473. "How do you rate your chances of finding a solution on a scale of 10 to 0, where 10 means a very good chance and 0 means no chance?

474. "You have talked a lot about how you don't want things to be. What *would* you like?"

475. "What would you like instead of the problem?"

476. If the client says he or she doesn't know: "Suppose there's someone who knows you as well as you know yourself. What would that person say?"

Questions for Referrers

477. "What would be the best possible outcome of a collaboration among you as referrer, the client or clients, and me (our institution)?"

478. "What are the client's strengths and what aspects of his or her performance are satisfactory and should be maintained?"

479. "What are the limitations that we need to take into account?"

480. "What resources does the client have?"

481. "What is the first thing that would indicate to the client that a treatment is meaningful and useful?"

482. "When has this happened? Can you give an example?"

483. "What is the smallest change you can accept from the client at this time?"

484. "When was the last time that he or she was doing a bit better or acted a bit more as you would like?"

485. "What was he or she doing differently then?"

486. "What do you think helped him or her do that?"

487. "Can you indicate on a scale of 10 to 0 to what extent you're willing to do some of the things that were helpful then again?"

Questions for Clients Who Have Experienced Traumatic Events

488. "How can I help you?"

489. "How have you managed to survive?"

490. "What else has helped you survive?"

491. "How have you helped others survive?"

492. "What helps you deal with what you've experienced?"

493. "Is this the worst thing you've ever experienced? On a scale of 10 to 0, where 10 = the worst and 0 = not bad at all, indicate how bad it was."

494. "What else have you been through that was difficult and what helped you then?"

495. "Which of the things that helped you then could be useful to you again now?"

496. "Do you know anyone else who has been through the same ordeal? What has helped that person deal with it?"

497. "What does it mean for you to have survived these traumatic events?"

498. "If a miracle were to happen in the middle of the night, and you overcame the consequences of the traumatic events well enough that you didn't have to come here anymore and were (relatively) satisfied with your life, what would be different then?"

499. "What will you be doing differently when these traumatic events are less of a problem in your daily life?"

500. "How will you use your time differently?"

501. "What will you think about and what will you do instead of thinking about the past?"

502. "How will you know that you're doing that and how will you know that you'll be able to keep doing it?"

503. "When have there been times when this occurred, even if only by a little degree?"

504. "What is different at those moments? How do you manage to make those moments happen?"

505. "What would others say is different then and how would they say you manage that?"

506. "What difference will those healing changes make in your life when they have lasted for a longer period of time (days, weeks, months, years)? What difference will it make in your relationships with the important people in your life?"

507. "What difference will the changes that you've accomplished make for future generations of your family?"

508. "How will you be able to tell that you're handling it a little better or that it's a little easier for you?"

509. "What would be the smallest sign that things are going better? What difference would that make for you?"

510. "What would be the next small sign? And the one after that?"

511. "How could you regain hope that life can get easier in the future?"

512. "How much hope do you have that you can regain a better life in the future?"

513. "What do you think your next step could be? When you've taken that step, what difference will that make for you?"

514. "What did the traumatic event not change and how did you manage that?"
515. "What things in your life together do you wish to maintain, despite what has happened?"
516. "What would you like your life to look like a month from now, with the same people and with the same circumstances still in place, but when your behavior is less influenced by the traumatic event?"
517. "Considering that goal, how would you react, feel, or think about yourself if you saw yourself as a victim a month from now?"
518. "Considering that goal, how would you react, feel, or think about yourself if you saw yourself as a survivor a month from now?"
519. "Is thinking of yourself as a victim or as a survivor most helpful to you in reaching your goal?"
520. "Under what circumstances have you successfully made use of this behavior, this feeling, or these thoughts?"
521. "How did you succeed in doing it that way?"
522. "How would others who know you well say you succeeded?"
523. "Imagine you're a wise old man or woman looking back on your life. What advice would the wise old you give the present-day you to help you get though the current phase of your life?"
524. "According to the wise old you, what should you be thinking about?"
525. "According to the wise old you, what would be most helpful to you as you heal?"
526. "What would the wise old you say to comfort you?"
527. "And what advice does the wise old you have about how the treatment could be most useful and could help the most?"
528. "What helps you keep traumatic images (intrusions) and memories under control?"
529. "How do you manage to gain control of your memories?" (externalizing)
530. "On a scale of 10 to 0, where 10 = you are handling what's happened very well and 0 = you can't handle what's happened at all, where are you now?"
531. "What would you have done differently had you known about the trauma that the other person has experienced?"
532. "What difference could that have made in your relationship?"
533. "What can you do in your relationship now to compensate for what you couldn't do then?"
534. "With whom did you used to feel safe as a child?"

535. "How did you manage to feel safe with that person and what difference did that make for you?"
536. "Which experience of safety or comfort from the past could you make use of now?"
537. "What symbol for that safety or comfort could you use to help with this?"
538. "How do you now manage to sometimes feel safe and to have control of your life?"
539. "How can you comfort yourself now? How do you do that?"
540. "Who can comfort you now, even if only a little bit?"
541. In cases of, for example, dissociation or self-mutilation: "You must have a good reason to . . . Please tell me more."
542. "How does this help you?"
543. "How do you manage to come out of the dissociation into the here and now, or how do you manage to stop hurting yourself? How do you do that? What else helps in this respect?"
544. "What ritual would you be able to perform when you have reached your goal?"
545. "What ritual would you be able to perform when you've taken the first small step?"
546. "How will you celebrate your victory?"
547. "If you were to make a mental picture of a situation in the future that you are still avoiding now or that still causes you to experience fear, what would that picture look like?"

Questions for Increasing Hope

548. "What has kept your hope alive during the time that this has been a problem?"
549. "What are your best hopes?"
550. "Suppose you had more hope. How would your life or your relationship change?"
551. "How would (more) hope help you reach your goal?"
552. "What is the smallest difference that would give you more hope?"
553. "How will you notice that you are starting to have more hope?"
554. "How will you be able to tell that you have enough hope?"
555. "When *did* you feel hopeful and how did you manage that?"
556. "When you think of hope, what does it conjure up for you?"
557. "If you had a painting on your wall that reminded you of hope every morning, what would that painting look like?"

558. "What smell, color, song, or sound makes you think of hope?"
559. "If you were to choose a symbol for hope that you could carry around with you, what would it be?"
560. "What rating do you give yourself on a scale of 10 to 0, where 10 = lots of hope and 0 = no hope?"
561. "How do you manage to be at that number?"
562. "What would 1 point higher look like? What would you be doing or how would you be thinking differently?"
563. "How might you be able to go up 1 point?"
564. "Can you tell me about a period in your life when you had a lot of hope or more hope?"
565. "If you were to examine your problem, what information would give you more or less hope?"
566. "What would someone who did have (more) hope think and do in your situation?"
567. "What or who can give you more hope or take your hope away?"
568. "What would you have to do to really lose all hope?"
569. "What can you do to give yourself more hope at a time when you have no hope?"
570. "If you wanted to have more hope by the next session, what would you do or like me to do before we see each other again?"
571. "What in our conversation has given you more hope, even if only a little?"
572. "What indicates that you are on the right track to solving this problem?"
573. "Suppose the positive moments were to last longer. What difference would that make for you?"
574. "How has going from a . . . to a . . . given you hope?"

Questions for Clients in a Crisis Situation

575. "How did you manage to come here?"
576. "How did you manage to get out of bed this morning?"
577. "What have you already attempted in this situation and what helped, even if only a little?"
578. "What would you like to be different when this is over?" (goal formulation)
579. "How do you manage? How do you keep going?"
580. "How do you get from one moment to the next?"
581. "How have you been able to hold on long enough to come here?"

582. "When was the last time you ate something, and how did you manage to do that? How did that help you?"
583. "When was the last time you slept, and how did you manage to do that? How did that help you?"
584. "When do you not have these (e.g., suicidal) thoughts?"
585. "When the miracle occurs, what will take the place of your pain and your thoughts of killing yourself?"
586. "How have you managed to withstand . . . for so long?"
587. "What are you doing to take care of yourself even just a little bit in this situation?"
588. "Who and what do you think would help the most at this moment?"
589. "How do you manage to . . . , given everything you've been through?"
590. "How did you manage for so long not to have to seek professional assistance?"
591. "How did you manage to stop the undesired behavior?"
592. "How did you manage to pick up the phone and call the crisis hotline?"
593. "How would hospitalization or medication be able to help you now?"
594. "How did you manage to mobilize others to help you?"
595. "What has helped you pull through up to now?"
596. "What helped you pull through before (in a comparable situation)?"
597. "Which of those things helped the most?"
598. "Who helps or has helped you the most? And who else?"
599. "How did you know that . . . would help?"
600. "What is so helpful about that person?"
601. "What did you do to get that person to help you?"
602. "What would it take for that person to help you again?"
603. "If you were to get that help again, what difference would it make for you now?"
604. "If 10 = rest and order and 0 = chaos and being at your wits' end, where are you now?"
605. "And what else helped?"
606. "Compared to other bad days, what did you do differently this morning that helped you get up and come here?"
607. "What do you think the most useful thing that I can do at this moment is?"
608. "Could things be worse than they are? How come they aren't?"
609. "How would you notice that you had overcome the crisis?"

610. "What is the most important thing for you to remember to continue to cope with this situation?"
611. "What has helped you the most up to now and which of those things can you put to use at present?"
612. "What is the most important thing you need to remember when things go badly?"
613. "What do people around you say you do well, even under difficult circumstances?"
614. "Suppose you look back 1 year, 5 years, or 10 years from now. What will you see that has helped you emerge from this crisis?"
615. "Suppose a miracle happens tonight, and the miracle is that you can cope with this difficult situation, but you are unaware that the miracle has happened because you are asleep. How would you first notice tomorrow morning that the miracle has taken place?"
616. "Suppose that 1 year, 5 years, or 10 years from now you look back together with a friend. What do both of you say you have done in the preceding year or years that has helped you come out of this so well?"

Questions for Externalizing the Problem or Conflict

617. "What name do you give to your problem (X)?"
618. "How would you draw or represent X?"
619. "When does X not trouble you or trouble you less? What is different at those times? How do you manage that?"
620. "When does X not trouble others or trouble them less? What is different at those times? How do they manage that?"
621. "When has X not been a problem for you?"
622. "When has X not been a problem for those around you?"
623. "How much do you think X suits you?"
624. "What do you do when X has the upper hand or has control of you?"
625. "What difference does it make for you when X has the upper hand?"
626. "How does X manage to control you?"
627. "How do you then manage to regain control?"
628. "How would you notice that you had more control of X? And how else?"
629. "What is the first small step you could take to gain more control of X?"
630. "What difference would it make for you to take that first small step successfully?"

631. "How does X help you?"
632. "How do you manage to have control of X?"
633. "What are you doing when you have the upper hand and have more control of X?"
634. "Where do you now rate yourself on the control scale?"
635. "What was last week's (or last session's) rating?"
636. If the rating is higher than the previous rating: "How did you manage to reach a higher number?"
637. If the rating is the same as the previous rating: "How did you manage to maintain the same number?"
638. If the rating is lower than the previous rating: "What did you do before to get ahead? What did you do in a comparable situation in the past that was successful?"
639. "What have important people in your life noticed about you this past week? How did that influence their behavior toward you?"
640. "How have you recently been able to deceive X?"
641. "What do you (and others) do when you're planning to attack X?"
642. "What weapons do you use to attack X? Which weapons help the most?"
643. "What do you know about the way in which others who are also troubled by X attack X and take control of X?"
644. "How will you celebrate your victory over X?"
645. "Who will you invite to celebrate your victory over X?"
646. "In your speech, what will you say about how you managed to conquer X?"

