



THE SECOND SESSION

THE TASK OF THE INTERVIEWER IN THE SECOND SESSION

People come to see us because they want things to be better. One could therefore claim that not only is “better” the only valid subject to talk about – it would also be disrespectful to the client not to talk about it. We will always start with this subject since the dialogue is immediately brought to the purpose of the sessions.

By “the second session”, we mean the process that takes place when the interviewer and the client talk about what is better. It is therefore more useful to talk about “first-session-behavior” which is when the therapist and the client try and figure out how they are to know when therapy is no longer needed, and “second-session-behavior” when the therapist and client try and figure out what is better and how it happened.

Our job in the first session (first-session-behavior) is to understand (or perhaps create with the client) how the client will know when things are better, and our job in the second session is to find out what has been better, how it was better, where it was better, with whom it was better, how other people noticed it was better, and what the client and other people did that was helpful for these things to happen. The purpose of this is simply to try and find out what we think could be useful for the client to do more of.

This is a clear and limited task and means that the really relevant thing we need to do is to find out if the client thinks things are moving in the right direction and how it is happening.

THE SECOND TIME WE MEET

The session always starts with the interviewer asking a variation of the question: “What is better?” This is not an easy question to ask while trying to learn solution focused interviewing. After one has worked this way for some time one learns to expect that things will be better the second time one meets¹ and after this has become a reality the question will be asked without hesitation. Until then it requires self-discipline to ask the question and therapists will often worry about what to do in the event the client answer “nothing” or “it’s worse”...

A variation of “what is better?” is to start the session with highest and lowest on the miracle scale.

“It’s been x days since we met. Life goes up and down, sometimes it’s a bit worse and sometimes it’s a bit better – so – since we met last – what’s the highest you’ve been on the miracle-scale and what’s the lowest?”²

¹ As a matter of fact, experienced solution focused interviewers expect their clients to be better already when they come to the first session and around 9 clients out of 10 will describe that things have become better since they called and made the first appointment (see the chapter on the miracle question and scale).

² I heard this idea first from Björn Johanson, SolutionWork.

The client answers with two figures (lowest and highest) and the client and interviewer then explore when it was better, what was better, how it happened, with whom, what was new etc (see below for the details of this). Nothing prevents the interviewer from asking about when things were low on the scale, but this is then most often made from the perspective “*what was different*” when it was low compared to when things were worse before³. In this way even bad days become part of a progressive story.

A third variation is “So what did you do since we met last that has been good for you?” Perhaps this question fits best in somatic care and a chiropractor we know intimately regularly starts her second sessions with this.

A fourth variation of “What is better?” is ... We leave this one open. There are of course countless ways to create dialogues around “better” and there are many that haven’t been tested yet.

We think it is important to know that general questions like “how are you?”, “how has it been since we met last?”, “how are things going?” are experienced by the client as invitations to talk about how “the problem” has fared since they met the therapist last. It is obvious and self-evident that between the first and second session most clients have only had small pieces of “better” happen and most of the time has been as problematic as before the first session. If the interviewer is vague, the session will most likely become a continuous repetition of the different problems that brought the client to the first session.

WHEN THINGS ARE BETTER

When the client starts describing what’s been better the interviewer asks questions about details – **what** has been better, **when** was it better, **where** was it better (in what area of life), **with whom** was it better, **how** did it happen, **what did the client do** to make it happen and **who was of help** and **how**. Sometimes the therapist also explores **why** – what motivated the client to do the changes he/she made.

We ask very carefully around what the client thinks other people noticed that was different and how the client saw or heard from them that they’ve noticed the changes.

- What does other people notice?
- What do they say?
- How do you notice on them that they’ve noticed the change?
- How are they different towards you?

