SOLUTION-FOCUSED BRIEF THERAPY
II. An outline for second and subsequent sessions†

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Solution-Focused Brief Therapy has become very popular in the brief and family therapy field and the various questions and assumptions of this approach are well known. What is less documented is how to draw together the various techniques into a framework for use in the therapy session. This article elaborates an outline for using the solution-focused model in second and subsequent sessions and demonstrates this with a transcripted case example. This article is the second in a series of three.

In a previous paper (Turnell & Hopwood, 1994), we presented an outline for the first session using the solution-focused model. Second and subsequent sessions incorporate the assumptions we bring to the first (Hopwood and Taylor 1993) *plus* the assumption that clients want to get better. Although this may not always seem to be the case (see discussion), we feel it is beneficial to start second and subsequent sessions believing it to be true.

Whereas the first session focused on creating a picture of what clients' lives would look like when they were better, second and subsequent sessions focus on what has actually been better since the previous session. Obviously the more improvement that has occurred between sessions, the greater the chances that clients will have actually noticed something better. We also want to know whether these changes relate to what the clients want and how they were able to make these changes happen. If no improvement or change is reported, we want to know how they understand what has occurred since we saw them last and what it is they want at this point.

It is important to acknowledge that therapists learning the solution-focused model often have more difficulty with second and subsequent sessions than with the first session. Hopefully this article will narrow that gap by providing an outline which can be used to fill in useful information. However, since the later sessions focus more on what actually did happen as opposed to what clients (and therapists) wanted to see happen, the conversation is always determined by those events and expe-

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† This paper is the second in a series of three articles which offer a framework for solution-focused brief therapy.

riences that occurred in the client's lives. It is our experience that second and subsequent sessions are less predictable than the first. However we would suggest that it is still important for the therapist to bring a structure to these sessions. We hope this article will bring increased clarity to the endeavour of implementing solution-focused therapy in second and subsequent sessions.

E.A.R.S.

To establish what's been better for the clients since we last saw them, we follow a process which we call "EARS". EARS stands for, "Elicit, Amplify, Reflect and Startover". This process is somewhat different from a previously reported EARS (see for example Hopwood and Taylor, 1993.) in that the R stands for "Reflect" instead of "Reinforce" and the order is more flexible than described in the previous process.

E is for Elicit

Having begun the solution-focused process in the first session, our principal interest through to the completion of therapy is to make notable the improvements — as determined by the client's criteria — that have occured in the client's life. Since we assume change is always occuring and because we also want the client to know that improvement is our primary focus, we begin second and subsequent sessions with the simple and very purposive question, "What's been better since I saw you last?" We call this an **eliciting question** since most often it will elicit experiences or events that have been better in our client's life.

The following transcript is taken from a fourth session. This family had faced problems of escalating arguments between the mother, Helen, and her 15-year-old daughter, Dawn. Joseph, the 16-year-old son, was often also involved. The fights would occur during the regular lengthy periods that the father, Bob, was working overseas.

As a result of the most recent fight Helen and Dawn had come to blows and consequently Dawn had left home for a period of several weeks. Between sessions 2 and 3, Dawn had returned home after the family and therapist[1] had laid some careful gound work building on what both the parents and their daughter wanted. Even though Dawn had returned home, at the time of the third session scores on the progress scale were Helen, 2, Joseph, 3 and Dawn, 1 — with each person rating their confidence that things would improve as very low.

Both parents and Dawn described the atmosphere in the house as "terrible", saying that everyone was avoiding each other. Dawn stated that she needed trust from her parents (being allowed to go out with particular friends) as the first step toward improvement and Helen considered an apology from her daughter was the essential next step before any further improvement could occur. Talking seperately to Dawn, the therapist established that she thought the family had no chance of working things out and she was seriously thinking of moving out again. The therapist explored whether Dawn would be willing to put in one last effort since it seemed it was "make or break" time. Dawn agreed she would "give it one last go" and that she would make an apology to her mother. One of the things that motivated Dawn to consider making an apology was that then she could see if her mother would show her the trust, love and help Helen had said would follow this action from Dawn.

