table before, why would it be there now? Repeating something that didn't work doesn't make sense; continued exploration in new locations is a more logical choice. Subscribing to this third rule helps counselors reformulate their ideas about resistance, because when clients demonstrate reluctance or appear uncooperative, they may be telling counselors what does not work.

SOLUTION-FOCUSED ASSUMPTIONS

The philosophy of any counseling approach carries with it basic assumptions counselors need to internalize for the model to work. Adhering to these assumptions keeps the counselor on track. Various solution-focused practitioners have articulated in their own way the assumptions inherent in the solution-focused approach. Walter and Peller (1992) are to be credited with the concepts described in the five assumptions that follow.

Assumption 1: Focusing on Success Leads to Solutions

The first assumption contends that when we concentrate on successes, beneficial changes will take place. Direct the focus toward what is right and working for clients as opposed to what's wrong and troublesome. Practicing "solution talk" rather than "problem talk" facilitates the process. This can be a rather difficult assignment for novice solution-focused counselors because most mental health providers have been conditioned to look for problems. Shifting from problem to solution identification requires conscious effort and repeated practice.

Many years ago, this concept was exemplified in the forward-thinking work of Hosford, Moss, and Morrell (1976) with inmates who stuttered. After recording conversations with prisoners, a second edited recording was made from the original with all stuttering removed. The convicts listened to the edited recording that featured their talking without any trace of stuttering. Their stuttering was significantly reduced as a result of focusing on the positive and the solution rather than the problem. I suggested this same solution-oriented approach to the coach of a university basketball player to improve the player's free throw shooting. An edited video that demonstrated his shooting free throws with perfect form and accuracy was prepared. Prior to games and practice, the player watched the tape, then closed his eyes and imagined himself shooting with perfect form. His habit of only focusing on the solution—an accurate shot—resulted in his missing only one free throw for the entire season!

Assumption 2: Every Problem Has Identifiable Exceptions

The second assumption asserts that every problem has identifiable exceptions (or instances of success) that can be found and transformed into solutions. Clients are inclined to view their problems as always happening, when, in reality, their problems fade away at times. Clients become so immersed with their issues that they often fail to see the instances when the problem isn't present. Clients fail to recognize the significance of these exceptions. It is up to counselors and other mental health professionals to listen

carefully for hints that signal where, when, and how exceptions occur as a step in helping clients develop solutions.

As an example, Jean, a seventh-grade girl, requested help because she and her older sister, a junior in high school, didn't communicate often, and when they did, they continually argued about who was right and who was wrong. Then, each tried to prove the other wrong with a report to their father. Jean desired to end this conflict.

After the counselor inquired about when their relationship was somewhat better, Jean recalled an incident 2 months earlier in which she and her sister talked about what was going on in their lives and, for a few days afterward, they didn't argue or report to their dad. Jean recalled that her sister even "took up for her" on one occasion. Although the exception was hard to find initially, with some probing it was discovered. Jean was assigned the task of doing more of what worked. In the second meeting a week later, Jean reported that she had been talking with her sister and had stopped telling on her, and her sister had responded similarly. They started to become allies and to do some things together. Jean's father remarked to Jean and her sister that he had noticed fewer quarrels and that he was happier seeing this. This was apparent to Jean as she noted that he began to smile more when he came home. The identifiable solutions were there all the time, hidden in the exceptions to Jean's problem. Three meetings between Jean and her counselor were all it took to get Jean on track toward a healthier relationship with her sister.

Assumption 3: Small Changes Have a Ripple Effect

The third assumption is that small changes have a ripple effect that expands into larger changes. Once people get to know one another, they become somewhat predictable and come to anticipate each other's behaviors. When clients alter their behaviors ever so slightly, it causes a chain reaction in response to the initial change. Those affected by the change find themselves adjusting their responses, which in turn elicits further changes in clients. As in Jean's situation, when she became supportive of her sister, her sister became supportive of her. They began to do things with one another. The changes between the sisters also had an observable, positive effect on their father.

Assumption 4: Clients Know Themselves Best

The fourth assumption recognizes that all clients have what it takes to resolve their difficulties. Who knows clients better—so why not use their expertise? By highlighting clients' strengths rather than focusing on deficits, changes occur more rapidly. Counselors and clients together face the task of fully exposing moments of success and, perhaps most important, identifying what clients have done to make these moments happen. Exploring clients' "road maps" to success steers them toward an empowering adventure.

Assumption 5: Positive Goals Are More Effective

The fifth assumption calls for clients' goals to be viewed in positive terms, reflecting what clients want to do, rather than in negative terms, reflecting something they don't want to do. It is unlikely that clients can picture something not happening. To do this, clients must envision something else occurring in its place. Constructing a goal of *not* doing something—in other words, a negative goal—is unproductive for several reasons. Typically, a negative goal does not lead to productive action, and it fails to give the client a direction for how to succeed. Also, a goal stated as the absence of a behavior is difficult to measure. As clients relate their goals in negative terms, recounting what they don't want, counselors are charged with helping clients identify positively worded goals that reflect what they do want to happen in concrete, behavioral terms. Clients are motivated as they envision themselves accomplishing a measurable goal.

ADDITIONAL GUIDING CONCEPTS

In addition to the preceding core rules and assumptions, several additional concepts provide direction for implementing this model.

Concept 1: You Get More of What You Pay Attention To

"You get more of what you pay attention to" is a concept that has much to do with the success of solution-focused counseling. In its simplest interpretation, it means that if you pay attention to

what doesn't work, you get more of the problem; if you pay attention to what does work, solutions become apparent and multiply, leading to a ripple effect of positive change.

In the big picture, clients typically miss things that are working for them. Instead they tend to direct their attention to what is wrong and not working. As a result, problems grow disproportionately in relation to the solutions, which generally go unnoticed. Focusing on problems in the counseling session only perpetuates this tendency.

People also tend to describe problems as *always* happening or goals as *never* being attained. Typically these absolutes are not true 100% of the time. Clients aren't always losing their tempers, arguing with their parents, or never doing homework. Typically there are instances when they are controlling their temper, cooperating with their parents, or completing their homework. These moments of success are frequently forgotten or generally unrecognized. Therefore, it is important for counselors to pay particular attention to indications of what works for each and every client so that these solutions can be replicated. In adhering to this concept, counselors commit to the belief that all people have been successful in overcoming their problems at various times in their lives. They have the ability to succeed again.

In a related concept, de Shazer (1988) noted the tendency of clients to describe their problems using "I am" statements. For example, when the counselor asks clients what's the reason you have come to see me, clients tend to reply with statements like "I am sad" or "I am fearful" in the same way that they might say "I am female" or "I am American." It's as if the symptom that brought them to counseling is a permanent trait, like gender or nationality. Focusing on exceptions to the problem encourages clients to recognize that their symptoms are not permanent traits. It shifts attention to resources and positive behaviors, which in turn evokes more of these constructive actions. In simpler terms, it reflects the concept that you get more of what you pay attention to.

Concept 2: Avoid Problem Analysis

Philosopher Ludwig Wittgenstein once said, "It's a mistake to look for an explanation when all you need is a description of how things work." SFBC addresses what is working for children and youth instead of exploring the etiology of their problems.

In contrast to SFBC, a counseling session focused on etiology—describing the client's problem, how long it has been a difficulty, why the problem started—and how the problem makes the client feel is less likely to give the individual a strategy for change. In fact, this kind of problem-focused meeting is likely to leave clients feeling hopeless, defensive, and negative. Moreover, it is also likely to leave clients feeling less responsible for their behavior.

However, if you pay attention to when the problem is less evident or absent during times when it would typically occur, solutions come to light. In a solution-focused counseling session, clients are likely to feel more positive, hopeful, and capable of recognizing their ability to achieve the change they desire.

Rudy, a sixth-grade boy, was referred to me because he could not control his temper, which resulted in his cursing and fighting in school and in the trailer court where he lived. Because of his outbursts, his mother and stepfather were being threatened with eviction. Rather than embarking on an in-depth exploration of the causes of his temper, cursing, and fighting, we focused on when this wasn't a problem for him. This reinforced Rudy's ability to control himself. His situation improved after several sessions.

Concept 3: Be Efficient With Your Interventions

One goal is to get clients in and out of counseling as quickly as possible. Typically, therapists spend much time trying to discover the source and cause of problems; in contrast, solution-based counselors quickly focus on solutions that work. Counselors must avoid making clients dependent on them for long-term answers when all clients may need is a nudge to start them on a path toward their own solutions. With time constraints often dictating counselors' agendas, getting the most accomplished in a minimum number of interventions is essential.

As an example of efficient interventions, a 13-year-old middle school boy named Derek saw a friend severely injured when he shot himself in the head with a 22-caliber pistol he thought was loaded with blanks. Four days after the incident Derek was feeling bad because he didn't stop his friend, and he requested counseling. In just one session, Derek was helped to recognize the following solutions that were already working for him: When he felt he needed to express his feelings about the incident, he realized that it

helped to initiate a conversation with the victim and his mother. He also recognized that sometimes he needed to be physical to relieve tension, so he played basketball. One meeting with Derek to identify and reinforce the solutions that he already had started to construct was all it took to relieve his feelings of stress about the incident.

Concept 4: Focus on the Present and Future

SFBC has clients paint a picture of how their present and future will look when they are successful in resolving their problems. This sends a clear message that counselors believe in their clients' abilities to overcome their adversities. Past events are emphasized only in the process of finding exceptions to problems. In contrast, most conventional therapeutic approaches expect clients to investigate and understand the past as a precursor to changing their behavior. This can be so overwhelming to many clients that they use the past as a scapegoat to inhibit personal growth.

In contrast, SFBC only considers the past and present as tools to discover successes that may have been overlooked. These previously unrecognized successes hold the key to future success. This was the case with James, an eighth-grade boy, sent to me because of his low self-esteem. He had fallen off a bike when he was 8 years old and nearly died from the resulting head injury. He took longer than others his age to formulate responses to my questions. He spoke in a slow and deliberate manner, often saying that the questions I asked were hard to answer. However, given enough time, he was able to respond. He was failing most of his classes, except for several D's. His goal for counseling was "to stop feeling dumb and to feel smart sometimes." Focusing on the present, we searched for occasions when he felt a little less dumb or even a little smart. He noted that he had been more successful and felt more okay about himself when he blocked out distractions in class so he could focus on what the teacher was saying. During one of our sessions I asked James how he was able to stay focused on our session when loud noises outside were permeating the office. After thinking about the question for a few moments, he smiled broadly and replied, "I watched your lips." He applied this discovery in the classroom where he watched his teacher's lips in order to block out distractions during class. He also reported feeling better about himself when he went to the library after school to do his

homework instead of going home and when he asked to be tutored during the last period of the day. James did improve several of his grades from F's to D's and C's, and he even scored 100% on a science test for the first time. According to James, these improvements helped him feel smarter.

Concept 5: Focus on Actions Rather Than Insights

Children's cognitive development limits their ability to comprehend insights about their problems. Insight development also requires a time commitment that clients and counselors often do not have. Furthermore, Metcalf (1995) points out that "knowing why we are the way we are doesn't offer solutions. As clients discover why they are sad, angry or shy, they often use the information as a symptom and reason for not succeeding" (p. 19). Historically, the psychological community has espoused the belief that clients need to know why they got to be the way they are and that this insight is required for change. Yalom (1995) argued against this position because he found that insight is not a precursor to change.

The following case highlights the value of targeting actions over insights. I worked with a 12-year-old girl, Tiffany, who was referred because she repeatedly fought with other students and argued with and swore at her grandmother and her teachers. She was on the verge of being removed from the honors program and placed in a class for students with behavior disorders. Tiffany's grandmother was raising her because Tiffany's mother didn't want her. Many traditional counselors would have pursued insights surrounding her hostile behavior as it might relate to her mother's rejection. However, because Tiffany's goal was to get along better with classmates, teachers, and her grandmother, counseling targeted what she was doing (her actions) during the times when she was able to control her temper and get along even a little better with them. By our third meeting, she had improved so much that she was no longer being considered for the behavior disorder class and was asked to tutor some of the children with behavior disorders at a neighboring elementary school once a week. She was so effective that the behavior disorder teacher at the elementary school requested that Tiffany come to the school every day. Moreover, her grandmother was reported to have commented, "I like my new Tiffany better." Although Tiffany still had her ups and downs, her behavior and relationships improved significantly.

SUMMARY

SFBC has been shown to be an efficient approach that enables school counselors and other professionals to provide effective counseling to their clients, including young children and clients from diverse populations. By focusing on solutions rather than problems, counseling becomes brief, which is ideal for school counselors and other mental health professionals with large caseloads. The emphasis on clients' strengths and resources builds their confidence.

A final note: When first beginning to use SFBC with clients, you may encounter situations that throw you off track. Often, when this occurs, you will switch to what you know best—the counseling or other approaches you typically use. It is my hope that this book will prepare you to address impediments that may surface during a SFBC interview to help you to avoid abandoning the solution-focused model.

PRACTICE EXERCISE

The following exercise will help you experience the same impact that clients experience when the focus shifts from problems to solutions.

Problem-Focused Questions

- Think of a recent problem that is causing you some difficulty. Answer the following questions about this problem:

  When did this problem begin?

  What seems to be the cause of this problem?

  How often does this problem occur?

  What keeps this problem going?

  How does this problem affect your relationships?

- Note the effect these problem-focused questions have on you by answering the following questions:

  Are you left with a sense of direction about how to overcome your issue?

Do your answers to these questions help you move toward a resolution of this problem?

As you think about what you have just experienced, are you feeling more hopeless or hopeful about your situation?

Do your answers leave you feeling empowered?

Solution-Focused Questions

- Using the same problem, answer the following questions:

  When do you *not* experience this problem during times when the problem would typically occur?

  What's different about the times when you don't have this problem?

  How do you explain that this problem doesn't happen then?

  How do you keep this from being a problem then?

- Note the effect these solution-focused questions have on you by answering the following questions:

  Are you left with a sense of direction about how to overcome your issue?

  Do your answers to these questions help you move toward a resolution of this problem?

  As you think about what you have just experienced, are you feeling more hopeless or hopeful about your situation?

  Do your answers leave you feeling empowered?

- Notice the different reactions you experienced when answering problem-focused versus solution-focused questions, and consider the following:

  Which seemed more helpful to you—the problem-focused questions or the solution-focused questions?

  Which questions caused you to feel more empowered?

  Which type of questions might lead to enhancing your self-esteem?

Your answers most likely would have led you to conclude that solution-focused questions were more productive for you and would be of more benefit to your clients as well.

CHAPTER TWO

Setting Goals

To be efficient and effective with SFBC, well-developed goals need to be established with clients from the outset. Identification of goals in the first interview, regardless of one's theoretical orientation, is the best predictor of effective counseling outcomes. Furthermore, the more concrete and behaviorally specific the goals, the more quickly clients improve. Goals must be stated in terms of the small steps of observable actions clients will take, not in terms of what they will not do or what they will stop doing. The solution-focused approach also calls for creating a hypothetical picture of what life would look like without the problem that led the client to you. Known as the *miracle question,* this hypothetical picture provides the springboard for eliciting details about clients' goals and the desired behaviors that will help them reach their goals. This is an invaluable tool to help clients see what is possible for them.

This chapter provides suggestions for opening the first meeting, explaining the SFBC process to your client, setting a positive goal, and using the miracle question. The chapter closes with additional tips for establishing well-developed goals and a practice exercise that gives you direct experience with the miracle question and its impact.

OPENING THE FIRST MEETING: ESTABLISHING RAPPORT AND EXPLAINING THE PROCESS

As with most forms of counseling, begin by introducing yourself and spending a few minutes establishing rapport. This can be facilitated by asking about aspects of the client's life unrelated to the reason the client came to counseling. For example, you might ask, "'Tell me about yourself' . . . ('How do you spend your day?' was a favorite of de Shazer)" (Ratner et al., 2012, p. 49). These kinds of questions help you to get to know the client as a person rather than "the collection of problems that often make up a referral" (Ratner et al., 2012, p. 49).

Some clients may wish to complain before getting down to business. When this occurs, it's best to let them "unload" for a brief time. You should acknowledge clients' concerns by listening, reflecting empathetically, nodding, and making comments that demonstrate support for their coming to counseling.

Next, take a moment to explain aspects of the approach you will use in your meeting. Use this time to introduce the ways this form of brief counseling differs from other approaches clients may have experienced or what they may have anticipated. You also will want to prepare clients for the difficult questions you will ask, the notes you will take during the session, and the break that will occur when you write a message for the client. These steps are explained in detail later in the book.

The procedures are introduced something like this:

> I want to let you know how this is going to work. I am going to ask you a lot of questions, and some of them are going to sound kind of crazy and will be tough to answer. *(For some clients, informing them that the questions will be hard to answer is intriguing and challenging.)* While we're talking I'm going to be taking some notes on the answers you give so that I can use them to write you a message at the end of our meeting. While I am writing you a message I would like you to write me a note about what you learned from our meeting today. *(Depending on the child's age and skill level, you may instead ask the child to draw a picture of what he or she will be doing when things are better.)* When I finish the message to you, I will read it to you. Then I'll make a copy of the message and your note to me *(or picture)*, so we'll each have a copy.

This explanation acquaints clients with the process and also prepares them for how hard they will have to work to answer difficult questions. When clients get stuck, you can refer to this introduction by saying, "Remember what I said when we began about how hard it will be to answer some of these questions? Well, this is one of those hard questions." The last thing you want is for clients to feel inadequate because they are having difficulty answering your questions. Interventions like this can be used to keep this from happening and, at the same time, build a supportive relationship.

DEVELOPING A POSITIVE GOAL

Walter and Peller (1992) have recommended that counseling sessions begin with a question that initiates goal-oriented thinking soon after the client sits down. Ratner et al. (2012) have suggested beginning the discussion of goals with this question: "What are your best hopes from our meeting?" (p. 31). I concur with Ratner et al.'s recommendation because the question tends to lead clients to consider outcomes rather than elaborate about problems or past failures. If you prefer to open the discussion with a different question, other options include "What's the reason you have come to see me?" or "How can I help you today?"

When clients are asked about their hopes or goals for counseling, typically their responses fall into one of eight categories: (1) positive goals, (2) negative goals, (3) wanting others to change, (4) symptoms, (5) unrealistic goals, (6) harmful goals, (7) "I don't know," or (8) "I don't care." The following sections describe strategies you can use with each category of response to yield concrete, behaviorally specific goals that facilitate the client's success.

Positive Goals

Positive goals state behaviors that can be observed and measured so that clients can recognize when their objectives have been attained. The following are examples of positive goals you might hear from your clients: "I want to improve my grades, and I want you to help me to figure out how to do that." "I want to get along better with the other kids." "I need to get my teacher off my back so I don't have to come back to this stupid place again."

Because these general goals are stated in terms of what clients want to accomplish, they are classified as positive goals.

However, most positive goals that clients first identify typically lack the concrete, specific behavioral details that are necessary to show they are on track for reaching their goal. Eliciting descriptions of specific things clients will be doing when they are moving in the right direction gives them the details needed to paint mental pictures of their solution.

Consider the following kinds of questions to help clients specify what they would be doing behaviorally to reach their goal:

- "What do you think you would be doing that would tell you that you are on the path to getting better grades?" Or "When your grades are improving, what are some of the things you will be doing that will make that happen?"
- "What would the other kids in your class say you were doing that would show them that you're getting along better with them?" Or "When you are getting along better with the other kids, what will they notice that you are doing to make it so?"
- "What will your teacher see you doing that will tell her that she will no longer need to be on your back?" Or "When the teacher is no longer on your back, what will she see you doing that will bring this about?"

After clients answer, use follow-up questions that elicit more specifics about what clients will be *doing* when things are better—a process called *detailing.* To implement detailing, continue to elicit details until clients describe a visual picture of the desired behavior. During this process, if you begin your questions with the word *when,* it sends the encouraging message that you believe clients will accomplish their goal. This questioning follows a pattern—clients' answers to your follow-up question provide the information needed to form the next question. This in turn solicits additional examples of what the goal looks like to clients and their significant others. This sequence needs to be repeated until you and your clients have a visual picture of what they will be doing—in specific, concrete terms—to make progress toward their goal.

When detailing the goal, each question you ask should incorporate the words or jargon of the client's previous response. This assures that you are staying in tune with the client's frame

of reference. An example from one of my sessions with a 12-year-old boy emphasizes the importance of this point. He reported that he got into trouble for being too talkative in class. I responded by saying, "So you get in trouble for socializing too much." Because I substituted *socializing* in place of *talkative,* he had no idea what I was talking about until I restated what he said using his own term—*talkative.*

When clients have identified their goal stated in positive, behavioral terms, remember to take notes about the goal that you can use when you construct a message at the end of the session. Be sure your notes reflect the client's jargon or choice of words.

Negative Goals

Often, clients respond to counselors' inquiries with negative goals, which are goals expressed as the absence of something. Unfortunately, negative goals are more commonly expressed than positive goals. Typically, clients express negative goals in one of two ways: (1) something they don't want to do, or (2) or something they want to stop doing. Negative goals are difficult, if not impossible, to attain. This is the critical perspective regarding negative goals—for something not to happen, something else must take its place. Therein lies the goal.

When clients' goals are framed as not wanting to do something, ask them to describe what they want to be doing instead. Typical expressions of this kind of negative goal include, "I don't want to mess up at work" or "I don't want to lose my temper" or "I don't want to get suspended anymore." It's best to reframe absence-of-something (negative) expressions into presence-of-something (positive) goals. When clients express a negative goal, immediately intervene with questions that elicit observable behavioral replacements. To redirect a negative goal into a positive one, use questions like "If you weren't doing ____, then what would you be doing instead/differently/rather than ____?"

Consider the following brief exchange that redirects this type of negative goal into a positive one (*C* = Counselor; *Cl* = Client):

C: How can I help you today?

Cl: I don't want to lose my temper when I get teased.

C: So instead of losing your temper when you get teased, what would you be doing instead?

Cl: I would stay calm. *(Positive goal)*

C: Remaining calm is what you want to do when you get teased. And what would you be doing that would tell you that you are calm? *(Detailing)*

Sometimes clients express goals as wanting to stop doing something, such as "I want to stop being late to class" or "I want to stop fighting with my little brother." When this occurs, reframe the negative goal to a positive goal by asking them to identify what they would like to *start* doing instead. Reponses to these examples might include the following: "So when you stop being late to class, what would you start doing instead?" or "When you stop fighting with your little brother, what would you start to do in place of fighting?"

The following exchange redirects a negative goal into a positive goal:

C: What is your best hope for our meeting today?

Cl: I get detention for being late all the time so I want to stop being late to class.

C: So what would you be doing rather than being late to class?

Cl: I would go to class on time. *(Positive goal)*

C: Therefore, making sure you're in your classroom on time is your goal.

Cl: Yeah.

C: What would you start doing that would indicate you were on the right track to getting to class on time? *(Detailing specifics of starting on the path to a goal)*

As shown in these examples, the follow-up interventions set the stage for clients to realize what they will need to do to reach their goal. The more behaviorally specific the goal, the better the chance the client will achieve it.

When Clients Want Others to Change

When asked about their hopes for their meeting with you, clients frequently want others to be different or to stop doing certain things. This implies that others need to change for clients to be happy and that counselors can help make that happen. It also implies that others must be the first to initiate change and resolving the client's issue is someone else's responsibility—not the client's. It's almost like the client is saying, "I'll bring in all the people who are causing me difficulty and you can counsel them and then I'll get better."

The following statements exemplify this pattern of wanting others to change: "I don't want my parents to interfere with my choice of friends." "I want my teacher to stop picking on me." "I want my friends to stop trying to give me drugs." Clients' statements that entail changing the behavior of others can be addressed by bringing the focus back to the client's behavior. This can be accomplished by asking one of the following questions:

- "How can I help you with this?"
- "How is this a problem for you?"
- "What difference does that make to you?"
- "That seems really important to you. What's the reason for that?"
- "If they did change, what would that do for you?"
- "What would you do if they don't change?"

These questions help clients reframe their desires into positively stated goals that give the client the responsibility for change.

Example 1

C: What is your hope for our meeting today?

Cl: I want my parents to stop interfering with who I have as friends.

C: So, if your parents didn't interfere with who you have as friends, what would that do for you?

Cl: Then I would be more comfortable talking to my parents about the things that I'm doing.

C: So, becoming comfortable talking to your parents about the things that you're doing is what you would like to happen? *(Positive goal)*

Cl: Yeah, I'd like that because we used to talk all the time.

C: So, when you become a little more comfortable talking to them, what would you be doing that's different from what you're doing now? *(Detailing)*

Example 2

C: What do you hope that we will accomplish with our meeting today?

Cl: I want you to get my teacher to stop picking on me.

C: How can I help you with this?

Cl: I want you to talk to her for me.

C: And when I talk to her, what I will tell her that she will see you doing that will cause her to stop picking on you? *(Detailing)*

Cl: Turn my homework in on time. *(Positive goal)*

Determining the client's motivation for wanting others to stop doing or not do something enables you to help the client identify the underlying positive goal for counseling.

Concerns Expressed as Symptoms

Often clients will express their concerns as symptoms, such as loss of temper, depression, panic attacks, fear of failure. Actually, it's clients' ineffective coping skills associated with symptoms that become the focus of counseling. Goals can be developed from clients' hopes related to the symptoms they present. You can help clients develop a goal from their symptom by identifying what clients want to do or feel instead of experiencing the symptom, which leads to a general description of their goal. Next, ask "detailing" questions that enable clients to specify what they will be doing or thinking when they are on the path to accomplishing their goal. The following examples show how symptoms can be reframed as goals:

Example 1

C: What are your hopes for our meeting today?

Cl: I'm depressed and I don't want to feel that way.

C: What would you rather feel in place of being depressed?

Cl: I want to feel hopeful about things. *(Positive goal)*

C: When you are more hopeful, what will you be doing that will show that you are more hopeful? *(Detailing)*

Example 2

C: How can I help you today?

Cl: I am really anxious when I have to take tests and I may fail because of that.

C: So what would you want to be instead of being anxious when you have to take tests?

Cl: I would like to be calm and confident when I have to take a test. *(Positive goal)*

C: So what will you be doing that will show that you are calm and confident when you have to take a test? *(Detailing)*

Unrealistic Goals

When asked what they hope to achieve as a result of meeting with you, some clients describe improbable or impossible outcomes—"I want my parents to get back together," "I don't want to be HIV positive," " I want my friend to be alive again." Unrealistic goals need to be reframed to identify clients' underlying needs or goals. This can be accomplished by asking what their unrealistic goal would do for or mean to them. The following examples demonstrate how to reframe an unrealistic or impossible goal to one that addresses the client's underlying need or desire:

Example 1

C: What is your best hope for our meeting today?

Cl: I want my parents to get back together again.

C: What would having your parents back together again do for you?

Cl: I'd be able to talk to my dad every day.

C: So being able to talk to your dad every day would be your hope? *(Positive goal)*

Cl: Yeah, I'd like that.

C: So when you are talking to your dad every day, what would you have done to make that happen? *(Detailing)*

Cl: I would have set up a regular time to call my dad before I go to bed.

Example 2

C: What is your best hope for our meeting today?

Cl: I don't want to be HIV positive.

C: What's the reason that is so important to you?

Cl: Because then I would feel more comfortable hanging around with my friends like I used to.

C: So feeling comfortable hanging around with your friends is something you would like to accomplish? *(Positive goal)*

Cl: I would like that.

C: What would you be doing that would show that you are more comfortable when you are with your friends? *(Detailing)*

Harmful Goals

The solution-focused approach emphasizes that the goal for counseling must be the client's, not the counselor's. However, on rare occasions clients present goals that, if fulfilled, would violate the law, be harmful to them or to others, or not be in their best interests. Examples include underage clients dropping out of school, minors wanting to have babies, or individuals wanting to hurt someone, damage property, or run away from home. Obviously, ethical counselors and mental health professionals do not support harmful goals.

Always recognize that harmful goals are usually symptoms of underlying or root goals that reflect the client's desire to meet a need in his or her life. Using a series of solution-finding questions that identify the underlying need or desire helps clients reframe and identify healthy goals. The following example illustrates how to modify harmful goals into productive, positive goals:

C: What is your best hope from our meeting today?

Cl: I want to figure out how I can quit school.

C: What's the reason you want to quit school?

Cl: Because I'm flunking all my classes, and I've just given up trying.

C: So, are you also saying that if you were trying harder and were doing better in school, you would be more willing to stay in school?

Cl: Probably so.

C: Could a goal for you be to figure out a way to try harder and do better in school? *(Positive goal)*

Cl: Yes, I think so.

C: What would be your first clue that you were trying harder? *(Detailing)*

Cl: I would be doing my homework.

This example demonstrates how, by paying careful attention to the clues clients divulge, the information can be used to redirect unproductive or harmful goals into productive ones.

"I Don't Know" Responses

Clients often are sent to school counselors or mental health professionals by parents, teachers, and other invested adults. As noted in the preceding chapter, when this occurs the real customers for change are those who referred the client. In these circumstances, clients often are reluctant, uncommitted visitors to counseling. When you ask clients who are visitors about their goal for counseling, "I don't know" responses are common.

On hearing this response, many counselors become stuck. The use of hypothetical *if* questions—"*If* you did know"—frequently helps reluctant clients develop goals. The examples in Table 2.1 demonstrate this technique.

Table 2.1 Questions to Help Clients Set Goals

Goal Question	*Client Response*	*Counselor Response*
What's your best hope for our meeting?	I don't know.	If you did know . . .
What's the reason you're here?	I have no idea.	If you did have an idea . . .
Who do you think sent you?	I can't figure it out.	If you could figure it out . . .
What's the reason someone wants you to be here?	Beats me.	If you could guess . . .
What would your mom say you would be doing that would tell her you don't need to see me anymore?	It's beyond me.	If it weren't beyond you . . .

In my view, inserting a hypothetical *if* removes the pressure on the client to give the "correct" answer, that is, an answer that the client thinks you want to hear. When you use the hypothetical *if* approach, most clients are willing to identify the reason for being sent to you. In some cases, persistent repetition of *if* questions may be needed to ascertain the reasons the client is in your office.

When using *if* questions, in most cases it is sufficient just to say "If you did know" or "If you did have an idea"—you do not even need to finish the sentence.