Questions for Children

647. "What is your best subject in school?"
648. "What are you good at?"
649. "Whose company do you enjoy? What do they like about you?"
650. "Is there a grown-up you trust?"
651. "Whom can you talk to and who listens to you?"
652. "With whom do you feel connected?"
653. "How did you become friends with your best friend?"
654. "What other friends do you have and how did you succeed in becoming friends with them?"
655. "What do your friends and other people like about you?"
656. "How might you be able to use the qualities that allow you to build friendships to find someone who can support and help you?"

657. "How old are you? You must be . . . years old."
658. "If you were in charge, how would you want your life to change?"
659. "Suppose a wizard visited your house tonight and, with his wand, magically made the things that are troubling you go away. What would be different tomorrow morning and what would you be doing differently?"
660. "You must have a good reason to . . . Please tell me more."
661. "What would you say your parents (teachers, siblings) are doing now that is helpful?"
662. "What would you like your parents or teachers to do that they aren't doing now to help you with . . . ?"
663. "What difference would that make between you?"
664. "Would you tell me more about what you did instead of engaging in the problematic behavior?"
665. "How do you do that? Would you show me?"
666. "When did you realize that you had to start doing something else?"
667. "Are you a person who . . . ? How do you do that? Where did you learn that?"
668. "Suppose I were to talk to your parents (or teacher). What would they say is going better?"
669. "Suppose I were to talk to your parents or teacher. How would they say you managed that?"
670. "What would your best friend say you would like to be different?"
671. "What would your best friend say is going better and how would he or she say you managed that?"
672. "How could your best friend be able to help you?"
673. "Do you think it would be a good idea to bring your friend along sometime so that we can explore together how he or she can help you?"
674. "What would your best friend say you're like when you get along well together?"
675. "What would your parents say you're good at, even if you're too shy to talk about that here?"
676. "What does your mother (father, teacher) like about you? What makes him or her proud?"
677. "What would your teacher say if I asked him or her what you're good at in school?"
678. "How can you surprise your parents?"
679. "Suppose you were to pretend, at home or in school, that a miracle

had happened and that the problems were all gone. What would you be doing differently?"
680. "If you could make three wishes, what would you wish for?"
681. "What would you do differently if your wishes came true?"
682. "Suppose you could design a nice day at home. What would everyone at home have to do for it to be a good day for you?"
683. "Suppose I could magically transport the two of us 1 year or 2 years into the future. What would we see when we look at you when you're doing fine?"
684. "What animal most resembles you when you're doing well? What does that animal do then?"
685. "What animal most resembles you when you're not doing well? What does that animal do then?"
686. "What animal would you rather be than the animal you are right now?"
687. "How can you change from the animal that you are right now into the other?"
688. "When are times when you've already begun to change from the one animal into the other? How do you do that?"
689. "How would your parents or teacher see that you've begun to change into the other animal?"
690. "What difference would that make between you?"
691. "Suppose you were to make a drawing of how you would like to be. What would you draw?" The child may then actually make the drawing.
692. "And if you made a drawing of the current problem, what differences would I see between the two drawings?"
693. "Suppose you were to make a drawing of how you would like things to look at home. What would that drawing look like?"
694. "You say you don't need to be here. How come you don't need to be here?"
695. "Whose idea was it for you to come? What do you think he or she would like to be different as a result of our session here?"
696. "How do you feel about that? How do you see it?"
697. "You undoubtedly have a good reason to say that I can't help you. Please tell me more."
698. "What happened during sessions with previous therapists, and what could they have done differently so that the sessions *would* have been useful?"

699. "How would you be able to surprise your parents or teachers?"

700. "What would your parents or teachers say they would have to see to know that you no longer have to come here?"

701. "Suppose you decided to do those things. What would be different between you and them?"

702. "Would you tell me what you're doing well that makes you say that you don't need help and don't need to be here?"

703. "What are you good at at home? And at school? What sports and activities are you good at?"

704. "What do you do that makes you think things aren't so bad after all?"

Questions for Groups (Couples, Families)

705. "What is your common goal?"

706. "How is that a problem for each of you?"

707. "What do the two of you want to see instead of the problem?"

708. "How would the two of you like your relationship to be different?"

709. "What kind of relationship would you like to have?"

710. "What difference would that make for each of you?"

711. "What would you do differently in the relationship that you hope to have?"

712. "How would that help the other person?"

713. "What would the other person do differently in the relationship that you hope to have?"

714. "How would that help you?"

715. "What would be the first small step you could take to improve the relationship?"

716. "What would be the first small step the other person could take to improve the relationship?"

717. "What would your ideal relationship look like?"

718. "If the ideal relationship is a 10 and a 0 is the worst relationship you can imagine, where are you together?"

719. "If 10 = pure cooperation, and 0 = pure conflict, where are you together?"

720. "How come things aren't worse?"

721. "Who has contributed to things not being worse than they currently are?"

722. "Who was the first to think that you should seek help, and what gave him or her that idea?"

723. "Suppose you did have a common goal. What might that goal look like?"

724. "Where do you want to be together in 5 or 10 years? What do you want things to look like then?"

725. "What would your children like your relationship to look like in the future?"

726. "What would your children say is needed for that to happen?"

727. "What would your children say the first step could be?"

728. "How would your children notice that you'd reached your preferred future (to a sufficient degree)?"

729. "How might your children be able to help you reach your preferred future?"

730. "How will you celebrate with your children when you attain your goal?"

731. "What have you done together to make things go better this week?"

732. "What are you good at together?"

733. "What qualities do you value in the other person?"

734. "What positive expectations did you have about the relationship that have been realized?"

735. "How can you catch each other doing something for which you could pay each other a compliment?"

736. "What else do you both think needs to happen?"

737. "How will your lives change if that happens more often in the coming weeks?"

738. "What do you know about the other person that gives you hope for improvement?"

739. "What does the other person know about you that gives him or her hope for improvement?"

740. "How is the other person's problem a problem for you?"

741. "How do you explain that problem to yourself or to the other person? How can that help you?"

742. "Suppose the other person were able to tell me what has happened or what has caused this problem. How might that help him or her?"

743. "What will indicate to you that things are going a little better for the other person, knowing him or her as you do?"

744. "What difference will it make between you and the other person when things are going somewhat better?"

745. "What difference will it make for the other person's relationships

with the people around him or her when things are going somewhat better?"

746. "How can you end your relationship in as positive a way as possible for you both?"

747. "How can you end your relationship in as positive a way as possible for the children?"

748. "What would the ideal termination of your relationship look like?"

749. "On a scale of 10 to 0, how would you rate the current situation?"

750. "At what number would you like to end up so that you will both be satisfied with the end of the relationship?"

751. "How might you make this a win-win situation for you both?"

752. "How have you ended relationships in a positive way in the past, and which of those strategies can you apply again?"

753. "How will your life be different when you've been able to end this relationship in a positive way?"

754. "What price are you willing to pay to make things as hard as possible on the other person?"

755. "How much energy do you want to expend on that, and how much energy does that leave you for other—probably more enjoyable—things in life?"

756. "How long do you want to keep on paying that price?"

757. "How can you surprise your partner (child, parent)?"

758. "Suppose you were to do something subtle to surprise the other person. What might it be?"

759. "What will you do when you see the other person do that for you?"

760. "Suppose you woke up in 'Parent Land' tomorrow morning, where all parents are highly valued and all children are always on their best behavior. What would you see those parents doing for themselves and their children that makes them so happy?"

761. "And if you were to take two of the things you learned from those parents back with you to try at home with your own children, what would those two things be?"

762. "How have you as parents solved comparable problems in the past?"

763. "How does the other person (your family) explain the improvement?"

764. "What tells you that your child is capable of engaging in the desired behavior?"

765. "How did you notice that your child responded well to this?"

766. "In the coming weeks, what will all of you do so that things will go (even) better at home?"

767. "When do you want members of your family to help you?"

768. "How do members of your family know that you would like them to help you?"

769. "When do you want your partner to help you?"

770. "How does your partner know that you would like him or her to help you?"

771. "How does your progress help your partner or family?"

772. "Who has been the most helpful so far?"

773. "What does your partner (family) know about you that gives him or her confidence that you will succeed in . . . ?"

774. "What will your partner (family) do differently when he or she is no longer worried about you?"

775. "Suppose your child did all the things you would like him or her to do. How would he or she say you treat him or her differently?"

776. "What will you do differently together when this is no longer a problem for all of you?"

Questions for Clients in Cognitive Therapy

777. "What is already going well and doesn't need to change?"

778. "What do you want to see instead of the problem behavior?"

779. "What do you want to see instead of the dysfunctional cognitions?"

780. "What desired behavior is already present sometimes?"

781. "What desired behavior do you want to engage in more in the future?"

782. "How can you motivate yourself to engage in that behavior more often?"

783. "How can others motivate you to engage in that behavior more often?"

784. "How can I motivate you to engage in that behavior more often?"

785. "When does the desired behavior (or cognition or emotion) manifest itself? How do you manage that?"

786. "What are the consequences (advantages and disadvantages) of the desired behavior (or cognition or emotion)?"

787. "How does the desired behavior (or cognition or emotion) help you reach your goal?"

788. "How can pretending help you reach your goal?"

789. "What functional cognitions or schemata do you already have some-times?"
790. "What functional cognitions or schemata do you want to have more of in the future?"
791. "When do the desired cognitions or schemata already occur? How do you manage that?"
792. "What are the consequences (advantages and disadvantages) of the desired cognitions or schemata?"
793. "How do these cognitions or schemata help you reach the goal?"
794. "What positive basic assumptions would you like to have (instead of negative ones)?"
795. "What positive basic assumptions do you already have?"
796. "How do those assumptions help you?"
797. "Suppose you had more positive assumptions. What difference would that make for you?"
798. "What would you do differently then?"
799. "How would others notice that you have more positive assumptions?"
800. "Suppose I were to make a film of your situation in the future, when you have more positive basic assumptions. What would I see that would tell me that it's a film of the future?"
801. "How credible are those positive assumptions now?"
802. "How credible would you like those assumptions to be in the future?"
803. "How would you notice that those positive thoughts have become (sufficiently) credible?"
804. "How would others notice that those positive thoughts have become (sufficiently) credible?"
805. "When do you already have some of those positive assumptions for a short period of time?"
806. "When have the negative assumptions been absent or less of a problem?"
807. "How do you manage that? What is different then?"
808. "What small experiment could help you get one step closer to your goal?"
809. "What experiments have you done before that have helped you?"
810. "What experiments have you considered but not yet carried out?"
811. "What is needed for you to carry out those experiments?"
812. "Who or what can help you make the experiment a success?"
813. "Where will you find the courage to start this experiment?"

814. "Suppose you engage in the desired behavior. What would that mean for you?"
815. "What helpful thoughts take the place of unhelpful thoughts?"
816. "What does that mean for you? What else could it mean?"
817. "Suppose you were given a diagnosis. How would that help you get closer to your goal?"
818. "Suppose you had insight into the origin of your problem. How would that bring you closer to your goal?"