The fourth session began in this manner —

Therapist: Okay so ah, what's better since

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last time?
Helen: It's much better.
Therapist: It is? What's better?
Helen: Dawn's started to be friendly and we're talking to each other and she ah realized she had to apologize when she realized her mistakes. That was one big step.
Therapist: So what else has been better in that for you?
Helen: You know we're back to normal ...
Therapist: Bob, what's been better for you?
Bob: I think similar to what Helen's been saying, the tension doesn't seem to be in the household as much as it was before, people're starting to talk to each other, basically their getting on with their own sort of things. We all went out to the movies Saturday night ...
Therapist: *(Turning to Dawn)* So what's been better for you?
Dawn: Um quite a bit, they've actually let me go to my friend's house and um Mum's not so hard on me and they actually let me do what I want to do and that makes me happy, and she's not so, as she said, not so demanding and all these things which I find um when she is like that I just try and do things on my own accord. You know if I want to go do something if I want to do the washing she doesn't have to tell me to do it. And everyone just seems to be talking to each other and there is not so much you know fighting and arguing ...
Therapist: And for you Joseph, what's been better for you?
Joseph: No one has sad faces anymore um not in a bad mood, everyone is just you know talking and getting back to normal but it's not quite what it used to be.
Therapist: And what else has been better?
Joseph: I started talking to her *(Dawn)*.

What else is better?

Before we amplify or reflect on any particular event or experience we are keen to know all the things that the clients are able to tell us that are better in their lives. Again, we do this very simply by asking what else is better and what else is better and what else? The therapist has done this only twice in the eliciting material presented above. However, in most of our second and subsequent sessions we would ask more "What else is better?" questions. This was not done in this session; firstly, because the therapist felt he had elicited a sufficient range of improvements and secondly, the therapist also wanted to have time available later in the session to talk seperately to the parents and to Dawn. It is interesting to note that, to basically the same question ("What else is better?"), Joseph gave a very specific example, "I started talking to her", while Helen gave a very general answer, "We're back to normal".

Early in the development of Solution-Focused Brief Therapy, Lipchik (1988) described the solution-focused questioning process as "purposive questioning". We consider that a very useful description. Good solution-focused questioning is indeed very purposive.

The questions, "What's better?" and, "What else is better?" reflect our intent as therapists (to elicit information about improvement) very clearly. They are simple and uncluttered and reflect clearly and unambiguously our assumption that change is constantly occuring. These questions are more purposive than the question, "Is anything better?" — which is more easily negated by clients — or the less focused question, "What's different?" or "What's changed?".

A is for Amplify

The next move in the EARS process is to "Amplify" some of the events and experiences that the clients have described as better such that we gather greater detail about these. The choice of which events to amplify will be discussed later. In amplifying these events we are establishing the "who, what, where and when" of the improvements in the client's life. In like manner to the way in which we amplified the miracle question (Turnell and Hopwood, 1994) we are looking for:

1. Differences that indicate changes in the individual;
2. Differences that indicate changes in others and,
3. Differences that were noticed in the context of a relationship.

As before, absence is turned into presence and we are looking for small, concrete and observable details.

For example, it is somewhat useful to know that a son has not hit his mother since we last saw them but it is more useful to know what he's done instead (absence into presence and difference in himself); what he's noticed different about her (difference in other); and what he thinks she might have noticed different about him (relationship difference). In this way we are creating an "improvement dialogue" regarding the incidents/experiences and thereby the initial description (that the son has not hit the mother) will likely take on greater significance for both mother and son.

An example of an amplification dialogue from the session introduced above, and which incorporates each of the elements mentioned, developed in this way —

Therapist: So you said she has been friendly and talking ... can you give me a specific example so I know?

Helen: Like for example when she came to my room, which she used to do, and said goodbye and I said give me a kiss and she apologized so it is back to normal and then, since then we just talk with each other and do the same thing as we usually do, like you know we're talking to each other at the table.

Therapist: And how else have you been different since then?

Helen: Well I was, I became very, say back to normal, very friendly to her as well.

Therapist: What difference do you think she's noticed about you?

Helen: Oh, being friendly and not groaning at her.

Therapist: What else?

Helen: Well I'm not to be demanding all the time to her.

Therapist: So instead of demanding, you have been ... ?

Helen: Just ask her very nicely and politely.

Therapist: Do you think she would have noticed anything else different about you?

Helen: Probably, I am not sure, you have to ask her that.