"I Don't Care" Responses

In a similar vein, your clients may give "I don't care" responses during counseling. These can occur during goal setting or at other times during the SFBC approach, especially when you have a reluctant client. When this happens, you can use hypothetical language to engage the client and keep the session from getting

"stuck." The following examples show how to use hypothetical language to help clients identify reasons for caring:

Example 1

Cl: I don't care.

C: Suppose you did care, what would you do then?

Example 2

Cl: I don't think I could ever care about that.

C: Pretend you could care—what then?

Example 3

Cl: I really never cared.

C: Imagine that you did care, what would you do differently?

THE MIRACLE QUESTION

The seeds of solutions have been planted during the goal setting stage as you engaged the client in "solution talk" rather than "problem talk." In the next step, the SFBC approach uses a unique strategy called "the miracle question" for three purposes: (1) to clarify goals in concrete, specific terms, (2) to create a picture of what the client's life would look like without the problem, and (3) to provide a "mental rehearsal" of what the client will be doing to reach the goal. In most cases, clients' responses to the miracle question create a mental picture from which clients can draw examples of times they have experienced even small instances of success in real life. The miracle question prepares for the next step of the SFBC process, which focuses on identifying *instances of success* as discussed in Chapter 3.

The miracle question was implemented by de Shazer (1990) because of his frustration with a client's inability to formulate a well-defined, realistic, and achievable goal. It has since become a valuable tool for solution-focused counselors. Typically, the miracle question is stated as follows:

> Suppose when you go to sleep tonight a miracle occurs, and this miracle solves the problem that brought you here.

> But because you were sleeping, you don't know the miracle has happened. When you wake up in the morning, what clues will you see that lead you to discover that this miracle has taken place? What will you notice you will be doing differently?

De Shazer found that not only was his initial client able to come up with a well-defined goal in response to this question, but it worked with other clients as well. The miracle question was so effective in establishing well-defined goals that it has become a staple of the solution-focused brief therapy model.

As an alternative, the following hypothetical question also can be effective: "Picture yourself 6 months from now and the problem that brought you here has been solved. What would be different about you that would tell you that we no longer need to meet?" During a recent workshop I conducted at San Diego State University, Professor Joey Estrada suggested that, for tech-savvy clients, asking the question, "If your cell phone had a magic app that would make the problem that brought you here today disappear, what would you notice that you would be doing differently after you tapped on the app?"

For younger children who cannot conceptualize the notion of miracles, this alternative question may help them understand what is being asked: "If I had a magic wand and were to wave it over your head and the problem that brought you here disappeared, what would you see yourself doing differently?"

Regardless of how you state the miracle question, be sure to take notes on the client's responses to the question. These notes will be especially useful when you construct the message to the client at the end of the session.

Nonspecific Responses to the Miracle Question: Detailing and Using Reciprocal Relationship Questions

When clients answer the miracle question, they may give vague answers just as they may have done at the start of the counseling session when you asked, "What are your hopes for our meeting?" At this point, strategies that resemble those discussed earlier in this chapter are used to detail specifics of the client's miracle,

along with the addition of queries called *reciprocal relationship questions.* These questions help the client envision how others would respond to changes in the client's behavior and the ripple effect that stems from change. The following exchange demonstrates how the miracle can be detailed and how reciprocal relationship questions can be used:

Cl: If this miracle happened, I'd wake up in the morning and I'd be happier.

C: And when you are happier, what would you be doing that would tell you that you are happier? *(Detailing)*

Cl: Well, I guess I'd be smiling more. I guess I'd be talking more to my brother in a friendly way.

C: And when you're talking in a friendlier way, what would your brother see you doing that would tell him that? *(Additional detailing)*

Cl: I would say hello to him in the morning and maybe even ask him if he was doing anything special that day.

C: So, if that happened, how would your brother respond to you? *(Reciprocal relationship question)*

Cl: He would probably tell me, and we would talk about the things we would both be doing that day.

As the sequence progressed, vague expressions of goals were detailed with specific behavioral descriptions. Questions also elicited the reactions of others who would notice changes taking place (reciprocal relationship questions). Helping clients envision the ripple effects of their efforts reinforces their desire to initiate positive actions. By detailing the concrete behaviors clients will be doing to make their goals become a reality, hope rather than hopelessness is engendered as forgotten possibilities are rediscovered.

As another example, if the client describes the miracle by saying that "I'd be doing my work." You then follow up with one or more of these questions:

- "What would doing your work look like?"
- "If I were videotaping you, what would I see you doing that would show you are doing your work?"

- "What would your parents see you doing that would tell them you are doing your work?"
- "What would your teachers be reporting to me that would convince them that you are doing your work?"
- "If I were to walk outside your classroom door, what would I see you doing that would tell me that you are doing your work?"
- "If your classmates were seeing you doing your work, what would they say they were seeing you do?"

At this stage, specific concrete behavioral responses are sought and developed, resulting in video-like mental images. For example, the client might respond, "I'd be sitting in my desk, I'd be looking at the teacher, and I'd be writing down notes." Clients' answers provide them with a so-called mental rehearsal of themselves accomplishing a concrete goal.

Some clients need help describing concrete behaviors when trying to detail their goal. For example, a client whose goal is to learn to pay attention in class may be stuck in describing actions to accomplish this goal. To help the client give a more detailed description, you could ask, "So when you are paying attention, what would your eyes/feet/hands be doing? What would your brain be thinking?"

Impossible or Improbable Responses to the Miracle Question

Clients may respond to the miracle question by describing an impossible or improbable scenario—just as they may do with goal setting early in the session. They may want their deceased relatives to come back to life, or friends who have moved away to move back. They realize counselors can't do anything to bring about these changes, but if this miracle happened, that would be their answer. A client's sense of loss often underlies these wishes. Discovering the underlying need helps clients reframe impossible or improbable wishes into a realistic goal. The following questions can yield a more realistic goal:

- "What's the reason this means a lot to you?"
- "What about this is so important to you?"
- "What difference would that make for you?"
- "What's the thing you miss the most about ____?"

In the example of the client wanting a deceased relative to come back, the dialogue might go as follows:

C: What would be the first clue that this miracle has occurred?

Cl: My grandmother would still be alive. I miss her so much. *(Impossible miracle)*

C: So, you really miss your grandmother since she died. What's the thing you miss the most? *(Reframing question)*

Cl: She made me feel comfortable to talk to her when I had something on my mind, and she would really listen to me.

C: So, being comfortable with someone to talk to who really listens when you have something on your mind is what you would like to have happen? *(Positive goal)*

Cl: Yes.

C: What would tell you that you were comfortable talking to someone about the things on your mind? *(Detailing)*

Cl: I would be relaxed.

C: And if you were relaxed, what would you be doing that would tell you this? *(Additional detailing)*

Cl: I would be sitting on the floor, looking in the other person's eyes.

C: If you were doing this, what would the person do in return? *(Reciprocal relationship question)*

Cl: They would be looking right in my eyes and talking in a soft voice.

"I Want Others to Change" Responses to the Miracle Question

Clients may want others to change because they view them as the problem. Clients commonly think others must be the first to alter their behaviors before clients adjust their own behaviors. You need to help clients understand reciprocity—the notion that changes in one's own behavior often produce behavior changes in others. You can use this concept as part of the miracle question process to helps clients recognize that they can initiate behavior changes.

Wanting others to change may be the client's response to the miracle question. As noted earlier in this chapter, when "I want others to change" arises in the context of goal setting, a common response would be to ask, "How can I help you with this?" However, in the context of the miracle question, I recommend this approach instead: "Suppose _____ did change as you want. How would you react to this change?" This represents a different twist on the reciprocal relationship question called a *reverse reciprocal relationship question.* Instead of asking how others would change in response to the client's different behavior, you are asking how the client would respond if the other person did in fact change as desired in the client's miracle. Helping clients understand that their behavior would change in response to the other person's new behavior enables clients to recognize that their own behavior changes will cause others to change as well. This leads clients to realize they may be able to bring about the desired change in the other person by changing their own behavior. The following example illustrates how the miracle question can be used in this situation:

Cl: You say "miracle." Well, if that were to happen, my teacher would start treating me fairly like he does the other kids. *(Wanting someone else to change)*

C: So, suppose this miracle did occur, and the teacher was now treating you fairly like the other kids, what would that look like? *("Suppose they did change" question)*

Cl: He would call on me when I raise my hand.

C: So, if he called on you when you raised your hand, what would you start doing differently? *(Reverse reciprocal relationship question)*

Cl: I wouldn't talk in class without permission.

C: So, what would you be doing instead?

Cl: I would sit in my seat and look at the teacher, or be writing down what he says with my lips sealed.

C: What do you think he will do when he sees you acting this way? *(Reciprocal relationship question)*

Cl: He will probably treat me like the other kids.

C: Is that what you want to have happen?

Cl: I sure do.

C: So, doing those things you just described could possibly result in your teacher changing as well.

Helping clients see the reciprocal cause and effect of small changes in their own behavior enables them to see possibility for change in others.

Detailed answers are important. Clients' answers need to generate the specifics of how solutions can happen. Using the hypothetical perceptions of others is an effective method for developing details. You can use interventions such as these: "If I were observing you ____, what would I see?" "If your parents, teachers, and friends were noticing you ____, how would they describe it to me?" These are the important details that create pictures for clients. Clients can begin to see the ripple effect of their own behaviors when you and the client engage in interchanges such as this:

C: When you are being friendlier by smiling and saying "Hello" first, what would your sister do in return?

Cl: She would smile and maybe start a conversation.

C: And when that happens, what would you do then?

Cl: I would probably smile back and talk about how things are going.

The realization that changing one's behavior will result in others changing theirs is significant. This contrasts sharply with clients' common belief that others have to change first. As noted earlier, of special importance is the client's awareness of the ripple effect—small changes lead to large changes and to more changes. Understanding these relationships helps clients see the big picture, and clients are empowered when they discover that they can initiate change in others by first initiating change in themselves.

"WHAT ELSE" QUESTIONS

Expanding the client's picture of the miracle can be achieved by asking, "What else will happen after this miracle has occurred?" You then use the same procedures—detailing and asking reciprocal

relationship questions—to elicit more behavioral details about the miracle. Repeating this sequence three or four times opens additional doors for clients to expand their portrait of life without the problem. It also creates additional situations from which to draw exceptions and instances of success, which is the next step in the SFBC process, as described in Chapter 3.

ESTABLISHING WELL-DEVELOPED GOALS: AN OVERVIEW

As noted throughout this chapter, developing concrete positive goals is essential to effective goal setting and to the miracle question sequence. Goals should be stated as the presence of something or start of something (positive goal) rather than the absence of something or end of something (negative goal). Well-developed goals are described in concrete, behavioral terms that state in detail—using the client's jargon or choice of words—what the client will be doing when accomplishing the goal. Well-developed goals tend to comprise small steps or accomplishments that lead toward the larger goal. In other words, they need to be manageable and reachable so clients avoid feeling frustrated, discouraged, or overwhelmed. By keeping the steps small, clients will be able to recognize small changes. In contrast, with large goals that call for significant changes, clients may fail to notice the small but significant indications of progress. Their attention to the big picture minimizes and may even conceal the small steps of progress along the way.

Once the goal has been stated in positive terms (rather than as the absence of something), use *what* questions to elicit detailed descriptions of positive, goal-oriented behaviors. Then ask *how* questions to help clients visualize the steps that will enable them to move toward their goal. Asking *how* questions also encourages clients to describe sequences of actions *they* can take. This, in turn, produces a video-like image that captures possibilities clients may have not envisioned previously. The following example demonstrates the use of *what* and *how* questions:

C: So your goal would be to obey the law when you are out with your friends *(Positive goal)*

Cl: Yeah, that's what I want to do.

C: What would you be doing that would show you are obeying the law when you are out with your friends? *(Detailing using a* what *question)*

Cl: I just won't hang out with them when they're breaking the law.

C: How will you make that happen? *(Detailing using a* how *question)*

Cl: I would tell my friends that I'm leaving because I don't want to be doing something that may get me into trouble and then I'd walk away.

These behaviors—telling his friends and walking away—serve as observable, measurable steps that will show he's on track to accomplishing his goal. Table 2.2 summarizes guidelines and phrases to help you in establishing well-developed goals.

Case Study: Using the Miracle Question

The following is one of several case studies, based on my actual cases, that are presented throughout the book to demonstrate components of the solution-focused model. In this example Sue, a

Table 2.2 Establishing Well-Developed Goals

Guidelines	*Language*
State the goal in positive (rather than negative) terms as the presence of a behavior or the start of something.	If you were not getting upset, what would you be doing instead? When you stop fighting with your parents, what will you start doing in place of fighting?
Using the client's jargon or choice of words, describe the goal in concrete, detailed, behavioral terms (expressed in terms of what the client will be doing).	When you are being mellow, what will you be doing to show that you are mellow? What will you be doing to show that you are getting along with your parents?
Identify steps that show how the client will be making progress toward the goal.	How will you do that? How will you make that happen? How will you manage to pull that off?

13-year-old eighth-grade middle school client, is working to set goals. Her reason for seeing me was to improve her relationship with her mother by being more honest with her. Sue also wanted to be able to avoid doing things with her friends that got her in trouble (*C* = Counselor; *S* = Sue).

C: Here is the first strange question I'm going to ask you: Suppose a miracle happened during the night when you went to bed, and when you woke up in the morning, all your problems with your mom and you were solved. You didn't know the miracle happened because you were sleeping. What would be the first thing in the morning that you would notice—the first small sign that would say this miracle has happened?

S: Probably, my mom would say, "Do you want to go out tonight with your friends and do something with them?" because she told me it would take her awhile to trust me because I lied to her this weekend. She'd probably say, "I trust you now."

Sue's answer to the miracle question emphasized gaining her mother's trust; therefore, it was necessary to get Sue to provide the details describing what she would be doing that would cause her mother to trust her.

C: What would she say you would be doing for her to be saying that?

S: I'd have to build her trust back up in me. I'd have to take it one day at a time, and I would have to prove to her that I don't run no more and just prove to her that I can be trusted and not be doing stuff behind her back.

Her response still does not indicate the details of her behaviors that would show her mother what she will be doing; therefore, it is important to solicit the specific actions Sue will be taking.

C: How would she know that? What would she say would be the first thing she would notice about you that would tell her you could now be trusted?

S: I would be truthful with her. If she asks me a question, I tell her the truth.

Once a specific behavioral response is provided by the client, additional answers to the miracle question are sought.

C: What else would your mother notice after this miracle?

S: She would notice I've changed because of how I act.

C: How would she know that? What would she tell me had changed?

S: That my attitude has gone away and that me and her were spending more time together than we used to. And I wouldn't ask her to let me do things that I know she wouldn't want me to do. 'Cause I always pressure her, like "Please, Mom, please." So, if she says "No," I'll accept her answer.

C: All those things would certainly tell her that she could trust you more. What else would you see happening that would tell her this miracle had taken place?

S: I would spend more time with my mom. I wouldn't roll my eyes and not argue and accept her answers when she says "No" to me.

C: So, instead of rolling your eyes and arguing, you'd be doing what?

S: I would say, "It's okay, that's fine," and I'd just go on and do what I was doing.

C: Okay. That would be one thing. Another thing that you said would tell you is that you would spend more time . . . with her.

S: We would sit down and watch TV together 'cause I used to always be in my room talking on the phone. We would just share more moments together.

C: You also said rather than argue, you would accept her answer when she says "No" to you. What do you mean by that?

S: I would just go, "Okay, that's fine. I won't go. I'll go somewhere else. If you don't want me to go there so you won't worry about me then" and just accept it. I'll go somewhere else where I can go.

C: So if all of what you have just described started to happen, how would your mother react to you?

S: My mom would be happy.

C: And when she is happy with you, how would she treat you differently?

S: She would probably stop grounding me and let me do more of the things I want to do.

C: What is the first small sign that will tell you this miracle has happened?

S: I wouldn't go around the house yelling at my mom. I would just go, "Hi, Mom. How was your day at work? What are you all doing? Do you want to go do something?" And when Mom asks me to go outside and feed the cat, I'd say, "Sure, I'll feed the cat, the birds, and put the dog out." I used to be like, "Yeah, sure. I don't feel like feeding no cat." I could even fold towels 'cause I hate folding towels. Like she used to always ask me to fold the towels real quick, and I'd be like talking on the phone or watching TV. "No, I'm not folding no towels for you."

C: What would happen if you did all these things?

S: My mom would be like, "Are you sick?," and she would start trusting me and let me go out with my friends again.

SUMMARY

SFBC emphasizes establishing well-developed goals that are detailed in concrete, behavioral terms. Goal development is further enhanced by asking questions that expose solutions. The key hypothetical question associated with this approach is the miracle question. The miracle question provides a means for clients to fantasize about what life would be like without their problems or what life would be like if they were attaining their goals.

PRACTICE EXERCISES

Exercise 1: Practice Detailing a Nonspecific Goal

For each of the following examples, provide a response that elicits details of the client's goal.

A. Client: "I want to get better grades."

Counselor's detailing response:

B. Client: "I would like to do things that would make my parents proud."

Counselor's detailing response:

C. Client: "I would like to have more friends."

Counselor's detailing response:

See Appendix A for possible answers.

Exercise 2: Experiencing the Miracle Question

Think about some problem that has been bothering you—something you want to stop happening. Answer the following questions about your situation.

- What would you like to see yourself do instead of what you are presently doing?
- Suppose tonight when you go to sleep, a miracle happens while you are sleeping so you are unaware the miracle has occurred. However, when you wake up, the problem you identified earlier is no longer a problem. What would you notice you would be doing differently that would tell you this miracle had occurred?
- Who would be the first to notice your different behaviors?
- How would they respond to you when they notice your different behavior?
- How would you respond to them in return?

By answering these questions, you would have partially experienced the miracle question sequence of the SFBC process. The miracle question precedes the steps described in Chapter 3: identifying instances of success, scaling, and constructing a message.

CHAPTER THREE

Discovering and Constructing Solutions

Once hypothetical pictures of success are developed and magnified, the next step is to look for times when parts of clients' miracles already have happened. Often clients are quick to notice what isn't working well in their lives but fail to notice these critically important examples of success. Because solutions tend to be overlooked, clients habitually have trouble identifying exceptions to their difficulties. This next step in the SFBC process uses interventions to elicit clients' recollections of when they have been successful—even if just a little bit. Called *instances of success* (or sometimes *exceptions to the problem*), these situations reflect times when some parts of clients' goals already are being attained as well as times when clients' problems are less severe or absent altogether.

Directing attention to examples of success is a powerful tool for change. As Guterman (2006) noted, "Solution-focused counseling holds that if the client is able to identify and amplify exceptions to the problem then s/he will make a profound inversion—in other words the exceptions will become the rule" (p. 73).

To discover and construct solutions, direct clients' attention to times when improvements, however small, are happening. Even moments when clients report they are a little less sad or upset or

they are slightly more successful or productive indicate that a solution is present. Because clients typically overlook their small successes, or "problemless" moments, these positive occurrences fade from memory. Problems when ignored grow; solutions when ignored disappear. This aptly describes what most clients experience. Therefore, discovering previously unrecognized, recurring solutions is an essential task for counselors and clients.

Solution-focused counselors firmly believe that all clients experience times when they are being successful or they are not encountering their problems. As an example, consider clients who are seeking to live healthy lifestyles instead of using drugs. Even one time when clients experienced the urge to use drugs but managed to skip it and wait another hour is a repeatable solution. Answering the query "How did you make it happen for this one time?" empowers clients as they recognize their resources and strengths. Counselors can then offer support and reinforcement in the form of cheerleading in recognition of clients' efforts.

This chapter discusses, in depth, the importance of identifying instances of success—those times when clients have achieved some part of their goal, even though the instance of success may have gone unrecognized at the time. The chapter presents tips and tools for exploring these occasions when things have been better and how clients made that happen. Mindmapping, cheerleading, and flagging the minefield are among the interventions presented. The chapter also describes how scaling serves to establish a baseline and measure progress and how writing a message can be used as an effective tool to reinforce additional positive change. The chapter closes with an opportunity to practice identifying instances of success and using scaling on the problem you selected for the exercise at the end of Chapter 2.

DISCOVERING UNRECOGNIZED SOLUTIONS: INSTANCES OF SUCCESS

The interview process to this point has sent a strong message to clients that you trust them to identify their goal and that you believe they are capable of envisioning what their lives would be like when they are on the path to reaching their goal. As you introduce the next step in the SFBC process, you will continue to

communicate your belief in your clients' strengths and abilities by conveying the notion that your clients already have made some parts of their miracle occur. To do this, listen carefully to clients' comments to catch words and phrases that imply things are working for them—even if only slightly. Even more important, you must train clients to pay attention to their own successes rather than their failures. For example, a client who is failing every class except one is exhibiting signs of some success in the class he or she is passing. In keeping with a solution-based approach, you need to focus on the class the client is passing and how the client is making that happen. Even slight grades of improvement furnish clues to the client's resources for success.

Clients' language can hold the key to spotting these small successes—these instances of success. Phrases or words such as *most of the time, nearly always, sometimes,* or *generally* suggest exceptions to the problem. For example, to say that the problem is there most of the time implies that the problem is not present at least some of the time. Focusing on times when problems are a little less severe or when failure is not constant also reveals successes that can be duplicated. You can help clients recognize the presence of solutions by reframing their views of the situation.

This strategy for spotting small successes works well when clients present their concern as a symptom (I'm depressed/lonely/anxious). When clients present their concern as a symptom, ask if the symptom occurs all the time in situations when the symptom would usually occur. Typically clients will indicate that it doesn't happen all the time. That is when you say, "So that means some of the time you are not depressed/lonely/anxious. Tell me about some of those times." Clients' answers to this question typically reveal coping skills. Once clients recognize the coping skills that have worked for them in the past, they can replicate their past successes to alleviate their symptom in the future.

Just as with other counseling approaches, avoid closed-ended questions—those that easily can be answered with "Yes" or "No." Also avoid questions that begin with *are, could,* or *can* because they may limit clients' ability to spot exceptions (for example, "Are there times when some of this miracle is already happening?" or "Can you recall a time when this miracle took place even a little?" or "Could you tell me when this miracle has already happened?"). This phrasing poses two drawbacks: it creates

closed-ended questions that could be answered with a simple "No," and it implies that there may or may not be times when the miracle is happening. As a result you miss an opportunity to convey your confidence in the client's ability to reach his or her goal.

The most effective approach lies in phrasing the instances of success question so that it conveys the presupposition that some of the miracle already has transpired. This helps clients stretch their minds to find past successes. You can convey the presupposition of success by using interventions such as the following, which I call *when questions:*

- "When was the last time some part of this miracle occurred?"
- "Tell me about some times when some of this miracle has happened—even if just a little."

When clients describe instances of success, be sure to take notes. As mentioned in the previous chapter, at the end of the session you will use your notes to write a message to the client. Instances of success serve as a key source of information you will want to include in the message, as described later in this chapter.

The following case illustrates the discovery of instances of success. Maria, a 10-year-old elementary school student in the fifth grade, was continually worried about her mother's hospitalizations. Her mother was diagnosed as having a bipolar disorder, and her mood swings scared Maria. Maria's schoolwork suffered because of her habitual thoughts about her mother. Maria's goal for counseling was to replace her negative thoughts with more pleasant ones. In exploring instances when she had enjoyable thoughts, Maria talked about riding her bike, playing games with her mother and friends, reading and writing at school, and the time she was able to "click off" her negative thoughts so she could have more pleasant ones. When Maria mentioned this, the focus of the session immediately shifted to the time she was able to "click off" negative thoughts and subsequently "click on" positive thoughts. Recognizing this significant event helped Maria remember how she made this happen for herself, and she recalled changing her thoughts from worrying about her mother to sports, music, and school. She discovered a resource she could replicate as needed.

After noting instances of achievement or success, the process continues by detailing the behavioral specifics of the exception. Helping clients recall the features of their resources promotes a sense of accomplishment.

Patience and prodding may be necessary to identify exceptions because some clients may say "I don't know" or claim "I don't think it's ever happened." You may reply, "Now think about that for a minute before you answer so quickly. When has that happened even just a little bit?" Sometimes a technique I call *microscoping* can prompt clients to recall occurrences they may have overlooked. Focusing on what may have happened recently—that week, day, or hour—often helps. Also, verbally sharing your notes about how clients described their miracles provides a quick review from which clients can draw exceptions to their problem.

Mac, a sixth-grade boy, had been in trouble repeatedly at school for breaking rules and failing his classes. His goal was to start following school rules and improve his grades. When asked about when some of his miracle had taken place, he responded, "That miracle hasn't happened," which led to the following exchange that demonstrates microscoping (*C* = Counselor; *M* = Mac):

C: Tell me about some times when you've been able to do what your teacher asked you to do.

M: I don't know about any times.

C: Now think about it, Mac, for just a minute. How about today—when has it happened today just a little bit? *(Microscoping)*

M: *(Pause.)* Well, you know, I guess it has. When I left the library today, the teacher asked us to walk in a straight line. I did.

C: Is that different?

M: Oh yeah, I'm usually bouncing off the lockers all the time. Oh yeah, in the lunchroom today, I ran and you're not supposed to run in the lunchroom. The teacher called me back, and I came back and I walked.

C: Is that different for you?

M: Oh yeah, I usually keep going. I don't ever come back. Then they get mad and chase me down and put me in detention.

Mac couldn't think of any instances of success at first; however, through persistent questioning Mac was able to identify times when moments of his miracle were happening. Focusing on events of that day enabled him identify two instances of success.

EMPOWERING CLIENTS THROUGH RECOGNITION OF THEIR RESOURCES

Once instances of success have been identified, clients can then discover how they took these steps toward their miracles. As clients understand how they bring about changes, a *mindmap* develops, showing them paths to their goals.

Mindmapping

Mindmapping refers to the development of a series of thoughts about behaviors that will guide individuals to their goals—like a road map to their destination. Mindmaps are built by recalling and reinforcing instances when clients' behaviors led to success, however small. This creates a sort of imprint of thoughts about what works. Mindmapping seeks to reinforce thought patterns that will ultimately create what might be called "productive habits"—habitual ways of behaving successfully in areas that previously caused difficulty. When clients recognize their resources, responsibilities, and strengths, they feel empowered to take charge of themselves. Some interventions that develop mindmaps to solutions include the following:

- "How did you manage to do that?"
- "What was different about that time?"
- "What did you do to make it work for you then?"
- "How do you account for these changes?"
- "That's so different. What brought that about in you?"
- "What kind of different thoughts were you having then?"
- "How did you do it?"

Mindmap questions are sometimes difficult to answer. If you receive "I don't know" replies, you can address them with "If you did know" responses. As noted in Chapter 2, asking *if* questions

lessens the pressure to come up with the right answer, thus giving clients the freedom to explore possibilities. Patient persistence in rephrasing the *if* question often elicits answers clients can use to discover how to meet their goal.

Accepting Ownership Intervention

Sometimes clients fail to recognize the role they have played in their success and they give the credit for their accomplishments to someone else. To help clients accept ownership for their own success, you can help clients recognize their role in bringing about their instance of success by asking questions such as the following:

- "I bet you have been told that before and it didn't cause you to change. What was different this time?"
- "So you often hear that from your teacher/parents/principal/boss, and it goes in one ear and out the other. But today was different. How were you able to do that this time?"

The following example describes the accepting ownership intervention (*C* = Counselor; *Cl* = Client):

C: Tell me about a time when you were tempted not to do your homework, but you did it anyway.

Cl: One time last week I was going to play ball with my friends, but I decided to stay home and do my homework before I went out with my friends.

C: How did you do it? How did you manage to make that happen?

Cl: My mom told me that I had better do my work or I won't amount to anything. *(With this explanation, the client gave his mother credit for this instance of success.)*

C: You know, I bet you've heard that before from your mother, haven't you? *(Accepting ownership intervention)*

Cl: Yeah!

C: And you still didn't do your work?

Cl: Yeah!

C: So today was different. What made today different for you?

Cl: I decided that I'm as smart as the other kids, so I can do it.

C: So, that was a new decision for you. How did you make that decision this time?

Cl: I told myself I want to pass to the seventh grade, so I did my assignment.

This intervention helped the client realize he was the one responsible for his success.

Cheerleading

Supporting and encouraging clients' success with praise is called *cheerleading.* Students, in particular, love to be acknowledged for their accomplishments, especially those students in need of counseling. Their worlds are abundant with comments that stress what's wrong with them. The same is often true for clients in non-school settings. Discovering what is right with clients and letting them know about it uplifts their outlook and boosts their self-esteem. Any instance of success or exception to problems, regardless of how small, warrants recognition. You can communicate cheerleading by the following means:

- Changing the tone of your voice to convey enthusiasm that shows how moved you are by clients' efforts
- Expressing excitement when a new behavior is attempted
- Demonstrating that you are impressed with the maturity of clients' thoughts or actions
- Expressing amazement about clients' creative thinking or decision making
- Showing admiration for clients' dedication and commitment to sticking with their new behaviors and not giving up

Be careful not to patronize clients when cheerleading. It's essential that you truly mean what you say; otherwise, your comments will appear insincere, negating everything that has been accomplished in the interview. The cheerleading will come across

as more sincere when the specific reason for the praise is included in the cheerleading response. Use the word *because* as a lead-in to the reason for the compliment, as shown in following examples of cheerleading:

- "Wow! How did you manage to do . . . *because* that showed courage."
- "That's terrific that you could . . . *because* that shows how mature you are."
- "I'm really impressed with how you . . . *because* that indicates that you can make great decisions."
- "How did you figure that out—*because* most kids your age couldn't do that."
- "Did you say you were only 11 years old? I'm impressed *because* you think like a 14-year-old."
- "How were you able to come up with those thoughts—*because* most kids your age wouldn't be able to think that clearly."
- "That's fantastic that you could remain calm under those circumstances, *because* most people would have lost it, but you didn't."

Comments such as these reinforce successful attempts and encourage repeated efforts.

The following excerpt from the interview with Sue, the 13-year-old girl mentioned in the previous chapter who came to counseling to improve her relationship with her mother, illustrates instances of success, mindmapping, detailing, cheerleading, and reciprocal relationship questions (*C* = Counselor; *S* = Sue):

C: Hmm. You've got some good ideas. You really do. Tell me about some times when some of this miracle is already happening. *(Instances of success)*

S: Last night.