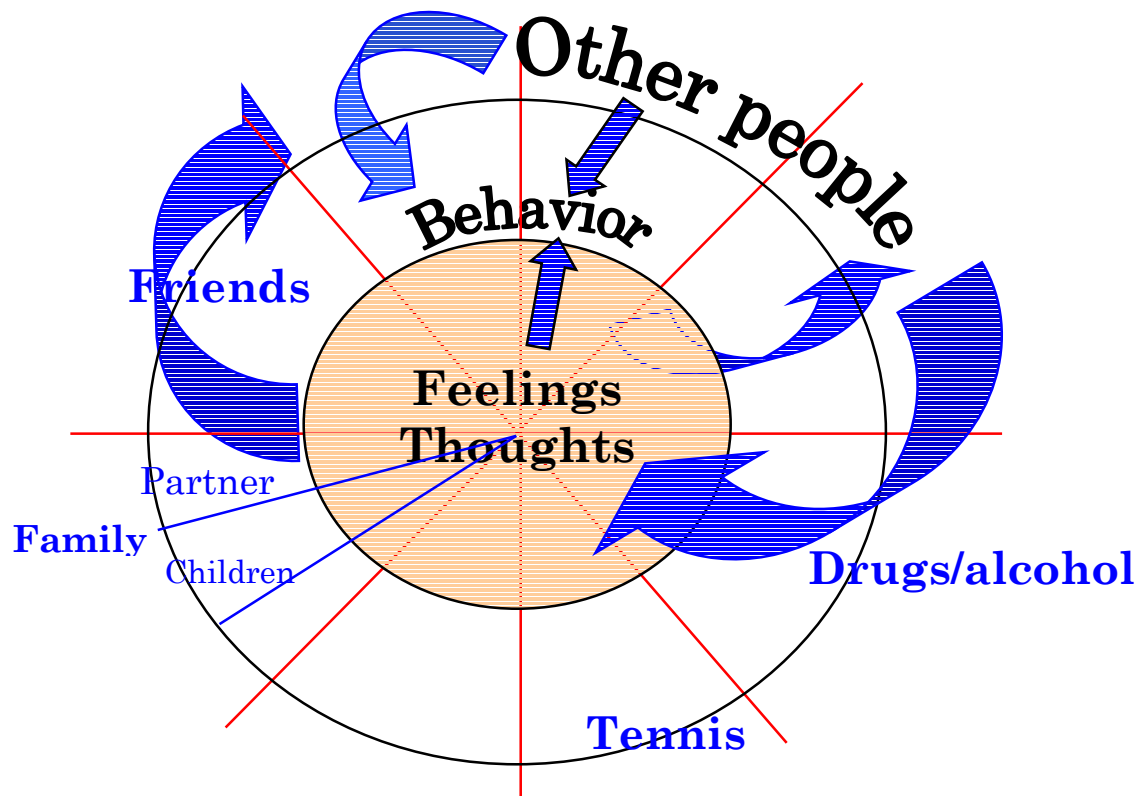
Insoo Kim Berg has often said: “The more detail, the more real”. The more details the client has described around what has been better, the easier it is to do it again.

When we have explored one area – one context in life – where things are better, we move on to the next one.

The picture below is one way to facilitate questioning and helps keep the conversation focused around ordinary daily activities in the client’s real life. It is useful when creating a common project, exploring miracles and preferred futures, and when explor-

³ Was it shorter? Did the client handle it differently? Did other people notice any difference compared with how it is usually?

ing what has been better. Should one wish to use it to explore problems it can probably be used for that too.



FEELINGS, THOUGHTS, BEHAVIOR AND INTERACTION

One of the most common answers to both the common project question and the miracle question is a variation of:

"I'd feel better."

This is an emotional state (for most people in Western culture), pointing to the inside of the person. As we have outlined in the chapter on the common project, the circles above helps us move the dialogue between inside and outside and to move between different parts of everyday ordinary life.

Lots of people have difficulties describing behaviors from their own vantage point and have difficulties answering how they will notice this themselves, but are often capable of answering: *"So how would your best friend (or parents/children/partner) notice if you felt better?"*⁴ Feeling better is not only an emotional state, it always trans-

⁴ It is often easier to take this question in two steps. *"So – did X notice that you felt better?"* After yes to that question: *"How did he/she notice?"* Should the client think that the other person didn't notice, it can be useful to ask how the client would notice on the other person that he/she had noticed a difference, and maybe asking about what kind of difference it would take for the other person to notice it.

lates into behavior, so questions around how other people will notice this almost always fit ⁵.

Solution focused interviewers are interested in wholeness. Emotion, thoughts, behaviors, and interaction, and we think that none of these “levels” exist independently of the other. They are all parts of the same thing. So the next question builds on:

“And what would (best friend/husband/ children etc) do if he saw you do that?” (or “when he saw you felt happy”)

How other people behave towards us have an effect on how we feel and what we do. Since everything is connected and people know this (common sense), there are numerous ways to create descriptions with detail and depth.