Questions About Medication

819. "Has anyone ever suggested to you that medication might help you reach your goal?"
820. "What are your thoughts about the usefulness of this medication for you (or the other person)?"
821. "How do you think this medication could work for you (or the other person)?"
822. "Have you (or has the other person) ever used medication before, and how did it help?"
823. "Suppose this medication were effective. What changes would you see that would allow you to say that the medication works well for you (or the other person)?"
824. "Suppose this medication were effective and you were doing well. What would your life look like? What would you be doing differently then? What difference would that make for you?"
825. "What do you think you could do to make sure that the medication works for you (or the other person)?"
826. "You must have a good reason to take a critical view of the use of medication. Please tell me more."
827. "What do you already know about the effects of this medication?"
828. "How can you maximize the chance that the medication will be effective?"
829. "What do you already know about the possible side effects of this medication?"
830. "How does knowing about possible side effects help you?"
831. "What reassurance do you need in order to consider a trial with this medication?"
832. "Who can reassure you on this score?"
833. "What possible side effects would you be willing to live with?"

834. "Suppose you were to consider an experiment with this medication. What experiment could it be?"

835. "What would be the maximum dosage you would be willing to take as an experiment?"

836. "What is needed for you to persevere in using this medication?"

837. "How would you notice that you no longer need this medication?"

838. "How would others notice that you no longer need this medication?"

839. "How can you maintain control of your life, even if you use this medication?"

840. "What medication have you considered but not yet tried?"

841. "What is needed so that you *would* do that as an experiment?"

842. "What do you think such an experiment would have to entail to maximize your chance of success? Who or what can best help you with that?"

843. "Pretend that we are living 1 year, 5 years, or 10 years in the future and you are feeling good. Looking back on the present, what would you say helped you take medication?"

844. "Suppose a good friend had the same problem and was considering medication. What would your advice be?"

845. "Suppose your child had a problem that might be helped by medication. What would you do as a parent?"

Questions About Relapse

846. "What can you do to ensure that things start going badly for you again as quickly as possible?"

847. "What would you advise someone who would like to have this problem to do?"

848. "What can you do to prevent a relapse?"

849. "How do you prevent yourself from being at a lower number on the scale?"

850. "How did you manage to prevent relapse before?"

851. "How do you manage to get back on the right track?"

852. "How did you manage to get back on the right track before?"

853. "What did the right track look like?"

854. "How did you notice you were on the right track again?"

855. "How did you find the courage then to get back on the right track and not throw in the towel?"

856. "How would you be able to do the same thing again in the future?"

857. "How do you know that you will have the strength and courage to get back on the right track?"

858. "What other qualities do you have that you can use to help yourself do that?"

859. "What have you done before to get back on the right track?"

860. "Who and what helped you do that then?"

861. "Who and what could be of help in the future, should that be necessary?"

862. "How would you like to be helped, should that prove necessary?"

863. "What needs to happen to ensure that you maintain positive results?"

864. "What can you yourself do to ensure that you maintain positive results?"

865. "On a scale of 10 to 0, where 10 = great confidence and 0 = no confidence at all, how much confidence do you have at this moment?"

866. "On a scale of 10 to 0, where 10 = very motivated and 0 = not motivated at all, how motivated are you to maintain your current success?"

867. "What can you remember and use from these sessions if a time comes when things are not going as well as they are now?"

868. "How will you pull through, even if you're at a very low number?"

869. "How do you manage to handle adversity?"

870. "Where did you learn that?"

871. "You must be a very resolute person, a fighter. Please tell me more."

872. "In what other situations have you been that resolute?"

873. "What do others need to do to help you relapse as quickly as possible?"

874. "What do others need to do to help you get back on track as quickly as possible?"

Questions for Coaching Managers, Teams, and Organizations

875. "How will your team function in the future when it works together as a dream team?"

876. "What would a greatly improved work environment look like?"

877. "What would your dream solution look like?"

878. "Where does your organization want to be 1 year, 5 years, or 10 years from now?" (goal formulation)

879. "What does that look like in concrete, positive, and realistic behavioral terms?"

880. "What would the outcome of this discussion have to be so that you can walk out the door thinking it was good for you to have this discussion?" (goal formulation)
881. "What do you personally want to achieve?"
882. "Which of those things would you most like to see realized in the coming year?"
883. "Which of those things is the most important for you to realize in the coming year?"
884. "What would indicate to you that you are headed in the right direction?"
885. "How will you know that your organization's goal has been reached?"
886. "What small steps do you think you need to take to get there?"
887. "When have you successfully collaborated with another person in the past, and how did you manage that?"
888. "What is happening in your team or your organization that you would like to keep the way it is?"
889. "What have been good times in your organization?"
890. "Who does what to make those good times happen?"
891. "What is going well in your organization, despite the current problems?"
892. "What are your organization's strong points and how are they achieved?"
893. "What are your coworkers' strong points?" How do they manage to . . . ?"
894. "What compliments can you pay your coworkers?"
895. "What compliments have you already paid your coworkers?"
896. "What compliments can they pay each other?"
897. "What compliments do they already pay or have they already paid each other?"
898. "How can you see to it that you pay your coworkers more compliments?"
899. "How can you see to it that your coworkers pay each other more compliments?"
900. "How would the collaboration in your organization change if that were to happen?"
901. "How can your organization's strong points best be deployed to reach the goal?"
902. "What successes has the organization achieved in the past?"

903. "What are the best memories that you have of your organization?"
904. "What do you not want to lose in your organization?"
905. "What should definitely remain the same in your organization?"
906. "What did you do differently as an organization when a previous project ran aground?"
907. "What aspects of that deadlocked project still work well?"
908. "How do your coworkers succeed in resolving situations that aren't working in the right direction?"
909. "What would indicate to the organization that a small improvement had occurred?"
910. "What would you be doing differently then? What would the members of your team be doing differently then? What would the organization do differently then?"
911. "What difference would that make for your coworkers and the organization?"
912. All scaling questions regarding the organization's goal
913. "On a scale of 10 to 0 of how hopeful you are that you will reach your goal, where would you say you are today? What is already working in the right direction?"
914. "How do you handle difficulties or setbacks that your team or company experiences? What works best?"
915. "Who in your team or company deals well with difficulties or setbacks or is untroubled by them? What do they do differently?"
916. "What could you or your team have done differently to prevent this from happening or to ensure that it was easier to deal with?"
917. "How can that help you face difficulties in the future?"
918. "What might be an indication that this meeting was useful?"
919. "What would have to be different so that you would no longer have to meet with me about this problem?"
920. "How did you manage . . . for that long?"
921. "When does the mutual collaboration work well or better?"
922. "How did you succeed in finding a solution that quickly?"
923. "How will your director or management notice that you have made this project a success?"
924. "What concrete signs will tell you that . . . is a success?"
925. "What will be the first small sign that improvement is on the way?"
926. "What would help your coworkers to better meet their commitments?"
927. "What solutions have your coworkers already found by themselves? How did they manage that?"

928. "What are qualities that your coworkers value in you as an executive?"
929. "What do you think makes them value that in you?"
930. "What are the qualities that your manager values in you?"
931. "What makes him or her value those qualities?"
932. "What are qualities that your colleagues value in you?"
933. "What makes them value those qualities?"
934. "What has been a high point in your career? Can you tell me something about that?"
935. "How are successes in your organization usually celebrated?"
936. "What would it be like for you if there were more opportunities to experience such high points?"
937. "Which person from your work life do you especially value?"
938. "What have you learned from that person?"
939. "How does that lesson manifest itself in your daily life and at work?"
940. "What is your favorite way of showing your coworkers that you value what they do?"
941. "How would it affect your coworkers (your team) if you showed your appreciation in this way more often?"

Questions for Clients in Conflict

942. "What *do* you already agree on?"
943. "What *does* work in your communication? How did you do that before the conflict arose?"
944. "How have you resolved conflicts before together?"
945. "What did you learn from that and which of those lessons could you use again now?"
946. "What positive contribution does the other person make to your relationship? What do you think the other person wants to achieve by doing that?"
947. "What could he or she do differently in the future to encourage you to adopt a different attitude?"
948. "Would you be willing to try that approach now to see whether it works?"
949. "Is there anything you would like to apologize for?"
950. "What would you like to give the other person credit for?"
951. "What would you like the other person to give you credit for?"
952. "In what ways would your relationship improve if you didn't do those negative things anymore?"

953. "How can the gap between you and the other person be made smaller so that you can bridge it?"
954. "What is needed for you to stop trying to convince the other person that you're right?"
955. "What would you most like to hear from the other person at this moment?"
956. "What would you like to be different as a result of mediation?"
957. "What would be the first signs that things are going better between you?"
958. "What has the other person said to convince you that he or she wants to find a resolution to this conflict?"
959. "What would he or she say that both of you need to do to get along better?"
960. "Suppose you *were* able to find a way to resolve the conflict. To what extent would you be willing to dedicate yourselves to it?"
961. "Suppose you were unable to find a way to resolve the conflict. What problems would that produce? And how would you want to deal with that?"
962. "What have you noticed that gives you the sense that the other person understands you, even if only a tiny bit?"
963. "Suppose you did have a common goal. What might it be?"
964. "What small sign have you already detected that gives you the sense that this conflict can be resolved?"
965. "I understand what is important to you both. What solution would meet both your wishes?"
966. "Suppose the other person were to respect your need to . . . What would be different between the two of you?"
967. "What are you not talking about that still needs to be discussed?"
968. "If 10 indicates that you completely trust the other person, and 0 that you don't trust the other person at all, what rating would you give? How do you manage to be at that number? What would 1 point higher look like?"
969. If the client believes that the other person should change: "And what would you yourself do differently then?"
970. "Suppose you had this conflict not with so-and-so but with someone else. What would your thoughts about the situation be if the other person weren't so-and-so but, for instance, your child or your best friend? What difference would that make? What solutions would

you then be able to come up with to resolve the conflict and what would your approach be?"

971. "Suppose you *were* able to agree on what the dispute is about in the mediation. How would you describe the dispute?"

972. "Suppose you were to sign a settlement agreement that only includes commitments you can both agree on. What might such a contract look like?"

973. "What will happen if this mediation fails?"

974. "When has the conflict been absent or less of a problem and what has been different then?"

975. "At what times does the conflict cease to be a problem? How do you put a halt to it and what are you doing differently at that moment?"

976. "How were you able to end a previous conflict together?"

977. "How do you treat each other differently at times when there is no conflict?"

978. "How do you resolve conflicts in other situations?"

979. "In what way will arguing help you reach your (collective) goal?"

980. "In what way do you usually manage to end an argument? Which of those strategies can you apply now?"

981. "How did you work together before the current conflict arose?"

982. "What do you want to achieve with the conflict for . . . (the organization, the children)?"

983. "What do you need from the other person to establish or reestablish a good relationship?"

984. "What can you offer the other person to establish or reestablish a good relationship?"

985. "What do you need from the other person so that you can split up amicably?"

986. "What can you offer the other person so that you can split up amicably?"

987. "Suppose the other person were to offer you what you need to establish or reestablish a good relationship. What would you do differently then?"

988. "Suppose the other person were to offer you what you need to split up amicably. What would you do differently then?"