C: Really! Tell me about that. *(Detailing)*

S: I was playing Nintendo, and Mom asked me, "Can I interrupt you for a minute?" And I go, "Yeah, sure." And she goes, "Can you feed the cat real quick for me?" and I was like, "Yeah, sure." 'Cause she was like folding towels

and cooking supper and then I came in and she was folding towels and the pot was boiling over and I was like, "It's okay. I'll get it for you." And she was like, "Are you sure?" and I was like, "Yeah."

C: Well, what made that possible, because usually you wouldn't do that? *(Mindmapping)*

S: Uh huh. I don't know. Probably, because I want me and my mom to get along and stuff.

C: How thoughtful that was on your part, because you realized this would help you to get along if you cooperated with her and helped her. *(Cheerleading)*

S: Uh huh. And then one day, she asked me if I had any dirty clothes in my room. I said, "Yeah," and she was like, "Can you get them out for me?" What am I going to do, say, "No, not now. Why don't you come and get them?" Nah, so I said, "Yeah, sure. I'll get them out." Usually I'd be like, "No, I don't want to."

C: Gosh, I'm impressed, you just did it, and you didn't give her a hassle, because that shows how committed you are to getting along better with your mom. *(Cheerleading)*

S: Right. I didn't even say, "Hold on a second," and she didn't have to remind me or anything.

C: Wow! How did she react when you did that? *(Reciprocal relationship question)*

S: "Oh, thanks, honey! You are really helping me out a lot." And she was like, "Are you feeling okay?"

C: *(Laughing.)* That's the fever reaction.

S: Like when she asked me to go feed the cat and stop playing my Nintendo game. She was like, "Are you feeling okay? You stopped the game for me."

C: And when she did that, how did you respond to her? *(Reverse reciprocal relationship question)*

S: "Yeah, Mom. I'm feeling okay. I'm just trying to help you out."

C: You told her you just wanted to help her out?

S: Uh huh.

Instances of success suggest solutions are present. Mindmapping, which illuminates these times and helps clients recognize their resources, should be coupled with cheerleading that reinforces clients' positive thoughts and actions. Mindmapping and cheerleading together represent powerful tools you can use to help clients bring about their solutions.

SCALING A BASELINE AND PROGRESS

One issue within the counseling field is the difficulty with measuring outcomes. The scaling method used with SFBC provides a means to quantify clients' progress. With scaling, clients rate themselves on a scale from 0 to 10, with 0 being when things were the worst they have ever been related to their goal and 10 being the day after their miracle has happened and the problem that brought them to counseling has been solved. Scaling, which is a key component of the SFBC process, accomplishes several purposes. In the initial session, scaling provides a baseline that identifies where clients perceive themselves to be in relation to achievement of their goal. In subsequent sessions, scaling serves as a measure of progress. Just as important, when the counselor asks, "When you move up one number on the scale what will you be doing differently?", scaling provides the basis for framing questions about what clients can do to improve.

For younger children, the scaling process can be adapted slightly. Because children 5 to 7 years old may have difficulty discriminating among numbers, try using a smaller scale with fewer choices or a series of 10 faces (with numbers under them), with a pronounced frown on one end and a pronounced smile on the other end. A 12-inch ruler also may be used. Younger children tend to be more visual and have an easier time identifying their rating on scales using props such as these.

Scaling can be a valuable part of the solution-focused process for clients as well as for counselors and therapists. A psychologist in a mental health agency noted these benefits:

> Parents like scales so they know there is an end to therapy, and they really understand where they are going.
>
> Children also enjoy scales and clear goals. Often I ask a child who has been in therapy for a while, why they are here, what they are working on. Too often the child

clearly does not know. The problem and goals have been talked about with parents, often in an adult perspective. The child has little or no focus. With the solution-focused method, the child gains focus. (E. Jackson, e-mail, January 16, 2014)

Scaling Techniques for Measuring Baseline

After establishing the goal, asking the miracle question, identifying instances of success, mindmapping the path to success, and cheerleading, the next step in the SFBC process uses scaling to establish a baseline of where clients feel they are in relation to achieving their goal. When you ask clients to rate themselves on a scale from 0 to 10, typically clients report baseline scores greater than 0—scores between 2 and 4 are common. Often the counseling interview itself causes improvement because clients begin to identify successes that were previously unrecognized. Any ratings above 0 indicate that things have been worse; therefore, something is better now, even if only a little. Identifying how clients are causing that to happen points out the solutions already available to them and empowers them to recognize their resources. You can elicit solutions by asking clients questions such as the following:

- "So you are at a 2—how did you make that happen?"
- "What have you done to get to a 3?"

Use detailing, reciprocal relationship questions and cheerleading to elicit specifics and reinforce positive behaviors.

In those rare cases when a client reports being at 0, focus on the client's presence in your office as reflecting anticipation of making things better, and remind him or her that coming in for counseling is a positive step that indicates willingness to work. How did the client decide to come to see you in spite of the seemingly hopeless situation? How did the client manage to get out of bed, get cleaned up and dressed, and show up at your door that morning? These actions say something about a desire to improve things. You can also ask what gives the client the idea that there is even hope to resolve the difficulties. Ask why the client is not at a minus 1—how is the client able to do as well as he or she is

doing? In other words, asking why things are not worse than they are suggests that clients have the ability to cope. The coping strategies clients use to just get through their days are actually solutions that need to be developed.

Be sure to write down the number clients identify as their baseline number on the scale, and record what clients say when you ask what they will be doing differently when they are one number higher. This information will be useful when you write the message to the client at the end of the session.

Moving Up the Scale Intervention

After clients have assessed their placement on the scale of 0 to 10, discussed how they made it happen, and explored the reciprocal effect of their actions, encourage them to explore small steps toward improvement. Ask what clients would be doing differently when they move one number higher on the scale. Because taking small steps increases the chance of reaching the eventual goal, you should help clients identify 10% gains that are realistically achievable. All the preceding steps—identifying goals in the positive, exploring the miracle question and hypothetical solutions, and identifying instances of success and exceptions to the problem—prepare clients to think in terms of solutions. Envisioning further success becomes easier.

To encourage further progress, ask clients presuppositional *when* questions such as these:

- "When you move up one point on the scale, what will you be doing then that you are not doing now?"
- "When you move up one number higher on the scale what will your teachers (parents, siblings, friends) see you doing that will show them this is happening?"
- "When you move from a 4 to a 5 on the scale, what will ____ see you doing differently?"

Questions asked this way (using *when* rather than *if*) send a positive message by implying that progress will happen. Asking *when* questions rather than "*what* do you have to do" questions sends a message to clients that you believe in their ability to succeed. After clients answer, use detailing to explore how they will

make these changes happen for themselves, as shown in the following example (*C* = Counselor; *Cl* = Client):

C: Being at a 4 shows you have found some things to make your relationship with your boss better.

Cl: Yeah, I do think those things have helped.

C: When you move up to a 5, what will you be doing differently to make that happen? *(Moving up the scale intervention)*

Cl: I will make sure I am ready to work when my shift starts instead of just coming in the door.

C: What will you do to show that you are ready to work when your shift starts? *(Detailing)*

Cl: I will have my things put away and I'll be standing at my workstation.

FLAGGING THE MINEFIELD: IDENTIFYING AND OVERCOMING OBSTACLES

After clients have identified how they can advance one number higher on the scale, the next intervention, known as *flagging the minefield,* helps clients identify *(flag)* barriers *(mines)* to accomplishing their goals. By anticipating potential obstacles and identifying ways clients might address them, clients are less likely to be caught off guard and discouraged. It also prepares clients for the challenges ahead and helps them to be realistic about the hard work before them.

One approach to flagging the minefield involves reviewing strategies clients previously have used with success in dealing with barriers. You can initiate this discussion with comments such as these:

- "Your plan sounds great. However, we both know that sometimes, something or some people may get in the way of your accomplishing what you intend to do. How do you think that could happen in your situation and how would you deal with it?"

- "When that has happened in the past, what have you done that has worked to keep you on track?"
- "What do you think you can do to not let these things get in your way?"

CONCLUDING THE INITIAL SESSION WITH A MESSAGE

I cannot emphasize enough the importance of constructing a message for the client. I know—based on personal experience and feedback from other practitioners using SFBC—about the temptation to skip writing a message. If your session is running long and your next appointment is waiting, or your schedule is completely full for the day, omitting this step seems expedient. However, based on my experience and what other mental health professionals have told me, you will achieve noticeably better results when you include the message segment of the model.

The value of the message was reinforced in the feedback I received from a clinical psychologist who stated, "The messages traded at the end of the session have been amazingly powerful. The clients I have begun to utilize this method with have clung to those letters, put them in their wallets or posted them prominently." She also described a client with a history of abuse, drug use, panic disorder, and bipolar disorder for whom the message played a role in fostering progress toward the client's goal:

> Following our first solution-focused session, she took the session message I had written and immediately showed it to her parents. It led to an open discussion about the changes they were seeing in her, and her need for their support. She had been immobilized by fear of being assertive with her parents, and this allowed her to introduce the change in a nonthreatening way. (E. Jackson, e-mail, January 16, 2014)

If you anticipate that implementation of the full form of the SFBC model, including the message component, will not work given your time constraints, I recommend that you consider using the abbreviated form of the SFBC model presented in Chapter 5. This will allow enough time to write a message.

The written message to the client serves several purposes. It provides clients with a tangible reminder of their strengths, their positive thoughts and actions, and the instances of success they already have achieved. This becomes a powerful tool for building confidence and reinforcing positive behavior and continued progress between sessions. But the message you write the client benefits you, as well, by providing a convenient, quick reminder of the client's situation, goal, strengths, and resources and what has worked in the past.

The message component occurs at the end of the interview when you will take a few minutes to review your notes, reflect on the meeting, and write a message for the client. The message consists of three parts: (1) compliments, (2) bridging statement, and (3) task.

These are some practical tips for making this reflection and writing time comfortable for clients as well as productive for you as the counselor. Typically you will remain in the room with clients during this part of the session, and you can give the clients a written assignment to be completed while you construct the message. You can ask clients to describe in a note what they learned in today's session or what they would see themselves doing to show they are on track for making things better. For younger children, it works well to ask them to draw a picture of what their miracle would look like or what they will be doing when things are better.

The note or picture that the client prepares for you provides a unique source of feedback about where counseling was successful with the client. The following note written by a 15-year-old high school freshman to a counseling practicum student at the conclusion of their final SFBC session shows how powerful the client's message can be:

> Laura,
>
> Through the time that I have seen you, you have enabled me to speak my mind, realize my good points and mostly turn my life around. Thank you for helping me realize all the success I have accomplished. In such a short period of time, my life has changed so greatly. I think I noticed mostly that if I want respect, I have to give it. I never thought of it until I came to you. I think from just those sessions that we had, my whole life will never be the same. Now I have a

more open mind and with your help I know I can succeed in anything, I just have to try. Not a lot of effort has been given by me before, but now I give it all. Mentally, I have changed and I have succeeded in the goal that I set at the beginning of our sessions, so again, I greatly appreciate everything.

Becky

Messages are a critical part of the SFBC process. They serve as a positive reinforcement for what has occurred in the interview by reminding clients of their resources and strengths and by providing a homework assignment that enables clients to keep on track toward accomplishing their goal.

Using Your Notes to Construct a Message

As indicated in Chapters 2 and 3, during the meeting you will have been taking notes on information that can be used to construct a message that features compliments for the client. These compliments are drawn from goal statements, responses to the miracle question, instances of success or exceptions to problems, and scaling responses. When clients observe you noting only positives, successes, strengths, and resources during the session, they feel reinforced to continue what is working for them. I have noticed that some clients even remind you to write down something positive you may not have recorded in your notes.

Note taking can be distracting. To minimize distraction by reducing writing time, I have found it helps to use a note sheet (prepared by a former student, Kim McKinney) that lists the steps of the model and provides space to write notes related to each step (see Figure 4.2 in Chapter 4).

As mentioned in the preceding chapter, the message part of the meeting is introduced at the beginning of the initial interview so that clients will not be surprised when you announce that you need a few minutes to think about the meeting, look over your notes, and construct a message. This is a typical way to transition to the message-writing phase:

Well, I have run out of questions. Do you have any questions for me? Are there any other things I need to know to help you? If not, I need to take a few minutes to think about

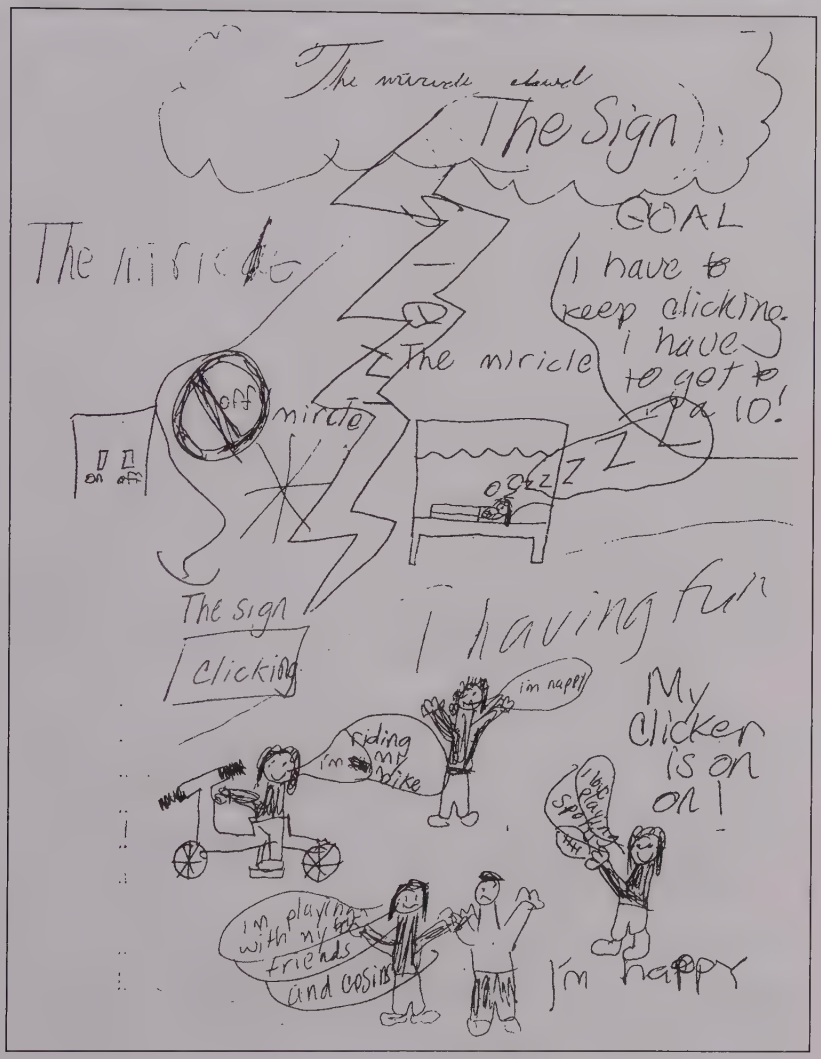
> everything that you have said and review my notes so I can write you a message you can take with you. While I'm writing you a message, I want you to write me a note about what you learned from our meeting or what was the most helpful part of our meeting and why you think this *(you can ask younger children to draw a picture of their miracle or what they will be doing when things are better)*. Then we can share our notes with each other before we finish our meeting.

Occasionally clients may be reluctant or even refuse to write a note to you. This may occur for various reasons—clients may have difficulty writing legibly, spelling correctly, or expressing themselves in writing. When this occurs you can ask clients to verbalize—instead of write—about what they gained from the session, and you can write down what they say, read it aloud, and verify that it represents what they wanted to say. If clients agree that what you have written represents what they wanted to say, you can ask them to sign the note and give them a copy just as you would with messages written by clients. If clients object to having what they learned from the session expressed in writing, then have them just tell you what they gained from the meeting. Just the act of verbalizing what they learned can be beneficial.

As mentioned earlier, with elementary school–aged children I have found that asking them to draw a picture of what their miracle would look like helps them review what they learned in the session. Before reading your message to the client, you and the client can discuss the picture, which also reveals the session's impact on the child. The example shown in Figure 3.1 of a picture drawn by a 10-year-old elementary school student shows how she was able to "click on" more pleasant thoughts, such as taking part in sports, riding her bike, and playing games, rather than obsessing about her mother's health, which had interfered with doing her schoolwork and enjoying herself at home.

After you read the message, make copies of your message and the note or drawing you receive from the client and give both to the client and retain one copy of each for your files. Because messages are all positive, citing clients' strengths and positive attributes, most clients are willing to share their notes with significant others. When clients show off their messages to their parents and teachers, the parents and teachers are exposed to positive aspects of their children and students that they may have overlooked.

Figure 3.1 An Elementary School Student's Drawing of Her Miracle



The message not only reinforces clients' successes but also helps others recognize strengths in clients as well.

Compliments

Throughout each session, listen carefully for strengths, solutions, and what is working—even if just a little—and look for

times when things are not quite as bad as at other times. Compliments are drawn from your notes about all of the client's successes along with the concrete details associated with each accomplishment. Each message should include at least three compliments, each referring to specific behaviors exhibited by the client. Compliments are like seeds that can be cultivated later when the task is assigned at the end of the message. The following are among the characteristics clients display that can serve as the basis for compliments. Keep in mind that many of these phrases are interchangeable. For example, both thoughts and decisions can be growth producing or healthy.

- Actions that indicate courage, healthy risk taking, compromise, or follow-through
- Efforts that demonstrate strength, a challenge, growth, or planning
- Commitments that show loyalty, effort, persistence, dedication, or devotion
- Attitudes that reflect tolerance, acceptance, flexibility, common sense, or helpfulness
- Thoughts that are creative, positive, rational, sensitive, or insightful
- Desires that are realistic, healthy, sensible, or growth producing
- Decisions that are based on judgment, consequences, opportunities, or options
- Attributes of being mature, smart, understanding, empathetic, or cooperative

The following compliments were part of a message presented to a sixth-grade boy who wanted to pass to the seventh grade but was failing in school.

The message:

> I'm really impressed with the commitment you have to do better in school. Your improvement in your grades this last week shows that you are capable of doing well in school. Getting an A and a B on recent tests proves that you really want to do better, and you know how to

make it happen for yourself by studying 30 minutes each night and going to bed by 10 p.m.

Your desire to feel better about yourself by getting better grades tells me that you really care about yourself, your mom, your teachers, and your friends. You also recognize that it's important to pass so you can be with the kids your own age next year, and your recent grades demonstrate that you are smart and you can be successful.

The compliments in this message reflected back the student's own words during the interview to reinforce specific behaviors that were on track toward achieving his goal.

Bridging Statements

A bridging statement connects the compliment and task portions of the message. First, the compliments set the stage by identifying solutions. Then, based on these solutions, the bridging statement provides a rationale for a task that will be assigned. It consists of two parts: (1) a brief reference to what the client wants (the goal) as a result of counseling and (2) a short statement that initiates the task. Examples include the following:

- "Because of your desire to improve your grades *(goal)*, I would urge you to . . ."
- "To help you remain focused on getting to work on time *(goal)*, be sure to . . ."
- "To keep you going on the path to remaining calm when your dad yells at you *(goal)*, I would suggest that you . . ."
- "Because you recognize the benefits of making friends *(goal)*, it would be helpful to . . ."
- "As a result of your commitment to go to school instead of doing drugs *(goal)*, you realize that you need to . . ."

Concerning the previously mentioned message to the student who wanted to pass to the seventh grade, the compliments were followed by this bridging statement: "Because of your desire to do better in school and feel better about yourself as well, I would suggest that you . . ." Bridging statements are natural links connecting goals and solutions to the tasks assigned as homework.

Tasks

The third part of the message is the task or homework assignment. Contrary to other theoretical approaches, the assignment is nonspecific. Throughout counseling, you have conveyed confidence in your clients' abilities to name their own goal and identify what life would be like if they were reaching their goal. You have underscored your clients' abilities to bring about instances of success that have helped them progress. Essentially, the interview translates into a boost to self-esteem that demonstrates your faith in the client's ability to succeed. The assignment of nonspecific tasks conveys the clear signal that clients are trusted to complete the homework in ways that work best for them. Being nonspecific also encourages clients' creativity. If you are concerned that your clients may get stuck in following through with a nonspecific task, it helps to recognize that the compliment portion of the message spells out the details of clients' successes and promotes a plan of action.

The following tasks exemplify the types of assignments that work with these circumstances:

- When clients can identify instances of success or exceptions to problems, assign them to (1) do more of the things that brought them success or exceptions, (2) notice and continue to do what has been working for them, or (3) do what it takes to move up one number on their scale of 0 to 10.
- When clients are unclear about their goals or are reluctant to take action or focus on their problems, assign them to (1) observe the times when things are better, (2) notice when exceptions to the problem are happening, (3) pay attention to when the problem is less intense, (4) notice what they are doing when they are moving in the right direction, or (5) pretend that their miracle is happening for one day.
- If clients don't recognize a problem or can't come up with a goal for counseling, compliment them for positives and successes, but do not assign a task.

In the previous example of the client who was failing but wanted to pass, the following task was assigned: "Notice between now and next week, when we meet again, the times you have been successful in doing your homework, especially how you keep yourself on track when you're tempted to get sidetracked."

For Sue's case, cited earlier, the following section shows my notes from the interview and the accompanying message I prepared for Sue.

Goal:

I want to be honest with my mother.

I want to improve my relationship with my mother.

I want to avoid doing things I know are wrong that my friends ask me to do.

Miracle:

Mom would say, "I trust you, you can go out with your friends."

Be truthful with Mom because I don't want to hurt her.

My attitude would change, I would cooperate, I would say, "Okay, that's fine."

Spend more time on weekends with Mom, watch TV together, share moments.

Accept her answers, "Okay, if it will feel better for you I'll do something else."

Attitude would be better, "I would look her in the eyes without rolling mine."

Say "Hi" to everyone in the family in the morning.

Feed the cat and the animals.

Fold the towels and volunteer to help Mom.

Instances of success/exceptions to the problem:

While playing a video game, I fed the cat when asked.

Got the dirty clothes when told to get them.

Scaling:

At a 3 because I had a talk with Mom on Sunday.

I helped out doing things around the house.

Coming in to see you for counseling.

When you are at a 4 what will you be doing then?

I need to do more things for Mom, like, volunteer to clean the birdcage.

Fold towels, clean up the living room before Mom gets home from work.

Continue to see the counselor.

Talk to Mom and be truthful with her.

From these notes, the following message was constructed. For instructional purposes, the words *compliments, bridging statement,* and *task* have been added to identify sections of the message. These did not appear in the actual message the client received.

Compliments

I am impressed with how much you want to establish a trusting and honest relationship with your mom by acting in responsible ways. Making comments to your mom like "OK, that's fine" or "OK, I will do something else" will prove to her that you can be cooperative.

You recognize that making direct eye contact instead of rolling your eyes, saying hello to family members, helping around the house by feeding the animals, and doing some of the laundry and other household chores will demonstrate to your mom that your attitude has improved.

You also realize that seeking counseling help, having honest talks with your mom, and cleaning the house before she gets home from work will do much to make things better between you and her. You have already begun to show improvement by feeding the cat and getting the dirty clothes when asked.

You recognize that changing your attitude by being more cooperative, accepting what she says rather than arguing, and spending more time with her can lead to a more positive relationship, and you want that very much. You also realize what you have to do to begin to make things better at home (be more friendly by saying hello to

family members, help out with the animals, and volunteer to do things around the house), and you have already begun these things.

Bridging statement

Because of your commitment to make things better at home, I would suggest that

Task

you continue to do those things that you have just started that are working for you and notice what you are doing to move up the scale one notch to a 4.

The following are first and third session messages given to a high school student, Maria, and the notes she gave to the counselor indicating what she got out of the sessions. Maria's goal was to have more willpower in controlling her drug use.

Counselor's First Session Message to Maria

Maria,

I'm impressed with your desire to have more willpower so you can say no to drugs. You recognize that telling yourself "I don't need drugs" or "There is no future for me if I do drugs" will help you control your urges. Seeing where your brother has gotten because of his drug habit has made you aware that you don't want to end up like him. You also realize that by going to yoga with your mother, doing your schoolwork, and being honest with your friends you will be at a better place because your grades will improve and your parents will be very proud of you. With an increase in willpower you will also gain more freedom and get along better with people. Being kicked out of school and seeing your parents upset has led you to want to have the willpower to give up drugs and has gotten you to a 3. I recommend that you notice what you are doing this week to move up on your willpower scale.

Maria's First Session Message to the Counselor

> I've learned that if I can gain willpower to say no to drugs that my life would change a lot, probably more than I thought it could. Another thing that I didn't realize is how much more I actually care about my parents' feelings than I thought I did, but I know I need to change for myself and not for them.

Counselor's Third Session Message to Maria

> Maria,
>
> Your progress to a 7 is impressive. Being off of weed for 28 days shows you are able to control your urges. Doing your homework, going to yoga class with your mother 4 times a week, and coming home in good condition from your date this weekend have led your parents to trust you more. Talking to your school counselor about college and setting a goal of achieving a 3.0 grade point average show that you are really interested in doing well in school and getting ready for college. Your plans to meet new people in school who are living clean shows that your attitude has improved. Because you know what you need to do to keep improving, notice between now and the next time we meet what's better in your life.

Maria's Third Session Message to the Counselor

> I'm actually surprised in myself to see how all these good things that I've been doing have added up. I really didn't notice it that much. I guess since I haven't been smoking lately I've had more time to make better and smarter decisions. I'm proud of myself and want to stay on the right track.

SUMMARY

By rediscovering unrecognized solutions and exceptions, clients are empowered to pursue their goals. Scaling techniques offer methods to assess how far clients have come and what they need

to do to be even more successful. The meeting concludes by giving a message that indicates compliments and homework tasks that are constructed from your notes to reinforce the client's continued efforts to improve.

PRACTICE EXERCISE

From the previous exercise in Chapter 2, bring to mind the answers you gave to the miracle question and subsequent questions. Those responses will help you identify solutions when answering the following queries.

- Recall a time when some of your miracle occurred, even in just a small way—perhaps some instance when things weren't quite as bad or when things were a little bit better.

  What were you doing or thinking differently this time?

  Who else noticed this change in you this time?

  How did they respond when they observed you act this way?

- Recall other instances when a part of your miracle has happened.

  How do you account for it happening then?

- On a scale ranging from 0 to 10, with 0 being the worst your problem has ever been and 10 being the day after your miracle happened, where would you place yourself on that scale now?

  What have you done to get from a 0 to the place you are now?

  When you move up one number on the scale, what will you be doing that you are not doing now?

  What will keep you going when something comes up that could impede your progress?

CHAPTER FOUR

Connecting the Pieces

The previous chapters have described in detail components of the initial interview of SFBC. The next step involves putting all of the components together to implement the model. This chapter opens with a brief review of all the steps, followed by an actual case that demonstrates the solution-focused approach with a client. The case has italicized notes interspersed in the dialogue to highlight the stages in the process. As you read the dialogue, you are encouraged to take notes, just as you would in an actual session, and use your notes to write a message for the client in this case. You can compare the message you've prepared with the one actually given to the client.

COMPONENTS OF THE FIRST SESSION

This section draws from previous descriptions and examples to review the first session, step by step. Begin the session by taking a few minutes to introduce yourself and establish rapport by asking questions about the client's life unrelated to the reason the client came to counseling, such as "Tell me about yourself. What do you do for fun in your spare time?" If the client needs to "vent" for a few minutes, acknowledge the client's concerns by listening and using empathetic responses that indicate your understanding, such as "I see," "Uh huh," "Sounds like a tough situation," and head nods.

After establishing rapport, you can introduce the process by saying:

> I want to let you know how this is going to work. I am going to ask you some questions, and some of them are going to sound kind of crazy and will be tough to answer. While we're talking I'm going to be taking some notes on the answers you give so that I can use them to write you a message at the end of our meeting. While I am writing you a message I would like you to write me a note about what you learned from our meeting today. *(Depending on the child's age and skill level, you may instead ask the child to draw a picture of what he or she will be doing when things are better.)* When I finish the message to you, I will read it to you. Then I'll make a copy of the message and your note to me *(or picture)* so we'll each have a copy.

Step 1: Client's Goal for Counseling

Determine what clients want to accomplish from counseling—their goal. You can ask one of the following questions:

- "What is your best hope from our meeting?" (Recommended option)
- "What's the reason you have come to see me today?" or
- "How can I help you today?"

Establish a goal in positive terms—something observable that the client will be doing rather than a goal stated as the absence of some behavior. Once the client has stated a goal in positive terms, ask questions that solicit details of the behaviors that will show that the client is on the path to achieving the goal. Examples of this detailing intervention include the following:

- "What would you be doing to show that you are following the terms of your probation?"
- "If we had a video of you being polite to your teachers, what would the video show you doing?"
- "If I were sitting at a table in the restaurant where you work, what would I see you doing to show that you are staying focused on your work?"

Step 2: The Miracle Question

The miracle question prompts clients to visualize or imagine a picture of what life would be like without the problem or what life would be like if they were accomplishing their goal. Asking this type of question helps clients envision possibilities that may be available but have gone unnoticed. The miracle question also provides a mental rehearsal of what clients will be doing on the path to accomplishing their goal. Examples of how to frame the miracle question include the following:

- "Suppose tonight after you go to sleep a miracle occurs, and this miracle solves the problem that brought you here. But because you are sleeping you don't know the miracle has happened. When you wake up in the morning, what clues will you see that will lead you to discover that this miracle has taken place?"
- "If I waved a magic wand over your head and the problem that brought you here went away, what would you notice that would be different in your life?"
- "Picture yourself when the problem that brought you here has been solved. What will you notice will be different in your life that will tell you we no longer need to meet?"

As clients describe their picture of life without their problem, ask them questions that solicit specific details of what they would be doing differently after this miracle has occurred. As examples of detailing, you can ask:

- "So when you are paying attention in class, what would you be doing to show that? What would your eyes/hands/feet be doing to show that you are paying attention?"
- "When you're getting along with your coworkers, what would they see you doing that would show them that you are getting along?"

Use reciprocal relationship questions to elicit observations by significant others, such as the following:

- "Who would be the first to notice this change in you and how would they respond to you when they see this change?"

- "How do you think your (teachers/coworkers/friends/brothers/parents) would react when they observe this change in you? How would you respond to their reactions to this change in you?"

Ask "What else would you notice after this miracle occurs?" Repeat *what else* and reciprocal relationship questions three or four times to help clients expand their picture of what is possible for them and the ripple effect of these positive changes.

