SOLUTION-FOCUSED BRIEF THERAPY
I. A first session outline†

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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 (for example, Miller and Hopwood, 1994). What is less documented is how to draw together the various techniques into a framework for use in the therapy session. This article sets out a basic outline for using the solution-focused model in the first session. Two more articles will follow this, with outlines for use in second and subsequent sessions and in the sessions leading up to termination.

Solution-Focused Brief Therapy has existed by that name for something less than ten years and has become very notable in the Brief Therapy field (Durrant, 1993). Even in this short period the Solution Focused Brief Therapy model has gone through rapid evolution in how it is practiced (Hopwood and de Shazer, 1994). This rapid evolution has not always allowed time for the clearest explanation of the model's various parts. This article freezes that evolutionary process in order to explicate a solution-focused outline for conducting the first session; it is the outline the authors use in their own first sessions. It gives a clear idea of how to put together the various pieces and questions developed in Solution-Focused Brief Therapy and, at the same time, it is an undetailed plan to be completed in the dialogue between the client and therapist.

Solution-Focused Brief Therapy (de Shazer *et al*, 1986) developed through the early to late-eighties with what could be called an "exceptions emphasis". Exceptions are times when the problem might have happened but didn't. Research by Weiner-Davis, de Shazer and Gingerich (1987), which describes pre-session change (really an exception by another name) was one of the spring boards for this model. It is possible to read much of the literature and think that exceptions are the primary emphasis in Solution-Focused Brief Therapy.

However, difficulties can arise with an exception-based approach. The therapist can find him/herself trying to convince the client that particular events are exceptions.

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

For example, a mother of 14-year-old girl came to see one of the authors[1]. Five weeks previously the girl had run off with a 19-year-old young man for a weekend of sexual activity, alcohol and drug use. The mother of the daughter had in the intervening period dealt with the event in numerous ways, including confronting the 19-year-old and his parents, indicating that if he came near her daughter again she would have him charged by police for carnal knowledge, grounding her daughter (and was able to enforce this) and also spending considerable time talking to her daughter. These actions resulted in their doing several new things together and in the girl taking contraceptives.

Here was not just one exception but a whole slew of them. However, as the therapist expanded these and responded with compliments to the mother for her actions, the mother became more sceptical responding with continual "yes buts". After some time the therapist was able to establish with the mother that what she was concerned about was not so much the girl's behaviour but rather how she could face her guilt of being a mother who had raised a girl who would run off for a "dirty weekend" with a 19-year-old. In short the "exceptions" did not correlate with what the mother wanted from therapy. It is clear that for exceptions to be meaningful they must be related more to the client's goals than to the problems.

The model presented here offers a first session structure that always contextualises the solution talk alongside the wants of the client.

Social stage

As with most other forms of therapy we usually begin the first session by finding out a little about the people we are meeting and telling them a little about what they can expect from coming. Since we consider therapy to be form of conversation, we consider it very appropriate to begin this discussion as one would in any other situation by introducing ourselves to each other. This introduction can also incorporate some solution-focused style questions. For example, after establishing that a child goes to school, the counsellor could then ask, "What do you like most about school?". This stage will usually take up to five minutes.

Problem description

After an initial social stage we ask the client(s) something like, "What is it that has brought you in here to see me today?". This will usually elicit some form of problem description. There is some debate among solution-focused therapists (for example see Walter and Peller, 1992, pp. 46–47) regarding the extent to which we should discuss/access information about the presenting problem. de Shazer (1991, p. 133) presents a case example in which he moves straight into a miracle question in the very first moments of the first interview.

We think of problems as the ticket clients use to begin therapy and as their attempt to try to help us as much as possible to understand their situation, so we can help them. We believe it is only respectful to give clients the time to describe the problems that brought them to see us. However, as clients describe the problem, we neither deepen the description of the problem nor make any particular empathic responses.

Mostly we just listen silently, nodding occasionally. Our experience is that when the therapist does not ask for greater detail about the problem, even with families where each member has his or her say, this process will take usually no more than about ten minutes. Sometimes, of their own volition, clients will

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go into considerable and lengthy detail about the problem — but in our experience this is rare. During this description we also listen for, but do not directly comment on, examples of pre-session change or exceptions, for possible use later in the interview when we have established a better idea of what it is the client wants.