989. "How much energy do you want to expend on the conflict? How much energy does that leave for other—more enjoyable—things in your life?"

990. "What is needed for you to give up or to learn to accept this conflict and move on with your life?"

991. "What are you still not able to forgive the other person for? What price are you willing to pay for not forgiving him or her? How long do you want to keep paying that price?"

992. "How can this conflict improve your life?"

993. "What is funny or even ridiculous about your conflict? How does that help you?"

994. "If this were your last conversation with the other person, what would you want to say?"

995. "Suppose the other person apologized. What would change in your relationship? What difference would that make?"

996. "Suppose the other person apologized. What would you start doing differently?"

997. "How do you think the other person would react to that?"

998. "What would it mean to you if the other person reacted differently to that? And how would you, in turn, respond to that?"

999. "Suppose the other person doesn't apologize. How can you go on regardless?"

1000. "How can apologizing help you reach your common goal?"

1001. "What do you eventually want to achieve by demanding an apology?" (goal formulation)

CHAPTER 11

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Reflecting on the Session

Seeing yourself as you want to be

is the key to personal growth.

—Anonymous

REFLECTION ON THE SESSION

The professional can reflect on sessions in the case of a successful treatment and in the case of stagnation or failure of the treatment. "What did work in these sessions and what would I do again next time in a comparable situation? What did not work in the sessions and what would I do differently next time in a comparable situation?" In principle, the professional does well in any case to reflect for awhile on each session he or she conducts. Reflection may also take place in the company of colleagues, in the form of peer consultation or supervision.

The solution-focused professional always asks him- or herself a number of solution-focused questions at the end of a session. These questions may also be asked in the presence of colleagues. The questions help the professional reflect on his or her contribution to the session. They also help develop his or her solution-focused skills. The questions from the interactional matrix can also be helpful in this respect.

SOLUTION-FOCUSED QUESTIONS FOR THE PROFESSIONAL

Some solution-focused questions for the professional to ask him- or herself about his or her professional performance are:

- Suppose I were to conduct this session again. What would I do differently or better next time?

- What would the client say I could do differently or better?
- What difference would that make for the client?
- What difference would that make for me?
- Suppose I conduct sessions in the future with a client who has a comparable problem. Which interventions would I use again and which wouldn't I?
- How satisfied do I think the client is with my performance (on a scale of 10 to 0)?
- What would he or she say about how I've managed to get to that number?
- What would it look like for him or her if I were 1 point higher on the scale?
- What difference would that make for the treatment?
- What would the client say if I asked him or her how I could move up 1 point?
- How satisfied am I myself with my performance (on a scale of 10 to 0)?
- How did I manage to get to that number?
- What would 1 point higher on the scale look like?
- What difference would that make for the treatment?
- How could I move up 1 point?
- What would that take?
- What positive aspects of this treatment stand out?
- What useful information have I received from the client?
- Which of his or her competencies and features can I compliment the client on?
- What does the client want to achieve in meeting with me?
- What competencies can this client utilize to solve the problem that brings him or her here?
- What kind of resources does the client need from his or her environment? Which resources are already available?
- What information about or impression of this client do I have that may help in determining his or her goal?
- What do I see in this client (these partners, this family, this team) that tells me that he or she can reach his or her goal?
- What aspects of my professional performance do I definitely want to maintain?

In addition to scaling questions about reaching the goal, and about hope

for change, motivation, and confidence, some solution-focused questions for the professional to ask about his or her performance are:

- What aspects of my personal life do I definitely want to maintain?
- When I experience problems on a personal or professional level, what works best in helping me solve them?
- What resources do I have at my disposal in my personal or professional life?
- What competencies and qualities do I have?
- How can I utilize them to find solutions to potential problems?
- Where would I like to be in 1 year, 5 years, or 10 years?
- What would the miracle look like for me?
- What would indicate to me that I am on the right track?
- What would indicate to others that I am on the right track?
- What would be the first small step I could take on that path?
- What difference would that make to me? And to others?
- How would things change between me and the important people in my life?

Berg and Steiner (2003) have suggested the following solution-focused questions for the professional if there has been no progress:

- If I were to ask the client how my contribution has helped, even if only a little bit, what would he or she respond?
- What does the client consider to be a sign of a successful outcome?
- How realistic is that outcome?
- What do I myself consider to be a sign of success?
- If the client's and my views differ, what needs to be done so that we can work on the same goal?
- On a scale of 0 to 10, where would the client say he or she is right now?
- What needs to happen to bring the client 1 point closer to 10?

At the end of each solution-focused session, the professional may request that clients offer feedback (see Chapter 3). If not only the professional but also the client provides feedback, there will be greater equality in the cooperative relationship. Client feedback is a good source of information for the professional. Usually, the client can indicate in precise terms what the professional should continue to do and what he or she could do differently. It is

a shame when professionals do not solicit their clients' feedback, because it can help them to further develop professionally. Chapter 2 described the SRS, the Session Rating Scale, devised by Duncan et al. (2004). Their research has shown that sessions are more effective when the professional gets direct feedback from the client about how he or she experienced the session and the cooperative relationship.

Wampold and Bhati (2004) argued that the persona of the therapist is of much greater significance to the success of a treatment than the treatment itself, and that evidence-based research concentrates on less consequential matters (i.e., the treatment itself). Their research indicated that the therapeutic relationship is 7 times as important as the treatment itself. Aspecific variables such as offering hope and the professional's belief in his or her own method appear to be more significant to a successful outcome than the methodology that the professional employs.

A follow-up session a few months after the treatment has ended may provide information not only about the client's current situation but also about what has worked and what is going better. Moreover, clients generally experience this form of aftercare as solicitous and pleasant. A follow-up conversation may of course take place via phone or e-mail as well. In my opinion, such follow-up sessions could be conducted more frequently than has been customary. One might also ask clients for feedback more often.

SOLUTION-FOCUSED PEER CONSULTATION MODELS

Another form of reflection involves peer consultation. One can work effectively in a solution-focused way during peer consultation, too. In peer consultation, it is customary to present problem cases or "stuck" cases; the emphasis is on what isn't going well and what should be different. With a solution-focused approach, one looks, rather, at what *is* going well: When was a treatment successful and who did what to make that success happen?

EXERCISE 24

At the end of the next 10 or 20 sessions, ask the questions suggested by Berg and Steiner for cases in which there is no progress, regardless of whether you deem the sessions successful or not. You may also invite your client to give feedback or to give feedback more often: "What was important to you in this session? What helped? What would you like to be done differently?" Allow yourself to be surprised by the client's ideas and your own ideas about what does and doesn't work in your interviewing.

The underlying idea is that participants learn just as much from their own and each other's successes as they do from failures. What follows are a number of solution-focused peer consultation models.

Little-Time-and-Many-Cases-Model: The Hardest Case

In this model, the most difficult case is presented and a limited amount of time (5 minutes maximum) is allotted to each case. Peer consultation may occur in pairs or in groups, with everyone taking a turn.

The goal is to go through a large number of cases in a short amount of time. This model takes up little time and calls for a lot of input. The focus is on how the professional can move up 1 point on the scale. Background information about the case is unnecessary; what matters is what the person presenting the case is able or willing to do to move up 1 point on the scale. What would he or she do (differently or more often) to achieve a 1-point improvement? Or what would this person do differently or more often if he or she had more confidence that the client would reach the goal or if he or she had more hope? The objective is for the presenter to recognize small improvements. The model is to the point, relaxed, fun, and effective in its search for solutions. Questions that are asked include:

- "How would you rate the last session, if 10 means that the therapy is going well and 0 means there has been no improvement. Is the client making progress?"
- "What makes you give it that rating (and not a lower one)?"
- "If the next session were rated 1 point higher, what would be different then and how would you notice that? What would you do differently?"
- "What ideas does everyone else have?"

These questions may be repeated for everyone's second most difficult case.

Do-More-of-It Model: The Best Session

This form of peer consultation is best undertaken in pairs. In this peer consultation model, positive experiences are discussed (15 minutes per participant). The nub is: "How did you manage to make it such a good session?" The focus is on repeatable interventions and on exceptions. The conversations pertain to positive experiences that the professional's partner can magnify by asking for details about them.

This model, as well as the previous one, is conducive to fostering a good atmosphere. Questions that are asked include:

- "What was your best session recently?"
- "What made it such a good session?"
- "How did you do that?"
- "What does that say about you?"
- "How would you be able to do that more often (or again)?"

Cognitive Model: The Stagnating Case

This model is used in the event of an impasse and focuses on the ideas and convictions of the professional that are impeding the progress of the therapy. Which of his or her cognitions are perpetuating the impasse? The central point is that the motivation that the professional attributes to the client carries over into the cooperative relationship. It is important to examine whether a different interpretation of the behavior and the motives of the client might break the impasse. Positive relabeling and reinterpretation take place. What may constitute another credible explanation for the client's behavior? In that case, what would the professional do differently during the session and how might it run more smoothly then? This model appeals to the professional's self-reflectiveness.

- What exactly do you and the client do during the session?
- How much motivation would you say that the client has, if you were to vent your frustrations to a colleague (if you really poured out your heart)?
- How does your interpretation always cause you to react in the same manner?
- How might you look at it differently? What more positive motivation might the client have?
- If you were to act in accordance with a different interpretation, what would you do differently then?
- What difference would that make? How would the next session go better then?

Team-Behind-the-Mirror Model: The Reflecting Team

The members of the team sit in a circle, and the presenter's case is discussed according to protocol. Roughly 20 minutes are allotted to each case. In addition to the presenter, there is a discussion leader, who is seated outside the

circle and, acting as a director, does not participate. The others form the helping team that addresses the problem that has been presented. This collegial input often has a positive effect on how the team functions, as participants are able to familiarize themselves with each other's expertise. The maximum size of the group is eight people. The model has clear steps and is somewhat rigid. However, the presenters often derive much benefit from the clarifying questions as well as the affirmations, which they may receive with a thank you. The steps are as follows:

1. *Preparation.* Everyone thinks of a case to introduce. The first group member is asked to present his or her case.
2. *Presentation.* The first presenter briefly describes his or her case and specifies what he or she would like help with. The others listen without interrupting.
3. *Clarification.* The group members take turns asking one clarifying question and one follow-up question (*what, where, when, who,* and *how* questions; preferably no *why* questions). Everyone remains silent until it's his or her turn.
4. *Affirmation.* Taking turns, each group member discusses what about the professional he or she is most impressed by in the described situation. The professional remains silent (except to say thank you).
5. *Reflection.* Anything that seems relevant can be shared: technical guidance, advice, contemplation, metaphors, poetry, associations, and so forth. Sometimes someone offers a reflection prompted by an earlier reflection. Each group member says something or skips his or her turn.
6. *Conclusion.* The presenter talks about what most appealed to him or her in the discussion, what seemed applicable, and what he or he is planning to do.

This model can also be used in the client's presence.

Brief-and-Recent-Success Model
In this short-form model, all participants briefly describe a recent success. This succinct model may also be used as a warm-up for other variations of peer review models.