Step 3: Instances of Success

In step 3, ask clients to recall and describe instances when the problem was less severe or didn't exist, or times when they have exhibited positive behaviors related to their goal. Discovering the details of how clients brought about these instances of success provides a road map for solutions, success, and empowerment.

With your prompting, these instances of success can be identified from clients' responses to the miracle question and follow-up *(what else)* questions posed in step 2. To elicit instances of success from clients, use *tell me when* requests that presuppose that some part of the miracle has already happened, such as the following:

- "Tell me about the times when some of this miracle has already happened—even just a little bit. What did you do to make that happen?"
- "Tell me about a time when you were a little (friendlier/more cooperative/more relaxed). What did you do differently that time?"

After clients respond, cheerlead or compliment them for their effective actions or thoughts. As examples of cheerleading, you could say:

- "Really! You did that even though you were under all that pressure? That's fantastic because it would have been easy to give up and you didn't."
- "That's remarkable—that you could (remain calm/walk away from a fight/count to 10 instead of arguing). Most people would have lost it, but you didn't. How were you able to do that?"

Step 4: Scaling 0 to 10

Asking clients to rate their current status on a scale of 0 to 10 establishes a baseline for measuring growth. Scaling also provides an opportunity to determine how they have arrived at where they are and a way to assess what they can to do to move up one number on the scale. You can introduce scaling by asking:

- "On a scale from 0 to 10, with 0 being the worst your problem has ever been and 10 being after your miracle has happened and your problem is solved, where do you think you are now?"

Follow up with questions that ascertain what they have done to reach their present rating, regardless of the number. Generally clients rate themselves as being higher than their lowest point, and discovering what they have done to cause this can identify additional resources for success. Cheerleading is effective here, along with helping clients identify the details of their success. For instance, you could say:

- "You are at a 3? Fantastic! What have you done to get to a 3?"
- "Wow, you are at a 5. That's super. Going through all that you have gone through, how have you managed to be at a 5?"
- "How have you kept yourself at a 0 instead of a minus 1 or even worse?"

To help clients progress by accomplishing small, attainable goals, use *when* questions to ask them to identify the things they will need to do to advance one point on the scale. Saying *when* rather than *if* sends the message to the client that you expect this progress to happen and you have faith in them to achieve this next step as shown in this example:

- "When you are at a 4, what will you be doing then in addition to what you are doing now? How will you make that happen?"

Identifying possible obstacles to the goal (flagging the minefield) and how to address them also is productive. For example, you could ask:

- "Even though you know what you need to do to (pay attention to your teacher/stay away from drugs/cooperate with your

mother), how are you going to handle it when (your friends talk to you during class/your buddy offers you pills/your mother asks you to do something you don't want to do)?"

Step 5: The Message

Before writing the message, find out whether any other information would be pertinent for you to know and answer any questions the client may have. At this point in the process, clients seldom have additional information or questions. The message portion of the session can be introduced by saying:

- "Is there anything else I should know or any questions that you have before I take a few minutes to put my thoughts together about our meeting and write you a message? As I mentioned earlier, while I am writing a message, I would like you to write me a note about what you learned from our meeting. I'll make a copy of the message and note so each of us will have a copy."
- For young children, rather than write a note you can ask them to draw a picture of what their miracle would look like or what they will be doing when things are better.

The message you write to the client consists of three parts:

1. *Compliments:* Include at least three specific compliments that reflect the client's strengths, positive attitudes, constructive thoughts, or productive behaviors. The notes you took during the session are a useful resource for writing this part of the message.
2. *Bridging statement:* The bridging statement consists of two parts: a brief reference to what the client wants as a result of counseling (the goal) and a short phrase that initiates the task.
3. *Task:* This is usually a nonspecific assignment that asks the client to notice and continue to do what has been working for them between now and the next session.

The following examples show the relationship between the bridging statement and the task:

- "Because you want to improve your relationship with your father *(reference to client's goal)*, I would suggest that you *(phrase that initiates the task)* do more of the things working for you this next week *(task)*."
- "As a result of your commitment to go to school instead of doing drugs *(reference to client's goal)*, it would be helpful to *(phrase that initiates the task)* pay attention to what you will be doing to move up one number on the scale *(task)*."

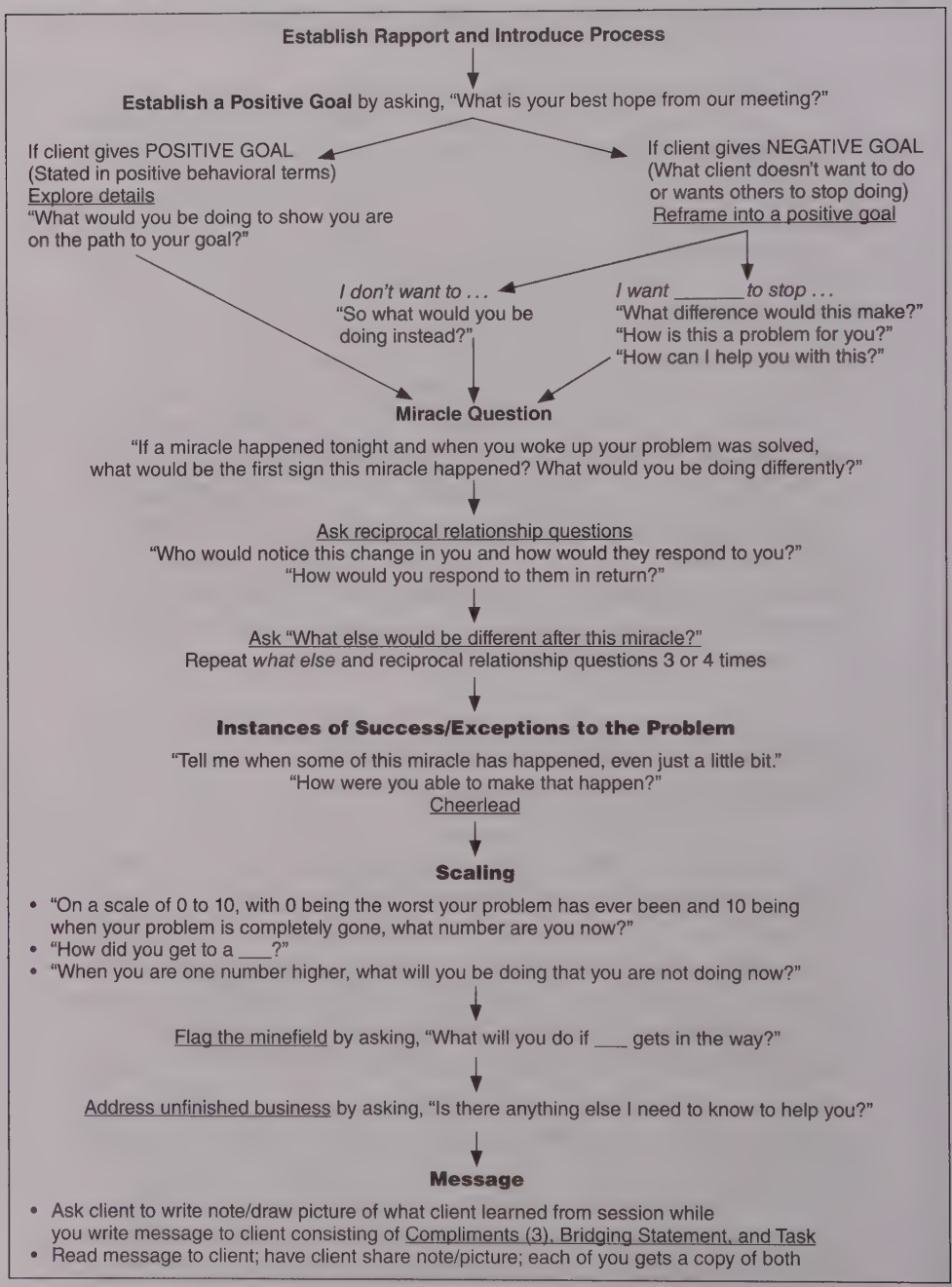
Several tools are useful in staying organized and on track in the SFBC sequence: a flow chart for the initial SFBC session and a specially prepared note sheet for the initial SFBC session (adapted from a note sheet developed by a former student, Kim McKinney). The flow chart (see Figure 4.1) provides a quick reference guide to the sequence of steps in the first session of the SFBC model. The note sheet (see Figure 4.2) is designed to help you organize your notes for each step of the sequence. I recommend using these tools together. Make a full-size photocopy of the flow chart and the note sheet for the first session and place the flow chart on one side of a bi-fold notepad or binder and place the note sheet on the other side. This gives you convenient access to both tools during the session.

CASE STUDY FROM A MENTAL HEALTH SETTING: SESSION 1

A clinical psychologist in a mental health agency, Dr. Elizabeth Jackson, shared her case of a young woman who was exposed to the significant dysfunctional family dynamics associated with domestic violence. This client had learned to avoid being a victim by being the persecutor. Inevitably, her children were exposed to domestic violence, and they were removed from her custody. The client's situation was complicated by the fact that she was suffering from post-traumatic stress disorder and bipolar disorder. She was mandated to treatment and her children were placed with her mother.

Before attending one of my solution-focused workshops in October 2013, the psychologist had been seeing this client for several months using traditional approaches. She reported that the workshop prompted her to consider using the solution-focused

Figure 4.1 Flow Chart for Initial SFBC Session



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Figure 4.2 Note Sheet for Initial SFBC Session

Client: _____ **Date:** _____	**Date/time Next Session:** _____
CLIENT'S GOAL • What is your best hope from our meeting? *Establish positive, detailed goal in behavioral terms*	
MIRACLE QUESTION • If a miracle happened and when you woke up your problem was solved, what would be the first sign this miracle has occurred? • What would you be doing differently? **Reciprocal Relationship Questions** • Who would notice the change in you? • How would they respond to this difference in you? • How would you respond to them in return? **What else would be different after this miracle?** *Repeat what else and reciprocal relationship questions*	
INSTANCES OF SUCCESS • Tell me when this miracle has already happened, even just a little bit. • How were you able to make this happen? *Cheerlead; help client accept ownership as needed*	
SCALING On a scale of 0 to 10, with 0 being the worst your problem has ever been and 10 being when your problem is gone, what number are you now? • How did you get to a ___ today? • When you are one number higher, what will you be doing then that you are not doing now?	0 1 2 3 4 5 6 7 8 9 10
FLAG THE MINEFIELD • What will you do if ___ gets in the way of [goal]?	
UNFINISHED BUSINESS • Is there anything else I need to know to help you?	
MESSAGE TO CLIENT **Compliments:** at least three **Bridging statement:** connects goal and task **Task:** actions/observations client is to do *Ask client to write note/draw picture; read message to client; client shares note/picture; each gets a copy of both*	

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approach with this client despite the complexity of her case. The psychologist noted that, because of the severity of the client's problems, it was necessary to incorporate trauma processing interventions as a supplement to the solution-focused approach. The psychologist provided this overview of her work in using solution-focused methods with this and other clients:

> I found that solution-focused therapy has a powerful role with clients with a history as severe as this. The strengths based approach allowed me to gain her trust, even though she "trusted no one." Finding her own skills and building on them was very powerful. True, I had to augment her therapy with other techniques. After developing a clear image of the goal, she struggled with following through with the behaviors. Her history of trauma caused her to be very fearful of behaviors that could be seen as weak, vulnerable, or "too nice." She had trouble managing her own reactivity to certain situations. We engaged in several sessions of focused trauma processing. This allowed her to work through some of her past, come to terms with it and begin to tolerate new behaviors. She was ready to return to solution-focused therapy. (E. Jackson, e-mail, January 16, 2014)

At the first session that she used the solution-focused process with this client, the psychologist wrote the following message to the client:

> I want you to know how much I appreciate your willingness to share such painful memories about your mom and dad. That is a real gift to trust me. You have so much courage to face the demons in your life, the desire to be violent to others so they don't hurt you. As you talk about your memories, I see you challenging your thoughts of the dad you worshiped and the mom you despised, challenging that maybe it isn't that simple. Each week you open yourself up to others, listening to them and considering their side of things. You are so intelligent and perceptive as you notice that the worker and lawyer listen to you when you are calm and confident and that when you apologize, they become nicer. I like your plan to attend to the trigger of feeling disrespected. You have also noticed that when

> others cuss or get angry it actually sounds disgusting and not how you want to sound. You have made a decision about this—about how you want to be seen. You have also noticed how much your medication helps you stay calm and talk to others without yelling and have taken the responsibility for taking your medication every day. You have such a beautiful goal of joy and happiness for yourself and your kids. Your commitment to them is remarkable. Talking to me, changing the way you talk to others, and taking responsibility for things you have said and done show that they are the central most important thing in your life, and you are willing to sacrifice for them. It takes a lot of work to use self-talk to change how you respond. You were a real model to your daughter when you talked to her about how she hit her brother using yourself as an example. This is a very painful but a powerful thing to do. I commend you for this. Because you are so committed to your vision, I encourage you to continue doing those things that have helped you to manage your reactions and try new behaviors for yourself and for your kids.

At the end of this session, the client wrote the following note to her therapist, which represents a list of what she learned from this session:

> Finding other ways of dealing with my anger in a different manner versus what I've been taught as a child on handling situations instead of resorting to putting my hands on others, yelling. Being assertive, talking things out and letting my children express how they feel. Letting them know it's okay to be mad, it's not okay to be angry because it triggers violence.

CASE STUDY TRANSCRIPT FROM A SCHOOL SETTING: SESSION 1 WITH PEDRO

As you read this case, you may want to take notes so you can practice constructing a message. Then you can compare your message with the one Pedro received, which is presented at the end of this chapter. For instructional purposes, descriptions of

specific types of SFBC interventions are listed in italics before the interventions. This case involves Pedro, a 12-year-old, sixth-grade boy sent to me because of frequent suspensions from school. The student provides additional background in the course of the interview that follows. The opening explanation of the process has been deleted to avoid repeating previous information (*C* = Counselor; *P* = Pedro):

C: What did you come to see me about?

P: I guess my attitude and behavior.

C: What do you mean, "attitude and behavior"?

P: Sometimes, when I raise my hand first and teacher calls on somebody else, I get mad 'cause I raised my hand first. When some of the teachers tell me to do something, I don't do it. I just get an attitude about it, and I don't follow directions.

(Identifying the goal)

C: So, what are your best hopes for our meeting?

P: I guess learn to do what I'm told.

C: Sounds like you are ready to do what you are told.

P: When I raise my hand first and the teacher sees me and they call on somebody else, I get mad; I get mad.

C: And when you get mad, what do you do?

P: Throw a fit.

C: And what does that look like?

P: I would just start mumbling and stuff, mumbling out words and disturbing the class. I want to stop doing that.

(Reframing from a negative goal to a positive goal)

C: So, what would you like to do rather than throw a fit?

P: Just put my hand down or just hold my hand up and just wait till she calls on me. Instead of throwing a fit, I just raise my hand up until she calls on me.

C: Just keep your hand up.

P: Or just let my hand down.

(Detailing)

C: So, you would like to leave your hand up until she does call on you or just put your hand down. What would you be doing or what would you be thinking when you aren't getting called on?

P: Just leave it down and if I know the answer, just write the answer on my paper instead of throwing a fit. Just write my answer down.

(Cheerleading)

C: Hey, that's pretty clever. So, you would just be kind of checking yourself out by writing it down to see if you got it right.

P: Yeah.

C: How did you come up with that idea?

P: I just came up with it.

(Cheerleading)

C: That's pretty creative, you know. Did you know that you are creative?

P: Sometimes.

(Hypothetical miracle question)

C: I have a strange question to ask that may be hard to answer. Suppose that when you went to sleep tonight and because you were sleeping you didn't know this was happening, but a miracle occurred. When you woke up the next morning, and your hopes came true and all your problems were solved—gone, just disappeared. And when you woke up, you said to yourself, "Something happened during the night because all of my problems are gone. My attitude, my behavior—those problems have all just disappeared." What would you notice that was different when you woke up that would tell you that this miracle happened?

P: When I get to school, I won't have an attitude.

(Reframing from a negative goal to a positive goal)

C: Okay, so the attitude would be gone. When it's gone, what would be in place of it? Because it disappeared, something has got to happen to take its place. What would take the place of that attitude?

P: My education.

C: What do you mean by that?

P: My work—I'd be more on my work than on my attitude.

(Detailing)

C: How would you know you were on your work? How would your teacher know you were on your work? What would your teacher see you doing?

P: I would be looking in the book. She'd be looking at me, and I'd have my eyes on the book instead of talking to people.

(Reciprocal relationship question)

C: Okay, so your eyes would be looking at the book, you wouldn't be talking to people, you'd be looking at your book. And if that happened, how do you think your teachers would treat you when they saw you do that?

P: They would probably be nicer to me and call on me more when I raise my hand.

C: And if that were to happen, what would you do?

P: I would do what they tell me to do.

(What else question)

C: It sounds like you all would get along better. What else do you think might be going on when the attitude is gone? There would be something else in its place. What else do you see yourself doing?

P: I don't know.

C: If you did know? That's a tough question—a hard, hard question I'm asking you. Some of the questions I'll ask you are going to be real tough to answer. This is one of them.

P: I'd be behaving, I guess.

(Detailing)

C: You'd be behaving. What would that look like? If I were sitting inside your classroom, and I were seeing you behaving, what would I see you doing?

P: Getting my work on the board. What we're supposed to do is on the board. As soon as I get in class, I'd sit in my seat, write in my agenda. Then put my agenda up, get some paper out, and be ready to work.

C: Okay, so you would be sitting in your seat and writing out an agenda.

P: Yeah. Write out what we're going to do that's on the board, that's what I write in my agenda.

C: Okay, so you would see what's on the agenda for the day, and you would write it in your agenda book.

P: Yeah. The agenda has what the date is and what our assignment is for that day.

(Reciprocal relationship question)

C: Tell me then, if you were behaving and doing your work as you just described, what would your teachers do in return?

P: They would probably be saying "Good, good job, Pedro," about me for doing better, and my grades would go up.

C: So, if your teachers were like that with you, how do you think you would respond to them?

P: I would be smiling and work harder to get my grades up.

C: And, when they see you smiling and putting in more effort, how would your teachers act toward you?

P: They would be real happy and would trust me more, and I'd like that.

(What else question)

C: Okay, so what else do you think you would notice that would tell you that a miracle has happened and that your attitude is gone?

P: I'd sit up in my seat.

C: Okay, you'd sit up in your seat—instead of slouching, you mean?

P: Yeah. I won't be chewing gum. No candy.

C: No gum or candy. So, your mouth would be empty?

P: Yeah. When I go to the restroom, I won't be roaming the halls.

C: Okay, so you'd just go straight to the restroom and back.

P: Yeah.

(Reciprocal relationship question)

C: How do you think your teachers would respond to seeing you doing these things?

P: They would like it.

C: So, what do you think they would do?

P: They would smile and say nice things about me.

C: And how would you respond to them when they say nice things about you?

P: I'd probably say "Thank you" and work even harder.

(What else question)

C: What else would happen?

P: I won't be tardy, late to class.

(Reframing from a negative goal to a positive goal)

C: So, instead of being tardy or late to class, what would you be doing?

P: I'd go to class on time.

C: How would you make that happen?

P: I would go straight from one class to the next without making any stops with all my books.

C: What would you do with those books? You mean get them all together?

P: Yeah. Carry all your books, so you can have them for each class.

C: Okay. Get all the books for each class?

P: Yeah. And have all your folders for your classes. You're supposed to have your folder with paper in the clip for each class so you can do your work.

C: Okay, so be organized so that you can do your work and have all your work in your folders. Gosh, you know a bunch. How do you know all this stuff?

P: That's what we're supposed to do.

(Cheerleading)

C: Yeah, but most kids don't remember all that kind of stuff. How do you remember all that?

P: They told us at the beginning of the school year you have to have all your folders. Like for science, you're supposed to have a purple folder, language arts is red, reading is black, and social studies is green. You are supposed to put those subjects on your folder and write your name at the top so that they will know whose folder it is. And your work is supposed to be in the folder so you won't lose your work and it won't be all over the place. And you are supposed to carry your agenda and your book with you.

C: And you remembered all that?

P: Yeah.

C: Yeah, but most kids would forget all those details, and you remembered it all. That's neat that you can remember all that. That says something to me about how you can think. You've got a good memory.

P: I don't have . . . Yeah, I guess I do have a good memory. Kind of got a good memory.

(Cheerleading and what else question)

C: Well, you sure remembered that well. You remembered all the things that they said you have to have. You have to have paper in your folders; you have to have an agenda. It sounds to me like you know what to do. Wow! What else, Pedro, would tell you that this miracle has happened?

P: I'd be getting A's and B's on my report card instead of getting them bad grades, and I'd get to go on field trips.

(Detailing)

C: You'd be getting A's and B's and going on the field trips that you don't go on now. What other things would you be doing that would tell you that you were on the path to getting A's and B's on your report card?

P: I would do my homework right after school before I go out with my friends and then I would be put on the honors team.

(Detailing)

C: How would you know that this miracle is happening to you even if it was just a little bit? What is the first thing that you would notice?

P: The first thing I'd notice is I'd be getting A's and B's on my report card, and the teachers would be saying, "Good job, Pedro, you are doing your work." And I would ask them, "Have I turned in all my work?" And they would say, "Yes."

C: So, the first sign is, teachers would say, "Good job, Pedro." And you'd be getting better grades.

P: That's right.

C: Who else would notice this change in you?

P: My mother would notice.

C: What would she see you doing that would tell her that you're different?

P: I wouldn't be watching as much TV and arguing with my cousin.

(Reframing from a negative goal to a positive goal)

C: So, if you weren't watching TV and arguing, what would you be doing instead?

P: I would be doing my homework in my room with the door locked so nobody could bother me.

(What else question)

C: What other things would you notice?

P: People getting to like me.

(Reciprocal relationship question)

C: How would you know that?

P: Like if I showed them my report card, they would say, "Dang, Pedro. You got all A's and B's. How did you get all them A's and B's? Your mama is going to be proud of you."

C: Oh. Mom would be proud, too. Would you like that?

P: Yeah.

C: How would Mom show you she was proud? How would you know my mom's really proud of me? What would tell you that Mom is proud of you?

P: She's going to show everybody my report card.

C: She's going to show you off, huh? What else would she do that would tell that she is proud?

P: She'd buy me something.

(Instances of success)

C: I have another tough question for you. Tell me about some times when some of these things are happening already, if even just a little bit?

P: Today some of these things have happened.

C: Is that right? Tell me about today.

P: Well, my attitude is changing.

C: Is that right? Tell me how.

P: I didn't throw no fit to no teachers. When my teacher told me to come down here, she told me to make sure to get all my work ready so I can do it, and I said, "Okay."

C: Usually, you would have thrown a fit?

P: Yeah.

(Cheerleading and detailing)

C: That's amazing! How did you do that?

P: I just did it 'cause my mom said. She wrote me a note this morning before she left for work, and she said for me to listen to what them teachers tell you. Listen to what they tell you to do and do it.

C: So, you think that's what did it for you?

P: Yeah.

(Accepting ownership intervention)

C: But I've got to tell you something. I have an idea that your mother has written notes like that to you before, hasn't she?

P: Yeah.

C: And you still didn't do what she asked you to do.

P: Yeah.

C: But you did it today.

P: Yeah.

C: You did it today. So, that may have helped you some. But it must have been something that you did, something you did for you to make that happen.

P: Ms. Smith talked to me. I had to have a conference with Ms. Smith. She told me you don't get an education without following directions.

C: So, you listened to Ms. Smith and it made some sense to you?

P: Yeah.

(Accepting ownership intervention)

C: I bet you've had those lectures before, though, haven't you?

P: Yeah.

C: And it didn't work.

P: No.

C: So, what made it work today? What made that different today for you?

P: I don't want to be suspended no more.

C: That sounds like a change for you. You don't want to get suspended?

P: Yeah.

C: And when you're saying that, it sounds like you are saying, "I'm too important to let that happen to me." How do you account for that change? For you saying, "Hey, I don't want to get suspended." What's going on in you that made that change in you?

P: Everybody being proud of me that I haven't got suspended for a few days.

C: So, people are proud of you. You kind of like the way people see you as "Hey, I'm taking charge of myself. I don't have to get suspended. I can behave if I want to."

P: Yeah.

(*Detailing*)

C: Hmm. That's neat. How have you managed to do that for yourself? To make yourself say, "People are proud of me and I don't want to get suspended no more. I want to be here at school." How did you do that?

P: I just said, "I can do it."

C: So, you told yourself, "I can do it."

P: Yeah.

(Accepting ownership intervention)

C: My guess is, you have probably told yourself that before, haven't you?

P: Yeah.

C: But this is different. What made it different this time?

P: My mother told me. My grandmother and my granddaddy told me they were proud of me.

C: So, it sounds to me like you really respect and want to please them too.

P: Yeah.

C: So, this time, you are saying, I'm really going to do it.

P: Yeah.

(Cheerleading)

C: Hmm. That's really super. That's fantastic that you are able to do that. That you respect and care enough about your mom and your grandparents—and yourself too. You care enough about yourself that you are going to keep yourself on track.

P: Yeah.

(Reviewing miracle to identify additional instances of success)

C: Tell me about other times when some of the things are happening? Like, you are writing the things that are on the board, your eyes are on the book, you are sitting in your seat, you are going straight to the restroom and back, going to class on time, you are getting your books for each class, you have a folder in each class, you are getting better grades, you're going on field trips, you're on the honors team. Tell me about when some of those things are already happening.

P: I have already been on the honors team before.

(Cheerleading)

C: Really! You have been on the honors team? Great! That's pretty hard to do?

P: Yeah.

C: What do you have to do to be on the honors team?

P: You have to have a good attitude. You have to have all your work turned in. Your behavior has got to be good and you have to get good grades.

C: You know, with all the difficulties you've had, you were on the honors team? How were you able to be on the honors team? How did you make that happen for yourself? What was different about that time when you were able to be on the honors team?

P: I did what they told me to do and just did my work. And then I just got put on the honors team.

(Cheerleading)

C: So, you can do it! Pedro can do it! If you want to, because you are smart enough to do that.

P: Yeah, I'm smart enough to do that. But see, when I'm around my friends, I'm talkative and stuff. I just talk to them too much when I'm around my friends. When I'm not around them, I just do my work and stuff.

C: Yeah, that's what you were saying before. You like to talk a lot with your friends, and that kind of takes over from doing the school stuff.

P: Yeah.

C: When you were on the honors team, I imagine that there were times when you could have talked to your friends, but you didn't.

P: Yeah, I wasn't talking as much then as I do now.

C: So, what you are saying is, you were able to control your talking to the point where you were able to be on the honors team and still be with your friends at the same time.

P: Yeah.

(Mindmapping)

C: How did you figure out how to do that?

P: When I talked to my friends, I was at lunch, in the hallways, and in related arts class.

C: Oh I see. So, you figured out you can save your talk for the hallways and lunchtime and related arts. Did someone teach you that?

P: Yeah, they told me that talk was for the hallways, for lunch, and for related arts, instead of in the classroom, 'cause when you are in the classroom, you got work to do instead of talking.

C: So, what's it going to take for you to be able to do that again?

P: Just save my talking for the hallways and related arts instead of talking in class and just keep my eyes on my book and pull up my grades.

C: How are you going to manage to make that happen for yourself again?

P: Don't talk. Just don't talk at all in class—only when the teacher asks me a question.

(Scaling)

C: Okay. Gosh, you seem to have the answers. You know the solutions. Let me ask you this question: On a scale from 0 to 10, with 0 being your attitude just stinks and your behavior is down at the bottom, to a 10 being your miracle has happened and all these things you described that you want to happen were going on for you—so you don't have any problem with your attitude or behavior at all. Where do you think you are right now, between 0 and 10?

P: I'm around a 5.

C: You're around a 5? That means you have already started to move in a positive direction toward a 10.

P: Yeah.

C: Now that's a big jump from a 0 to a 5. How have you managed to get yourself to a 5?

P: I've started now.

C: What have you started doing now?

P: Doing my work now instead of talking. Of my assignments, I only have three more problems to do.

(Moving up the scale intervention)

C: So, when you are at a 6 what will you be doing then that you are not doing now?

P: I'm going to talk less, get my work done, and when my work is done, then I can talk if the teacher says it's okay.

C: Okay, so you'd be finishing your work, then you will talk.

P: Yeah.

(Flagging the minefield)

C: Boy, I bet there's going to be some temptations, though, while you are doing your work, to start talking. What are you going to do when someone starts talking to you while you are still doing your work?

P: I'll just ignore them.

C: Hmm. Just like that. You can do that?

P: Yeah.

C: Really? That works?

P: Yeah. It works. Or I just tell them to leave me alone.

C: So, that would do it, getting to a 6—you want to finish your work first in class and that would tell you that you are on task.

P: Yeah.

C: I can't think of any other questions I need to ask you. Do you have any for me?

P: No.

C: Well then, I'm going to take a few minutes to think about what we talked about so I can write you the message we talked about at the beginning of our meeting today. While I'm gone, perhaps you might want to think about what helped you the most in our session.

SUMMARY

This chapter has presented a case study from a mental health agency and a complete first interview demonstrating the application of the steps in SFBC with a student in a school setting. The latter case included prompts to assist you in associating process with content and provided an opportunity to practice taking notes in order to develop a message for the student. Messages include compliments, a bridging statement, and a task to be completed between sessions.

PRACTICE EXERCISES

Exercise 1: Practice Writing a Message

Take a few minutes to write a message to Pedro. Then compare your message with the following message that was given to Pedro at the conclusion of the initial session. Note that the words *compliments, bridging statement,* and *task* are provided for instructional purposes but were not part of the message given to Pedro.

Message to Pedro

Compliments

I'm really impressed with how smart you are, with your ability to know what it is you have to do to do better in school. I am really impressed with how much you care about improving your attitude and your behavior in school. Your efforts today by staying calm rather than throwing a fit with your teacher when she reminded you about your work demonstrate your ability to control yourself. I'm also amazed with your creativity in writing the answers on a piece of paper to let yourself know that you know the answers to your teacher's questions even if you're not called on. Your thoughts about not wanting to be suspended show that you respect your mom, grandparents, and yourself a whole lot. Being on the honors team in September shows that you know what it takes to be successful, by doing your work and saving your talking time for the lunchroom, the halls, and in related arts and still being able to hang with your friends. You know what to do and how to do it.