What the client wants

Once the clients have exhausted the description of their concerns or they are starting to repeat themselves, we begin to move the conversation toward "solution talk" and to consider what it is the client wants. There are numerous ways of doing this but we find the most effective approach at this point is to introduce the miracle question.

We think that moving from "problem talk" to "solution talk" is a significant shift in the therapeutic conversation and therefore it is important to signal this move by asking something like, "Is it all right with you if I change tack slightly?", or "Is there anything else you feel I need to know at this point before I ask some different sorts of questions?". With agreement from the clients the therapist can then move more easily into the miracle question. We will often also add a preamble such as, "This question may seem a little strange", or "This question may require some imagination".

The miracle question is then asked in something like this form —

> *Let's imagine that tonight you go to bed and while you're sleeping a miracle happens. The result of this miracle is that you wake up tomorrow morning and all the problems you've come here about are solved. How would you know, what would you notice happening differently?"*

It is important to deliver the question slowly, giving it space and allowing it to "take on its own life", so to speak. Also, once the question is asked, it is important to be quiet and wait for the clients to answer. It sometimes takes time for the client to answer what is a very different sort of question. One of the things the miracle question will usually do (as should all good solution-focused questions) is to cause the client to think about things differently. It is important therefore that the therapist allows for this and often the best way is to allow a period of silence to occur.

The title "miracle question" is probably misleading because, to be most effective, the question itself is simply the first move in what we would call a "miracle dialogue". Such a dialogue might go something like this —

Therapist[2]: Can I change tack for a bit? *(Father and Brian both nod)* Starting with you Brian, this is a different sort of question, so it'll take a bit of imagination, have you got a good imagination?
Brian: I got a good memory I can remember things Dad can't even remember!
Therapist: Is that right? Right, OK, just suppose you go home tonight and while you'll asleep a miracle happens. OK? *(Brian nods)* And the result of that miracle is that all the problems that you've come here about are solved.
Brian: That'll be good!
Therapist: So you wake up tomorrow morning and that miracle has happened and because you're asleep no one has told you about this miracle. What would you notice different?
Brian: I'd behave myself. I'd do as I was told the first time.
Therapist: You would? What else?
Brian: I wouldn't chuck tantrums.

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Therapist: You wouldn't chuck tantrums? What else would be happening?
Brian: It's hard.
Therapist: What would you be doing instead of chucking tantrums?
Brian: Talking! To the ...
Therapist: Talking? Who would you be talking to?
Brian: I'll be talking to the person I was angry at.
Therapist: What would you say?
Brian: Try to talk it over with them.
Therapist: How would you do that?
Brian: Very hard.
Therapist: Very hard? So you'd talk the thing over with the person that you are angry with? *(long silence)* So what difference do you think you're dad would notice about you?
Brian: I'd behave.
Therapist: What things would he notice about you when you behave?
Brian: Doing things the first time I'm asked, not chucking tantrums.
Therapist: What else would tell him you where behaving?
Brian: I'd be doing as I'm told.
Therapist: What would be different about him if this miracle happened?
Brian: He probably wouldn't be as angry, he'd be a lot happier because I'm doing as I'm told.
Therapist: How would you know he's happier?
Brian: Because by the way he looks and everything.
Therapist: What's he like when he's happier, I don't know your dad, what sort of things does he do?
Brian: Goes out, mucks around and plays with us and everything.
Therapist: He mucks around, what sort of things does he do when he is playing with you?
Brian: We would jump on his back and he'd flip us.
Therapist: So you like that sort of stuff.
Brian: Yeah. And we go fishing. Can we go this weekend? *(looking at his father)*.

Therapist: So the same question to you *(looking at Brian's father)* that I've asked Brian, what would you see happening differently if this miracle happens?
Father: Well if that happened we'd be going out more.
Therapist: You'd be going out more?
Father: Yeah, he'd come out, he'd go where I go, he'd go bowling I wouldn't have to leave him, he'd start getting pocket money.
Therapist: So if he went where you go, what would he be like, when you went say bowling? What would be happening then?
Father: [When we go bowling] the situation is, they've got a TV room, a play room, while we go bowling they [the children] go into that room, they watch the TV and they stay in there, but with Brian it's one minute in there and two minutes out while the bowling competition's on and he starts yelling and screaming. It's not just me he puts off, he puts the whole lot off. But to me if everything changed he'd do what he was told, I could take him there and I know he wouldn't be interrupting people causing havoc down there.
Therapist: So what would he do instead if this miracle happened?
Father: Well, they got the TV room, they got the games, he could occupy himself with that.
Therapist: So he'd watch the TV, he'd occupy himself with the games?
Father: Yeah, the games and that, and they've got machines and that and I'd give him forty or maybe sixty

cents and he'll play these games. The rule was if he comes there he stay right away from us while we are bowling.