Success-Maximizing Model
In this long form, one success (or more) is probed in greater depth. The following steps are taken:

1. All participants briefly mention a success. A few successes are chosen for further discussion, depending on how much time is available.
2. For each successful case, the participants ask each other questions, and together they examine what the success entails exactly, what helpful interventions have been applied, and what the success signifies for the professional and the client.
3. The participants take turns complimenting the professional who presented the case on what he or she did well as well as other things about the presenter that they respect and value.
6. Each participant briefly relates what he or she has learned from discussing the successful case and how he or she might put that knowledge to use.
7. All participants indicate what about the meeting they found useful and beneficial and which of those things they might implement.
8. The meeting is concluded and another one is scheduled.

Competence Model
In a team or a peer consultation group, participants pair up to explore each other's competencies. This occurs as follows:

1. Everyone thinks back to a recent session success.
2. One member of the pair interviews his or her colleague to find out what worked. The colleague subsequently interviews the other person to find out what worked for him or her (15 minutes combined).
3. Participants share their colleagues' success factors with at least two colleagues (10 minutes).

In this model, participants hear four success stories in quick succession: their own story, the story of the colleague they interviewed, and the stories of two other colleagues. This model allows for some physical activity, as participants mingle with their colleagues to recount their partners' success factors.

Finally, a participant may volunteer to present a case. The others one may ask the four basic solution-focused questions:

1. "What are your best hopes?"
2. "What difference would that make?"
3. "What is already working?"
4. "What would be the next sign of progress? What would be your next step?"

Asking these four questions often makes discussing the case itself unnecessary.

REFLECTION ON THE SESSION BY THE CLIENT

It has been said that competency enhances efficacy. That is why so much training and so many courses are offered. But research shows that there is barely any relationship between professionals' level of experience and their effectiveness (Clement, 1994). It is even possible that the more training a professional has, the less effective he or she is! Hiatt and Hargrave (1995) found that therapists who demonstrated low effectiveness had worked more years than therapists who demonstrated high effectiveness. They also found that ineffective therapists were unaware that they were ineffective. In fact, these therapists considered themselves just as effective as the genuinely effective therapists in the study! It seems important, therefore, for the professional's competence to be assessed not just by the professional him- or herself but by his or her clients as well. To that end, Miller et al. started asking their clients for brief feedback after each meeting. They have argued that the use of client feedback invites clients to become equal partners in the sessions: "Giving clients the perspective of the driver's seat instead of the back of the bus may also enable consumers to gain confidence that a positive outcome is just down the road." They further stated: "We advocate routine and systematic assessment of the client's perceptions of progress and fit, so that the clinician can empirically tailor the therapy to the client's individual needs and characteristics" (S. D. Miller et al., 1997, p. 15).

S. D. Miller et al. (1997) developed the SRS, the Session Rating Scale. At the end of each meeting, the client provides the professional with feedback on three areas that research has shown determine how effective cooperative relationships are in bringing about change—the relationship, goals and topics, and approach or method—and the session itself. The client is given a piece of paper with four 10-centimeter-long lines, each representing one of the areas that determine effectiveness. For relationship, for example, 0 means "I did not feel heard, understood, and respected," and 10 means "I felt heard, understood, and respected." The client places an x on the line to indicate the extent to which he or she felt heard, understood, and respected during the session. After the client has completed all the scales, the scores for all four scales are then summed. Higher scores (above 30, the maximum score being 40) reveal a better cooperative relationship and a greater likelihood of change; lower scores indicate that the relationship requires extra

attention. In that case, the professional should ask: "What can I do differently during the next meeting to earn a higher rating?" The SRS is first and foremost intended to be a tool promoting conversation between the client and the professional. Duncan stated:

> Clients whose therapists had access to progress information, like the SRS, were less likely to get worse with treatment and were twice as likely to achieve a clinically significant change. These are amazing, if not revolutionary, results—nothing else in the history of psychotherapy has been shown to increase effectiveness this much! (2005, p. 183)

The SRS can be found in Appendix E and at http://heartandsoulof change.com/measures. There is also an SRS for children and adolescents, and the SRS is now available in many languages. Registering on the Web site gives users access to all the scales, permission to use them, and information on how to use them.

SUMMARY

- Reflection by the professional on his or her own performance results in better sessions and helps him or her develop solution-focused skills.
- The professional may ask solution-focused questions about his or her professional performance at the end of each session and in cases where the no progress is made during the session.
- Reflection by the client at the end of each meeting by means of, for example, the Session Rating Scale significantly contributes to the effectiveness of the therapy.
- There are many solution-focused peer consultation models. They focus predominantly on the professional's successes and competencies.

CHAPTER 12

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Solution-Focused Interviewing
from Start to Finish

People have all they need to solve their problems.

—John Walter

Kevin is a 52-year-old high school math teacher. He presents with complaints of insomnia, heart palpitations, panic attacks, diminished concentration, unexpected crying fits (even in class), and elevated blood pressure. The family doctor has referred him to a clinical psychologist. He has been home on sick leave for over 2 months and the mere thought of going back to school causes him unpleasant physical reactions: He becomes nauseous and begins to shake. Since he's been at home, the situation has deteriorated rather than improved: He is having more crying fits and the physical symptoms have worsened. He has started drinking a fair amount of alcohol in recent months. He is not taking any medication.

THE FIRST SESSION

The first session begins with introductions; the professional works to foster a positive atmosphere by connecting with the client through discussion of his interests, relationships, and hobbies. The therapist compliments Kevin on his decision to seek help. The therapist provides some information about the solution-focused method, which appeals to Kevin. The opening question is: "What brings you here?" Kevin briefly relates his troubles and adds that he views a colleague's suicide the previous year as the cause of his complaints. He says it was a great shock and that the school administration did not arrange for counseling. He has felt alone in processing this and is angry about that. On the home front, meanwhile, his ailing father, who needs a lot of care,

was living with him and the house was being remodeled, which demanded a lot of him. In addition, he mentions that another colleague is having psychological problems, too, and often fails to come to work for that reason, causing Kevin to have to work more hours. He is afraid that this colleague will commit suicide, too; she has, on occasion, made statements to that effect. The rapport and sense of camaraderie among the teachers at school have deteriorated, and arguments have arisen about this teacher's well-being and the allocation of her hours.

The therapist then asks the question regarding goal formulation: "What do you wish to have achieved by the end of the therapy to be able to say that it has been meaningful and useful?" Kevin replies he would like to be teaching again, get along well with his colleagues, and feel relaxed at school. This means that he would be able chat with his colleagues in the teachers' lounge again and have time for a cup of coffee before classes commence, that the tension and stress surrounding the teachers' teaching schedules would be alleviated, and that the teachers would once again support each other if someone is unable to come in because of illness. He wants to joke with the students again, to laugh, and to be able to casually lean back every now and then during class. He wants to reduce his alcohol consumption to a normal amount. In response to a scaling question, where 10 is his goal and 0 the worst moment he has ever experienced, he says he is currently at 2. The therapist then asks a competence question: "How do you manage to be at 2? How come you're not at 1 or even 0?" The client says he is at 2 because he receives a lot of support from his wife and children and sometimes he has days when he is doing a little better. The therapist inquires about these exceptions. The therapist also asks Kevin what number he would like to reach in order to end the therapy. Kevin says that a 7 or 8 is sufficient. The therapist compliments him on having sought help and on expressing his complaints and his goal so clearly. With this client, there is a customer relationship: He sees himself as part of the problem and part of the solution, and he is motivated to change his behavior. The professional asks Kevin whether he would like to come back, and if so, when.

THE SECOND SESSION

At the second session, which takes place two weeks later, Kevin is asked a scaling question: "On a scale of 10 to 0, where 10 represents the moment when you feel completely fine again and are back at work (the goal) and 0 represents the moment when you felt the worst, how would you rate your current state?" His answer is that he is now at 4. He indicates that he is at 4

because his mood has improved somewhat, he is more active (for example, he attended a concert with his wife), he is sleeping better, and he feels more comfortable with other people. He is reading a little again, is able to concentrate a bit better, feels calmer, and is able to enjoy things a bit more. His wife would give him a 4, too, he thinks, for she also notices that he is doing a little better and that he is more cheerful. In response to the competence question about how he managed to get from 2 to 4 that quickly, he says that formulating his goal during the first session has helped him focus his attention on what he wants and where he wants to end up, and that he "simply started doing things." He doesn't want to think about school just yet; he declines any contact with his colleagues. He did receive a bouquet of flowers with a card from the students, however. That also helped him get to 4.

After complimenting him on his rapid progress, the therapist asks the following scaling question: "What would a 5 look like? What would tell you that you were at a 5?" He replies that he would then have some contact with colleagues (he immediately adds that he really isn't ready for that yet) and that the physical symptoms would have subsided. When asked to state what would take the place of the "subsided physical symptoms" in positive terms, he answers that he would feel fitter then. He would get up earlier and maybe go for a run.

The homework suggestion that he receives is to go on with what works (a behavioral task), to reflect on what else he associates with a 5, perhaps also to ask others how they envisage a 5, and to observe when he gets a glimpse of a 5 and what he is doing differently or what is different at those times (an observation task). He wants to return in three weeks.

THE THIRD SESSION

The opening question of the third session is: "What is better?" Kevin indicates that the physical symptoms have further diminished, that he sent an e-mail to one of his colleagues to apologize for his part in an argument (that possibility had briefly come up during the previous session), and that he received a positive response from the colleague. His alcohol consumption has drastically decreased. He has also called the school principal and told her that he wants to be included in the class schedule again, starting with half the usual number of teaching hours. On a progress scale, he is now at a 6.5. The therapist again gives compliments and positive character interpretations: "You must be really resolute. Please tell me more."

To a scaling question about his confidence regarding the success of his return to school, he responds that he is at 7 or even 8. After all, he feels more

rested, is happy with his colleague's kind response, and feels like going back. He has also decided to distance himself from the colleague with psychological problems. After the therapist compliments Kevin on everything he has already achieved and his great confidence that his return to school will be a success, the session is concluded. The homework he receives include the suggestion to continue with what works and the pretend task: "Choose a few days to pretend that you are 1 point higher on the scale than you actually are and note what difference it makes in your life and relationships so that you can tell me about it the next time."

THE FOLLOW-UP SESSION

At Kevin's request, a follow-up session takes place 3 months later. Again the opening question is: "What is better?" Kevin replies that things are going just fine. He's started school and enjoys being back. His colleagues and students welcomed him heartily, which moved him greatly. His physical complaints have largely disappeared and he reports that he's feeling stronger, that he's taking pleasure in everything again, and that he no longer frets as much about things like his colleague's suicide. He feels rested and he's been jogging. He really enjoyed the pretend task. On the progress scale, he now gives himself a rating of 8.5. His mood is positive and stable. The therapist asks some additional questions from the interactional matrix: "What rating do you think your wife would give you now?" He thinks she would give him an 8. The school principal and his students would give him an 8 as well, he believes, because everyone can see that he is considerably more cheerful and that he can laugh and joke again.

At Kevin's request, relapse prevention is discussed. The therapist asks: "What would you have to do to go back to a 4 or even a 2?" He says that he would have to get into arguments with colleagues again, work a lot of overtime at school, and place high demands on himself and his students. With a laugh, he says he'll be sure to guard against it coming to that (and he comfortably leans back as he says this). After the therapist has extensively complimented and congratulated him on the dynamic way in which he has managed to get his life back on track, the therapy is terminated. Kevin says he is happy with the result. Finally, the therapist asks: "How will you celebrate having reached your goal?" Kevin thinks for a minute and then decides to go to a nice restaurant with his wife for a festive meal. On this special occasion, it's fine to have a drink again, he thinks.