Bridging Statement

Because of your desire to improve in school, I want you to

Task

notice the times things are better and what you are doing to move you up to a 6 this week.

Exercise 2: Practicing the Process With an Actual Case

Turn to Appendix B, which contains the transcript of another complete first session of SFBC, and follow the directions that will enable you to practice SFBC interventions for an entire session. Step by step, you can compare your interventions with the interventions I used with the client.

CHAPTER FIVE

Abbreviated SFBC Session

In school and agency settings alike, circumstances often arise when a 45- to 50-minute counseling session is not feasible. In schools, students' and counselors' schedules may limit the time for counseling contact. Many students are willing to see their counselors only during their brief lunch breaks at school. In addition, short attention spans of some clients, especially younger children, may lessen the effectiveness of the traditional SFBC model. Faced with these obstacles, Kral (1994) found a remedy in an abbreviated application of SFBC that appears to be effective with students at all grade levels.

Furthermore, the abbreviated SFBC format has relevance in private practice and agency settings. It can help mental health professionals serve clients who are unable to pay for a traditional 50- to 60-minute session but may be able to afford a 25- to 30-minute session. It may help make counseling available to clients who could not otherwise afford it.

Feedback I have received from counselors and other mental health professionals supports the value of an abbreviated format. I have used Kral's abbreviated application successfully, but over time I have adopted several modifications that I have found work especially well. The abbreviated form of the SFBC model presented in this chapter uses some of the same interventions as the

full form of the model and can be completed in approximately 20 to 25 minutes—half the time of the full form of the SFBC model for an initial session. The chapter also includes a flow chart and note sheet designed specifically for conducting these short sessions. The techniques and interventions used in the abbreviated session are drawn from those used in the full form of the SFBC model described in the preceding chapters, so it's important to have read those chapters before you use the abbreviated form of the model.

EXPLAINING THE PROCESS

Begin the meeting by introducing yourself and getting acquainted with the client briefly. Then explain the approach you will use in the meeting, which can be described as follows:

> I want to let you know how this is going to work. I am going to ask you some questions about where you are with the things that brought you here today. While we're talking I'm going to be taking some notes on the answers you give so that I can use them to write you a message at the end of our meeting. While I am writing you a message I would like you to write me a note about what you learned from our meeting today. *(Depending on the child's age and skill level, you may instead ask the child to draw a picture of what the child will be doing when things are better.)* When I finish the message to you, I will read it to you. Then I'll make a copy of the message and your note to me *(or picture)*, so we'll each have a copy.

DETERMINING WHAT THE CLIENT WANTS TO ACHIEVE

Just as with the full SFBC model, establishing in positive terms what the client wants to achieve from counseling—the client's goal—is central to success. Positive goals state behaviors that can be observed so that clients can recognize when their objectives have been attained. Unlike negative goals that are stated in terms of what the client wants to stop or avoid doing, positive goals state what the client wants to start doing.

Chapter 2 describes in detail techniques recommended to reframe negative, harmful, or unrealistic goals and "I don't know" responses into positive goals. These same techniques work well in the abbreviated session, but keep in mind that the goal for counseling is the client's goal—it is not the goal desired by the referring party. You can elicit the client's goal using one of the following questions:

- "What are your best hopes from our meeting?" (Recommended option)
- "What's the reason you have come to see me?"
- "How can I help you today?"

As indicated previously, the option that frames the question in terms of "best hopes" is recommended because it leads clients to focus on what they want to achieve rather than problems or past failures.

USING SCALING TO DETERMINE CLIENTS' VIEWS OF THEIR PRESENT SITUATION

Once clients have identified their goal for counseling, ask them to rate where they are in relation to their goal using a scale of 0 to 10, with 0 representing the worst things have ever been and 10 representing when their goal has been achieved completely. Kral (1994) suggests that for younger clients, the 0 can be defined as the saddest they have ever been and 10 as the happiest they could possibly be, except when receiving a gift. (Receiving gifts is excluded because it depends on circumstances outside the individual rather than reflecting actions the client might take.) A "sad face" to "smiley face" continuum also can be used with younger children.

Here are examples of leads that you can use to introduce scaling:

- "If we had a scale of 0 to 10, with 0 being the lowest you have ever been in relation to your problem and 10 being when things would be perfect for you, where do you think you are right now?"

- "Perhaps it would help if you were to rate yourself on a scale of 0 to 10, with 0 being the saddest you have ever been and 10 being the happiest you could ever be, except for getting a gift. Where would you put yourself right now?"
- "So, you have been sent to me and you're not sure why, but you do know that school isn't going as well as you would like it to go. Maybe to get us started, you may want to consider this. If you had a scale with numbers from 0 to 10, and 0 is when things here at school were at rock bottom or the worst they've ever been, and 10 is when things are ideal or the best you could ever imagine them to be for you at school, where do you think you are right now?"
- "Now that we have figured out that your goal for counseling is to be sober rather than drinking alcohol, where would you say you are right now on a scale from 0 to 10, with 0 being the most out of control you have ever been with respect to drinking and 10 being when you are sober all the time?"

WHAT'S THE HIGHEST NUMBER THE CLIENT HAS EVER BEEN?

After clients have rated their current situation, using the same 0 to 10 scale, ask them to identify the highest number they have ever been in relation to their goal. Two possibilities exist: (1) in the past they have been at a higher number than at present or (2) their present number is the highest it's ever been. Fortunately, either answer can provide the springboard for identifying unrecognized solutions or instances of success. However, the type of answer the client gives you will determine which approach you use, as described in the next two sections.

When the Client Reports the Number Was Higher in the Past

When clients report they have had higher ratings in the past, this reveals the presence of solutions that are not being applied currently. This situation calls for interventions that help

clients recall what worked for them in the past and inquiries about how they can apply their resources to their present situation to achieve success as before. Use the same types of questions as described in Chapter 3—questions that identify instances of success or exceptions to problems. Ask clients to determine what was different between then and now and what clients were doing before to bring about their higher ratings. Compliment clients for the positive thoughts and actions they identify. Use reciprocal relationship questions that highlight the ripple effect of positive change. If clients try to give someone else credit for their success, use an accepting ownership intervention to shift responsibility for the success back to the client by saying something like the following: "I bet you have been told that before and it didn't have an effect, but this time was different. What made this time different?"

The sequence of interventions for clients who report a higher number in the past can be summarized as follows:

- "What were you doing then that you are not doing now?" *(Instances of success)*
- "How did you make that happen?" *(Elicit details and cheerlead with compliments)*
- "When you are one point higher than you are right now, what will you be doing differently that you are not doing now?" *(Moving up the scale intervention)*
- "Who would notice this change in you, and how would they react?" *(Reciprocal relationship question)*
- "How would you respond to their reactions to the change in you?" *(Reverse reciprocal relationship question)*

The following example illustrates the sequence of interventions that you can use when the client's number on the scale has been higher in the past (*C* = Counselor; *Cl* = Client):

C: From what you're saying, you are now at 3, and you have been as high as 6. What were you doing when you were at 6 that you are not doing now? *(Instance of success)*

Cl: I was listening and following directions better then.

C: How did you make that happen? *(Detailing)*

Cl: I guess I was listening to what was being asked of me without interrupting.

C: That sounds pretty mature because most kids your age don't listen that well. So when you are at one number higher on the scale than you are now, what will you be doing differently to make that happen for yourself? *(Cheerleading and moving up the scale intervention)*

Cl: Look them in the eye when they are talking to me.

C: Who do you think would notice that you are listening without interrupting and looking them in the eye when they are talking to you? How would they respond to you when they see this change in you? *(Reciprocal relationship question)*

Cl: My parents would notice. They would probably know that I am listening and maybe nod their heads like they know I'm hearing what they're saying to me.

C: When you see them nodding their heads, how would you respond to them? *(Reverse reciprocal relationship question)*

When the Client Reports the Present Number Is the Highest Ever

If the present rating is the highest it has ever been, ask clients what is the lowest number they have ever been in the past. The purpose is to determine how clients have improved to where they are now. Ask questions that detail what clients are doing now that they weren't doing when they were at the lower number. This helps clients appreciate how they have used their resources to achieve their highest rating and identifies instances of success that can be repeated or expanded to improve even more.

The sequence of interventions for clients who report that their number on the scale is the highest it has ever been can be summarized as follows:

- "What was the lowest number you've ever been?"
- "What have you done to get from that number to where you are now?" *(This identifies instances of success that got them to their current number. Then cheerlead.)*

- "When you are one number higher than you are right now, what you will be doing to make that happen?" *(Moving up the scale intervention)*
- "Who would notice this change in you, and how would they react?" *(Reciprocal relationship question)*
- "How would you respond to their reactions to the change in you?" *(Reverse reciprocal relationship question)*

The following example demonstrates the kinds of interventions that you can use when clients report that they are at the highest number they have ever been in relation to their goal (*C* = Counselor; *Cl* = Client):

C: So right now you're at 5 and that's the highest you have ever been. I'm also thinking that you could have been lower than 5 at some point, and I'm wondering—what's the lowest number you have ever been?

Cl: Last month was horrible. I was so down when we broke up that I was at a 1.

C: From a 1 to a 5—that's a big improvement. I know that had to be real hard, knowing all that you've been going through. What have you done to get from a 1 to a 5? *(Cheerlead and elicit instances of success)*

Cl: I started hanging out with my girlfriends like I used to instead of staying home watching TV.

C: How did you make that happen? *(Detailing)*

Cl: I just kept thinking that I'm not going to let him bring me down. I have a lot going for me and I started remembering all the fun I used to have with my friends before I started going steady with Ron.

C: That shows how well you can overcome tough times by remembering what you have going for you. When you move up to a 6, what will you be doing differently? *(Cheerleading and moving up the scale intervention)*

Cl: I'll be talking to my parents more about how I am doing.

C: When you are talking to your parents more, how will they respond to this change in you? *(Reciprocal relationship question)*

Cl: They'll be happy because they won't have to worry about me so much.

C: So when you see them being happier and not worrying about you so much, how will you respond to them? *(Reverse reciprocal relationship question)*

WRITING THE MESSAGE

This is a typical way to transition to the message-writing phase:

> Well, that's about all the questions I have for you. Are there any questions you have for me? If not, I need to take a few minutes to review our meeting so I can write you a message that you can take with you. As I'm doing that why don't you write me a note about what you got out of our meeting *(you can ask younger children to draw a picture of what they will be doing when things are better)*. Then we can share our notes with each other before we finish our meeting.

Some counselors take short cuts in the model by eliminating the message to the client. However, as mentioned previously, you are likely to achieve greater success with SFBC when you include the message segment of the process. Writing a message reinforces the client's successes, encourages follow-through, and provides a tangible reminder of the client's strengths and resources. I cannot emphasize enough the importance of constructing a message for the client.

With the abbreviated interview, less is said and fewer notes are taken; therefore, the message is shorter, especially in terms of the number of compliments. The message is constructed using the same format—compliments, bridging statement (that links the goal to the task), and task—described in Chapters 3 and 4. Tasks are nonspecific homework assignments that encourage clients to notice what's better and to do the things that have worked in the past. Examples of tasks include the following:

- Begin to do those things you have done in the past that have worked to make things better.

- Notice what you're doing that tells you that you are doing better.
- Pretend you've improved one number on the scale by picturing and then doing those things that will get you to one number higher.

To help you stay on track, the flow chart (see Figure 5.1) provides a quick reference guide for the steps in the abbreviated session. The note sheet (see Figure 5.2), which was adapted from a note sheet developed by a former student, Kim McKinney, provides a convenient way to organize your notes for the short session.

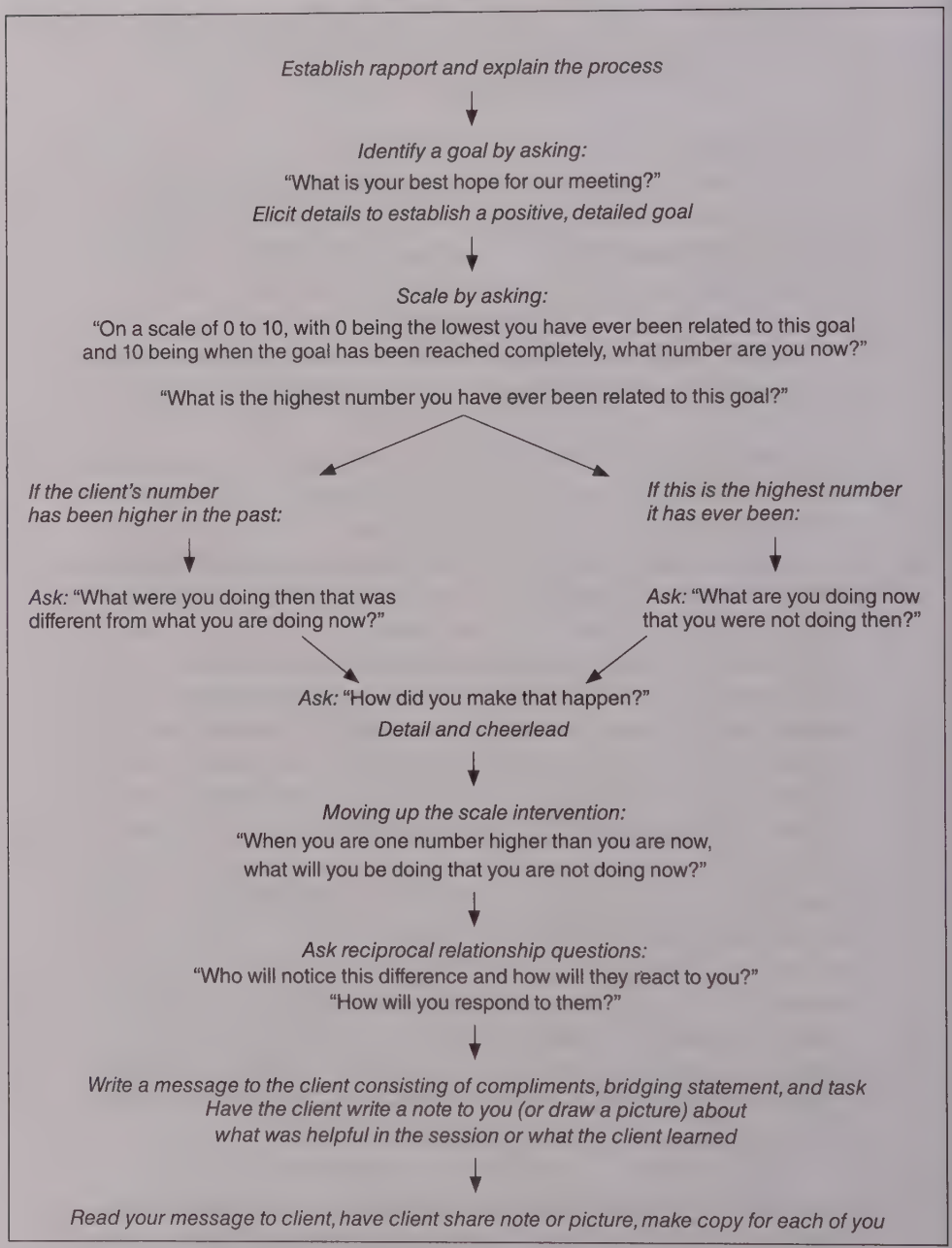
A CASE OF AN ABBREVIATED SFBC SESSION

The following case with Lincoln, an 8-year-old third-grader, illustrates an abbreviated version of the solution-focused approach. Lincoln's mother referred him to me for counseling in an attempt to help him before sending him to a psychiatrist for medication because of his misbehavior, angry outbursts, and failure in school. When I met with Lincoln, I was using Kral's approach for abbreviated sessions, which called for starting the session with scaling (Kral, 1994). Since then I have modified his suggested short session format to incorporate changes I have found to be effective; however, this case example reflects the earlier approach.

As the meeting began, I asked Lincoln to identify where he was on the 10-point scale. After briefly discussing his rating, he indicated his lowest score was a 0, just a few months ago when his dad had died (he began to cry while recalling this). After I made several empathetic comments, I asked where he was on the scale now. Lincoln responded he was at 1. When queried how he got from a 0 to a 1, after some thought he responded, "I remember things like going camping and Disney World with my dad and the good times we had." He also recalled the one time he had briefly talked with his mother about how he missed his dad (he hadn't discussed his dad's death with anyone else).

As he continued, I asked him to identify where he was at that moment on the scale. He replied he was at 2. When queried about how he was able to move up 1 point in just 5 minutes, he responded,

Figure 5.1 Flow Chart for Abbreviated SFBC Session



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Figure 5.2 Note Sheet for Abbreviated SFBC Session

Client: _____ **Date:**_____	**Date/time Next Session:** _____
Client's goal: • What is your best hope for our meeting? *Establish a positive, detailed goal.*	
Scaling: • On a scale of 0 to 10, with 0 being the lowest you've ever been related to this goal and 10 being when the goal is reached, what number are you now?	Current number: 0 1 2 3 4 5 6 7 8 9 10
Determine highest number ever • What's the highest number you have ever been related to this goal? *If client's number has been higher in the past:* • What were you doing then that was different from what you are doing now? • How did you make that happen? *Cheerlead* *If this is the highest the number has ever been:* • What are you doing now that you weren't doing then? • How did you make that happen? *Cheerlead*	Highest number ever: 0 1 2 3 4 5 6 7 8 9 10
Moving up the scale intervention • When you're one number higher than you are now, what will you be doing that you are not doing now?	
Reciprocal relationship questions • Who will notice the change and how will they react? • How will you then respond to them?	
Write message to client consisting of **Compliments:** about current successes **Bridging statement:** connects goal and task **Task:** actions/observations client is to do *Client does note/picture about what was learned* *Read message to client; client shares note/picture* *Each gets a copy of message and note/picture*	

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"Talking about my dad when I think about missing him." To help Lincoln apply the resources he had just discovered, I asked Lincoln what he would be doing when he would be at a 3. He replied, "I could talk to my mom about my dad after dinner when I need to."

I gave the following brief message to Lincoln:

> I am really impressed with how aware you are of your feelings about your dad. You know it's okay to feel sad that he died, but you also know that it is important to talk about him with your mother when you become sad. Remembering the good times you had with him when you went to Disney World and camping helps pick you up.
>
> To keep you on target to moving to a 3, notice what you are doing this week to make things better for yourself.

For his second session, Lincoln appeared in my office with a smile on his face and a bounce in his step. When asked the reason he was so happy, he responded that he was seeing me and getting out of class. When I asked, "What's better this week?", he reported he was at 10 on his scale. He stated he had been having regular conversations with his mother about his dad. He indicated his mother was also happier as a result of his talking to her about his father. Lincoln also reported that he had earned free-play time at school every day during the past week. When asked if that was different, he replied, "It sure is, because this was the first time all year that I earned play time." When queried about how this was different and how he made that happen, he responded that he raised his hand before answering the teacher's questions and he stayed in his seat until the teacher gave him permission to get up. He also listened and did what his teacher asked him to do.

In the third and last session, 2 weeks after the second session, Lincoln reported continued improvement. His conversations with his mother about his dad continued, but with less frequency because he felt less sad. Lincoln also was improving his grades in school. In addition to his previous changes, he began to walk in straight lines in the hall as the teacher requested, remained in his seat on the school bus, and started hanging around other kids who were not rowdy. This led to fewer episodes of trouble and more free-play time. His mother

was so impressed with Lincoln's progress that she did not consult a psychiatrist and she referred Lincoln's younger brother for counseling as well.

SUMMARY

This chapter discusses the application of a model for an abbreviated SFBC session that is useful for school counselors and mental health providers with large caseloads who may have only limited time to meet with their clients. Abbreviated meetings enable counselors and mental health providers to spend half of the time needed to implement the SFBC process as compared to the traditional approach.

CHAPTER SIX

Conducting Subsequent Sessions

Clients returning for second or subsequent interviews already have been assigned to continue doing things that are working or to notice what's better in their lives. Follow-up meetings begin with the premise that clients have continued this focus between sessions and have observed improvements. I have found that most clients report positive changes, and those who report that no progress occurred do, with further solution-focused exploration, identify at least minimal change. Because the SFBC approach emphasizes assets, clients are more likely to report that things are better since the previous meeting.

This chapter provides a detailed description of how to conduct second and subsequent sessions. The sequence of interventions described in this chapter is used for all second and subsequent sessions, whether the session follows an initial session that used the full SFBC format described in Chapters 1 and 2 or the abbreviated SFBC format described in Chapter 5. Topics include a recommendation for how to start the session, the EARS process (Elicit, Amplify, Reinforce, Start over), tips for using scaling in subsequent sessions, suggestions for assessing further need for counseling, a flow chart and note sheet for use with subsequent meetings, and summaries of subsequent sessions with an actual case.

SUBSEQUENT SESSIONS: GETTING STARTED

After you have greeted the client, begin the second or subsequent session by explaining that you will spend some time talking about how things are going, and that you will end the session with writing messages to each other. Then open the discussion with a review of the client's goal. For example, you might say:

> "When we met the first time, you decided that your hope (or goal) for counseling is to ____. This time we will spend a few minutes talking about how things are going and what is working for you, and I will be asking you some questions. Just like we did in our first meeting, I will take some notes and, at the end of our time together, I will write you a message and ask you to write a note *(or draw a picture)* for me."

COMPONENTS OF SECOND AND SUBSEQUENT SESSIONS

Following a well-organized process is just as important for subsequent meetings as it is for the first meeting. This section of the chapter describes the step-by-step process and recommended interventions for second and subsequent meetings with clients. Many of the interventions, such as detailing, cheerleading, mind-mapping, microscoping, reciprocal relationship questions, *what else* questions, and writing a message, will be familiar because they are the same or variations of the techniques used in the initial session.

Subsequent sessions—whether the second session or later meetings—comprise these components: Asking what is better or different; using the EARS process to solicit and reinforce what is better; scaling; assessing, if appropriate, whether additional sessions are needed; and writing a message.

Ask "What's Better?"

After you have greeted the client, restated the goal for counseling, and introduced what will occur in the session, ask this

simple question: "What's better since we last met?" Typically clients will respond in one of four ways: (1) things are better; (2) things are the same; (3) things are worse; or (4) things are different but not better. There is overlap among the interventions you can use for these four categories; however, to provide a "how-to" guide for handling each type of response, each is covered in a separate section.

When Clients Report Things Are Better

In my experience, the most common response is that things are better. Just as in the initial session, your role then is to elicit details about how the client brought about the positive change and reinforce or cheerlead these productive thoughts or behaviors. For second and subsequence sessions, the SFBC model accomplishes this using a sequence known as EARS (Berg, 1994), which is an acronym for the following series of steps:

EARS

Elicit the details of what's better.

Amplify the effects of what's better using reciprocal relationship questions.

Reinforce how the client made things better, and

Start the sequence over again to see what else is better.

Eliciting:

This resembles the initial session when you detail instances of success in relation to the client's goal. After clients tell you what is better since the last meeting, elicit details by asking, "How are things better?" or "What have you done to make things better."

Amplifying:

The amplifying component of EARS investigates the ripple effect as changes in the client's behavior prompt others to respond more positively to the client. Elaborating on the reciprocity evoked by clients' efforts empowers them to recognize the impact of their actions, which in turn reinforces clients to take on further challenges they may not have attempted otherwise.

This component uses reciprocal relationship questions as described in Chapter 2. At the close of the second counseling session, a fifth-grade boy in a behavior disorder class made the following comment that highlights the powerful impact of amplifying success:

> I like coming here because everywhere else I don't get a chance to talk to anyone about all the good things I do and how my friends and teacher act with me when I do these good things. That helps me even do more good stuff.

Reinforcing:

Reinforcing or cheerleading, which is the third step in the sequence, is already familiar to most counselors. As noted in earlier chapters, as clients discover and are supported in their efforts to achieve positive change in their lives, mindmaps form to guide them in future situations. Because this part of the interview resembles the instances of success and cheerleading sections in Chapter 3, those techniques are not reviewed again here.

Start the sequence again:

Repeat the process several times by asking what else is better and using EARS to elicit details, amplify reciprocal relationships, and reinforce positive steps the client has taken.

If clients have difficulty recalling a time when things were a little bit better, microscoping can be useful. As described in Chapter 3, with this technique you inquire about segments of time (for example, the past several days, yesterday, today, or in the past hour) when things may have been a little better. This often helps clients recall moments of success. The following leads are examples of microscoping:

- "What about (this week/yesterday/today/in the past hour)?"
- "Who might have noticed something better or different with you yesterday or today and what would they have noticed?"
- "What do you think your friends would have seen in you this week that would have told them some changes were going on with you?"

When Clients Report Things Are the Same

If clients report no improvement since the last meeting, several strategies are recommended. You can use interventions that focus on the coping skills and resources that enabled clients to avoid having their situation decline. Ask clients how they managed to keep things going without losing ground or to "hold their own" since the previous meeting. As clients respond, acknowledge the coping skills they exhibited. At the same time, "listen for better"—even slight indications that things were better or not quite as bad as before. If clients simply don't recall or recognize when things were a little better, pose questions that help them remember. The following kinds of questions can be used when clients report that things are the same:

- "Were you sad/anxious/depressed all the time?" *If the client responds "no," then say,* "So that means that some of the time things were a little better. Tell me about some of those times."
- "How did you manage to not let things get worse?"
- "I'm guessing that if you think about that for a few minutes, you may be able to remember something that was at least a little better."
- "So you were able to hold your own this past week and that must have been tough. So how did you do it?"

The following exchange demonstrates the kind of interventions that can work when a client says that things are the same (*C* = Counselor; *Cl* = Client):

C: In terms of your goal to feel less depressed and more upbeat, tell me what is better since the last time we met.

Cl: Nothing is better.

C: Were you feeling depressed all of the time?

Cl: Well no, not all the time.

C: So that means that some of the time it wasn't quite as bad and you were feeling more upbeat.

Cl: Yeah, I guess so.

C: Tell me about one of those times when you felt less depressed and more upbeat.

Cl: Well, a couple days ago when I went for a run, I seemed to feel better after that.

C: So it sounds like going for a run is a way for you to feel less depressed and more upbeat. How did you make that decision to go out for a run that day?

Cl: I remembered how good I felt when I was in shape when I ran track.

When Clients Report Things Are Worse

Clients may indicate that things are worse than they reported in the previous meeting. When this occurs, ask, "How come things aren't worse than they are?" Clients' responses help determine how they prevented things from falling apart completely. During this exchange, "listen for better." In other words, listen for any indication that things are better, even if just slightly. Use interventions that help clients recognize the coping skills they have used to keep their situations from deteriorating even further. Identifying how clients are coping suggests solutions. Capitalizing on instances of success—no matter how slight—in the midst of slippages can turn unpleasant experiences into moments of hope. Once instances of success or coping skills have been identified, proceed with the EARS process described previously. The following sequence of questions can be used when clients report that things are worse:

- "Were things bad every minute of every day all week?"
- "Tell me about a time when things were not quite as bad as other times."
- "What was going on with you when things weren't quite as bad?"
- "How were you different when it wasn't quite as bad?"

The following example is taken from an actual case of a 12-year-old girl referred to counseling for problems controlling her temper. This excerpt shows how "listening for better" led the client to recognize a tool she could use to help her reach her goal (*C*= Counselor; *Cl*= Client):

C: So tell me what was better or different about your outbursts since we met last week?

Cl: It was worse because 5 minutes after I left your office I got in a fight with a girl that was paid a dollar to punch me.

C: So what did you do?

Cl: Well, I waited a few seconds and then punched her back.

C: Was that different than what you usually do?

Cl: Yeah, because I usually don't wait to punch back and—now that I think about it—I didn't swear this time.

C: Wow, so you were able to control your outbursts a little this time. How did you manage to do that?

Cl: Well I thought to myself if I want to be a teacher someday I have to control my behavior and be careful about what comes out of my mouth.

C: So by thinking about your future in becoming a teacher you have found a way to control your outbursts.

Cl: Yeah, I think that will help me stay in control of myself.

When Clients Report Things Are Different but Not Better

In rare cases, clients indicate that things are different but not necessarily better. Appropriate questions in this situation are similar to those used to explore exceptions to the problem or instances of success in the first session. As the differences are explored, pay careful attention to signs of any improvement even remotely connected to the client's goal. As the client's previously unrecognized successes are identified, use the EARS process to elicit details and reinforce productive behaviors.

Scaling

After completing the EARS sequence, use previously described scaling techniques to evaluate the client's progress since the last meeting. Counseling is not an exact science and measuring effectiveness remains a challenge; however, scaling techniques provide a feasible means to gather repeated, self-reported measures of change from clients' perspectives.

To avoid influencing ratings from session to session, do not remind clients of their previous scores before asking them to rate where they are at the moment in relation to their goal. Clients need to respond as objectively as possible without being influenced by their earlier ratings. Typically you will find that clients' ratings on a 0 to 10 scale will, over time, yield scores that reflect a positive trend.

Scaling also can be adapted to assess other factors in addition to the standard prompt: "On a scale of 0 to 10, with 0 being the worst the problem has ever been and 10 representing when your problem is solved completely, where are you now?" As examples, you can ask clients to rate their confidence that they will reach their goal or continue to improve, or rate their willpower to resist when circumstances tempt them to stray from their plan. You also can ask clients how their teachers, parents, friends, boss, or others would rate them on the scale to check how they sense that others perceive them. These additional measures can be particularly useful when assessing the need for further counseling.

Ratings That Show Improvement

After you have opened the session with the general inquiry about what is better since the previous session and applied the EARS process, use scaling to ask clients to estimate where they are between 0 (the worst the problem has ever been) and 10 (the problem is gone or their goal is fully achieved). Apply the same procedures used with scaling that are described in Chapter 3—ask clients to identify what they have done to reach that higher number on the scale, how they have managed to make this happen, and how others have reacted (using reciprocal relationship questions). Many of their responses to these queries will resemble answers they gave during the EARS sequence; however, soliciting details about clients' progress on their scales may elicit new information revealing successes not previously mentioned in the interview. If clients cite additional examples of progress, acknowledge success and cheerlead with compliments. Scaling can present another opportunity to focus on clients' successes.

Just as you did with scaling in the first interview, ask clients, "When you have moved up one number on the scale, what will you be doing differently that you are not doing now?" Flagging the minefield, as discussed previously, also may be used at this point in the interview to prepare clients to deal with obstacles that might arise.