Therapist: So what else would be different about him?

Father: He'd get on better, I think his school work would pick up.

Therapist: So he'd get on better with?

Father: He'd get on better with everyone concerned around him, myself, Jenny, her kids.

Therapist: What would you notice if he was getting on better?

Father: Well, no arguments, no bitching, you know, just getting on really good, playing together, doing things together without any arguments ...

Therapist: What else would tell you that he was getting on?

Father: Doing what he is told, when you ask him something once, he'd do it instead of six, seven, eight times, when I'd ask him to do his room he'd go straight and do it, that would show to me that something is working.

Therapist: What else would tell you that it's working?

Father: Treating me with respect, I am his father and I am the head of the house.

Brian: He's the boss!

Therapist: What would he do if he was treating you with respect?

Father: Well, he wouldn't just chuck these tantrums, "No I don't want to do this", and take off out the door and start yelling and screaming, he's a kid who has got to have an audience .

Therapist: But instead of chucking a tantrum what would he do?

Father: I'd say he'd probably sit down and listen and do what he's asked, you know stand there and listen to me instead of when you trying to talk to him he takes off. If he stood there and listened or sat down and spoke about it .

Therapist: So if he stood there and listened or sat down and spoke about it. What else would be different in this miracle?

Father: I'd feel better, a hell of a lot better, you know, if this happened I'll be chucking the tablets away.

Brian: Like Jenny did, flushed the whole big bottle down the dunny.

Therapist: So you wouldn't need the Serapax?

Father: No, I wouldn't need it, no. If this miracle happened.

Therapist: So if you were getting on a hell of a lot better what else would you be doing?

Father: I'd take him out more I'd do more, get him what he wants, he'd be getting his pocket money. At the moment it's stopped, it's been stopped for a while, we'd really get on together, we'd go out more as father and son, do a lot more things together.

Therapist: So you'd be going out a lot more together?

Father: Yeah, the drive-ins, or the pictures, more fishing, just getting out of the house.

Therapist: What else would be different about you?

Father: I think I'd settle down a lot better than what I am now, I wouldn't be so irate and uptight every time, every time he starts his tantrums, that gets me, he knows what buttons to push.

Therapist: So if this miracle happened what would different about you?

Father: Well, there would be no buttons there to push, I could calm myself back down, come back down to earth, probably get along a lot bet-

ter both of us.
Therapist: So you wouldn't have those buttons there to be pushed?
Father: Yeah, they'd be chucked away.

Here the miracle question is the first step in whole sequence of conversation that turns the question into a dialogue, which begins to give a picture of what the clients want.

The "miracle dialogue" has been created in several ways. First, it has been created through the use of "What else?" questions. "What else?" questions amplify the original question and include asking, "What else will be different if this miracle happens?", or "What else will be happening?", or just simply asking, "and what else?". The "What else?" questions can be drawn out as long as the client continues to come up with new descriptions. Second, having elicited a series of items by this process, or in some cases just by listening to clients as they keep mentioning more of the miracle picture, the therapist can then return to each item. For example, the client might say, "I will be calmer". The therapist (matching the client's language and goal) asks, "What will you be doing when you are calmer?", or "How will someone notice when you are calmer?". These secondary questions can then be made more detailed by again repeating the "What else?" process.

Where descriptions of problems are again brought into the dialogue by the client, we will ask an "instead question". In the example above, when the father goes into details about the problems at the bowling alley, the therapist asks, "So what would he do instead if this miracle happened?", thereby recommencing the "miracle dialogue".

To further amplify the miracle picture we also look to elicit descriptions in three areas:

1. Answers that indicate changes in the individual;
2. Answers that indicate changes in others; and,
3. Answers that indicate differences that will be noticed in the context of a relationship.