Other examples of amplification questions include,

- "You said there has been more harmony; what have you been doing to create more harmony?"
- "In what ways have you been happier? (differences in self)
- "What other ways has he been nicer to you?"
- "Since she's been drinking less have their been other things you've noticed different about her?" (differences in other)
- "You said you've been less depressed, what differences do you think your

family would have noticed about you since you've been less depressed?"
- "What has your husband noticed different about him do you think?" (differences noticed in the context of a relationship).

These sorts of amplification questions gather more detail about the nature and extent of the improvement.

As mentioned earlier, we previously conceptualized our work in second and subsequent sessions as incorporating a process of "Elicitation, Amplification and Reinforcement". In examining more closely what we do in creating an improvement, we realized that reinforcement, which we previously conceptualized as a seperate element, cannot be separated from amplification. For example, when we are asking amplification questions, we are simultaneously reinforcing the material being discussed by those things we chose to ask about, as well as other verbal and non-verbal cues we give. Sometimes we add more strongly reinforcing comments such as direct compliments ("Wow, that's wonderful!"), although we've also learnt to be cautious about these sorts of comments until the clients tell us themselves the significance of the changes. Therefore we no longer reserve the R for "Reinforce".

R means Reflect

At different points during the interview we want to reflect on the details of what's better; we want to know from the client(s) the significance or meaning they ascribe to these changes. We invite client's reflections on the events with questions like these: —

- "How have you (she, they) done that?"
- "How has that been different from last week?"
- "How has that made things different for you (him/her)?"
- "How was that helpful?"
- "Was that hard for you (him/her)?"
- "How long is it since things have gone this well?"
- "What does that tell you about him?"
- "How did you come to do that?"
- "How did you get him to do that?"
- "Does that surprise you?"
- "What does that tell you about him?"
- "How do you suppose she did that?"
- "What does that mean for you that you (or she was) were able to do that?"

A short example of a reflection dialogue occurred between the therapist and Joseph in the following way:

Therapist: So *(to Joseph)* when um, how did you decide to start talking to Dawn again?

Joseph: I don't know I just kept getting annoyed that even like when she wasn't there these two, I kept hearing them talk about her "she did this and she did that" "when's this going to be finished" and you know so I just said, on Saturday morning I went up to her and said "oh just give it a rest you know and just try to um I'll be on your side we can talk it over and you know. I went up to her Saturday morning I think.

Therapist: Because you'd had enough of this?

Joseph: Yeah.

Therapist: Good for you.

Gregory Bateson (for example, see 1979, p. 105) brought the phrase, "the difference that makes the difference" into the brief and family therapy fields and this idea is readily applicable here. Where there have been improvements in a client's life, this is an initial difference. That the client has noticed these improvements is also a key difference

that can make a difference. There is a further difference that is primary to what difference the events and experiences described will make and that is the meaning the client ascribes to these improvements.

That Joseph has started to talk to Dawn is one particular part of a series of events and experiences that constitute significant improvement for this family. Joseph's thinking about the event and how he came to do it provides another aspect to the change. It says (among other things) that he thought about the situation carefully and consciously and then decided to do something different.

Later in the interview it eventuated that because the parents had heard for the first time that Joseph had decided purposefully to talk to Dawn, they in turn took this as a cue that Helen should leave Dawn and Joseph to their own devices to sort out any future fights they had. Hence, the reflection dialogue provides another perspective to the changes (that of meaning) and in eliciting the meaning associated with the events or experiences, this has the potential to be a difference that will trigger further difference, in this instance, for the parents.

Another example of the importance of the meaning ascribed to events comes from a case where the mother has come to therapy because she is being hit by her son. Several weeks of improvement in fact meant very little to her, despite dramatic improvements in the specific behaviour of the son (for example, he was getting on with his younger brother, helping out in the house and going to school again) because she explained that the boy was simply remorseful for his violence and these improvements were examples of his trying to "make it up" to her with his behaviour.

It is worth noting that in the case example presented here, at least some of the improvements being described in the fourth session were occuring prior to, and were described in, the third session. However, the mother would not see these as meaningful until the daughter apologised. Once the apology was forthcoming, there were certainly new improvements but also the old ones took on a different meaning.

Following are further examples of the reflection dialogue the therapist initiated with Helen and Dawn when he talked to Dawn and the parents seperately. (The therapist considered it important to confirm with Dawn individually what she had said in front of the whole family).