“So when your (best friend/husband/ children etc) does this – what do you do then? (or feel then or think then?)”

Now we are back in the center again – feelings and thoughts – but now described in context – or at least in a possible context – and we can go on with *“So when you feel that, how does your boyfriend notice?”* or *“What do you do then?”*

Using this conceptualization⁶ one can move from emotions and thoughts to behaviors and interactions, and one can move from descriptions of how other people will be different (or were different) to interactions, thoughts, and emotions whilst building more and more detail and building every question on the clients previous answer.

DIFFERENT AREAS IN DAILY LIFE

We live our lives in many different areas. If we feel better in one area of our life that feeling tends to follow us into other areas of life. When we feel better with our wife, we often feel better (and do better) with our children and it influences how we play tennis and it may influence how much alcohol we drink. So – once we have created a description of how Ken’s relationship with his parents has improved we can expand; move sideways in the circle (see figure above).

“So that’s what’s better in relation to your parents. So – has that made any difference in other areas of your life? (Friends, girlfriend, teachers, football, etc?)”

We think about the person who is in front of us. In what areas/contexts does he/she move about? Is this a teenager? What does he/she do in his spare time? Are there differences in those areas? Does she have a boyfriend? Is there a girlfriend? What would his best friend say?

We are systematic. In what parts of daily life does who notice what and how do you notice on the persons there that they notice it?

Thus feelings, thoughts, and behaviors in different parts of the person’s life are knitted together into a whole. We think that this kind of questioning breaks down the

⁵ While reading the questions, it can be useful here to formulate them as if you were asking a client what’s been better since you met the client last time. So a question exploring the miracle like: *“So if you felt better – what would you be doing then that you’re not doing now?”* then becomes *“So – last Tuesday when you felt a little bit better – what did you then that you don’t normally do?”*

⁶ This is not a description of how things are. It’s simply a concept that may be helpful when constructing detailed pictures of the preferred future, exceptions, and “better”.

artificial barrier between inside and outside⁷ and help place both desired and undesired emotions and behaviors in the contexts where they belong.

WHERE? WHEN? WHAT? WITH WHOM? HOW? WHY?

So better **when?** **Where** were you when you felt better (at home? In what room?) **Who** saw it and how did they react? **Why** did you do it? Was it new? Was it difficult? What difference did it make?

It is in-depth descriptions of feelings, thoughts, and interactions with others that create substance and usefulness for the client.

When things happen they have one or more causes and one or more effects. At least that is how language works. So when someone has told you about things that were different or better it makes sense to ask what made it become different and we can ask what consequences it had.

It is useful to know that when we ask for **what** was different it is common that clients answer with **why** they did what they did. This means that we will get an answer to a question we didn't ask ("*Why did you do it?*") and we don't have an answer to the one we asked ("*What was different?*"). Thus this question is still open and possible to ask, but only after the question answered has been acknowledged and contextualized ("*Ok – so that's why you did it... Ok, ok.... So – what did you do that was different?*"). The question the client answered (despite us not asking it) can of course not be asked again (even though we never asked it).

Another common answer to "**What** was different?" is that the client starts describing the various positive effects it had on him/her or other people. It is sometimes useful to have a sort of timeline in ones head when one interviews.

What preceded the desired behavior, thought, interaction, and feeling?

What was it (behavior, thought, interaction, and feeling)?

What effects did it have (behavior, thought, interaction, and feeling)?

BETTER – BUT NO ONE NOTICES

With children and teenagers in particular – but also with many other people – it is common that the client describes that things are better but no one around them has noticed. This can be problematic – we believe that the chance of a change becoming stable and permanent increases if people in the client's life respond differently to the client.

Scales are useful. For instance a child sent by the teacher. The child has tried to make some improvements but doesn't see the teacher responding differently towards him.

So where do you think your teacher would put you on the miracle-scale?

At 3. The same as myself.

And how high do you think your teacher needs to get on that scale before he shows you that he has noticed that you're really making an effort?

⁷ Brakes down the pathologizing Cartesian tradition that dominates in psychology and psychiatry (that body and soul are distinct and separate.).

Maybe a 6.

At 6. That's tough. So – when he thinks you're at 6 – do you have any idea how you will notice it on him?

He might say hi in a nicer way.

Ok – saying hi in a nicer way.... Do you have any idea what he needs to see you do in class for him to put you there?

Maybe if I was on time 2 days in a row.