In the example above Brian says he will behave and will talk to the person he is angry with (difference in self). He indicates that his father will notice that he will do things the first time he is asked (relationship difference). He also says that his father will be happier and will take him out fishing (difference in the other).

The "miracle dialogue" will usually comprise the largest single portion of our first sessions, often taking up to twenty or more minutes.

Instances of the miracle picture

Having created a detailed miracle picture, we have begun to get an idea of what the client wants and we are now ideally situated to establish,

> *"Are there any times now when a part of this miracle, even a small part, is already happening?"*.

Again, the client's responses to this question are expanded as much as possible in a similar manner to the expansion of the responses to the miracle question itself. So, again this should be viewed as a dialogue rather than a single question. Statements by clients mentioned earlier in the session (for example during the problem statement) that indicate improvement (pre-session change) or times when the problem is not happening (exceptions) are explored at this point by asking something like, "You mentioned ... earlier, is this an example of part of this miracle already happening?".

This sort of questioning establishes how much of what the client wants is already happening

in their lives and also clearly avoids the problem of trying to "sell" an exception to a client. It also contextualises progress towards the goal (at this stage, the miracle picture) whereas exception questioning contextualises progress as away from the problem ("Tell me about when the problem is not happening?"). The "instances of the miracle dialogue" will usually take up to about five minutes.

Scaling questions

In the example given above, the therapist decided not to use the question to pursue instances of the miracle since the clients had already indicated things had been considerably better during the past ten days. Jenny, the father's defacto spouse, had moved out with her children; Brian was throwing fewer tantrums and was calmer; and Ron, the father, had taken the step of taking Brian to the police and having him charged for stealing in response to Brian's shop lifting. Brian considered this a good thing since it had made him decide to stop stealing.

These instances had been described amongst a very fast and furious description of the problems prior to the miracle dialogue. As a result of this the therapist made a decision to establish the extent of movement towards their goals by using a series of scaling questions. (It is worth noting here that we are not obsessive about our first session outline and will readily modify our questions according to our sense of what best fits the client and where the client wants to lead us. We are not following a recipe where ingredients have to been added in a certain order but rather allowing the client to fill in the outline of the dialogue).

Following is most of the dialogue generated with the scaling questions —

Therapist: Tell me, this is a numbers question okay? Let's make zero things couldn't be worse okay, and at the other end is 10 which is like the miracle has happened ...

Brian: I think it might happen tonight.

Therapist: Yes? Okay, well what would you say, where would you say things are now on that scale from 0 to 10?

Brian: At the moment?

Therapist: Right now.

Brian: About 8.

Therapist: About 8, wow! Where were things before this good week, where were things about a week and a half ago?

Brian: About 1.

Therapist: About 1.

Brian: Thursday night would have been zero, because Thursday Dad reached breaking point.

Therapist: Right, *(to father)* What about you where would you put things on the scale?

Father: Right now between 7 and 8.

Therapist: Between 7 and 8, where would you have put things a week and a half ago.

Father: A week and a half ago I would have put things down around the 1.

Therapist: So what else has made you say things have gone from a 1 up to a 7?

Father: The other half is off the scene, as I've said before, the moment they show up on the scene there is nothing but arguments and fights, he can't settle down for 5 minutes and try to do something without them fighting. Without the kids and her being on the scene I'd scale things between 7 and 8.

Therapist: What else has been happening?

Father: Ahhh, we're getting on a lot better, only (except) I'd say for last night when he chucked a couple of tantrums. He's been doing what I

told, just we got problems with the person in Number 1 and her son, and what I've asked Brian to do is if these kids are out the front for him to go out the back.

Therapist: Has he been doing that?

Father: He has been doing that which I've asked and if they end up going into his back yard for him either to come inside or go out the front, just vica versa, just to keep the peace, there's no arguments there's no fighting, which he has been doing. The trouble is with Brian the situation with the school is he's got a concentration span of about 5 minutes and that's it. That's where I've realised the situation is, I've got to keep the situation cool and he'll go longer.

Therapist: So if you keep things calm and cool, then his concentration will go longer.

Therapist: Let me ask you another question. You said things are between a seven and eight, what would need to happen for you to be able to say we've made another step so that we've got to an eight/eight and half?

Father: The situation with that is that Brian does what I ask him straight out, I ask him once to do something he goes and does it, and when Jenny and her kids are on the scene they can go an amount of time where they get on together without one of them arguing.