Ratings That Indicate No Improvement or a Decline

Clients may report they are at the same place or worse on their scale than they were in the previous session. In this situation, several interventions are effective: (1) asking how clients kept things from being worse or (2) helping clients recall what they were doing when things were better.

In terms of the first type of intervention, always keep in mind that if we pay close attention, we will notice that instances of success or exceptions to problems are continually occurring. Even during times when things seem worse, there are moments when things are not quite as bad or may even be slightly better. And regardless of how bad things are, they could be worse. What clients do to lessen the intensity of their problems suggests they have coping skills. Helping clients recognize these skills also helps them identify solutions, as demonstrated in the following intervention:

> "Based on your situation, I would have thought your number would have been even lower than a 2. What did you do to keep from being a 1 or a 0?"

With the second type of intervention, help clients recall what they were doing differently when they were at a higher number on the scale. The following example demonstrates this intervention:

> "So you have gone down from a 4 to a 2. What are some things you were doing last time to get to a 4 that you are not doing now?"

Once clients identify the differences, encourage them to do more of what enabled them to be more successful previously. With both kinds of interventions, clients' responses typically indicate coping skills that you can acknowledge and reinforce.

ASSESSING WHETHER FURTHER COUNSELING IS NEEDED

Based on your judgment about the client's progress, at some point—whether in the second session or subsequent sessions—you will need to talk with the client about whether additional

meetings are needed. If you believe the client has reached that point, right after scaling is typically an appropriate time to broach the subject. You can raise the issue by asking whether clients are satisfied with their progress. If the client is not satisfied, explore what would help as a way to clarify the direction to be taken if further meetings are desired. The following interventions can help clients identify whether it's time to end or continue counseling:

- "How will you know you're finished with counseling?"
- "What will you be doing on your own that will tell you that you don't need to see me anymore?"
- "When you have finished counseling, what will your teachers (parents) say you will be doing differently?"
- "How many more times do you think we need to meet until you're completely satisfied with counseling?"
- "Reaching what number on your scale will be enough for you to say you have been successful in accomplishing what you wanted in counseling? So, how many more meetings will that take?" *(Keep in mind that estimates about the number of sessions can be amended as needed.)*

WRITING THE MESSAGE

Just as with initial meetings, second and subsequent sessions end with writing a message to the client consisting of compliments (at least three), a bridging statement, and a task. As with the initial session, while you are preparing the message, you can ask clients to write you a note about what they learned from the session or what they will be doing as they continue on track to reach their goal. For younger children, you can ask them to draw a picture of the things they are going to do as a result of the meeting. Make copies so that each of you has a copy of both the message and note (or picture).

TOOLS FOR SECOND AND SUBSEQUENT SESSIONS: FLOW CHART AND NOTE SHEET

The flow chart (Figure 6.1) and note sheet (Figure 6.2) are tools for second and subsequent sessions. The flow chart provides a quick reference guide for implementing the SFBC sequence. The note

sheet, which is adapted from a note sheet developed by a former student, Kim McKinney, is specially designed to help you organize your notes and reduce writing time.

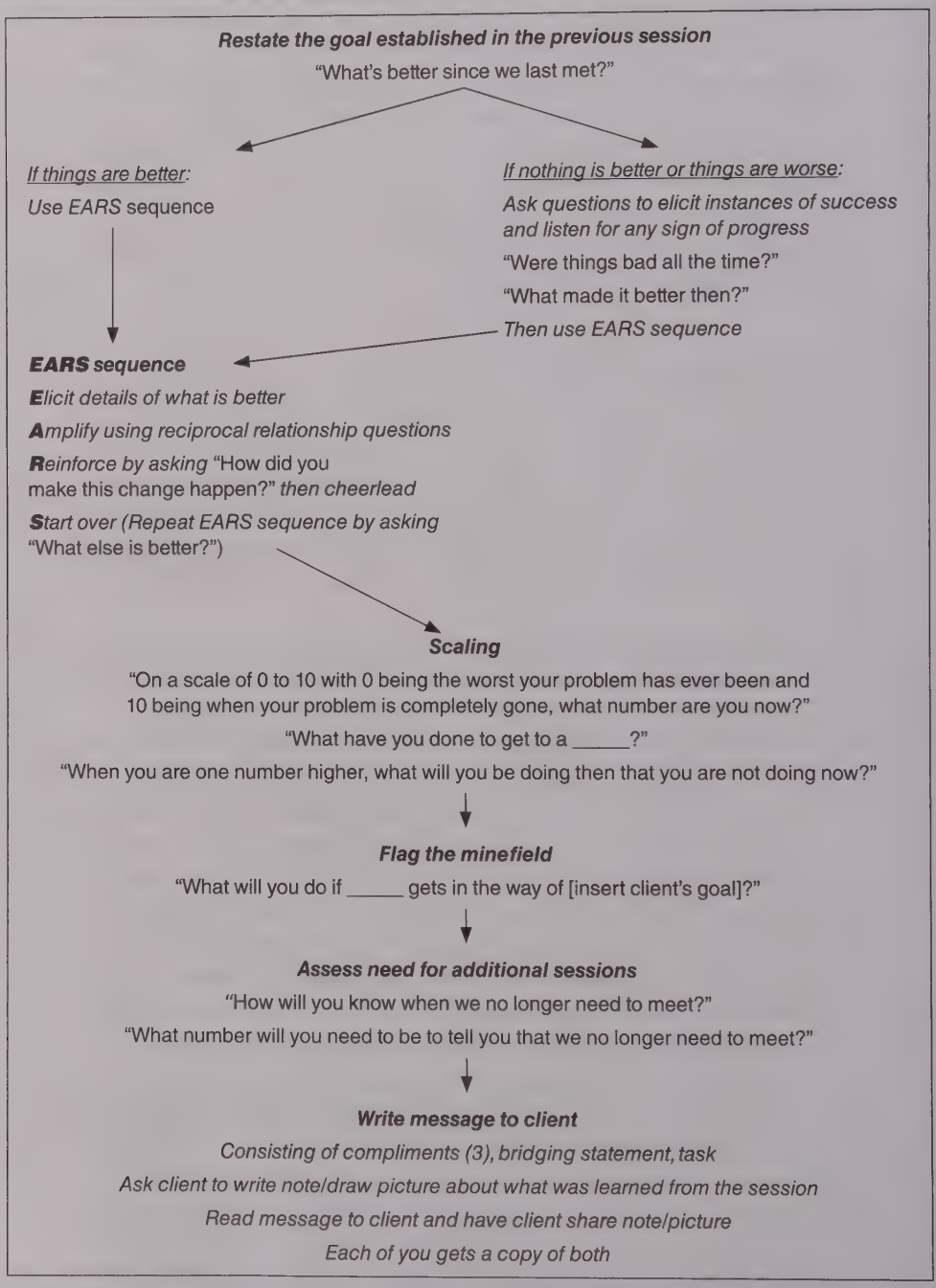
I recommend using these tools together because the flow chart will keep you on track with the way the sequence will vary depending on the client's responses, while the note sheet helps to organize your notes. Make a full-size photocopy of the flow chart and note sheet for second and subsequent sessions and place the flow chart on one side of a bi-fold notepad or binder and place the note sheet on the other side. This gives you convenient access to both tools during the session.

SUBSEQUENT SESSION FROM A MENTAL HEALTH SETTING

The following is a subsequent session with the client with post-traumatic stress disorder, bipolar disorder, and a history of domestic violence described in Chapter 4. The psychologist wrote the following message to the client at the end of the session:

> It is such a pleasure to meet with you each week and hear about all the wonderful things that are happening with your life. Your CPS worker is trusting you more and more, allowing you to spend every day with your children. Your mother is trusting you more and more, even allowing you to be fully in charge from school to bedtime. Others are complimenting you on how calm and friendly you are. You have worked so hard to change those beliefs about how you need to be strong and aggressive to be safe, and that others deserve that treatment. I know it has been difficult and you have had to make yourself vulnerable to talk about your inner thoughts. You took a real risk when you began practicing more polite talk and started convincing yourself that others don't always deserve aggression. You continue to challenge your way of looking at others, like when you thought that maybe the drive-through staff are just people like you who make mistakes. You have become so humble as you talk about how you find there is always something to learn, that you didn't have it all right. I am especially impressed about how you took your

Figure 6.1 Flow Chart for Second and Subsequent SFBC Sessions



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Figure 6.2 Note Sheet for Second and Subsequent SFBC Sessions

Client: _____ **Date:** _____	**Date/time Next Session:** _____
Restate goal established in last session	
Ask "What's better since we last met?" *If client reports things are better:* *Proceed to EARS sequence below* *If nothing is better or things are worse:* *Elicit instances of success; listen for progress* • Were things bad all the time? • What made it better then? *Proceed to EARS*	
EARS Sequence **E licit** *details by asking,"How are things better?"* **Amplify** *using reciprocal relationship questions:* • Who noticed the change in you? • How did they respond to the change in you? • How did you then respond to them? **Reinforce**: • How did you make this happen? *Cheerlead* **Start over** Ask again,*"What else is better?"*	
Scaling • On a scale of 0 to 10 with 0 being the worst your problem has ever been and 10 being when your problem is gone, what number are you now? • What have you done to get to a ___? • When one number higher, what will you be doing then that you are not doing now?	0 1 2 3 4 5 6 7 8 9 10
Flag the minefield • What will you do if ___ gets in the way of [goal]?	
Assess need for additional sessions • How will you know when we no longer need to meet?	
Write message to client consisting of: ***Compliments, Bridging Statement,*** *and* ***Task*** *Client does note/picture about what was learned* *Read message to client; client shares note/picture* *Each gets a copy of message and note/picture*	

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> mom aside to talk about your kids instead of in front of them. Even though she hasn't really taken responsibility for what happened to you, you still talk to her with respect even though she has the power to keep you from your kids. You have realized that nice actually works, even with her. It is as if you have begun to forgive her as you talk about how she got to be the way she is. You have gotten so good at it—she is even following your suggestions about how to discipline the children and how to set house rules for them. Your change has made a difference even in her behavior as well. I see that you are also trying new ways to relate to your daughter. Instead of just demanding obedience, you have begun to talk openly about your expectations, to explain more yet stay firm. This will really help as your daughter grows and starts to develop independence. She will challenge your rules and order in finding herself, and the flexibility you have learned will help you two keep a relationship through the change. You have really modeled for all of your children how to live a healthy life, how to get their needs met without aggression, but with mature, clear, polite, patient, forgiving, and complimenting words, and with taking personal responsibility. This will give them the best opportunity to grow and develop a healthy relationship of their own, a healthy family ending the generations of abuse and violence. Since you are so committed to this vision for your children, I encourage you to continue those thoughts and behaviors that model for them the future you want them to have. (E. Jackson, e-mail, January 17, 2014)

At the conclusion of this subsequent session, the client wrote this note to the therapist:

> I appreciate all the things I'm learning and the care you have put into my case and making sure of the message I receive and what I take out of your office and apply it to my everyday life. It has helped me be a better person, woman and most of all, mother. You have taught me how to be assertive and getting normal, how to react in situations when things aren't going my way. I am in love with the person I am becoming.

> I always look forward to our sessions and feel real good about trusting you and your opinions about the things I've told you, stuff I have never told anyone. I am grateful for you. I feel like you're a part of my life and it's going to make me sad to stop seeing you. I brag about you to other therapists and authority figures.

The therapist summarized this client's progress as well as her observations about the impact of the solution-focused approach as follows:

> Clients like this often stay in therapy for years. Working through the past trauma, learning ways to challenge their thinking, practicing new behaviors was expected to take a great deal of time. In essence it is like changing your personality. This woman worked through the steps much more quickly. At the time of this writing, she had maintained a different response style to others for several weeks, despite several situations that would previously have triggered significant aggression. She embraced her new vision wholeheartedly and felt proud to be able to model to her children a completely different way of relating to others than she had before. She is actively preparing for apology sessions with her children and participating in their therapy. Her visitation and contact had been expanded and there were plans to return custody at the next hearing in 4 weeks.
>
> Solution-focused therapy not only helped her grow from her own strengths, but it also helped her identify red flags for regression or new problems. She identified a plan to address future risk based on things she was already good at. Prognosis is strong, and others who previously thought her hopeless are impressed. (E. Jackson, e-mail, January 16, 2014)

SUBSEQUENT SESSIONS WITH PEDRO FROM A SCHOOL SETTING

The follow-up session 1 week later with Pedro, whose first session was presented in Chapter 4, demonstrates procedures for subsequent sessions. Pedro, a sixth grader who had been sent to me

because of frequent suspensions from school, reported that things had been better since his first counseling appointment. He indicated that he was now going to every class on time, keeping his jacket in his locker, and beginning to do his work as soon as he arrived at his classes. He also reported that instead of roaming the halls, he went straight back to class after going to the restroom. His grades and attitude about school had improved, and his teachers were now complimenting him on his progress. He also claimed that as a result of the changes he was making, he noticed that his teachers stopped picking on him and were nicer. This helped Pedro follow directions and comply with his teachers' requests.

When asked how he was able to make these changes happen, Pedro explained that he was able to remind himself that he didn't want any more referrals to the office and, if he cooperated with his teachers, his mother would no longer receive phone calls from school about his misbehaving. Moreover, he had decided to talk things through with other kids rather than hitting them. As a result, he got along better with them and with his teachers.

Pedro gave himself a rating of 9 with respect to his confidence that he would continue to improve. He reported that to achieve a 10, he would finish all his schoolwork in class before talking to his friends, continue to go to every class on time, do all of his work, and listen to his teachers.

The third meeting with Pedro was conducted 2 weeks after the second session. He reported he was listening to his teachers, turning in his schoolwork, going to class on time, talking only after doing his work with his teacher's permission, and avoiding fights by telling himself to forget about it. As a result of Pedro's continued improvement in school, he was put back on the honors team. Because Pedro decided he could continue to be successful on his own, no other sessions were to be scheduled unless he requested them.

Prior to counseling, Pedro had been sent to the principal two to four times a month. In contrast, after counseling, Pedro received only one referral to the principal's office during the last 5 months of the school year. During that one meeting with the principal, Pedro initiated the meeting by stating what he had done wrong and explaining what he would do next time so that it would never happen again. The principal was so impressed with

Pedro's commitment to correct his behavior he suspended him for only 1 day rather than 3 days. Improvements in Pedro's behavior and grades continued through the following school year.

SUMMARY

The belief that clients have the resources to make things better for themselves is the pervasive theme in subsequent SFBC sessions. Clients are asked to identify improvements since the previous meeting and the methods they have applied to create these positive changes. Scaling is used to measure growth and provide guidance for further progress. Meetings conclude by assessing the need for additional interviews and preparing and sharing the counselor's message to the client and the client's note (or picture) for the counselor. Follow-up sessions, which use the same second and subsequent session format, are scheduled if needed.

CHAPTER SEVEN

Working With Reluctant Clients and Challenging Situations

Not all clients who go to see counselors do so willingly. This chapter addresses how counselors may be able to convert reluctant clients into willing customers for counseling. This chapter also provides strategies for "taking the client's side" and empathizing with clients when they've been sent to counseling against their will, as well as suggestions for turning difficult situations into workable goals. In some cases students who have been disruptive or failed to follow school rules are sent to the counselor to help them overcome their difficulties as an alternative to disciplinary measures. This chapter provides tips for handling this specific type of mandated client.

HELPING INVOLUNTARY CLIENTS BECOME CUSTOMERS FOR COUNSELING

Even after clients identify why someone else wants them to receive help, they may not seem to be interested in counseling. Empathizing with clients' reluctance about being sent to see you or asking

questions focused on what clients will get out of the experience turns many reluctant visitors into willing customers. When clients recognize that counseling may get the referring party "off their backs" or that disciplinary actions will cease, they generally become more receptive to establishing goals. You can use the following questions to help clients become more receptive:

- "Is what he (she) wants for you something you want as well, especially knowing that the hassles between the two of you would end?"
- "Would it be in your best interest to want these changes for yourself?"
- "If this happened even a little bit, what would it do for you and what effect would it have on you and ____?"

Case Study: Dealing With a Reluctant Client

The following case demonstrates how the counselor's persistence and patience eventually resulted in identification of a positive goal, a first step in SFBC. Mike, an 11-year-old sixth-grader, had recently transferred from a small, rural elementary school to a metropolitan middle school of more than 1,500 students. He was referred to me but did not seem to know why and, therefore, had no goal for counseling (*C* = Counselor; *M* = Mike):

C: As a result of your coming here, what is going to be going on with you that will tell you that you don't need to come here anymore?

M: I don't know. I don't even know how I got sent here. For all I know, my mom just signed me up.

C: So, you think your mom signed you up?

M: Uh huh. *(Nods yes)*

C: What do you think would be the reason she would sign you up to come down here to see me?

M: I don't know why she would. *(Shakes head no)*

C: If you had to decide what you wanted to come down to see me for, what would it be?

M: I don't know why I have to come down here. *(Puts head on hand, withdraws more)*

C: So, that's a puzzle to you about what's the reason you're here. So, your mom hasn't had a discussion with you about this by saying to you, "Mike, I want you to go see a school counselor because I think you need, for some reason, to go there."

M: All I know is she signed me up for Extra School Studies, and then somebody asked my mom if she wanted me to talk to somebody.

C: What would you need to do Extra School Studies for?

M: 'Cause I'm failing.

C: You think that could be one of the reasons she wanted you to come and see me, to help you do better in school and pass your classes?

M: They said it was too late in the year to pass.

C: Would you like to pass if there's any way to pass?

M: *(Nods head strongly yes)*

C: What would have to happen for you to pass?

M: Do all my work.

C: Is that something you would be interested in doing?

M: *(No response)*

C: Maybe you're not real sure, but you're thinking about it?

M: *(No response; continues to look at floor)*

C: Well, what do you think? By being here and meeting with me, passing would be your ultimate goal?

M: *(Nods head yes)*

C: Is that what you'd like to have happen? It doesn't look real promising right now, but at least that would be something you would like to do?

M: *(Nods head yes)*

C: At least, if you can't pass, we could at least go over the steps so it won't happen again. Is that something you might think about or want to work on?

M: Yeah.

C: So, am I hearing that you would like to develop some better habits? You didn't say that, but that's what I was getting from what you said.

M: Yeah, that would be good.

Taking the Client's Side

Another effective approach to involve reluctant clients is the "They're wrong, you're right" technique. By supporting clients who claim the person who referred them for counseling is incorrect in his or her assessment, the counselor becomes the client's ally. This is demonstrated in the following case example with a 12-year-old girl referred to me. She indicated she did not need or want to be seen for counseling. When asked who referred her for counseling and why, she indicated that her father and assistant principal thought she wasn't able to control her temper. She attended weekly anger management classes against her will. She claimed that she didn't need the class or help from a counselor because she was able to control her temper on her own. After a few minutes of complaining that her dad and the assistant principal were wrong in their assessment, I asked her, "So, you're saying that they are wrong and you are right. What do you think if, through counseling, we could prove to them that they were wrong in sending you here and you were right all along? Would that be something that would interest you?"

She responded, "You're darn right! That would be great."

I then asked her, "What would they tell me you were doing that would show that they were wrong about your ability to control your temper and that you were right?"

She then began to describe what turned into a goal—to control her temper—which turned out to be exactly what her father and the assistant principal wanted her to do.

In the second session a week later, the student said the assistant principal had been amazed when he lectured the student about breaking school rules and she listened quietly without

swearing at the assistant principal, which had been her typical response. The assistant principal was so impressed that he gave the student a 2-day rather than the usual 5-day suspension for her misbehavior. Similar changes occurred in the student's classes and at home as she proved to everyone that they were wrong and she was right. Three sessions was all it took to get her on track to controlling her temper.

Empathize With the Reluctant Client

Another effective way to get visitors to become customers for counseling is to empathize with clients who are being sent to see you. Watch for the verbal and nonverbal clues that indicate clients aren't interested in meeting. When you observe evidence of reluctance or resistance, address it with comments like "I imagine this is not where you want to be right now," or "What's it like for you to be sent here?" As clients convey their unhappiness about being sent to see you, continue to empathize with their situation. "So it's tough coming here when you don't think you need to be here," and so on. As the discussion continues, watch for a point where it seems appropriate to ask, "Who do you think sent you here and what's the reason you think they sent you?" Follow their response with this question: "Does any part of that interest you as well, if only to get them off your back?" From here a goal can be established.

When SFBC Hasn't Worked

It is unrealistic to believe that any counseling approach will work with every client. This is true with the SFBC approach as well. Although successful with most clients (I have found that 80% to 85% of clients reached their goal for counseling), in some instances SFBC may not be successful for various reasons. Some clients may just want to complain and be heard, and others are not interested in changing.

Rudy, a 15-year-old, seventh-grade boy, is one of those examples. Rudy was referred to me because he was failing and displayed disruptive behavior in school. When asked why he thought he was sent to see me, he finally admitted that everyone in school thinks he fights too much. He claimed that he liked to fight and that "no one had ever kicked his ass," and he didn't want to quit fighting.

After several unsuccessful attempts to identify exceptions to his desire to fight in order to identify a goal, the session moved in the direction of trying to identify some positive things about Rudy. Pursuing information about his grades in school, I learned that he was failing every class except science. In science he was getting a grade of B. Thinking there was now something positive on which to build, I focused on finding out how he was able to do well in science class. When asked why he did so well in that class, he replied, "We get to cut stuff up." The session continued with compliments about his success in science and his academic potential if he chose to put forth effort in his other classes. When asked if he would like to continue with counseling, he declined. This case is mentioned not to disillusion readers, but to help you recognize that SFBC will not be successful with every client.

SFBC WITH STUDENTS MANDATED FOR COUNSELING IN LIEU OF DISCIPLINARY ACTION

Students who have been disruptive, disrespectful, aggressive, or in violation of school rules sometimes show up at your door—sent to you in the hope that you can intervene to help them improve their behavior in lieu of suspension or other disciplinary measures. Although school counselors are not disciplinarians as such, one of their roles, according to the American School Counselor Association, is to provide counseling to mitigate behaviors that have caused or will cause students to face disciplinary measures (American School Counselor Association, 2012). Students who involuntarily report to your office in these kinds of situations may have negative expectations about being there, perhaps recalling past confrontational exchanges with teachers or administrators in response to similar incidents. Solution-focused counseling techniques offer an alternative to traditional confrontational approaches that administrators tend to use.

Osborn (1999) reports that confrontation actually increases client resistance in counseling. In contrast, solution-focused counseling elicits and amplifies nonproblematic actions of involuntary or mandated students, which lead to cooperation.

The solution-focused counseling model enables you to remain neutral in discussing the complaints that prompted the referral and in determining what the referring person thinks the student needs to change. This neutrality is an advantage because it helps clients remain more open to your input. With this in mind, you can use the following format and prompts to implement the solution-focused approach with students mandated to see you because of their problem behaviors in school. The approach presented here is an integration of my ideas with those reported in DeJong and Berg (1998).

I recommend altering the typical SFBC sequence in dealing with mandated students by omitting some of the steps (such as the miracle question and scaling) to shorten the session and by narrowing the focus to the specific issue that led to the referral. I recommend these changes for the following reasons:

- Working with students who are mandated to see you because of specific instances of rule violations or disruptive behavior differs from your typical role. In these circumstances, you are being called on to deal with an immediate need by providing an alternative to disciplinary action for a particular infraction or incident.
- The meeting is targeted to the issue that resulted in the referral to see you; therefore, the goal is dictated by the reason for the referral. At least initially, the goal may not be the student's.
- Compared to most students who come to you under different circumstances, mandated students are likely to be less motivated to meet with you for counseling. In some cases, they may be hostile.
- Time may be especially limited because, in many cases, this will be an unexpected meeting rather than a scheduled appointment.

Solution-Focused Sequence for Mandated Students

The first step is to describe to students how the meeting will be different from what they might expect when being sent to the principal or assistant principal because of a problem behavior. Emphasizing this different approach is essential in getting students

to cooperate. The following introduction is an example of how you could initiate a meeting with a student who has been mandated to see you:

> I imagine that you're thinking being sent to me really (is a waste of your time/ticks you off/stinks/is frustrating). My guess is that in the past when you have been sent to someone because of something you may have done that got you in trouble, you were either punished or suspended. Today, we're going to do something different. I realize that coming to see me may be an unpleasant experience for you to go through. Both you and I would prefer that you not be here under these circumstances. And my guess is that you would like *[insert person who referred the student]* to get off your back. Would you agree?
>
> I would like to help you look at ways you can avoid having to be sent to me or to the principal by examining some of your past experiences that have worked to help you be successful in school. You and I both know that you are not sent here or to the principal every day; therefore, that tells me that you know what to do to keep out of trouble. If we can discover how you made that happen for yourself, you can avoid being in this situation again. To accomplish this, I'm going to ask you some really tough questions that will probably be hard to answer, but I think you are up to the task. How does that sound to you?

If the student responds that he or she isn't interested in the offer, remind the student of the most likely alternative—being sent to the principal or assistant principal, which may result in suspension or other established penalties.

1. Identifying the Problem

After establishing willingness on a student's part to participate in a solution-focused approach, it is important to determine the student's view of the reason for being sent to you. As the student reveals his or her perspective on the situation, pay attention for clues about what the student may want and be willing to do. The following examples illustrate what you might say:

- "What is your understanding of why we are meeting today?" *(Be prepared to share what you know about the referral.)*
- "What do you think is the reason ____ sent you to see me?"

2. Forming a Goal

In the next step, help students establish a positive goal—one that clarifies what they need to do to avoid repeating the difficulty that resulted in being sent to you. Then use reciprocal relationship questions to help students recognize the ripple effect that will occur as a result of their improved behavior. This helps students see the big picture that yields more positive outcomes for them. Follow up by trying to obtain a commitment to try even a small step to improve the relationships between students and the referring party and/or significant others in their lives. The following sequence provides an example of interventions to establish a positive goal (*C* = Counselor; *S* = Student):

C: What does Mr. Williams (the referring party) think you need to do differently?

S: Be more respectful.

C: What would Mr. Williams see you doing to show that you are being more respectful? *(Detailing)*

S: I would stop yelling at him.

C: What would you start doing instead? *(Reframe a negative goal into a positive goal)*

S: Speak to him in my regular voice.

C: If you were to decide to do that, what would be different between you and Mr. Williams? *(Reciprocal relationship question)*

S: He would be nicer to me.

C: And when Mr. Williams is nicer to you, what would you see him doing then? *(Detailing)*

S: He'd smile at me and compliment me for being respectful.

C: Is that something you would like?

S: Yeah, I'd like that.

C: So you think that speaking to Mr. Williams with your regular voice would make things better? *(Notice use of the student's own term "regular voice.")*

S: Probably so.

C: Is speaking to Mr. Williams in your regular voice something you could or would do? *(Specific, positive goal)*

3. Identifying Past Successes or Exceptions to the Problem

After a positive goal is identified, use the same interventions described in previous chapters to inquire about instances of success or exceptions to the problem. Once students have recognized times in the past when they have avoided their problem and how they made that happen, encourage them to do more of what worked. The scaling and message-writing components of the SFBC approach can be omitted to save time. To demonstrate interventions that identify instances of success, the following sequence continues the previous example (*C* = Counselor; *S* = Student):

C: So, tell me about a time when you were tempted to yell at Mr. Williams but you spoke in your regular voice instead? *(Eliciting instances of success)*

S: I don't remember when that has ever happened.

C: How about this past month? *(Microscoping)*

S: I can't think of any times.

C: How about the past few days where you were about to yell but you held off? *(Additional microscoping)*

S: Well, maybe the other day. I was mad when he asked me did I do my homework. I was about to yell at him but I didn't.

C: That shows how mature you can be. How did you manage to hold off on yelling that time? *(Cheerleading and detailing)*

S: Well, I realized that he was asking me this because he wants me to pass the class.

C: So, when you think it through, it makes it easier to speak in your regular voice when you realize that Mr. Williams is really trying to help you. *(Reinforcing the instance of success)*

S: Yeah, I guess I hadn't thought about it that way until just now.

C: So, when he talks to you or asks you a question, it helps to tell yourself that he is only trying to help. Telling yourself this will help you talk in your regular voice to Mr. Williams.

This exchange shows an example of how identifying an instance of success can enable students to recognize a resource for controlling the behavior that led to the referral. If time permits, use *what else* questions to elicit other instances of success with the presenting problem and follow the same sequence of detailing, cheerleading, and reinforcing.

4. Concluding the Meeting

If the student has shown any level of cooperation, compliment the student for the efforts and willingness to work with you on the issue. Compliment the student for any positive actions, thoughts, or ideas. In follow-up to your meeting, you may suggest an assignment such as one of the following:

- "In the next couple of days, why don't you give the thing you came up with today a try and stop by my office to let me know how it turned out?"
- "In our talk today, it has become clear to me that you have what it takes to make things better for yourself. This week, how about trying some of those things we talked about and then drop me a note or come by to see me to tell me how it worked?"
- "This week, as things get better, notice what you have done to make it better and come by my office to tell me about it."

TURNING DIFFICULT SITUATIONS INTO WORKABLE GOALS

Some situations that clients present may not seem appropriate for SFBC. However, there are strategies you can use to redirect unworkable goals into goals that can be addressed with SFBC. The following are examples of some these techniques:

Clients Who Seem Interested Only in Knowing "Why Am I This Way?"

Counselor: "Suppose you find out why, what would you do differently then?"

(The details of the client's answer provide the goal to pursue.)

Clients Who Claim They Are "Always" Sad, Worried, Depressed, and So On

Counselor: "Are you sad every moment of every day of your life?"

Client: "Well, not really all the time."

(Most clients answer "No, not all the time." This response implies that sometimes they are not sad/worried/depressed, which suggests exceptions to the problem.)

Counselor: "So that means that some of the time you are not sad. So, what is different for you then?"

Clients Who Are Dealing With Death or Loss

Counselor:

- "What is it about that relationship that you want to continue?" or
- "How would ____ want you to go on with your life?" or
- "What was good about your life with ____ that you want to keep going?"

(The answer to the question provides the goal.)

Clients Who Make Excuses for Why They Can't or Won't Make Changes

Counselor: "You continue to do . . . (self-defeating behavior); therefore, you must be getting something out of it. So, what's the reason you want to change?"

(Information in the client's response provides a goal.)