Therapist: *(Talking to Dawn alone)* Was it hard for you?

Dawn: It was a bit to say sorry you know. But it just all worked out. I was surprised she actually changed. I'm not sure whether it'll all keep going particularly when my Dad's away, but I'm going to keep trying and just hopefully she'll let me go places.

Therapist So um it surprised you in the first instance that she changed?

Dawn: Yeah, she's changed a bit like, she hasn't like yelled at me to, usually sometimes she yells at me she yells, "Come here and do this now, right now" sort of thing, and if I say, "Wait a minute, later" she'd say, "Do it now, do it now". But just recently she'd ask me to do something and then I say, "Hang on, when I've fininshed, in a minute". She says, "Yeah alright, when you've finished that just do this". So she's like laid off a bit ... demanding things all the time.

Therapist: *Now talking seperately to the parents)* I wanted to have a word with you two as the parents. So how do

you see that these changes have come about?

Helen: Well she was the one that came to my room and I think she was realising that I wasn't really talking to her and I wasn't very much interested in her 'cause the wound was still there you know, its hard to forgive just that quick, it'll heal eventually but it takes a while and then when she came to the room she doesn't usually do that, not very often even before this thing happened. And you know she came in and she said goodbye to me and she was talking about her day and she said goodbye and I said, "Would you like to kiss me?", and she kissed me and she apologised and after that I started crying and she tried to hold me, and then she left you know and its just a little word but it meant a lot to me.

Therapist: Do you think that was hard for her to make the apology to you?

Helen: I think that was very hard it, it takes a long time and she's the type of kid that really doesn't like to apologise.

Therapist: So what does that tell you about her?

Helen: Oh well maybe she is realising that, that is the only little thing that I am asking for and without that little word things will not go that smoothly, will not go back to normal. So she probably realised she had to apologise ....

Therapist: So has it been hard for you the changes you've made since then. Like you said you've been less demanding and you've given her more freedom has that been hard for you?

Helen: No not really, 'cause I would like to do that actually, its just when things are not right I cannot just let it go like that.

Part of any story about progress, as with any plot, is to establish, "Who's responsible?" Throughout the reflection process we attempt to "blame" the client for the improvements. We often do this with "How" questions, such as, "How did you do that?" and also with questions like, "Was it hard?". This can be seen as positive blame and this focus helps foster a sense of the client's involvement in bringing about change. Also, if we and they know how they have made these changes, it is more likely the client is able to repeat the changes.

It is worth noting here that questions along the lines of, "How did you do that?" can lead into greater detail of events — "I went to work and sat at my desk fuming and after an hour I said to myself, 'Damn it, I'm going to have it out with him' and I went straight to my boss's office and let him have it" — or detail about the meaning of events — "I noticed how hard he was trying and I thought it shouldn't be all up to him so I decided I should do some things to show him I trusted him more".

The reflection dialogue allows all present in the interview, including the therapist, to consider the significance of the changes. In the case of the client who wants someone else to change, the reflection dialogue allows the other person to hear firsthand how the change makes a difference and may perhaps provide the motivation to continue the change. In the case of the client who wants to see the change in him or herself (that is, the "customer relationship", see Berg, 1994), the reflecting process may well increase the self motivation to continue. This is the case for all family members and particularly Dawn and Helen in the session we are following.

Perhaps most valuably, the reflection dialogue also guides the focus of the therapist's ques-

tions. The therapist will mostly focus on the improvements that are of significance to the client(s) rather than explore and amplify differences that don't make a difference.

Scaling questions

We continue to use scaling questions throughout second and subsequent sessions. Usually these will come toward the end of the session. Previously, when the EARS process was one of "elicit, amplify and reinforce", we considered the scaling questions as largely seperate from our EARS questioning. However, since we have incorporated the idea of reflection into our thinking about second and subsequent sessions, we realise that the scaling questions are principally another way in which we gain insight into how the client understands the problems/solutions we are addressing. In part, therefore, we see scaling questions as another very specific form of reflection question.

Scaling questions are useful in many ways but in second and subsequent sessions we focus on two types of scaling questions, namely those addressing progress and confidence. The progress scaling question (*"On a scale of one — where things are at their worst — to ten — where things are the way you'd like them to be — where are you now?"*) gives us a measure of whether progress has truly occurred in the client's opinion. Sometimes it is not possible to determine this from the earlier dialogue.