Therapist: So if he does what you ask him straight out more often and gets on with ...

Father: Jenny's kids, yeah.

Therapist: What about you Brian you said things are about a eight, what would you need to see to say things have got a little bit better things get to an eight and half?

Brian: Me doin' as I'm told then it'd reach to about ten,

Therapist: Sorry?

Brian: Me doin' as I'm told, us guys gettin' on.

Therapist: That would be a ten?

Brian: Uh huh.

Therapist: Let's just go a little step what would be a first step along that road to get to a ten?

Brian: To do as I'm told is the first.

Therapist: That's the first step.

Therapist: Let me ask you two more questions, numbers OK? Do you like these numbers questions? *(Brian nods)* If we made zero, "No I'm not willing to do anything to make this better", and ten is "Yeah I'll do anything to make things a little better", where would you put yourself?

Brian: This is hard, about a six.

Therapist: About a six, you'd give yourself about an six out of ten to do something. This one's even harder, you have to think about this one, OK? This is about, do you understand what confidence is? If you feel confident about something?

Brian: Yeah, I know it'll happen!

Therapist: Yeah, that's it. Where ten is you know for certain that things are going to get better, and zero is no there's not a chance?

Brian: She *(Jenny)* reckons zero I won't get better, but I reckon I will get better

Therapist: So where would you put yourself, what number?

Brian: Eight.

Therapist: How do you know you'll get better; what tells you?

Brian: Because it might just happen out of here, a real surprise.

Therapist: You mean like a miracle tonight?

Brian: Yeah then you don't have to worry about waking up next morning
Therapist: So you reckon that might happen for you? *(Brian nods)* So what about you Ron where zero is "No I'm not willing to do anything" and ten is "I'll do anything to" ...
Father: Well I've got to say between zero and two.
Therapist: And your confidence between zero and ten?
Father: My confidence at the moment?
Therapist: That things will get better.
Father: Yeah around about a seven.
Therapist: About a seven, what makes you that confident?
Father: Well he's doing something, he's only chucked about two little tantrums. If he can keep doing it, which I'm really hopin' he will and when other people come back on the scene and it carries on this way ...
Brian: I'll try!

To draw the threads of the session together we typically ask a series of scaling questions to elicit a dialogue similar to the discussion described above. We generally use several different scaling questions.

1. The progress scale

"On a scale of zero to ten where ten is that your life is the way you would want it to be and zero is where things are as bad as they could possibly be where are you right now?"

We ask this to get an overall sense of how the client sees things and also the answer will provide us with a benchmark from which to evaluate our progress in future sessions. Once again this question is only the beginning of a dialogue where we usually will ask something like, "What has brought you to that level?"

2. The next step

"What would have to happen for you to notice a small improvement so that you could say things have moved up a little bit on the scale?".

This is a way of establishing a small sign of change that will be significant for the client and thereby establish a small goal. At this stage we may also ask, "Are there times already when this small thing is already happening?". This echoes the goal elicitation and the presence of goals process already pursued through the miracle dialogue.

3. Willingness and confidence scales

"On a scale of zero to ten how willing are you to do something to make things better?".

"On a scale of zero to ten how confident are you that things are going to get better?"

The sorts of dialogue elicited from willingness and confidence scales are often invaluable in ascertaining the sort of task the therapist can suggest to the client and in fact whether it is appropriate to ask the client to do anything at all.

For further discussion of scaling questions and their application see Hopwood and Taylor (1993) and Berg and de Shazer (1993).

Anything else?

Clearly, this is a very structured interview and therefore we consider it very important that, before we take a break, we ask the client,

"Is there anything else you think we should know before we take a break?"

Often enough, clients say, "no". Sometimes clients may repeat something they have already mentioned — which is a strong clue about its importance to the client and it may well need to be picked up in the message — and sometimes clients may mention something entirely new, which is invaluable in understanding and assisting them.

In one instance, the mother of a teenage boy who was living with his grandparents because the step father wanted nothing to do with him answered, "Maybe I should just say to my husband that the past is the past and let's get on with our life. Then I could be nice to him again and maybe over time he would start being interested in my son again. If my son made the first move that would help, but maybe that would be giving in to my husband. What do you think?" This was an invaluable piece of information for the team involved and, as a result, they asked the mother to, "Try an experiment where, for the next two weeks, you act with your husband as if the past is the past, get on with your life and be nice to him again. We want you to notice what difference this makes in your husband so you can tell us about this next time."