Solution-Focused Brief Therapy
as a Form of
Cognitive Behavioral Therapy

An alternative approach is simply to build on your stability.

—W. Timothy Gallwey

There are differences and similarities between solution-focused brief therapy and forms of problem-focused therapy such as psychodynamic therapy, client-centered therapy, problem-solving therapy, cognitive behavioral therapy, and interpersonal therapy. The differences between solution-focused brief therapy and other therapies involve, among other things, phasing and the stance taken by the therapist.

The phases of problem-focused therapy usually are:

1. The client describes the problem, and data are gathered in a problem anamnesis.
2. The therapist analyzes the problem.
3. The therapist devises and suggests interventions (modification procedures).
4. The client carries out the intervention.
5. Treatment is evaluated and contact between the therapist and client may continue.

The phases of solution-focused brief therapy were discussed in Chapters 1, 3, and 4.

De Shazer (1991) wrote that if the professional accepts the client's description of the problem when he or she begins treatment, by the same logic the professional should also accept the client's declaration that he or she has sufficiently improved as a reason to end the treatment. This gave rise to the idea that the client's goal and his or her solutions are more important than the problems the client discusses. In this way, the distinction between problem and solution became clear and solution-focused brief therapy came into existence.

Solution-focused interviewing is sometimes referred to as "Carl Rogers with a twist," because the empathetic attitude of the professional (derived from Rogers's client-centered therapy) is combined with the client's behavior change.

Cepeda and Davenport (2006) drew a comparison between client-centered therapy, which they referred to as "person-centered therapy," and solution-focused brief therapy. They proposed an integration of the two forms of therapy, although there are significant differences in terms of the therapist's role and the timing of the components of the therapy. In their opinion, solution-focused interviewing can be useful at a later stage of client-centered therapy (part II), when the client has had the opportunity for self-actualization and growth in the first part of the therapy and has become the person he or she would like to be. Only then would the client be motivated to work on his or her goal (i.e., becoming his or her ideal self). In the case they described, part I lasted 20 sessions, and part II, during which solution-focused interviewing was used, followed. They argued that, from the client-centered point of view, long-lasting and generalizable improvement can only be gained when the client has the courage to confront *all* aspects of the self. As solution-focused brief therapy alone may offer too little to that end, they proposed an integration:

> [Solution-focused] techniques may offer the clients tangible evidence that they are indeed on the road to becoming the person of their dreams, their ideal self. Employing [solution-focused] techniques within the [person-centered] therapy framework should increase awareness and acceptance of the self to achieve long-lasting change and congruence. (Cepeda and Davenport, 2006, p. 13)

This chapter describes how solution-focused brief therapy can be viewed as a form of cognitive behavioral therapy (CBT). To that end, a comparison is made between problem-focused CBT and solution-focused brief therapy.

It turns out that they apply the same theoretical learning principles and that they follow the same behavioral therapeutic process. Therefore, solution-focused brief therapy may be considered a kind of CBT. CBT and solution-focused cognitive behavioral therapy can be seen as two sides of the same behavioral therapeutic coin (Bannink, 2005, 2006c).

CBT AND SOLUTION-FOCUSED BRIEF THERAPY: SIMILARITIES

CBT and solution-focused brief therapy have a number of similarities. Hawton, Salkovskis, Kirk, and Clark (1995) and Orlemans et al. (1995) defined behavioral therapy as the application of methods and findings from experimental psychology. Specifically, it concerns the application of experimentally verified learning principles: Pavlov's classical conditioning and Skinner's operant conditioning. Both CBT and solution-focused brief therapy draw upon these learning principles. Solution-focused therapists apply these principles directly during the sessions with the client by selectively paying attention to conversations about goals and solutions and by withholding attention (as much as possible) from conversations about problems and complaints.

CBT and solution-focused brief therapy also have the same goal: to help clients make desired changes in their lives (Hawton et al., 1995).

CBT and solution-focused brief therapy can be mapped on largely identical flow diagrams of the behavioral therapeutic process as described by Orlemans et al. (1995). C. W. Korrelboom and ten Broeke (2004) deviated slightly from this process with a division of the therapy into three phases (diagnostics, interventions, and conclusion), yet the similarities with the behavioral therapeutic process discussed by Orlemans et al. are greater than the differences. CBT and solution-focused brief therapy are concerned with changing both cognitions (i.e., the way one views and thinks about the problem) and behavior (i.e., the acting out of the problem). The focus is not on emotions in either form of therapy, although the impact of emotions is acknowledged and validated. Although the term "functional analysis" is not generally used in solution-focused literature, the solution-focused therapist always conducts functional analyses with the client. These are not functional analyses of problem behavior but rather analyses of exceptions, of times when the desired behavior (or desired functional cognitions) already occurs (de Shazer, 1985). In addition, CBT and solution-focused brief therapy both make frequent use of suggested homework and evaluation of the treatment provided.

Problem-focused behavioral therapeutic process		Solution-focused behavioral therapeutic process	
TABLE 13.1 Comparison of the Problem-Focused and the Solution-Focused Behavioral Therapeutic Processes			
Introductions		Introductions	
Problem analysis ←		(Problem discussion) Goal analysis ←	
Baseline measurements		Baseline measurements of desired behavior	
Functional analysis		Functional analysis of desired behavior	
Plan and goal formulation		Modification procedures (already present)	
Modification procedures			
Execution		Execution	
Evaluation		Evaluation (each session)	
Decrease problem behavior —→ No Yes —→ Stop/continue/change		Increase desired behavior —→ No Yes —→ Stop/continue/change	

SOLUTION-FOCUSED COGNITIVE BEHAVIORAL THERAPY

What follows is the "translation" of CBT into solution-focused brief therapy (called solution-focused cognitive behavioral therapy, or SFCBT), with an overview of the differences at each stage. The stages of the flow diagram of the behavioral therapeutic process described by Orlemans et al. (1995) are used as a guiding principle (see Table 13.1). The names of the stages are derived from the solution-focused behavioral therapeutic process.

Stage 1: Introductions
Building the cooperative relationship
During this stage, each (behavioral) therapist works on building a positive cooperative relationship, or rapport. He or she does so by listening to the client with empathy and by asking questions. The solution-focused therapist inquires explicitly about things the client is good at and about successful moments in his or her life. The solution-focused therapist pays the client compliments and asks competence questions: "How did you manage to . . . ?

How did you come up with the great idea to . . . ?" Competence questions invite the client to compliment him- or herself and thus build self-confidence. This immediately sets the tone: SFCBT looks at what is going well already and where the client is successful.

If the client wants to talk about his or her problem or complaint, the solution-focused therapist listens attentively and acknowledges the client's suffering. As quickly as possible, he or she asks what the client wants to see instead of the problem. There is no further exploration of the problem. In solution-focused brief therapy, the past is only used to uncover the client's previous successes and to use them, if possible, in solving current problems.

Assessing the motivation for behavior change
In SFCBT, the client's motivation for behavior change is assessed as early as the first session. During the session and in assigning homework, the solution-focused therapist matches the client's given motivation as closely as possible.

Stage 2: Goal Formulation (Choice of Desired Behavior)
In SFCBT, the client's goal is formulated during the first session. In CBT, goal formulation takes place *after* the problem choice and the analysis. The goal of solution-focused brief therapy is not the reduction of the complaint or problem (forestalling negative outcome goal) but an increase in the client's desired behavior (approach goal). To that end, one doesn't need to know much about the problem behavior. Desired behavior also comprises desired functional cognitions; after all, cognitions can be considered a form of internal behavior.

A solution-focused question about goal formulation is: "What do you want instead of the problem (or problem behavior) in concrete, positive, and realistic terms?" From that moment onward, the treatment concerns itself as much as possible with desired behavior. If the client formulates an unrealistic goal, the therapist may acknowledge the unattainability of the goal and examine with the client which part of the goal *is* achievable. SFCBT often uses scaling questions: On a scale of 10 to 0, the client can indicate where he or she stands and how close he or she has come to the goal. In scaling questions, the unrealistic goal may also be equated with 10 and the client can examine what number he or she might conceivably reach. It is rare for a client to want to end up at 10.

SFCBT is a diagnosis-transcending treatment method. One may choose to commence treatment immediately and if necessary pay attention to diagnostics at a later stage. Severe psychiatric disorders or a suspicion

thereof justify the decision to conduct a thorough diagnosis, since the tracing of the underlying organic pathology, for instance, has direct therapeutic consequences.

Outpatients in primary or second-line health care are suitable for a solution-focused approach. During the first or follow-up sessions it will become clear whether an advanced diagnosis will be necessary, for example if there is a deterioration in the client's condition or if the treatment fails to give positive results. Analogous to "stepped care," one could think of this as "stepped diagnosis" (Bakker, Bannink, & Macdonald, 2010).

SFCBT inquires about desired behavior in the past, present, and future (by means of questions about goal formulation or about exceptions). In CBT, the therapist invites the client to share the story of his or her problem and they use the session to explore and analyze the problem. The therapist thus positively reinforces problem talk during the sessions. In SFCBT the therapist moves on to the question about goal formulation as quickly as possible. There is positive reinforcement during the session of goal and solution talk and negative punishment for problem talk through the withholding of attention (leading to extinction of the problem talk). Negative punishment also takes the form of questions about what the client would like to see instead of the problem. In SFCBT the client does receive acknowledgment of the impact the problem has on his or her life (see Chapter 3).

In SFCBT, problem development becomes competence development. Qualities and characteristics that promote resilience can be inventoried. In the process, one reflects on how the client has learned and applied functional cognitions and functional behavior.

Stage 3: Baseline Measurements
The baseline measurements in CBT consist of registrations of situations in which undesired cognitions or undesired behaviors occur. Dysfunctional cognitions are traced (and later challenged, in order to teach the client to develop and apply more functional cognitions). In SFCBT the registrations are concerned with situations in which the desired cognitions or desired behavior already occur or have occurred (exceptions). "When did or do those moments occur, what were or are you doing differently then, and what are the consequences of that behavior?" Together with the client, the therapist examines when there are or were functional cognitions in certain difficult situations and the client is invited to apply those functional cognitions more often. One may suggest an observation task as homework. The client is then asked to pay attention to when he or she already has functional cognitions so that he or she can tell the therapist about it during the next session. It is up to the client to

decide whether to write down his or her observations. Topographic analyses are descriptions of situations in which the desired behavior manifests itself.

Stage 4: Functional Analysis
In SFCBT, functional analyses are always about desired behavior rather than undesired (problem) behavior. The professional conducts the analysis by finding exceptions in the past or present or by asking about goal formulation and the miracle (the future).

Questions about situations when the problem has been absent or less of a problem
Stimulus Sd = When has the problem been absent or less of a problem?
Response = What exactly have you done (differently) then?
Consequences = What were or are the consequences of that behavior?

The client is asked about behavior and cognitions (operant responses) and emotions.

Questions about situations when the desired behavior or cognition has been observed
S = When have you observed the desired situation, even if just a little?
R = What exactly have you done (differently) then?
C = What have been the consequences of that behavior?

Questions about the future
S = The miracle has happened (or the goal has been reached) and the problem that brought you here has been solved (to a sufficient degree).
R = What are you doing (differently) then or what will you do differently then? What does that look like in concrete and positive terms?
C = What will the consequences be?