Ok – say something more about how he will react to that?

Oftentimes the client eventually discovers during the interview that there actually already are changes in the person they are talking about and when this happens it obviously makes it easier to continue the effort.

It is important to remember that big, spectacular changes are easy to discover and that small steps in the right direction can be very difficult to recognize. In both cases it is equally important to create detailed descriptions of what has been different. It is also important to remember that small changes are more common than big ones.

NO CHANGE OR THINGS ARE WORSE

It is unusual for things to be worse. At the Brief Family Therapy Center 3% of the clients were worse at the second session⁸.

SOMETHING HAS HAPPENED

The most common cause for things being worse is that something has happened in the client's life that has been difficult and painful. Don't assume at once that things are really worse. Maybe things are worse AND things are better.

It is the fifth session. Therapy has been going on for a couple of months and Ursula tells me her mother has suddenly and unexpectedly died. It is very difficult and painful and Ursula lies awake in her bed most nights tormenting over all the things she should have told her mother and will now never be able to.

"How do you manage during the days?", asks the therapist and she says that during the days she's ok. She is busy taking care of her father and her children and all the practical things around the funeral. She is very sad but this doesn't hinder her from doing what she wants to do – honoring her mother in the way she is doing it now. She has decided that she will not stay behind and let her sisters and brother take care of the situation, she wants it her way – she wants to honor her mother.

"Is this new?" asks the therapist.

"Yes – it is. Before I would have let my brother take care of everything, but now I feel strong enough to deal with it and I know exactly how I want the funeral and all that to be."

"Does your siblings notice the difference in you?"

"Yes – a lot. For the first time they trust me, trust that I can handle it, trust that I know what I'm doing."

"How do you notice that?"

⁸ Personal message Steve de Shazer July 2005. Data from BFTC.

“They ask me what I think. They ask me how I want things to be. Before they would have tried to protect me from everything – sort of taking care of it behind my back.”

“So what is it they see in you that makes them feel that they can trust you?”

“They see that I’m not falling sick. Had it been a year ago I would just have sat there crying, stopped eating again and they would have had to take care of everything – including my children. Now I take care of most of the stuff around mom and they can see that I can cope with it.”

“Wow – so – on a scale where 10 stands for you’re handling your mother’s death as well as anyone could handle it, and 0 means the opposite of that – where would you put yourself on that scale?”

She thinks for a while and answers “8-9.”

“8-9! Wow... What are you most proud of that you’re handling that makes you put yourself there?”

“That I continue to do good things with my children despite being in the middle of this.”

“So if I asked your children where would they put you on the same scale?”

“The same.”

“Ok – and if your mother had seen you in this – what would she had been most proud of?”

The conversation continues for a long time around the same theme with mother’s view, the siblings’ view, and the children’s view on the things that have become different. The therapist then asks Ursula how confident she is that she can continue to do the things that she knows are good for her.

Ursula answers that she is almost at a 10. Not 10 though, she adds, because one never knows what can happen, but she knows that she is doing the right things for herself and it is not strange that she feels sad, and she knows she needs to do these things because it is good for her and it’s good for her children. She is 100% confident that she is on the right track. These are the kinds of things she wants to be able to do, this is how she wants to be as a person and the session ends with the therapist and Ursula agreeing that she will be in touch in case things should get worse.

WORSE TODAY – BUT THINGS ARE ACTUALLY MOVING IN THE RIGHT DIRECTION

It’s very common that it’s worse on the day the client comes back for the second session or third session and that things were better in between.

Martin comes to the third session. He was at 0 on the miracle scale in the first session, in the second he was at 4 and now he comes for the third session.

“So what is better?”

“Actually nothing is better. It’s the other way around.”

“It’s worse?”

“Yes.”

“That’s tough.”

“Yeah.”

“So where are you on the miracle scale if you put yourself on that?”

“Last time I was at 4. Now it’s more like a 2”.

“2”, says the therapist and thinks for a moment. *“So you’ve gone down from 4 to 2?”*

“Yes”

“So – what did you do to prevent it from going all the way down to 0?”

“I’ve tried to occupy myself with things I know are good for me”.

“For instance what?”

“Well – I was... I was at work 2 days last week and I’ve called the place where I might start working out... I’ve made an appointment to be shown around”.