Break

We think about the therapy session before the break as the time when the therapist asks questions and listens, while clients talk. Following the break is the time when the therapist talks and the clients listen. Again this is a significant shift in the therapeutic conversation, probably similar in magnitude to the earlier shift to solution talk at the time of the miracle question. Like that change in direction this new shift in the conversation works best if it is punctuated. The break provides the punctuation, particularly when the therapist reintroduces (since we tell our clients about the break at the beginning of the session) the idea of the break by saying something like,

"I like to take a break since you've said a lot that is very important and before I give you my (the team's) thoughts/some feedback, I want to spend a few minutes considering everything you have told me".

Message

The message we give is made up of three parts — Compliments, Bridge and Task.

Compliments

No matter who the client, we always give compliments, as this builds the co-operative nature of the relationship between therapist and client and also encourages the client in what they are doing that is good for them. We give compliments directly related to the goals the clients have articulated. There are two particular periods in the interview that provide fertile material for compliments. The answers to the "instances of the miracle" sequence of questions and the presence of the "first step" indicate things the client is already doing to move toward their goals. These will probably provide the basis of compliments when the therapist delivers the message. The therapist tries to view the compliments from the clients' perspective and in their language so they are more likely to be accepted by them.

Bridge

This is a statement that provides a rationale for the task and links the compliments and the task. It is important to create this link because the compliments and task may not seem to flow together. For example, even though the therapist may have graciously complimented the clients, he or she may still want them to do something.

Task

We only give tasks when we know the client

is willing to do something. In part this is established through the willingness scale. More broadly, the therapist needs to ask him/herself, "Does this client see him/her self as part of the solution and is he/she willing to do something?" If the answer is yes, then a task is probably indicated. The solution-focused literature is littered with different tasks and it would be too great an effort to go into detail here. However, tasks are generally thought of as either active tasks where someone is asked to take one or more particular actions — for example, *"Pick one day between now and next time we meet and pretend that the miracle has happened"* — or an observation task — for example, *"Between now and next time we meet notice all the things that happen in your life that you want to continue to see happen"*.

The message to Ron and Brian proceeded in the following manner.

Therapist: OK, we had lots to talk about let's see if I can pull it together here. First of all thanks for coming. I guess the thing that really struck me the most is Brian can be a damn hard kid and it doesn't matter which way you cut it, the fact that you've been hanging in there and really working hard to make it work says to me you really do love him.

Father: I do, yeah.

Therapist: And I think you've got some hard work ahead of you to make this improve.

Father: Yeah, OK.

Therapist: And you've made a really good start and I think you made the big decision to take him to the police, which is a damn hard thing to do,

Father: I think that's been the hardest thing that.

Therapist: And what's most important is that it got a result.

Father: Yes.

Therapist: It's got you some of what you want: he's asked about homework instead of just faking it, he's listening more, it's helped him try more, so I think the fact that you were prepared to stick your neck out and do that and follow it through has meant that has kicked off some good things.

Father: Yeah, that's how I see it, I was going to hand [him] over as a ward of the state but you know he might be a fair little sod but I do love him.

Therapist: And that's really clear.

Father: I'm gonna stick in there someone else might've done it *(handed the boy over as a ward of the state)* but I'm stickin' in there and I'm gonna win.

Therapist: Good for you *(laughs)* I think that determination that you're gonna win in the long run that's the most important thing. What I wanted to say to you Brian is that you have been trying and you've been willing to try. The other things I wanted to say are written down here Brian. It's good you've listened to the police, and you've stopped stealing and you've made that decision. That's really important and you can see that if you keep stealing you're going to go down and its going to get bigger and bigger and you're going to go down the gurgler. And that's a big thing for a young guy like you to see that for yourself. It's good you've made that decision and obviously you have been willing to listen to your Dad — for example, you've gone and played elsewhere, and you've been listening more and trying more, like cleaning up your room this week.

You've also managed to have a period of time, you say it was three hours, Dad says it was one hour but whatever at least some time where you played well with the other kids. I don't know how you did that but ...

Brian: Dad helped me!