Clients Who Give "Yes, but" Reasons for Why They Can't Overcome Their Difficulties

This particular pattern of client responses can leave you feeling stuck. You can apply the following technique to use the *yes, but* pattern to establish a goal or identify a solution. After a series of *yes, but* responses from the client, agree with one of the client's *yes, but* responses. After the client comes back with another *yes, but* response, the *but* will usually contain a goal or solution.

Consider the following example. A client who is failing in school because she is not completing her homework has stated that she knows that one of the solutions is to do her homework as soon as she gets home from school. You rephrase her statement by saying, "So, one thing you would like to accomplish as a result of seeing me is to do your homework as soon as you get home from school." The client *yes, buts* your statement by saying, "*Yes,* I want to do my homework then, *but* it's too noisy in the house so I can't do my homework." You respond by saying, "I agree. I don't see how you would ever manage to get your homework done in a noisy house." The client replies, "*Yes, but* I guess I could do my homework at my friend Joan's house after school because it's quiet over there." The client's last *yes, but* response revealed something the client can do to help solve the problem.

The following exchange provides another example of how you can turn *yes, but* responses into a strategy that clients can use to make progress toward their goal (*C* = Counselor; *Cl* = Client):

C: It appears that doing drugs when you get down is something you would like to change.

Cl: Yes, but I need to do that because that's the way I'm able to cope with being down.

C: Then I don't see how you will ever be able to figure out how you will get over those down times.

Cl: Yes, but listening to music seems to get me in a better mood.

C: So then, listening to music when you want to get in a better mood would be something you could do.

As you can see in this example, the client's last *yes, but* response revealed something the client can accomplish to help solve the problem.

SUMMARY

Clients who need assistance are not always willing to accept help from counselors. This is especially true if clients view the counselor as telling them what they have to do to satisfy the referring party. Solution-focused counseling avoids this frequent source of client resistance by framing the discussion around the clients' goals and strengths rather than the goals dictated by others. This chapter includes special recommendations for mandated clients, who represent an exception because the goal of the meeting is tied to the reason they were referred for counseling. The chapter concludes with specific tips for turning difficult situations into workable goals. The solution-focused methods presented in this chapter provide you with tools to redirect reluctant clients into willing participants in the process of overcoming their issues.

CHAPTER EIGHT

Expanded Applications of Solution-Focused Concepts

Through my experience with using the model, conducting training in SFBC, and corresponding with school counselors and others in the mental health field, I have become aware of a range of innovative uses of solution-focused concepts. It's exciting to see that the SFBC approach presented in this book has served as the springboard for creating new applications. This chapter presents eight ways that solution-focused concepts have been applied beyond the traditional SFBC model, including 10-second "counseling," a solution-focused counseling referral form, use of puppets and sand trays with SFBC methods, solution-focused group counseling, a solution-focused application with an entire classroom, solution-focused parent–teacher conferences, and solution-focused guided imagery.

10-SECOND "COUNSELING"

I have found that students have an uncanny ability to remember their scaled ratings and what these numbers represent behaviorally.

Counselors can capitalize on this fact as the basis for quick, 10-second interventions. When passing students in the hall, at the bus, or in the lunchroom, ask "Where are you on your scale?" A "thumbs up" or the "okay sign" from you shows students that they are being acknowledged for their efforts. By pointing to students and then up toward the ceiling, you can give a supportive, nonverbal signal to encourage students to move higher on their scales. This private conversation represents a bond with students in which only the two of you know what is being communicated. If a significant drop in a rating is noted, ask the student "Do we need to meet to get you back on track?"

SOLUTION-FOCUSED COUNSELING REFERRAL FORM

Another helpful tool is a solution-based counseling referral form developed by Lou Bryant (personal communication, September 15, 1994) that can be used by teachers, administrators, or parents to refer students for counseling (see Figure 8.1). The form asks the person initiating the referral what the student will be doing differently when the problem for which he or she was referred is resolved. Perhaps most important, it asks the referring party to notice when some parts of the desired behaviors already have occurred and what might account for these instances of success. These items alert the referring party to notice what the student is doing right which, in itself, can trigger beneficial change. The final question on the form asks the referring party to rate the student's present behaviors and the referring party's level of optimism that the student can change. The form provides counselors with information about possible goals for students, but even more important, it leads referring parties to notice successes and what is working for students.

USING PUPPETS IN SFBC

In another application of SFBC, Dr. Donald Nims and Letitia Holland-Cundiff used puppets to facilitate the counseling process when working with young children (personal communication, April 7, 2004). Many young children find it difficult to discuss their problems but find it easier to act out what they cannot talk out. Puppets help those students express what they can't express in words.

Figure 8.1 Solution-Focused Brief Counseling Referral Form

Student's Name _____ Age ____ Grade ____

Counselor _____ Date_____

Person Referring _____

Relationship to Student _____

1. a. What, in your opinion, will you observe this student doing differently (goal) when there is resolution of the problem(s) for which he or she is being referred to counseling?

b. What would be evidence of a solid first step toward meeting this goal?

2. a. Indicate times when some parts of the goal already have been achieved.

b. How would you account for the student's progress toward the goal at those times?

3. On a scale of 0 to 10 (0 low to 10 high)

a. Where would you rate the present behavior of this student?

0 1 2 3 4 5 6 7 8 9 10

b. Based on your observations, what is the highest rating this student has reached?

0 1 2 3 4 5 6 7 8 9 10

c. Rate your level of optimism about the possibility of change for this student.

0 1 2 3 4 5 6 7 8 9 10

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Collaboration with parents and teachers or other mental health professionals is a key element when using puppets in SFBC. Inappropriate behaviors that lead to counseling are often the result of underlying issues stemming from divorce, loss, or abuse. Prior awareness of these issues enables the counselor to be an active participant in the puppet play.

The following case demonstrates the use of puppets in SFBC with young children. Eight-year-old Emily was referred by her teacher to the school counselor because she was withdrawn in class. Her mother reported that she was increasingly uncooperative and aggressive at home. The counselor was aware that Emily's parents were divorced and that recently her mother had remarried and they now live with her new stepfather. Emily was given a hand puppet made of two pieces of neutral-colored material stitched together (Blackwell, 1997). When asked to use markers to draw a face on her puppet that represented how she was feeling at that time, she drew a sad face. Emily, talking to the counselor through her puppet, indicated she was sad because she and her mother had moved in with her stepdad in a different house. The counselor asked Emily's puppet what she would be doing if she weren't sad anymore. Emily described doing fun things with her mother like going to the park as they used to do before her mother remarried.

In the second step of the SFBC sequence, the counselor used a hand puppet that looked like a wizard with magical powers to ask the miracle question. As the wizard puppet asked the miracle question, he waved a magic wand and told Emily's puppet that when Emily wakes up she is at home with her mom and stepdad and she is happy. The wizard puppet asked her what she would be doing differently that showed she was happy. Emily said she would wake up and be thinking about the fun things she was going to do that day like going to the park, the mall, or playing with her friends. When asked the reciprocal relationship question about what her mother would notice that would be different, Emily said she would smile at her mother when she came in to wake her up. When asked how her mother would respond to this, Emily answered that her mother would smile back, give her a hug, and they would go down together to the kitchen for breakfast. The counselor's puppet then asked Emily what her stepfather would notice that showed a miracle had happened. She said he would see

her smiling and laughing and he would join in, too. Together the three of them would eat breakfast and make their plans for the day. Emily would then get dressed and make her bed without being asked. She would even clean her room. She smiled and said her mother would really be surprised at that. Then they would all go to the park.

In the third step, the counselor used the puppet to provide Emily with the opportunity to identify exceptions or instances of success in having some of her miracle occur even a little. Emily described how happy she was when her mother and stepfather took her one time to the park before they got married. She remembered that afterward, when her mother asked her to help with the laundry, she did so willingly and even cleaned up her own room. The counselor made a point to compliment her and asked how she knew to clean her room even though she wasn't asked. She said it made her happy when her mother was happy. The counselor affirmed her response. At this point the counselor selected puppets to portray Emily's mother and stepfather. Together with Emily's puppet, they role-played some of the miracle as Emily described it, waking up, greeting her mother, having breakfast together, making her bed, cleaning her room, and going to the park.

Scaling is the next step in the SFBC process. This was accomplished using a laminated strip of cardboard with ten faces on a continuum, from an angry-looking face to a happy-looking face. Emily's puppet was asked to take a marker and circle the face that represented where she was on the scale related to achieving her miracle. Emily circled the number 7 face. Emily's puppet was asked to explain the reason for her rating. Emily, speaking for her puppet, replied that she cleaned her room without being asked. When the counselor's puppet then asked what would she be doing when she was at an 8, Emily's puppet described that she would be doing her homework with her mother and then her stepfather would read her favorite story with her before she went to bed.

Consistent with SFBC, a message consisting of compliments, the bridge, and the task is written and given to the child at the end of the session. In this case, Emily was praised and encouraged for talking about her feelings about her mother and stepfather and for her willingness to role-play her miracle with the puppets. The counselor complimented Emily for her success in achieving some of her miracle as indicated by the exceptions to when she has

the problem. This was particularly the case in how she cleaned her room without being asked and how important it was to Emily that her mother be happy, too. Emily's task was to pay attention to her feelings when they are more positive and notice what she is doing to make that happen. She was also asked to notice the things she does at home and at school that help her move up one number on her scale of happy faces. The counselor continued to collaborate with Emily's teacher and mother to follow her progress. In subsequent sessions, Emily was given the opportunity to draw a new face on the other side of her puppet. These sessions began with scaling to determine where Emily was at that moment and then followed the format for second and subsequent sessions previously described in this book. Emily showed significant progress both at home and at school. She was able to express her feelings regarding her new family makeup. She was more animated in her schoolwork, and the relationship with her mother improved.

The following two cases also show how puppets can be used effectively with SFBC with young children. Lisa, 8 years old, was dealing with the effects of stress and some depression. She was exposed to severe domestic violence. She was having nightmares and difficulty sleeping. Her goal was to sleep at night with happy dreams. Puppets were used to help show her how to express her feelings and thoughts in a way that was not scary. In addition, puppets were used to help Lisa visualize her miracle of sleeping peacefully. Scaling at follow-up sessions indicated a steady increase toward reaching her goal. Her mother reported that Lisa had no more nightmares.

Jason, age 4, also was dealing with stress and with severe behavior problems in preschool. He had experienced abuse and had been in three foster care placements. Jason was referred to the counselor for fighting with his peers. His goal was to play without fighting. Following the miracle question, Jason and the counselor used puppets to act out his miracle of interacting with others in more appropriate ways while playing basketball or board games, even when he missed a shot or lost a turn. He would be able to walk away from challenging situations without fighting. Scaling indicated movement from a 5 to a 6 on the continuum of faces. His behaviors improved in his current foster care placement and he was able to get along better with his peers.

SFBC is appropriate for working with young children. Puppets are valuable in facilitating this process of helping children find acceptable solutions to the many issues they face.

USING SAND TRAYS IN SFBC

Solution-focused approaches have been integrated with the use of sand trays as an expressive therapy modality (McBrayer & Chibbaro, 2012; Stark, Frels, & Garza, 2011; Taylor, 2009). Taylor (2009) notes that SFBC procedures and the sand tray modality "share several underlying principles that might generate potential for their convergence into theoretical applications that stress resiliencies, strengths, and possibilities without limitations that primary verbal approaches often demand" (p. 57).

McBrayer and Chibbaro (2012) reported success in using sand trays with the miracle question component of the SFBC model. McBrayer and Chibbaro trained an elementary counselor and a middle school counselor, both of whom who were familiar with the SFBC methods detailed in this book, in ways the sand tray approach could be used to help clients portray the miracle question. Materials included blue sand trays that symbolized the sky or water and figurines sorted into categories (symbols, people, animals, transportation, and the like).

The sessions, which were conducted with seven students in the first through fifth grades, followed the traditional method for establishing a goal and introducing the miracle question. Then students were asked to "play out" or recreate their miracle using the sand tray and figurines. When students finished and indicated they were satisfied with their sand tray, the counselor asked students to describe what they had created, which led to exploration of the students' problem-solving abilities and times when students had experienced glimpses of success with their issue. After the sand tray activity with the miracle question, the session continued with scaling and flagging the minefield procedures.

Overall, both counselors found integrating sand tray and solution-focused brief counseling procedures to be helpful in their school counseling practices. All except one of the students made progress toward their goals. In particular, the counselors

found the integration of sand trays with the miracle question to be helpful with students who were experiencing conflicts in relationships, students who were exhibiting anger or aggressive behavior, and students who tended to be less verbal than typical students. Although this study reflects a small sample of cases, the technique appears to hold promise for use in school, agency, and private practice settings.

SOLUTION-FOCUSED GROUP COUNSELING

Solution-focused concepts can be applied to group settings as well. The group application resembles family counseling in that clients provide feedback to each other based on their observed interactions in and out of class. The two case examples that follow describe how solution-focused methods were applied with small groups of children in the first and third grades.

Group Counseling: Example 1

The following description shows an elementary school counselor's adaptation of SFBC to a small-group setting (Margaret Cavitt, personal communication, February 15, 1996). The group was established in response to a first-grade teacher's difficulty with a group of five boys with behavior problems. The group was scheduled to meet for 30 minutes once a week for 6 weeks. Note that a mirror was used for each of the meetings.

First Meeting

Students were asked why they thought they were asked to participate in the group. Group members identified their behaviors in and out of class that were problems for them and for their teachers. After making a commitment to learn how to improve their behaviors, students were asked to identify what their behaviors would look like if, by magic, their problem had disappeared. Furthermore, students were asked who would notice and what they would see as being different in the students once the problems had disappeared. Each member responded to this question while others in the group were encouraged to contribute what they would see him or her do differently as well.

After all members had the opportunity to respond, they were asked to rate themselves on a scale, indicating where they are from 0 to 10, with 0 representing never doing any of the behaviors just described, and 10 indicating the described behaviors are happening all the time. Students also were asked the reasons they rated themselves as they did. Following their self-ratings, students were asked to make a promise to themselves, in front of a mirror and the group, about the things they would do to move up one number on the scale. The counselor recorded each student's promises on an index card that was photocopied and given to the student. The group was then dismissed.

Second Meeting and the Four Subsequent Meetings

Students were surveyed concerning improvements since their last meeting. Group members were encouraged to describe things they noticed that were better about the behavior of each of the other members during the week. Then they were asked to rate themselves on the 0 to 10 scale. The counselor then cheerled and used detailing to determine how members made the changes. Students reflected on the effects their improved behaviors had on others and on themselves. If reported ratings showed regression, students were supported for their efforts to prevent their scores from going even lower, and they were asked what they would do differently next time to move higher on their scales.

Members discussed new promises they would like to make to themselves that would raise their ratings one more point on the scale. Students returned to the mirror to make promises to themselves, and the counselor recorded, copied, and distributed the revised promises to the students.

Before the meeting concluded, members were asked to share with each other the improvements they have seen and expect to continue to see in one another. The group was then dismissed. Sessions 3 through 6 followed the same format.

Results

The teacher who referred the students for counseling reported positive results in the students' behavior. The five students improved so much that all of them had been recognized as student of the week in their class at least once during the term. Because of

the counselor's success with this and other solution-based groups, the school principal requested she spend more of her time doing counseling instead of administrative duties.

Group Counseling: Example 2

Another example of using SFBC in small groups was reported to me (e-mail, March 27, 2013) by Diane Nichols, an elementary school counselor who had attended a workshop I presented in March 2013. The students, three third-grade girls, were selected because of their common need to improve their social skills and their ability to establish and maintain friendships. During the session, the students took turns verbally sharing their responses to each of the questions associated with the steps of the SFBC process described in this book. Cheerleading compliments by the counselor seemed to help the students appreciate the positive strengths and qualities that would make them better friends. In the counselor's words, "The magic that happened was that they all got ideas from each other," and that resulted in their becoming more self-confident and assertive in their responses. At the end of the day, messages were given to the students, who seemed excited to receive a special note from the counselor.

In the follow-up session a week later, the students reported that they were now doing better relating to other students, were demonstrating leadership, and were making new friends. The teacher of these students commented to the counselor that he had noticed these positive changes. Although this small group was limited to the issue of social skills and friendship, this procedure holds promise for working with other issues in small groups as well.

CLASSROOM COUNSELING USING SFBC METHODS

A solution-focused classroom counseling program was implemented by an elementary school counselor, Jed Turner (personal communication, April 2, 1995). He sought to assist teachers with fourth-grade and fifth-grade students who were not getting along with each other, failing to become a cohesive unit, and not taking responsibility for their behaviors. The classes had become

disruptive and learning was being compromised. Several teachers specifically asked for his help, saying they were at their wits' ends and didn't know what to do.

In response to this request, Turner developed a five-session classroom counseling plan adapted from the SFBC approach he had been using with individual students. Under this plan, the first two meetings, of about an hour to an hour and a half each, were conducted on 2 successive days. The third meeting, of about 60 minutes, was conducted 2 or 3 days after the second meeting, and the final two meetings, of 30 to 45 minutes each, were held 1 and 2 weeks later. The following describes the strategies Turner used with one class to implement solution-focused classroom counseling.

First Meeting

Before the first meeting, the counselor alerted the teacher that she might hear comments that might not be complimentary and solicited her willingness to participate. The first session opened with an explanation of why the counselor was there and an overview of the five meetings in which they would work together to solve the problems of the class. The counselor let students know of their teacher's commitment to making things better by inviting the counselor to help them resolve their difficulties. The counselor emphasized the teacher's willingness to hear students' views of her even if they were not positive.

Ground rules were established for participation (as examples, everyone would have the right to speak, there would be no judging of what others say, students or the teacher would not be identified by name when describing situations but instead would be referred to in general terms such as "a kid in here," "some students in this class," or "the teacher"). Comments were recorded on large sheets of paper, posted during the session, and saved for later use. The teacher participated in the process along with the students.

The meeting began with students describing their perceptions of the problems in their class. The counselor initiated this discussion by asking "What is the problem in this class?" Every student was encouraged to participate and all comments were recorded. The counselor explained that there were always positives along with negatives in all situations, and the students were asked to

think about the positive things in class so they could discuss them when the counselor returned the following day. This assignment concluded the session.

Second Meeting (the Next Day)

The counselor began the next meeting by asking the students and the teacher to identify the positive things observed in class. Students responded that the teacher was fair, the teacher did listen and try to help, and some people didn't criticize or make fun of others (at this point, negative goals were not reframed into positive goals). During this sequence, students were asked to identify when they observed the positive things occurring.

Next, the counselor asked a version of the miracle question to elicit what the classroom would look like if all their problems were gone. "Let's pretend that this chalk (pointer, ruler) has magical powers, and when I wave it over the classroom, a miracle will take place and everything will be as you want it to be in here." As students responded to the miracle question, negative goals were reframed into positive goals. As discussed in Chapters 2 and 3, the specific details that described a picture of each goal were clarified and recorded on the large sheets of paper and posted.

Students usually claimed the miracle was impossible to achieve. The counselor agreed that it's impossible to have 100% of everything and be perfect; however, the goal was to work toward getting some of their miracle to happen. This was followed by the question, "Is everybody in the class willing to make that commitment?"

A form of scaling was used at this point. Students held up fingers on their raised hands to indicate the extent of their commitment to improve. No fingers represented no commitment at all; five fingers meant they would be willing to do almost anything to make the miracle happen. Barriers to students being more committed were explored with questions such as "What's keeping you from being committed?" or "When you are committed—just one finger more—what will you be doing then?"

The second meeting concluded with a homework task. The students and teacher were asked to write what they were going to do to make their miracle happen. The counselor emphasized the importance of students' focusing on what *they* would do and not

what others were doing or not doing. It was important that students remained focused on what they would do and took responsibility for their own behaviors. (Unless this is emphasized, students tend to focus on others' behaviors.) Referring to the posted chart listing the positive things that were identified at the start of the second meeting *(exceptions to the problems)* reminded students that some of these things were already happening. The homework assignment was to be completed before the counselor returned to the class several days later.

Third Meeting (2 or 3 Days Later)

Students read their homework assignments aloud. Then the counselor asked the class to identify when some of these instances of success had occurred during the past several days. As these occasions were noted, the counselor cheerled and helped students detail how they made these events happen.

A line with numbers ranging from 0 to 10 was drawn on the board, with 0 representing when the class was at its worst and 10 being the miracle day. Students were asked to rate where they thought the class was right now and what they had done to move up to that rating from a 0. (If students' ratings vary, their scores can be averaged to determine a group rating.) Students then were asked what they would have to do to move up the scale a point and how they would make this happen. Students were asked, "What differences would the teacher notice that would tell her that things had improved one number on the scale?" The teacher also gave input during the entire sequence.

Next, the counselor gave a task. Students and their teacher were (1) to notice between now and the next meeting the things that they and others in class were doing to move up one number on the scale and (2) to compliment each other when they observed those positive things happening. This activity was designed to initiate a change from a class climate that was negative and critical to positive and complimentary.

Fourth Meeting (1 Week Later)

The session started by surveying where students perceived the class to be on their scale and what had happened during the week

that had led them to this rating. The counselor cheerled and complimented students' efforts and elicited the details of how students managed to cause these changes to happen for themselves. They were again asked to identify what they would need to do to advance one more number on their scale. The session, which lasted about 30 to 40 minutes, concluded in the same manner as the third meeting, with an assignment to notice and compliment one another when things were getting better so these successes could be discussed during the final meeting.

Fifth Meeting (2 Weeks Later)

The format for this session was the same as for the previous meeting. At the end of this meeting, the counselor assigned the class to continue to do those things that were working and would move the class on a path to reach a 10.

Results

The class continued to improve without further counselor intervention. The teacher was extremely pleased with the results of the classroom counseling sessions. Not only were things better for her and for the students, but she also had learned from students' feedback how to be a more effective teacher. Probably most important, the teacher was now thinking solutions instead of problems and was looking for successes to highlight rather than failures. This was both empowering and a boost to the self-esteem of her students.

After hearing about the success of this solution-focused classroom counseling, several other teachers requested this experience for their classes. They enjoyed similar results.

SOLUTION-FOCUSED PARENT–TEACHER CONFERENCES

The following application of SFBC principles to parent–teacher conferences was submitted to me by Dr. Russ Sabella, professor at Florida Gulf Coast University and former president of the American School Counselor Association. As former colleagues, Dr. Sabella and I have kept in contact and, in one of our

conversations about SFBC, he mentioned that he was helping counselors use solution-focused methods in meetings with parents, teachers, and students. He generously agreed to share his work with solution-focused parent–teacher conferences (SFPTC) for this edition of the book. What follows is a summary of his submission (e-mail, August 22, 2013).

Metcalf (2001) may have summarized the difference between traditional and solution-focused conferences best when she suggested that "instead of viewing the conference as a reporting session for what is not working in school, teachers [and counselors] can construct an opportunity to discuss what is working with the student" (p. 18). The SFPTC model provides counselors with tools to promote positive, upbeat meetings that improve rapport among the stakeholders—parents, teachers, and students. The SFPTC approach leverages the strengths and resources of all the parties in a way that moves the process forward productively. The next sections describe the three steps in the SFPTC process followed by a case example.

Part 1: Briefly Explore Any Problems or Issues

Counselors should start each meeting with a solution-focused question (for example, "As a result of us working together, how will we see Johnny doing better in school?"). Dr. Sabella notes that it can be difficult to get parents and teachers to talk more about what they *do* want for the student instead of what they *don't* want. He notes that it can be equally challenging to get each party to talk about their own actions instead of the actions of others. He has found that allowing a few minutes of problem-centered discussion can be cathartic and, as a result, can diffuse anger and reduce defensiveness. The "problem talk" can be acceptable as long as the counselor keeps his or her "solution-focused ears" on and steers the group toward "solution talk" as the conference continues.

Part 2: Refocus on Motivations for Resolving the Problems

After allowing the parent and/or teacher to discuss problems for a few minutes, ask each of them these three questions: "Once this issue has been resolved, how will things be better for you

and ____ (student)? What would you be doing differently? When are you doing some of those things now?" These questions shift the meeting from a problem focus to a solution focus. Parents and teachers begin to (1) detail what they would be doing or thinking if the problem were solved and then (2) do at least small parts of those actions, which often lead the student to change as well. This contrasts with the common scenario in which teachers or parents wait for a change in the student before changing themselves.

Part 3: Explore Solutions and/or Use Scaling

This part of the SFPTC process requires you to use any and all of the solution-focused interventions described in this book—setting a positive goal, detailing, mindmapping, flagging the minefield, amplifying with reciprocal relationship questions, reframing, and refocusing—to promote future progress. Remember that goals must be detailed, represent an action or observable behavior (not the absence of a behavior), and be within the person's control. For example, do not allow a parent to set a goal for the teacher and vice versa. Finally, each goal should clearly contribute to the "end game," which is the student's success. If time permits, solution-focused scaling may be useful at this point to help reinforce progress already made and detail future progress.

Or as an alternative to Parts 1 through 3, you can use the scaling process right from the start. If you begin the meeting with scaling, it is important to have the student present and to ask the student to go first. Explain the scale and ask the student what number would indicate, in general, how he or she is currently doing in school. Next, open the discussion to others. Ask what the parent has observed at home that also would explain progress already made. Ask what the teacher has observed at school that shows signs of progress. Dr. Sabella notes that "the idea here is that we are detailing what is already working even just a little bit so that we can build on this." After the student responds, you can ask each of the adults what they are doing that would help explain the instances of success that have already occurred. Dr. Sabella cites these examples: Mom might discover that, before the student started showing signs of failure, she was greeting him when he walked in the door and asking about his day instead of what she has been doing recently—expecting to learn that he got in

trouble and looking for a teacher's note in his backpack (true story). The teacher may discover that, compared to now, during the student's "better days," she would call on him more and notice his efforts to do well (another true story). Detailing progress that has already been made sets the stage for doing more of what works and identifying new actions that each person will be doing when the student is more successful in terms of the goal.

When it is time to discuss future progress (when things are one number higher on the scale), all participants can contribute by responding to the question, "What will each of you be doing more of when ____ (student) is at a ____ (the next higher number)?" This line of questioning often prompts teachers, parents, and students to recognize the value of doing more of what they were doing when the student was doing better—a key to progress. Cheerleading, detailing, mindmapping, and flagging the minefield can be incorporated throughout the discussion.

The following is an excerpt from a solution-focused parent–teacher conference with a parent, teacher, student, and counselor.

After some pleasantries were exchanged, the counselor set the stage for Part 1 of the meeting by saying, "We are here to focus on Joanie's progress and how she will get back on track to meeting expectations. My goal is to make sure each of you gets a chance to speak and that we come up with a plan that works. My understanding is that your grades have slipped, Joanie. Let's start with you. What do you believe you will be doing better when you are back on track?" Joanie responded, "I don't know, maybe do more work?" The teacher abruptly spoke next, without a prompt, saying that he agreed. He indicated that Joanie has shown she can do the work and he has enjoyed having her in class. Then he began to describe problems and deficits—she doesn't bring her book to class, she doesn't participate during class—at which point Joanie's mother became visibly agitated. Joanie's mother responded by citing reasons why the teacher's behavior was at fault (you call on her for the hardest problems and your directions for homework are confusing.) The counselor intervened to acknowledge the parent's eagerness for the situation to be resolved and to steer the session in a more productive direction, but the parent persisted by citing another reason the teacher was at fault. The teacher responded to defend himself and then added, "Perhaps something is bothering Joanie and she is distracted?"

(Trying to find cause for problems is typical of a traditional problem-centered meeting.) At this point, the counselor intervened as follows to move the meeting from Part 1 (explore problems) to Part 2 (refocus on motivations for resolving the problems) [*C* = Counselor; *P* = Parent (Mrs. Johnson); *S* = Student (Joanie); *T* = Teacher (Mr. Smith)]:

C: Let me just take a minute to summarize. So far . . . what we know is that, Mom, you are frustrated and concerned. Mr. Smith, you know that Joanie can do better because she has. And, it seems to me that once this situation is resolved, it will make life easier for everyone, *(now looking around the room)* including you, Joanie, Mr. Smith, and you, too, Mrs. Johnson.

P: Right.

T: Of course.

C: Joanie, let's start with you. How will things be better when this situation is finally resolved?

S: I will understand the work better and my Mom won't keep harassing me about this. I won't have to come to meetings like this. I can get my life back.

C: So, once you are back on track to getting your work done and participating in class, then you hope that your mom won't have to confront you about it, is that right?

S: You got it.

C: *(Talking to Mom)* Mom, if you won't have to confront Joanie about her work anymore, what will you be able to do instead?

P: I won't have to be worried—I'll know that her homework is done and turned in. Then we can talk about other stuff.

C: Like what? What do you enjoy talking about?

P: I don't know—maybe her plans for the weekend or what's new with her friends.

C: Mr. Smith, when Joanie is doing more work and participates more positively in class, how will your job be easier?

T: I, too, won't have to worry about her *(Joanie looks surprised)*. And I will be able to enjoy her in class more. I will be proud of her for doing her part and also being a role model for other students who I know are watching. I will also be relieved because I know that if she does her work, she will be better prepared for the next semester and it won't pile up on her.

The counselor leads the discussion to Part 3 of the SFPTC process (explore solutions and/or use scaling). In this case the counselor starts by using detailing to explore solutions as follows:

C: Mr. Smith, you said that you have observed Joanie doing better last semester. I wonder what did you notice her doing better at that time? Please tell Joanie what she was doing better or different last semester.

T: *(Talking to Joanie)* That's easy. Joanie, you remember that you used to come in, sit down right away, and wait for class to start. Now you seem to be agitated before we even begin. And, let's be real, you just simply turned in more work last semester.

C: Joanie, Mr. Smith is telling us that . . . *(paraphrase)*. What would you say you were doing before that would help explain that you were more focused right from the beginning of class and you were doing more of your work?

S: I don't know.

C: *(Being persistent)* Hold on. Let's think about this for a minute. There must have been something that you were doing or telling yourself that would help explain that you did more work and . . .

S: I don't know. Maybe I was in a better mood.

C: Okay. And because you were in a better mood, what would you say you were doing better?

S: I was smiling, more relaxed, I cared more.

C: What were you telling yourself during that time that you may not be telling yourself now?

S: That it will just make life easier if I just did this now and got it over with.

C: Okay, so it seemed to work when you told yourself life would be easier if you just did it now and got it over with. What else?

S: That I needed to pay attention closely so I don't get behind.

C: Fantastic! And what were you doing that would let Mr. Smith know that you were paying attention? *(More detailing)*

S: I was listening to him instead of talking to other kids. I was also more rested because I slept better.