We then build on the progress scale to gain an idea of what the client sees as the next small step in solving their problems by asking, *"If things got a bit better, let's say to a __* (usually we say the next point or half point) *on that same scale, what would be happening differently?"*

This question is important to us in that it gives us further information about the client's present goals — whether they want more of what has already occurred to continue, though over a longer period (as is so in the transcribed case used in this paper) or whether they are looking for something new in their lives. The answers at this point will often also guide the task we give clients.

Once change has commenced, we consider it vital to establish how confident the clients are that the progress can be maintained. We do this using a confidence scaling question (*"On a scale of 1 to 10, where 10 is you have all the confidence in the world that you can continue this progress, and 1 is you have absolutely no confidence, how confident are you?"*).

This also helps us to reflect on whether these changes really do make a difference to the client. That is, are these changes that can be continued? This is somewhat similar to previous discussions on spontaneous versus deliberate exceptions (for example, see de Shazer, 1988).

In our more recent work, the focus is on referencing the dialogue around the client's goals and the client's perception of the solutions rather than exceptions to problems, so we're particularly interested in whether the clients view this change as likely to continue. If the clients are confident about the changes the therapist will usually not need to suggest anything other than "more of the same". If they are not confident, it is helpful to know what would need to occur to increase the client's confidence. Again, this next step (this time in increasing confidence) will very likely guide the assignment of the task.

In the session we are following, Helen scaled things at a 7 on the progress scale, Bob at about a six or a seven, Dawn agreed with her father and Joseph thought things were at a 5. As we indicated above we consider that, once change is occurring, the issue of confidence is crucial in moving toward closure. Joseph had already raised the issue of whether the family

would be able to keep the improvements going so the therapist built on Joseph's concern to initiate a dialogue about confidence, using scaling questions.

Therapist: So this comes exactly to the point that Joseph made, on a scale of one to ten where one is you've got no confidence that you'll keep these changes going and ten is you certain you can, where is your confidence?

Dawn: About eight, you know, I'll keep trying

Therapist: So your confidence is at an eight because you know you'll keep trying? *(Dawn nods)* So Bob where's your confidence that these changes will keep going?

Bob: Well I think probably they've realised the turmoil this has created and I don't think any of us want, would like this to happen again and I think everyone is going to keep trying so I'm hopeful that it'll keep on the same track so I'd say about a seven.

Therapist: Helen?

Helen: About a five.

Therapist: Five. What would you need to see for you to feel more confident?

Helen: When ah, when Bob's away, during that time.

Therapist: And what would be happening then that would give you more confidence?

Helen: If this would continue ... what's happening now will continue on ... if this would continue then probably I would score that a seven.

Therapist: OK that makes sense. So, so what do you think you can do to keep it going?

Dawn: Um, I do the same things exactly what's happening now ...

Therapist: And is there anything that will help you keep doing this when Bob's away?

Dawn: Well it's just the way they respond to me and how they respond to the attitude I have now, that I am showing her if it will continue like this then it will be no problem. I will be more confident that it will continue that way.

Therapist: And Joseph where would you rate your confidence in keeping this going?

Joseph Six, 'cause I know if she really wants to be good she can do it.

Scaling questions, because they create the sense of a continuum, will usually offer the opportunity for the therapist to explore what the next small step will look like. In this instance the therapist used the confidence question to explore with Helen the next step which essentially boils down to "more of the same" except that it continues to occur while Bob is away.

S is for Start Over

It is important to underline that we do not necessarily use the EARS process in a linear manner — E straight through to S. We may elicit one event, amplify the detail of that, find out from the client what this change means for them, and then start over by asking another elicit question ("So what else has been better for you this past week?"). Alternatively, we may at first ask numerous eliciting questions ("What else is better and what else ...?") thus finding a whole series of things that are better. If, for example, we establish nine events or experiences that are better, we might choose only to amplify four of those things. Those four things may be chosen because the client seems most animated about those, or because time is short or because the daughter is in the room and each of the four also involved her in some way. The choice is sometimes made in

the context of the previous session. If the parents were lowest on the progress scale the previous session, any small change they have noticed will likely be most significant for the therapist.