Burger (1994) pointed out that one can make functional analyses of desired behavior:

Incidentally, one could easily have the procedure commence with desired behavior (which is perhaps not yet or too infrequently displayed). Only the manner in which therapeutic measures are linked to the Cs would then have to be inverted in the sense that inhibiting Cs are undercut and stimulating Cs are enhanced. (p. 30)

Stage 5: Modification Procedures
In CBT the therapist is the expert who tells the client what he or she needs to do to alleviate his or her problem. SFCBT views the client as someone who is capable of solving his or her problem him- or herself and who already possesses knowledge of the necessary modification procedures and the ability to use them. By asking about exceptions ("How did you previously manage to . . . ? How do you currently manage, even if only a little, to . . . ? What do you know about what others do to solve the same problem?"), the solution-focused therapist inquires about the client's competencies. Compilation of an inventory of coping strategies in the early stages (holistic theory and competence development, baseline measurements) puts the modification procedures at the ready. In principle, solution-focused brief therapy doesn't add anything new, unlike problem-focused therapy, in which the acquisition of skills is customary. Solution-focused brief therapy assumes that one can always find exceptions that the client can repeat or do more often. Theoretically speaking, "learning" is therefore not a solution-focused term; rather it is more accurate to speak of "becoming better at" a specific skill. In this way, one offers recognition of what is already there: the road the client has already traveled. Should the client take an interest in which modification procedures the therapist has available, the therapist should of course feel free to tell the client about them. However, the solution-focused therapist always first invites the client to open his or her own "store" of modification procedures; the therapist only opens his or her "store" afterward. SFCBT *does not add anything new*: The client makes use of his or her previous successes and ideas to achieve the desired situation in the future. Only in the unusual case that the client can't think of any will the therapist offer suggestions him- or herself. From stage 5 onward, the behavioral therapeutic process in SFCBT is one stage ahead of CBT.

Stage 6: Execution
Doing homework is considered important in CBT. The homework usually involves congruent tasks (e.g., baseline measurements, cognitive therapy, behavioral experiments). Therapeutic impasse often occurs because clients receive these congruent homework assignments when they are not yet motivated to carry them out; in other words, the therapist is not on the same page as the client, in terms of his or her current level of motivation. This causes problems in the therapeutic relationship: The therapist experiences irritation, discouragement, and insecurity, and concepts like resistance and noncompliance crop up. The solution-focused therapist only offers homework

suggestions if the client thinks it useful (see Chapter 5). Change often already takes place *during* the session, which renders homework less important. The therapist also functions as a model (providing positive reinforcement of the desired behavior through the use of solution talk instead of problem talk). Cognitive restructuring takes place when the therapist opens up multiple perspectives on the problem faced by the client, who usually has a limited and rigid explanation for the origin of the problem. Searching for multiple options for change produces a cognitive restructuring.

To the client in a visitor relationship no homework is suggested; rather, the therapist compliments the client on having come and asks whether he or she wants to return. To the client in a complainant relationship only observation tasks are suggested ("Think about what you want to keep the way it is and what doesn't need to change" or "Think about the times when the problem is absent or is less of a problem" or "Think about times when a small piece of the miracle already occurs"). Behavioral tasks (the do-more-of-what-works, do-something-different, and pretend tasks) are only suggested to clients in customer relationships. See Chapter 5 for an overview of all homework suggestions. If the client wishes, one may use congruent procedures from CBT here. Consider CBT, for instance, if the client wants to think differently about certain matters in order to get closer to his or her goal, or consider behavioral experiments that are developed in conjunction with the client. Because the client usually already carries knowledge of modification procedures (and the ability to use them) within him- or herself (e.g., because he or she has noticed that something worked), he or she will be more motivated to engage in those procedures than when the therapist prescribes a different modification procedure.

Classical learning principles are applied as well when the client is asked to practice incompatible behavior (counterconditioning) by way of the pretend task or the do-something-different task.

Stage 7: Evaluation
In CBT, the evaluation of how well the objective has been met usually occurs at the end of the treatment. Therapeutic progress is measured by the extent to which the problem has been alleviated. In SFCBT, the opening question is always: "What is better?" By asking scaling questions, one evaluates during each session how close the client has come to his or her goal and whether another appointment is necessary. Therapeutic progress is measured by increased engagement in the desired behavior. In SFCBT, the client determines whether he or she wants to return, and, if so, when, and when the

therapy can be concluded. If the client thinks that it may be useful, one may discuss relapse prevention and conduct a follow-up session.

A distinctive feature of SFCBT is that it devotes attention to the end of the treatment from the very first session on. The various questions about goal formulation make that very clear: "What would you like to have achieved by the end of this therapy?" or "What would indicate to you that you're doing well enough that you don't have to come back anymore?"

Duncan (2005) did research into the efficacy of treatment. He found that treatment is more effective if the therapist asks the client to provide brief feedback during *each* session by way of an appraisal of the session and the therapeutic relationship (see Chapter 11).

MICROANALYSIS OF THERAPEUTIC SESSIONS
Tomori and Bavelas (2007) meticulously examined a number of therapeutic sessions conducted by famous therapists such as Rogers and de Shazer. Their microanalysis showed that solution-focused therapists ask more questions than client-centered therapists. Client-centered therapists make more formulations and ask fewer questions. In addition, solution-focused therapists make more positive statements than client-centered therapists, who make more neutral or negative statements. Clients, in turn, are more inclined to make positive statements if the therapist makes positive statements, fostering a more positive atmosphere during the session.

Research has also been conducted into the differences between CBT and solution-focused brief therapy. Smock et al. came to the same conclusions (personal communication, 2009).

COMPARISON WITH TWO OTHER FORMS OF CBT
Problem-Solving Therapy
In the 1970s, the problem-solving model of D'Zurilla and Goldfried (1971) developed out of the psychoanalytic cause-effect model. Because there is sometimes confusion surrounding the terms "solution-focused brief therapy" and "problem-solving therapy," problem-solving therapy is briefly described here.

The central assumption of the problem-solving model is that there is a necessary link between the problem and the solution. The problem-solving model involves a phased process. In this model, one starts by collecting data and by describing the problem or the complaint. One studies its nature and severity and analyzes what its causes might be. A goal is formulated that is usually related to the alleviation of the problem, or that is meant to reduce

the negative consequences of the problem. Interventions are then devised to reach that goal, usually by means of brainstorming. During the brainstorming session, one first generates as many options as possible; formulation of a critique of each option doesn't occur until later. After one of the options has been chosen and the intervention applied, one evaluates to what extent the problem or its consequences have lessened or disappeared.

The problem-solving model incorporates a segmentalist approach: A large problem is broken up into components and interventions are designed for each component. Afterward, all components are brought together again in the belief that the larger problem has been resolved. In reality, this rarely pans out and may even have a contrary effect. According to Cauffman:

> Like most classic management models, the problem-solving model and the segmentalist model have one element in common: the focus, fixation even, on problems and their causes. Since causes always precede the ensuing problems, these models are primarily interested in the past. (2003, p. 27)

Constructional Behavior Therapy

In 1974 Goldiamond proposed a constructional approach to problematic behavior, arguing that intervention should focus on expanding adaptive repertoires instead of eliminating maladaptive ones. In this vein, Bakker-de Pree (1987) developed constructional behavior therapy. Its main feature is a focus on the client's successful behavior (i.e., the behavior that contributes to survival and self-maintenance and results in a better personal state for the client). Restoration and extension of the successful behavior causes disordered and maladaptive behavior to become superfluous and fade away.

Although the approach is well founded on knowledge of behavior analysis and has been described thoroughly in the Netherlands, where it was developed, it has not yet been presented to the international scientific and clinical community, with the exception of several presentations at international conferences.

Unlike solution-focused brief therapy, which looks for situations in which the desired behavior occurs, constructional behavior therapy inquires into situations in which the problem behavior does not occur (all situations minus the problem behavior, or S delta). The objective of constructional behavior therapy is to look, via the S delta, for unwanted consequences or moments when the client is able to avoid the unwanted consequences of this non-problematic behavior. That is where the causes of the problem behavior are

assumed to lie. In recent years, the focus of constructional behavior therapy has shifted. The goal is to strengthen the client's ability to self-regulate, prompting him or her to take control of his or her life by focusing on opportunities rather than problems. This can be done by way of mending and improving the client's adaptive functioning so that natural positive reinforcement restores his or her quality of life. Hence, the similarities between constructional behavior therapy and SFCBT have grown.

SUMMARY

- Problem-focused therapy differs from solution-focused brief therapy in its therapeutic focus and the therapist's attitude.
- There are similarities between problem-focused CBT and solution-focused brief therapy: The same theoretical learning principles are applied and the same behavioral therapeutic process is followed. Therefore, solution-focused brief therapy can be considered a form of CBT.
- There are also a number of differences between CBT and SFCBT, which are apparent from a flow diagram of the behavioral therapeutic process.
- CBT and SFCBT can be seen as two sides of the same behavioral therapeutic coin.
- In this chapter, a comparison was made between SFCBT and two other forms of behavioral therapy: problem-solving therapy and constructional behavior therapy.

Afterword

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What was before is left behind,
that which was not comes to be,
and every minute gives place to another.
—Ovid, *The Metamorphoses*

Panta rhei. Everything flows. In mental health care, education, management, and coaching, and in mediation, there has been an evolution from long-term to short-term forms of treatment and from curative to preventative. Brief goal-oriented interventions have the wind at their back; interventions for psychological problems and waiting lists should and can be shorter, and client emancipation is on the rise: Clients themselves are able to formulate their goals, think up solutions, and put them into effect. Professionals ought no longer reinforce the weak "whine and complain" attitude of clients but rather should make them stronger and prompt them to take action.

Problem-focused interviewing is increasingly being abandoned: "What was before is left behind." Talking about successes in the past, present, and future helps. The solution-focused professional's skill is working with the client's expertise in a goal-oriented way. Unlike in the problem-focused model, the professional is not an expert who has all the answers; he or she allows him- or herself be informed by the client, who goes on to come up with his or her own solutions. Treatment providers may cease to view psychotherapy "as a group of methods that rely as much as possible on psychologically validated knowledge to reduce emotional problematics" (K. Korrelboom, 2004, p. 227). The time is ripe for a positive objective. Instead of reducing or removing the problem, which keeps the frame of reference within which solutions are found quite limited, one may ask about goal formulation with the help of stretch goals: "What do you want to see instead of the problem?" In positive terms, most clients' response is that they desire happiness and a satisfying and productive life. Following Aristotle, de Bono (1977) asserted that men (and women) consider "happiness" the goal of existence. As de Bono pointed out, this can mean different things; each client can provide his or her own definition of happiness with respect to his or her behavior, cognitions, and emotions, and together with the solution-focused professional the client can search for the ways to get closer to his or her goal.

Clients are encouraged to work hard at realizing their goals, which leaves the professional with energy to spare at the end of the day. Because there is always cooperation with the client, the sessions take place in a positive atmosphere. Working in the solution-focused vein thus prevents complaints of burnout on the part of the professional. Solution-focused interviewing reduces costs as well, as the number of sessions is usually limited. The implications are substantial: Training in diagnostics and problem-focused treatment methods can be shortened and complemented by training in constructing a goal and solutions together with the client. This would bring much change for the better for clients and professionals alike—although Chartier's observation that "there is nothing more dangerous than an idea when it is the only one you have" (qtd. by O'Hanlon, 2000, p. 53) remains true for all methods, including the solution-focused one.