Therapist: Do you know what the most important thing is Brian? Is it that you're confident things will change and because you're willing to do something and want to try I want to ask you to do something if you will? *(Brian nods)* In the next week? *(Brian nods)* I want you to pick one day, let's make it between now and next Sunday,

Brian: Between now and next Sunday?

Therapist: I want you to pick one day. You don't tell me and you don't tell your Dad, you pick one day for yourself in your head and on that day I want you to pretend for that whole day that it's just like the miracle has happened. As best you can you pretend that miracle has happened, OK? You do everything that day like the miracle has happened. And the job for your Dad is to try and pick which day you choose. The first person you talk about this with is me. So don't tell your Dad; just act on that day like the miracle has happened and see if your Dad can pick it. Understand? *(Brian nods)*

Therapist: That's enough I think! *(both Father and Brian nod)*

The bridge (the rationale for the task) in this message is the simple statement, "... because you're willing to do something and want to try, I want to ask you to do something if you will". Everything before this are the compliments, with which the client's readily agreed. The bridge led, as it is meant to, into the task which follows it.

In this case the therapist was a little unsure, since Brian only rated himself at a six on the willingness scale, whether an action task was appropriate. However, Brian was quite taken by the idea of a miracle happening, so we decided to try it. As became evident during the message, Brian was very engaged and enthusiastic. Ron was asked only to see if he could pick the miracle day — first, because he gave such a low score on his willingness scale (the therapist was never quite sure if he understood that question); and secondly, he had already done a number of new things and his view of the next step revolved around Brian doing something rather than his doing anything.

Conclusion

A review of our own clinical work shows us that we conduct about two thirds of our first sessions following very closely the first session outline presented here. The times we don't occur because we follow the client in another direction.

It is clear to us that the "engine room" of successful solution-focused therapy is the focus on the client's goals or — more simply — what the client wants. We believe the first session outline described in this paper provides an excellent structure to enable the therapist to stay focused on what the client wants. In the first session, as we have presented it here, the client's goals are elicited primarily, although not exclusively, through the miracle question and the questions associated with the numerical scales. These are not the only ways to establish clients' goals but they are certainly very effective ways. We believe in fact that reflecting on client goals and how the therapist elicits these is probably the cutting edge of the development of the solution-focused model.

We are of the view that it is crucial to continually question ourselves, "What does this client want?" We need to ask ourselves this question in whatever session we are involved because often a single, simple answer does not surface in the dialogue. In fact, if there were such an answer, clients would most likely not be seeing us. Asking the question, "What is your goal in coming here?" will usually elicit problem talk — that is, the clients want their problems to disappear. We also don't wish to lock clients into committing to a goal that is not clearly what they want. So how do we and the clients figure out what they really want? This search will be the focus of our next article.

References

Berg, I.K. & de Shazer, S. (1993). Making numbers talk: Language in therapy". In S. Friedman (Ed), *The new language of change: Constructive collaboration in psychotherapy*. New York: Guilford.

de Shazer, S., Berg, I.K., Lipchik, E., Nunnally, E., Molnar, A., Gingerich, W., & Weiner-Davis, M. (1986). Brief therapy: Focused solution development, *Family Process*, 25(2), 207–222.

de Shazer S. (1991). *Putting difference to work*. New York, W. W. Norton.

Durrant, M. (1993). Change: Principles of model formation and model innovation, *Case Studies in Brief & Family Therapy*, 7(2), 23–33.

Hopwood, L. & de Shazer, S. (1994). From here to who knows where: The continuing evolution of Solution-Focused Brief Therapy, In M. Elkaim (Ed), *Therapies families: Les principales approaches*. Paris: Editiones du Seuil.

Hopwood, L. & Taylor, M. (1993). Solution-Focused Brief Therapy for chronic problems, in *Innovation in clinical practice: A source book* (Vol 12). Saratosa, Florida: Professional Resource Press.

Miller S. D. & Hopwood L. (1994). The solution papers: A comprehensive guide to the publication of the Brief Therapy Center, *Journal of Systemic Therapies*, 13(1), 42–47.

Walter J. L. & Peller J. E. (1992). *Becoming solution focused in brief therapy*. New York: Brunner/Mazel.

Weiner-Davies, M., de Shazer, S., & Gingerich, W. J. (1987). Building on pretreatment change to construct the therapeutic solution: An exploratory study, *Journal of Marital and Family Therapy*, 13, 359-363.