The reflection process may be further limited to only two of the events or it may return to encompass all nine. We might even ask, "Of all the things you've said that are better, which is the most significant to you?". This might result in the client answering that it was an event other than the four we chose or we may find in fact that the client names an entirely new event that was not previously mentioned. Our point here is that the EARS process should not be thought of as a linear process. Rather, the implementation will be determined by the therapist-client interaction. In other words these choices about how we apply the EARS process are clinical decisions that need to be made on a interview-by-interview basis.

The task from previous session

Before proceeding further, it is important to mention here one thing that we don't usually focus on in second and subsequent sessions. At the end of the session we usually give the client a task (which will usually be either a doing, noticing, or thinking task); however, we do not usually actively enquire about the task in the subsequent session. The reason for this is that, if the clients did not do the task, we find ourselves in a situation where we most likely have to "back peddle". Where more than one person is involved in the therapy, directly discussing a task which has not been done can also foster a situation where one blames the other. If the clients mention the task, we will usually pursue it; otherwise not. It is has been pointed out to us that in doing this we are encouraging the client not to take seriously the things we ask them to do. This may be so. However, we see it another way — namely that, if the things we suggest for the clients to do are meaningful for them, they will most likely do them. We are not at all interested in getting our clients to do something simply because we said they should. Finally, this approach continues to remind us that the most important work we do is in the discussions we have with our clients during the session not in the tasks we ask them to undertake.

Break and message

As in the first session, the therapist takes a short break to think about what has transpired in that session. Although it might seem less useful to do so in later sessions because of the knowledge gained from previous sessions, we feel it is important to consider each session carefully and separately. What the clients say they want in the beginning may not be what they want as significant progress begins to occur.

There is really no way to prepare ahead of time with this model because clients determine the focus. We've gone into sessions thinking the case is going nowhere (maybe as a result of a phone call) and have been pleasantly surprised to find things are better. Of course, the opposite can occur. The message we give is built on the same structure as outlined previously (Turnell and Hopwood, 1994) and again incorporates the elements — compliments, bridge and task.

We give compliments about things the clients have done that have significance to them in the achievement of their goals. Here, it is important to consider the meaning the client ascribes to changes that have occured. In the case mentioned earlier, there is little value in complimenting the mother and son about the changes in the son's behaviour if the mother is convinced those changes are simply the boy's way of trying to ingratiate himself with her

following his violence. The task we give will usually be influenced by whether the client wants further changes to occur and specifically what it is he/she is looking for. This will often have been discussed when we considered "the next step" in the dialogue initiated by the scaling questions.

In summary, the message delivered to the family in the case we are following ran along these lines — a general compliment was given that it seemed to the therapist that each member of the family had contributed to the changes in some way. For example, Bob had organised the family to go to the movies, Dawn had done the hard task of making her apology and was also determined to keep trying, Helen had responded as she said she would after the apology including giving Dawn more freedom and Joseph had made and implemented a clear decision to talk to Dawn.

The family indicated they wanted to come back to therapy probably for the last time, four weeks later, and the therapist expressed some confidence that the changes would continue. The therapist provided a rationale for the task (the bridge) with the simple statement, "... because it was very important to each of you that these changes continue", and then asked each family member to observe what they and the others did to keep the changes going (the task). The parents were also asked to implement their idea that Helen stay out of any fights between Joseph and Dawn, an idea which was discussed in another segment of the interview.

When at first nothing's better ...

In our experience people return in about two thirds of cases and say things are better. This includes people in the first instance who say nothing's better or begin the session by telling us about the bad things that have occurred between sessions. Often, to find what's been better in our client's life takes persistence on our part. Often we will have to listen to a client describe an event they perceive as negative before we can say something like, "OK, so that incident was particularly bad, apart from that what has been better for you since we saw you last?". Alternatively our inquiry may take the form of breaking the week (or the intervening period between sessions) down day by day and inevitably we find that some days were worse and some better. This may even mean the client will need to tell us first about the bad days particularly if there has been a dramatic negative incident (a bad fight, criminal activity, a drinking binge, etc.) before we can move on to the good days.