APPENDIX A
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Protocols for the First Session

First Protocol
All questions are submitted to each client present.

Problem
"What brings you here? How is that a problem for you? What have you already tried and what has been useful?"

Goal Formulation
"What would you like to be different as a result of these sessions?" Here one may ask the miracle question or another question about goal formulation.

Exceptions
"When have you caught a glimpse of the miracle? How does that work, exactly? How do you manage that? How do you make that happen?" Alternatively: "When is the problem absent or less noticeable? How does that work, exactly? How do you manage that?"

Scaling
- Progress since the appointment was made: "Where are you at this time on a scale of 10 to 0? How is it that you're already at that number? How did you manage that?"
- Motivation to get to work: "10 means you're willing to give it your all, and 0 means you're not willing to put in any effort."
- Confidence that the goal can be reached: "10 means that you are very confident, and 0 means you have no confidence at all that your goal can be reached."

Feedback
- Compliments on what the client has already done that's helped and positive character interpretations
- Reason (rationale or "bridge") for the task (preferably in the client's own words)
- Task or homework suggestions: behavioral tasks for customers, observational tasks for complainants, no tasks for visitors

Concluding the Session
"Do you think that it is necessary/it would be useful for you to come back? If so, when would you like to come back?"

Second Protocol
- What are your best hopes?
- What difference would that make?
- What is already working in the right direction?
- What would be the next sign of progress? What would be your next step?

APPENDIX B

. . . .

Protocol for Goal Formulation

Role Clarification

Introduction of professional, how long the session lasts, whether there will be a break to reflect before the feedback.

Problem Description

"What brings you here?"

"How is that a problem for you?"

"What have you tried and which of those things helped?"

Goal Formulation

"What would make this session worthwhile for you?" (or another question about goal formulation)

Miracle Question

Always pay attention to the difference: "What will you notice is different? What is the first thing you notice? What else? Who else will notice when the miracle happens? What will that person notice is different about you? What else? When that person notices that, what will he do differently then? What else? When that person does that, what difference does it make for you? And what will you do differently then?"

Toward Solutions

If the client is able to answer the miracle question: "If you were to pretend that the miracle had happened, what would be the first small piece of it that you would do? How might that help you?" or "What is needed to have part of the miracle happen? How might that happen? What makes you think that that's possible?"

Conclusion

- If the client gives a concrete and detailed response to the miracle question or another question about goal formulation, compliment him or her. Then suggest: "Pick a day in the coming week and pretend the miracle has happened. Observe what difference that makes."
- If the client does not give a concrete and detailed response to the miracle question or another question about goal formulation, suggest: "Pay attention to what happens in your life that gives you the sense that this problem can be resolved." Or say: "Pay attention to what is happening in your life that you would like to keep happening because it's good (enough)."

APPENDIX C

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Protocol for Finding Exceptions

As you look for exceptions, you may inquire about the client's observations and, using the interactional matrix, about what important others might be able to perceive. One can distinguish between exceptions pertaining to the desired outcome (e.g., by means of the miracle question) and exceptions pertaining to the problem.

EXCEPTIONS PERTAINING TO THE GOAL

1. *Elicit*
   "So when the goal has been reached (or the miracle has happened), you will talk to each other about how your day has been. When do you already see glimpses of that? If your husband were here and I asked him the same question, what do you think he would say?"
2. *Amplify*
   "When was the last time you and your husband talked to each other? Tell me more about that. What was it like? What did you talk about? What did you say? And what did he say? What did you do when he said that? What did he do then? What was that like for you? What else was different about that time? If he were here, what else would he say about it?"
3. *Reinforce*
   Nonverbal: Lean forward, raise your eyebrows, make notes (do what you naturally do when someone tells you something important).
   Verbal: Show interest. "Was this new for you and him? Did it surprise you that this happened?"
   Pay compliments: "It seems that it was pretty difficult and that it required courage for you to do that, given everything that's happened in your relationship. Please tell me more."
4. *Explore how the exception came to be, ask for details, and pay compliments*
   "What do you think you did to make that happen? If your husband were here and I were to ask him that, what do you think he would say you did that helped him tell you more about his day? Where did you get the idea to do it that way? What great ideas you have! Are you someone who often comes up with the right ideas at the right time?"

5. *Project exceptions into the future*
   On a scale of 10 to 0, where 10 means a very good chance and 0 means no chance at all, how do you rate the chances of something like that happening again in the coming week (or month)? What would it take? What would help to have that happen more often in the future? Who needs to do what to make it happen again? What is the most important thing you need to keep remembering to make sure it has the best chance of happening again? What is the second most important thing to remember? What would your husband say about the chance of this happening again? What would he think you could do to increase that chance? If you decided to do that, what do you think he would do? If he were to do that, how would things be different for you (in your relationship)?

EXCEPTIONS PERTAINING TO THE PROBLEM

1. *If the client cannot describe a goal (or miracle) and only talks in problem terms.* "Can you recall a time in the past week (or month, or year) when your problem was less severe, or when the problem was absent for a short period of time?" Then continue with the five steps for exceptions pertaining to the goal (or miracle).
2. *What is better?* All subsequent sessions commence with the exploration of these exceptions. Remember to follow all five steps and to ask both individual and relational (interactional matrix) questions. After examining an exception, always ask: "What else is better?"
3. *Coping questions.* Sometimes the client is unable to find exceptions and the difficulties he faces are enormous. In that case, you may ask coping questions to find out what the client does to keep his head above water: "I'm surprised. Given everything that's happened, I don't know how you cope. How do you do that? How do you keep your head above water?"
4. *If a client describes a prolonged unpleasant situation with ever-discouraging events.* In such a case, you might say: "I understand that you have many reasons to be down. There are so many things that turned out differently than you'd hoped. I wonder how you've kept going and how you've been able to get up every morning and start a new day. Please tell me more."
5. *If the client says he or she must go on, for example, for the children's sake.* In such a case, you might say: "Is that how you do it? You think of your children and how much they need you? You must care about them a great deal. Please tell me more about what you do to take good care of them."

Protocol for Formulating Feedback

CONSIDERATIONS

- Is there a well-formulated goal? (With multiple clients: Is there a well-formulated common goal?) What is that goal?
- Has the goal been defined in positive, concrete, and realistic terms (i.e., the presence or increase of desired behavior instead of the absence or decrease of undesired behavior)?
- What exceptions are there?
- Are the exceptions repeatable (deliberate exceptions) or are they coincidental (spontaneous exceptions)?
- What type of relationship is there between the professional and the client (visitor, complainant, customer)?

FEEDBACK

- Compliments
- Rationale or bridge (reason for the task)
- Homework suggestions if the client wants to be assigned a task

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Session Rating Scale (SRS)

Name _____

Date _____ (day) _____ (month) 20_____ Session no. _____

Please rate today's session by placing a cross mark on the line nearest to the description that best fits your experience.

RELATIONSHIP

I did not feel heard, understood, and respected.		I felt heard, understood, and respected.

├---┤

GOALS AND TOPICS

We did not work on or talk about what I wanted to work on and talk about.		We worked on and talked about what I wanted to work on and talk about.

├---┤

APPROACH OR METHOD

The professional's approach is not a good fit for me.		The professional's approach is a good fit for me.

├---┤

OVERALL

There was something missing in the session today.		Overall, today's session was right for me.

├---┤

Protocol for Subsequent Sessions (EARS)

Submit all questions to each client present.

Eliciting
"What is better (since your previous visit)?"

Asking for Details (Amplifying)
"How does that work? How do you do that exactly? Is that new for you? What effect does that have on . . . ? What is different then between you and . . . ?"

Reinforcing
Give the client compliments and offer positive character interpretations.

Start Again
"And what else is going better?"

Do More of It
"What is needed for you to do that again or more often?" If absolutely nothing is better: "How do you cope? How do you get through that? How come things aren't worse? How do you do that? If you can continue to do that, would you have accomplished what you came here for?"

Scaling Progress
"Where are you now? How do you manage that? How did you make that happen? What does a higher rating look like? What would be different then? How would you be able to get there? What is needed for you to do that? Who will be the first to notice? How would that person notice? How would he react? And what would that be like for you? At what rating would you like to end up?"

Scaling Motivation and Confidence (Optional)
Feedback
- Compliments
- Reason for the assignment (bridge, rationale)
- Homework suggestions: behavioral tasks for customers, observational tasks for complainants, no tasks for visitors

Future Sessions
"Is it necessary/would it be useful for you to come back?" "If so: When would you like to come back?"

Protocol for Externalizing the Problem

Name of the problem: _____

The problem controls me/us						I/we have control of the problem			
1	2	3	4	5	6	7	8	9	10

Circle your current state on the above scale.
Where are you on the scale compared to last time? If you went up on the scale, indicate below how you managed that.

_____

_____

_____

If you remained at the same level as last time, indicate how you managed to stay stable.

_____

_____

_____

If you ended up lower on the scale, indicate what you have done before to get ahead. What did you do in the past in a comparable situation that was successful?

_____

_____

_____

What have important others in your life noticed about you this past week? How has that influenced their behavior toward you?

_____

_____

_____

_____

Solution-Focused Questions for the Referrer

1. In your opinion, what would be the best possible outcome of a collaboration among you as referrer, the client, and me or our institution?

_____

_____

_____

2. What are the client's strengths and what aspects of his performance are satisfactory and should be maintained?

_____

_____

_____

3. What are the limitations we need to take into account?

_____

_____

_____

4. In your opinion, what resources does the client have?

_____

_____

_____

5. What do you think would be the first sign that would indicate to the client that a treatment is meaningful and useful? And what would be the first sign for you?

_____

_____

_____

6. When does this already happen now? Please give an example.

_____

_____

_____

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www.authentichappiness.com
Site of Martin Seligman, the founder of positive psychology

www.brieftherapy.com
Site of Bill O'Hanlon, author of numerous books about solution-focused interviewing

www.brieftherapy.org.uk
Site of BRIEF, "Europe's largest provider of training in the solution focused approach"

www.brieftherapysydney.com.au
Site of the Brief Therapy Institute of Sydney, Australia

www.ebta.nu
Site of the European Brief Therapy Association, which hosts the annual European solution-focused brief therapy conference

www.edwdebono.com
Site of Edward de Bon

www.fredrikebannink.com
Site of Fredrike Bannink, the author

www.gingerich.net
Site of Walter Gingerich with outcome studies

www.korzybski.com
Site of the Korzybski Institute, a training and research center in solution-focused brief therapy

www.reteaming.com
Site of Reteaming Coaching at the Helsinki Brief Therapy Institute

www.solutionfocused.net
Site of the Institute for Solution-Focused Therapy

www.solutionsdoc.co.uk
Site of psychiatrist Alasdair Macdonald, with many outcome studies

www.solworld.org
Site for "sharing and building Solution Focused practice in organizations"

www.talkingcure.com
Site of the Institute for the Study for Therapeutic Change and Partners for Change, the authors and designers of the SRS

www.centerforclinicalexcellence.com
Site of the ICCE, a worldwide community of practitioners, healthcare managers, educators, and researchers dedicated to promoting excellence in behavioral healthcare services (Scott Miller).

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