C: How did you sleep better?

S: I did my homework sooner instead of waiting until it was late.

C: Excellent, Joanie. I can tell you really thought about that and you really figured it out. *(Cheerleading)*

C: Mom, it's your turn. What would you say you saw Joanie doing at home that could explain how she was doing more of her work?

P: *(Silence for a few seconds)* She tells me that her homework is already done, so I don't know.

C: So you are not sure whether she is doing her homework or not, is that right? How did you know that she was doing her homework before?

P: I didn't.

C: *(Talking to Joanie)* So, Joanie, I'm impressed. You were doing all of your work last semester even though Mom wasn't checking and did not ask, could that be right?

S: Yeah. *(smiling)*

C: I think that is terrific, because that really shows how mature and responsible you can be. *(Cheerleading)* Excellent. Now let's keep moving forward. Joanie, you used to do more homework as compared to now, even when Mom was not checking, and I wonder how you made that happen for yourself?

S: I knew that it needed to get done rather than prolonging the pain. I just did it right when I got home because I wanted to do other things.

C: I see. And so if you did that again now, you will be back on track to getting all your work done?

S: Yeah.

C: Joanie, I know that it takes discipline and it's not easy to stay on track. How will you do this even though it might get tough sometimes? *(Flagging the minefield)*

S: I know. There's a lot of stuff that easily distracts me.

C: *(Counselor does not get sidetracked into "problem talk" by focusing on distractions)* Okay, and so how do you stay on course even when you could easily be distracted?

S: I think I'll have to put my phone away in another room, out of the way and out of my reach.

C: Sounds like a smart thing to do. How else will you stay focused even though it's tough?

S: I'll need to have everything out and ready—books, pencil, drink, calculator, my assignment sheets, so I don't get up and start to slack off.

C: Wow, again, that's a terrific idea. I'll have to remember that one as a tip for other students who could benefit. Shifting gears a bit . . . Joanie, what will Mr. Smith notice in class that lets him know that you are back on track?

From here, the school counselor used detailing, mindmapping, scaling, flagging the minefield, cheerleading, and amplifying with each of the participants. The counselor then wrote a brief message complimenting each of them for their ideas and commitments to support the student's future success and asking them to notice progress and be ready to report about it at the next meeting.

You get the idea—the focus of the meeting went from problems, to motivations, to full-blown practice of the solution-focused approach while layering in group processing skills. That's really the idea behind solution-focused parent–teacher conferences—the meeting becomes a solution-focused group session.

SOLUTION-FOCUSED GUIDED IMAGERY

Solution-focused guided imagery blends SFBC with guided imagery techniques to expand the practice of SFBC to group settings of various sizes. The solution-focused guided imagery method presented here has been published previously (Sklare et al., 2003). Although the individuals who originally participated in solution-focused guided imagery were adults, it appears that this approach would be effective with youth as well. Because of the writing skills needed to complete this activity and the lack of personal communication between the counselor and individual participants, young children (elementary school age) may not be able to comprehend or complete what this procedure would require of them. Therefore, this approach is recommended for use with individuals who are adolescents or older.

This process uses guided imagery techniques to lead group participants through a solution-focused "journey." Using a series of solution-focused interventions similar to those described earlier in this book, counselors guide participants in each step to close their eyes and vividly imagine themselves thinking, feeling, and behaving in ways that would demonstrate that they are resolving their problem. Before beginning the session, provide each participant with a 13-page handout that lists one step per page as described in Appendix C. Read each step aloud and allow time for participants to visualize their responses and write what they visualized on the handout. The activity takes approximately 40 to 45 minutes. The size of the group is not limited. This method has been found effective with small as well as large groups (Sklare et al., 2003). Appendix C contains detailed, step-by-step directions for the process.

SUMMARY

The chapter has provided a referral form that can enhance the effectiveness of SFBC by helping the referring party identify the specific changes students will need to make and have already made to improve their situation. It has described how solution-focused principles have been applied to group and classroom counseling situations, to parent–teacher conferences, and to the

use of sand trays and the use of puppets with solution-focused counseling. Last, the blending of solution-focused methods and guided imagery procedures can serve to expand this approach for use with unlimited numbers of clients at the same time, enabling school counselors and mental health providers to serve even more clients efficiently and effectively.

FINAL THOUGHTS

In closing, it seems appropriate to highlight the unique advantages of SFBC. Although it is not the answer for every client, the approach is remarkably versatile—it can work for any number of problems or diagnoses. Its versatility stems from the simple fact that the goal in counseling is the client's goal—not the counselor's, parent's, teacher's, principal's, social worker's, or psychologist's goal. As long as clients can be helped to identify what they want to achieve, regardless of the nature of the difficulty, the solution-focused approach can work.

The solution-focused approach has the added advantage of being quick. Because the effects can be observed soon after counseling begins, clients experience a heightened sense of motivation to follow through with behavioral change. The spin-offs of improved relationships with family, teachers, friends, colleagues, employers, and significant others add to the client's motivation to make positive choices.

This approach is also unique in recognizing the power of focus. It acknowledges that when counseling focuses on problems—describing them, their frequency, and their impact—clients typically tend to continue having those problems. And when counseling focuses on solutions—what works, how it works, and when—clients tend to experience more solutions to their difficulties. The bottom line: You get more of whatever you focus on. This simple tenet of SFBC is perhaps its most powerful.

I hope this book has inspired you to want to try this approach with your clients. I encourage you to make the effort. You will most likely experience bumps along the road to being an effective solution-focused brief counselor. Reviewing sections of the book that address your "stuck points" or attending workshops on this approach will help fine-tune your efforts.[1]

Over the past 20 years, I have seen the effectiveness of this approach with children, youth, families, couples, and adults in schools, agencies, and private practice settings. The exciting challenge ahead is to share the solution-focused approach with the counseling community so that more school counselors, psychologists, social workers, mental health practitioners, educators, and clients alike will share in the inspiring successes that will result from keeping focused on solutions.

Note

1. If you are interested in a workshop on SFBC for your school, school district, university, professional organization, or mental health facility, you can reach me at gsklare@gmail.com or at (502) 429–5221 or (502) 551–3530. A 30-minute interview about SFBC can be seen on YouTube (Google Gerald Sklare Solution Focused Brief Counseling).

Two of my SFBC sessions that follow the counseling model described in this book are available for purchase in a training video. The video demonstrates an initial SFBC session and follow-up session from a real case with a 10-year-old boy. The video, titled *Solution-Focused Brief Counseling: Two Actual Interviews With a Child,* is available at www.academicvideostore.com (enter Sklare in the search bar).

Additional information about SFBC workshops and other related resources is available at www.sklareandassociates.com.

APPENDIX A

Practice Detailing a Nonspecific Goal

For each of the following examples, provide a response that elicits details of the client's goal.

A. Client: "I want to get better grades."

Counselor's detailing response: "What is the first thing you will be *doing* to get better grades?"

B. Client: "I would like to do things that would make my parents proud."

Counselor's detailing response: "So what would your parents see you *doing* that would make them proud?"

C. Client: "I would like to have more friends."

Counselor's detailing response: "What will you see yourself *doing* to make more friends?"

APPENDIX B

Counseling Session With Kasey: A Practice Exercise

The transcript that follows* is organized to provide you with an opportunity to practice SFBC interventions. To begin, cover the page with a piece of paper or cardboard and uncover the text as you read. When you get to each *intervention prompt* (printed in bold-italic type within parentheses), keep the text below the prompt covered while you write out the response or intervention you would use with this client at that point in the session. Then compare your response with the one I used in the session. Because there are so many ways to respond to clients using SFBC, my responses are given only as a guide. Before you begin this exercise, you may want to look at the following list of intervention prompts to see if you want to review an earlier section of the book to refresh your memory about any of the SFBC steps or techniques listed.

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INTERVENTION PROMPTS

(Identifying the goal)

(Detailing the goal)

(Reframe negative goal into positive goal)

(Detailing)

(Cheerleading)

(Miracle question)

(Reciprocal relationship question)

(Reverse reciprocal relationship question)

(Summary statement)

(What else *question)*

(Instances of success/exceptions to the problem)

(Accepting ownership intervention)

(Mindmapping)

(Scaling)

(Moving up the scale intervention)

(Flagging the minefield)

(Concluding the session statement)

The case that follows is the transcript of the first session with a 10-year-old African American boy who resides in public housing in a midsized city. The boy, who will be called Kasey, is in a class for students with behavior disorders. Kasey's teacher referred him to me for counseling. The strategies used in the meeting follow the model discussed in this book and are typical of most solution-focused sessions.

THE FIRST SESSION

The meeting began with some introductory comments to establish rapport and help the client become more comfortable with counseling. This was followed by a description of the procedures

to be used. The session began with determining the client's goal for counseling (*C* = Counselor; *K* = Kasey):

(Identifying the goal)

C: What's the reason that you are here?

K: I have problems.

C: What do you mean, you have problems?

K: I like messing with people and I like fighting.

C: Is that something that you want to stop doing?

K: Sometimes I want to stop. Sometimes I get messed with and I start to get mean.

(Reframe negative goal into positive goal)

C: So if you were to stop messing sometimes, what would you be doing instead?

K: I'd watch TV, play Nintendo, and do my homework.

C: So those are the things you would do instead of messing and fighting and stuff like that?

K: Or if I were in school, I'd do my work and play.

(Summary statement)

C: I think I have a picture of what you want to do. You're saying that there are times when you don't want to fight, you don't want to mess. And in those times you want to play instead, in a friendly way.

K: Yeah.

(Miracle question)

C: Here is the first crazy question: Suppose tonight when you go to sleep, a miracle happens. Because you were sleeping you didn't know this miracle happened, and when you woke up in the morning the problem that brought you here was gone. No longer were you fighting

or messing with people at all. What would be some of the things you would notice the next day that would tell you that there has been a miracle?

K: I won't be doing anything mean to them, to hurt them.

(Reframe negative goal into positive goal)

C: So instead of doing mean things, what would you be doing?

K: Going over to my friends' houses to see what they are doing.

(Detailing)

C: So you'd go over to your friends' houses to see what they are doing, and not being mean. What would they notice that you were doing that would say to them, "Hey, Kasey . . ."

K: You've changed.

(Detailing)

C: What would they say that you've changed to? What would they see you doing?

K: I wouldn't be pushing them around like I used to sometimes.

(Reframe negative goal into positive goal)

C: So instead of pushing them around, what would you be doing?

K: I'd just be talking to them nicely.

(Reciprocal relationship question)

C: When they saw you talking to them nicely instead of pushing them around, how would they react to you? What would they do? How would they respond to you?

K: Nice.

(Detailing)

C: What would they be doing that would be different that would show they were being nice to you?

K: Like, when they throw the ball and I miss it, they would give me a look and say, "That's OK, try to catch it next time."

(Reciprocal relationship question)

C: When this happens, how would you be different?

K: Try to help them get the ball.

(Summary statement)

C: I guess that whole thing would happen different, if you started to make that little change, and that would cause them to change, and then that would cause you to change.

K: Yeah.

(What else *question*)

C: Tell me, what else would be different if this miracle happened?

K: I wouldn't be calling them names. We'd be joking around but we wouldn't be calling names.

(Reframe negative goal into positive goal)

C: Instead of calling names, what would you be doing?

K: I would call them by their real names instead of saying, "What's up, punk?"

(Reciprocal relationship question)

C: When they heard that, what would they do?

K: *(Motions jaw dropping.)*

C: *(Laughing.)* Their jaw would drop. They would say, this is a new Kasey. They would be amazed.

K: They would.

C: You'd just blow their socks off if you did something like that! And after you did that, what would they say to you? How would they act when you talk to them that way?

K: You've changed! Sometimes they'd say, "You've changed a lot!"

(Reciprocal relationship question)

C: They'd say that. How would they behave toward you?

K: They'd be nice to me.

(Detailing)

C: How would they act nice to you? What would tell you they were being nice to you?

K: Like I said, if I miss a ball or something, they would pat me on my back and say, "Try harder next time." Like when we play kickball and I roll it wrong, and somebody still kicks it far and straight up to me so I can catch it and I miss it, they just pat me on my back.

C: Instead of using different kinds of language and stuff, you'd call them by their names. Who would you be calling by their names?

K: Dominique, Darrell.

C: So you'd be saying, "What's up, Darrell?"

K: Yeah. That's one thing I won't change . . . saying, "What's up."

(Reverse reciprocal relationship question)

C: So if all of a sudden you started calling them by their names, saying, "What's up, Dominique?" and they are patting you on your back, what would you be doing in return?

K: Patting them back on their back, or hitting them on their shoulder.

(Summary statement and* what else *question)

C: In other words, you would have a different kind of relationship with them? What else would happen with this miracle?

K: I'd be different; everything would be different.

(Detailing)

C: What would you notice that would be different?

K: I'd get up and say, "Hello, Mom!" or "Hey y'all, wake up, everybody!"

C: So in other words, the way that you know this miracle happened is that you'd be saying, "Hello, Mom! Hello, everybody!" and you'd be up. Who would notice that this change was happening to you?

K: My whole family.

(Reciprocal relationship question)

C: They would all notice? What would they say?

K: "Dang, you've changed!"

C: How would they know that Kasey had changed?

K: I'd be helping my mom cook. I'd start cooking before she gets home. Sometimes I would take care of everything. Or I do half of it and when she gets home she takes a little break and then she does the other half. Like, tacos—I do the hamburger and the lettuce, and heat up the taco shells.

C: Before she gets home? Boy, I bet she would appreciate that, wouldn't she? Helping out like that.

K: Yeah. She appreciates that. I did that yesterday. We had tacos. I heated up the taco shells and cut up some lettuce and tomatoes. She made the hamburger and everything else.

C: Wow, you've already done some of this stuff.

K: Yeah.

C: So your mom would notice that you are helping out. Who else in your family would notice this miracle?

K: My brother and sisters would see that I would be playing with them more often sometimes. And I would treat them nice, just like my friends.

(Detailing)

C: What would they see you doing that would tell them, "Hey, he's treating me different, like he treats his friends?"

K: Helping them with their homework. Usually when they ask me, I say no. Sometimes I help them, sometimes I don't. That's when I feel like being nice and I be nice.

(Reciprocal relationship question)

C: So you'd help them with their homework. That would sure tell them. When they see you doing that, how would they be with you?

K: They stop treating me mean 'cause they know I'm being nice. I'm usually mean to them first.

C: So instead of being mean, they are nice to you.

K: Yeah, 'cause if I'm mean to them, they are mean to me.

C: So whatever you do to them, you get that back?

K: Yeah. Like sometimes I need help with my homework. They'd be helping me do my homework.

(Instances of success/exceptions to the problem)

C: Let me ask you another question. Tell me about some times when some of this miracle is already happening.

K: Miracle hasn't really happened.

C: Let me run some of this down for you to help remind you.

K: Okay.

(Summary statement)

C: You talked about talking instead of pushing your friends around. You talked about calling them by their name instead of putting them down, and calling them by their real names. And you told me about helping your mom with the cooking yesterday. That's already happened—when you helped with the tacos.

K: Yeah.

C: How did you decide to do that?

K: I just tried to be nice for a change. I just did it.

(Mindmapping)

C: Yeah, but I think there are times when you decide not to do that, but yesterday you decided to do it. How did you decide that? How did that happen for you?

K: Most of the times when I do it, I'm bored. There's nothing good on TV or I want to eat 'cause I'm hungry. Or I just want to be nice.

C: You know, my guess is that you wanted to be nice. So you have that in you.

K: Yeah.

(Cheerleading)

C: Being nice is inside your soul. And you just decide sometimes that you want to be that way.

K: Yeah. It's where I live at, it gets me all confused and I just want to be mean.

C: My guess is that you can be nice if you want to even during those times when you're confused.

K: Yeah.

(Mindmapping)

C: You have that kind of control. How do you do that? How do you make yourself be nice?

K: I just say in my head about 50 times, "Be nice, be nice, be nice."

C: Oh, so you tell yourself, "Be nice." Just like that? That works for you?

K: Yeah. 50 times. Say it 50 times and I'm nice. Sometimes it takes me only 25 times to be nice.

C: How did you figure that out?

K: I don't know. I just started saying it one day and it helped me.

(Cheerleading)

C: Yeah, that's pretty miraculous. Think about that. You were able to figure that out.

K: I figured that out myself.

C: Just by yourself! You weren't watching Oprah on TV?

K: No. Just myself.

C: You figured that out on your own. You must be really smart.

K: I remember when I started saying it. It was, I think, last year and it just happened. I was bored and didn't have nothing to do. No cartoons or nothing on and I just started saying, "Be nice, be nice. Don't go in the kitchen and burn up something. Just be nice."

C: Fantastic! So you have a tool. You can make yourself be nice by just saying that. By reminding yourself, "Be nice, be nice."

K: Yeah, 25 or 50 times.

(Instances of success/exceptions to the problem)

C: That's amazing! Tell me about some other times when you have been able to have this miracle happen for yourself.

K: I've said, "Don't do nothing wrong 'cause you know you might get a treat." And I like treats. I like going out to eat. I just say that so many times, too.

C: So you say, "Don't be mean, be nice."

K: Yeah, don't be mean, be nice.

C: And that works, too, 'cause then you get treats.

K: Yeah. Most of the time I just say, "Be nice, don't hurt nobody."

(Cheerleading)

C: Be nice, don't hurt nobody. Wow, I'm impressed. So that works for you when you are able to do that. Does that help you to say hello, to call your friends by their names, and stop yourself pushing them? Does that work there, too?

K: Yeah, sometimes I get nice to this one guy in my class who gets real mean.

(Reciprocal relationship question)

C: So if you are nice to him, what happens?

K: He's nice to me.

C: So you can start it off?

K: Yeah.

(Scaling)

C: Another question for you: If we had a scale from 0 to 10, with 0 being that this miracle never happens. You are fighting and messing with people all the time, all the time. You have no control over it, is a 0. With 10, you are able to be nice all the time. Where do you think you are?

K: I think I'm a 5.

(Cheerleading and detailing)

C: That's impressive. How have you gotten yourself to 5?

K: I used to be mean all the time until just this last year I started saying those words in my head.

C: So you say, "Be nice, don't hurt anybody."

K: Yeah. And sometimes I lose control. Sometimes I don't.

(Mindmapping)

C: Sometimes you lose control. Tell me about some times when you were going to lose control and you didn't.

K: One time I wanted to do something and my mom said no and I was about to sneak, but I didn't.

C: Wait a minute—you didn't sneak!

K: Yeah. I went outside and I was about to go through the alley and through the back door and I just turned around and took off my jacket and went back in the house.

C: You didn't sneak?

K: Yeah, I was ready to but I didn't.

C: So normally, you would have sneaked out of the house?

K: Yeah. 'Cause when she has to go to the store and she says she'll be gone 2 hours, I will sneak. It takes me like 5 minutes to get up to the pay phone and I make calls. Then it takes me about 30 minutes to get back home and I've wasted my time.

(Mindmapping)

C: How did you do it that time? How did you decide not to sneak?

K: Just turned around, took off my jacket, went back in the house and calmed down.

C: I know that's what you did, but you had to make a decision about that to be able to do that, didn't you?

K: Oh, yeah. I just thought I'd get in trouble 'cause sometimes she says she'll be back in 2 hours but that's when she wants me to sneak. She'll tell me a story 'cause she doesn't want me to go anywhere. She gets back home early and she says, "Where's Kasey? He's not supposed to go outside when I'm gone!"

C: Oh, I see. So in other words, you decided you didn't want to get in trouble? That's different for you, isn't it?

K: Yeah. I only did it five times.

C: Oh. That's a lot! A lot. 'Cause you didn't want to get in trouble.

K: Right.

(Cheerleading)

C: You know, Kasey, that says something to me about you. That says that you respect your mom and yourself.

K: Yeah. Sometimes I have sneaked out when she told me not to.

C: But those five times were different, for you were able to decide that you were going to listen, and going to show respect, that you were going to show that you care enough about yourself to not get yourself in trouble. That says you can do it when you want to. How did you do that, make it happen this time?

K: I don't know. For some reason, I just did. Like a miracle. Usually when I sneak out when she tells me not to and then comes back early because she forgot her card or something. When I get back home and she's home . . . yipes! I'm in trouble.

(Accepting ownership intervention)

C: Yeah, but you've thought that before, haven't you? And you still went out, didn't you?

K: Yeah.

C: So it had to be different.

K: I just got tired of getting in trouble.

C: So when you think it through . . .

K: Yeah, when I think it long enough before she leaves. I'll be sitting on the front porch thinking before she goes, "Do I want to get in trouble or do I not want trouble?"

And I decide I don't want to get in trouble, take off my stuff, stand up, go back in and hang my jacket up.

C: You were thinking about the consequences. Thinking about, "If I do this, I know what the consequences are—I'll get myself in trouble and it's not worth it."

K: Yeah.

(Mindmapping)

C: How do you make yourself think about the consequences?

K: I just do it.

(Detailing)

C: Yeah, but you know something tells me that there are some times that you don't do it and some times that you do it. So there's a difference. And what's real important is that if you know what that difference is, you can do it again.

K: And again, and again, and again!

C: See how important that would be? So how do you do it? How do you make yourself think about it before you do it?

K: I just start thinking about it, about when I get in trouble. And if I do it I'll get a punishment. Sometimes when I'm bored I don't want to get myself in trouble. Then the next day things get messed up, my friends come back early. Oh no, and I'm stuck in the house!

C: So you don't want to disappoint your friends, either?

K: Yeah.

C: And yourself?

K: Yeah, and my mom.

C: So you don't want to disappoint yourself, your friends, or your mom.

K: Yeah. I don't want to disappoint my father either. I feel great when I do those things.

(Moving up the scale intervention)

C: Excellent. When you are at a 6 what will you be doing then? You're at a 5 right now.

K: Work hard. Work hard at being nice.

(Mindmapping)

C: So how would you make yourself be nicer? What are you going to have to do?

K: Keep saying, "Don't do it, you'll get in trouble if you do it."

C: Think of the consequences?

K: Yeah.

(Flagging the minefield)

C: What would happen if you were thinking those thoughts and being nice, and one of your buddies, one of your friends, starts being mean. How are you going to keep yourself nice?

K: Don't hang around them.

C: Don't hang around them?

K: Just don't hang around them until they change.

C: That would work?

K: Yeah.

(Concluding the session statement)

C: You know, Kasey, I'm real impressed with all that you have been telling me here. You really know what works for you. You have some really good control when you want to be in charge of yourself. You are really good at that. Is there anything else that I need to ask you before I take a couple of minutes to put my thoughts together so I can write you a note?

K: Not that I know of.

As part of this practice exercise, now write Kasey a message and compare it to the one I wrote to Kasey that follows.

MESSAGE FOR KASEY

Compliments

I am amazed with your understanding of what you have to do to avoid messing around and fighting. Calling your buddies by their names, talking to them instead of pushing them around, and playing with them work to keep things peaceful.

You also realize that you would be happier if you were to get up on your own in the morning, say hello to everyone in your family after waking up, help your mom cook dinner, and treat the members of your family like you treat your friends. If you were to do these things you think they would be nicer to you in return.

I am really impressed with your ability to tell yourself to "Be nice and don't hurt anybody" 25 to 50 times in your mind to avoid trouble. Your ability to think about the consequences of doing things that will get you in trouble, like sneaking out of the house, shows that you respect yourself, your mother, your father, and your friends and also says you don't want to disappoint them.

Bridging Statement

Because of your desire to improve your relationships with your friends and your family, I would like you to

Task

notice when you are doing the things to be nice to your family and friends that move you to a 6.

Note: The words *compliments, bridging statement,* and *task* are included above for instructional purposes. They were not part of the message Kasey received.

APPENDIX C

Solution-Focused Guided Imagery

Solution-focused guided imagery uses guided imagery techniques to lead participants through a 13-step solution-focused "journey" to help them address a recurring problem. Most of the steps require visualization in response to a prompt, in three of the steps participants use a rating scale, and in one step participants write a brief message about what they discovered as a result of the activity.

DIRECTIONS FOR SOLUTION-FOCUSED GUIDED IMAGERY

Participants in this activity need to use a 13-page booklet in which to record their responses for each step of the process. Each page of the booklet is half of an 8.5-by-11-inch sheet with directions for that step printed at the top with space to write below. The pages that contain the steps of the solution-focused guided imagery activity in this appendix can be enlarged and photocopied to create the booklet.

Begin by reading aloud the overview of the activity described as follows, then continue step by step through the 13 steps. For the steps that require visualization, read the first part of the prompt that describes what participants are to picture in their mind and

allow approximately 1 minute for participants to visualize what the step requires. Then ask participants to write their descriptions at the bottom of the page and then look up to indicate when they have finished. The steps follow this sequence:

1. Scaling
2. Goal setting
3. Miracle question
4. *What else* question
5. Reciprocal relationship question
6. Reverse reciprocal relationship question
7. Instances of success
8. Detailing
9. Cheerleading
10. Scaling
11. Moving up the scale intervention
12. Message
13. Scaling

Upon completion of the activity, you can facilitate a group discussion about what clients learned from the experience. Volunteers can read the short note they wrote in Step 12, and they can talk about how their scores changed and what they will do to continue to improve. Note that the score indicated by participants in Step 1 serves as a self-reported pretest measure and the score indicated for Step 13 serves as a self-reported posttest measure.

Overview of the Activity

After each participant receives a booklet and you have confirmed that the participants are ready to begin, read aloud the following overview of the activity:

> In this activity we'll go through a process to help you deal with a recurring problem you would like to address. It could

be something you would like to do that you are not doing now or something you want to stop doing. You will have instructions to guide you step by step through the process.

Each page of the booklet you have received contains the directions for a particular step in this activity along with room to write down your responses and thoughts. In most of the steps I will be asking you to close your eyes and visualize the situation I am describing as it relates to you. Then I will give you a few moments to write your responses. Please look up when you have finished writing your response to that step so that I will know when to read the directions for the next step.

Before we begin, please note that when I ask you to identify specific things or actions that you would be doing, it's important to respond in terms of detailed, observable behaviors. That is, rather than saying, "I will be friendly," describe the specific behaviors you will be doing to show that you are being friendly, such as, "I will be smiling, saying hello, and shaking hands." Describe what you will be doing as if you were watching yourself in a movie. Remember to look up when you have finished writing your responses for that step.

Step 1

Close your eyes and picture a recurring problem that you would like to overcome or a personal challenge you would like to cope with more effectively. As mentioned before, this can involve something you would like to do, or something you want to stop doing.

On a scale from 0 to 10, with 0 being the worst the problem has ever been and 10 being when the problem is completely gone, what number are you right now? In the space provided indicate what number you are now:

My number is *(circle one)*:

Worst problem has ever been										Problem is completely gone
0	1	2	3	4	5	6	7	8	9	10

Step 2

Close your eyes. *If your problem involves something you would like to do,* picture what specific behaviors you would observe yourself doing. *If your problem involves something you want to stop doing,* picture what you would be doing instead. In either case, visualize what it would look like, as if it were a video of what you would be doing. Remember to focus on something you *will* be doing (not something you won't be doing).

After you have visualized this mental picture of what you will be doing, write a description of what you pictured in the space provided. Remember, do not describe something you would not be doing—describe what you will be doing.

Step 3

With your eyes closed, imagine that a miracle happens tonight while you are sleeping, and this miracle solves your problem. But because you were sleeping you don't know this miracle has occurred. When you wake up, what would be the first small sign that would show you that this miracle has happened? What will you notice that you will be doing differently? Construct a mental picture of a specific behavioral action that you will be doing after the miracle has occurred.

In the space provided, write a brief description of your mental picture of what you will be doing differently.

Step 4

With your eyes closed, imagine what else you would notice that you would be doing, thinking, or saying differently after this miracle occurred.

Write a description of what else you would notice.

Step 5

With your eyes closed, picture who would notice these different things you would be doing. Imagine how you think they would respond when they notice this change in your behavior.

In the space provided, write a description of what you imagined about how others would respond.

Step 6

Close your eyes and imagine what you would do in reply to other people's responses to your new behavior described in the previous step.

In the space provided write a description of how you pictured you would respond to those individuals.

Step 7

With your eyes closed, picture in your mind a time when you've been having this problem yet some of this miracle has already happened, even if only a little bit.

Write a description of what you pictured.

Step 8

With your eyes closed, picture in your mind how you made this part of your miracle happen during this problem time. It could have been things you were thinking or doing that were different.

Write a description of what you pictured that you were thinking or doing to make some of this miracle happen.

Step 9

Close your eyes and think about how pleased you are now with your efforts at the time.

In the space provided, write what you thought about your efforts to make some of this miracle happen.

Step 10

On a scale from 0 to 10 with 0 being the worst the problem has ever been and 10 being when the problem is completely gone, what number are you right now?

My number is (*circle one*):

Worst problem has ever been										Problem is completely gone
0	1	2	3	4	5	6	7	8	9	10

What have you done to arrive at this number? In the space provided, describe your specific thoughts or behaviors that have helped you get to this number.

Step 11

With your eyes closed, picture the following: When you are one number higher on the scale, what specific things will you be doing differently that you're not doing now?

In the space provided, describe the specific, observable behaviors that you pictured.

Step 12

Write yourself a short note describing what you have discovered or rediscovered about yourself and your situation. You can use the back of the sheet if additional space is needed.

Step 13

On a scale from 0 to 10, with 0 being the worst the problem has ever been and 10 being when the problem is completely gone, what number are you right now? In the space provided indicate what number you are right now:

My number is (*circle one*):

Worst problem has ever been										Problem is completely gone
0	1	2	3	4	5	6	7	8	9	10

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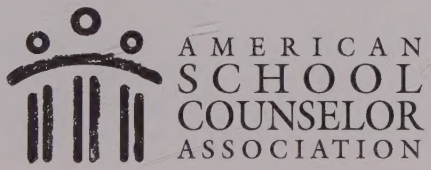
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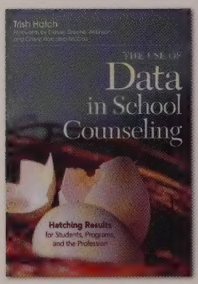
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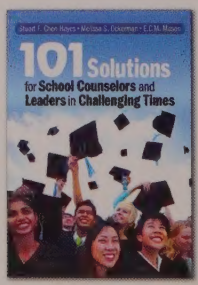
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