It is also very possible that ostensibly negative events have a positive component. For example, a couple described a situation where the daughter who had been taking drugs, was extremely abusive and argued with the parents to the point of hurling knives at them. On enquiring about how they evaluated how they dealt with these dramatic events (a reflection question) both agreed they had dealt with it as well as they possibly could and much better than the ways they had reponded to the girl in previous times. They described that they had stayed in control of what they did, backed each other up and largely remained calm throughout what was in fact several days of negative behaviour on the part of the daughter. Once we have discovered the good days or positive developments (in this case the parents working together and remaining calm and in control) we will discuss these following the EARS process above.

Another example involves a single mother (the client) with a history of multiple substance abuse who was involved in a court battle with her own mother for custody of her oldest daughter. The client began a subsequent session, telling the following story. She had taken her two younger children across the

Perth metropolitan area using public transport to visit and give gifts to their older sister for Christmas. Upon arrival the client's mother was very abusive, including reciting a litany of the client's past failings and would not allow any contact with the oldest daughter and demanded they leave before she called the police. The client and her children returned across the city on their two hour bus journey.

This incident was described in great detail to the therapist[2] since it had caused great distress for the client. At the end of the description the therapist asked, "And what happened then?". The client described how she had returned home and decided to help the children alter the arrangement of their bedrooms. The therapist was amazed and asked, "How did you come up with that idea?" to which the client indicated it was something the children had been requesting, for many weeks. The therapist then asked what the client would have done if this incident had occurred six months previously to which the client indicated she would have got her self completely drunk for several days. The therapist responded, "What does that tell you about yourself that you decided to do what the kids wanted this time?" The client replied, "For the first time I'm listening to what I should do".

In various ways — by putting the negative incident aside, breaking the week down, or by listening for or being curious about possible positive outcomes regarding negative incidents — most often the therapist will find some improvements have occurred in the client's life if he or she is patient. The goal is not to try to convince the client that things are better but to follow the leads of the client. At these times the therapist will not be following any particular maps for the direction of the session but is more likely working from the assumptions they bring to their work. For us, these are times when the solution-focused therapist is most challenged to have an "ear to hear" the possible positive developments in a seemingly bleak scenario and the patience and commitment to the belief that the client is the expert in solving their own problems.

Who wants to get better?

As mentioned in the beginning, our assumption is that clients want to get better. That sounds simple enough; they have got a problem that they want solved. However, this kind of thinking can sometimes be exasperating. So it might be helpful for the therapist to ask himself or herself, "Who wants what to change?" A large proportion of our clients have been ordered to come to therapy because, not they, but someone else thinks they have a problem — maybe the courts or the schools. If they don't think they have a problem, there's no reason to expect they want improvement in relation to that problem. Not until we have an better idea of what they want, can we expect to see progress.

Their definition of what's better may not be related to the presenting problem. At a simpler level their goal may be to convince someone else that they don't have a problem, for example, to get the schools or courts off their back. Thus, even if the problems were solved, it would not be better for them until the school stopped calling their parents.

Another example of the client's solution being different from the problem is illustrated by the case of a 16-year-old male who was suspended from school for fighting and failure to obey instructions. At the second session he and his mother responded to "What's better?" with "Nothing". In the course of describing his week, it seemed to the therapist[3] that things were better — he hadn't been in any fights, he had obeyed his mother and the teachers. When asked if this was different for him, he replied

2. Andrew Turnell
3. Larry Hopwood

that he behaved good most of the time.
It seemed as though he didn't want to take any credit for being good; it was a difference that didn't make a difference for him. In fact he thought it didn't make any difference whether he acted good or bad because the teachers either didn't notice or didn't say anything to him because they knew he was coming to therapy. By allowing him to talk further it became evident that what he really wanted was for the teachers to acknowledge his efforts to behave and do his work. After the therapist acknowledged his goal, the young man was willing to do anything the therapist suggested (whereas in the previous session he wasn't) that would help him work toward his goal. A task was given to help the young man receive compliments from the teachers for his efforts and improvement was noticed from that point on.

If at first you don't succeed, don't panic

Where things are the same or worse, we do not consider that problematic in the second session. If however the client has returned for the third session and still describes things to be the same or worse, we consider we (the therapists) have to do something different. If we continue to act in the same manner by asking the same sorts of questions, we are unlikely to be helpful and it is very likely the client will not return. In the final article of this series of three we will address some of the things we do differently when there is no improvement. In the next article, we will also address what to do when there has been some progress but it doesn't seem to be enough and how we go about closing a solution-focused case.

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