The therapist nods and echoes thoughtfully. *“Made an appointment to be shown around. Been at work a couple of days”:*

“Hm”, answers Martin and continues; “And I’ve been out with my girlfriend ... no ... I took my girlfriend out this Friday and had dinner at a fancy place.”

“Had dinner at a fancy place?”

“Yes”

“Where was that?”

Martin mentions a fancy place and the therapist asks:

“Was it nice?”

*“Oh yes. It **really** was!”*

“Really was?” echoes the therapist. *“Did she appreciate it?”*

“Very much so”, answers Martin and smiles.

The therapist laughs and says: *“So she really appreciated it?”* and Martin nods.

“What is it in this that is good for you? Is it doing things she appreciates, something with her, or you taking the initiative to do it? Which is most important?”

“I think all of those are equally important.”

“All of them?”

“Yes – I think they are.” He pauses, thinks for a while and continues. *“Absolutely. It felt as if it was as important to her as it was to me. A couple of weeks ago she told me that she longed for the day when it is just her and me and she longed for the day when I’d feel ready to do something with her outside my home, her home, and the hospital ‘cause those are the only places we’ve met since the accident. And then she said that if she’d have to wait for half a year she’d do that... But that wasn’t necessary.*

“Wow, what a girl” says the therapist, looks at the roof, looks thoughtful, and then moves on. *“So – this was much more than taking your girlfriend to a fancy restaurant. This was breaking a pattern, taking a big step doing something outside...”*

“Yes, absolutely. A very big step.” answers Martin.

The therapist interrupts a long and thoughtful silence:

“So what else? What else do you do that is good for you?”

“I went to my job last week. I decided to do that.”

“Can you do that just like that on impulse or do you have to...?”

“Yes. I can come and go as I want. It’s my rehabilitation. Feeling how much I can be there and when I find it convenient.” He pauses and thinks for a while before continuing: *“And today I called the workout-place. I’d been there and checked it out and they gave me the number to someone they suggested I should talk to and then I called her today.”*

“Today?” asks the therapist. *“What made you do it today?”*

“I thought about doing it yesterday but yesterday I was totally paralyzed. I broke down already in the morning so I wasn’t capable of doing anything at all yesterday.”

“So yesterday was a real bad day?” says the therapist.

“Yeah – it really was – but today I made up my mind to do it and then I did it.”

The therapist leans forward – looks wondering and asks: *“So when you say you’re at 2 – is that today that you’re at 2?”*

“Yes. Yesterday I felt like 0.”

“Yesterday you felt like 0. Ok. And when you were out with your girlfriend – how high did you get then?”

“Like 5-6, I think ... it felt like... yes absolutely.”

“So you had moments over 4 since you were here last?”

“Yes I did.”

“Wow!” and a long thoughtful silence before the therapist continues. “Let’s get back to that later... yesterday you felt like shit and today you made up your mind. How does that process work? How do you get yourself to do that? When you have a day like yesterday, when you break down and nothing has any value. How do you get yourself back on track?”

Life goes up and down. Sometimes we have a good day and sometimes we have a bad one. That’s how it is for ordinary people and our clients are ordinary people. We don’t strive for every day being a 10. We accept that there are bad days without thinking that we need to go to therapy for that.

IT IS ACTUALLY WORSE OR NO CHANGE

Sometimes our sessions don’t make a difference. Despite our best efforts we are not able to create descriptions together with our clients that life is becoming better. Things continue the same or the clients describe that it’s getting worse. They feel more anxious, feel more depressed, they continue drinking or gambling, they continue to behave in ways they don’t want to behave, and they find no way to change it.

If there is no change towards better⁹ within 3-4 sessions, the first thing we try is to do something different. We may return to talking about the problem. Does the client think we are working with the right problem and are we working towards the right goal? We may try and change the number of people in the room or we may ask a colleague to join the session over one-way-mirror or ITV. We may ask a colleague to do a consultation interview with the client. We may want to inquire more around the client’s theory of why there is a problem and how the client thinks that change comes about¹⁰ and we may try other models than SFBT if we feel comfortable with that.

If things continue the same despite these efforts we will start thinking that we are not part of the solution. Research data¹¹ suggests that the person (the relationship) is more important than the method and we recommend that one withdraws and refers the client to another therapist.

Richard Besenhofer applies the term “Therapeutic incompetence” when after 4-5 sessions not much change has been reported. He then suggests to the client that he should be fired because of **his incompetence** to help. Unless the client can convince him that things are better and/or what has been useful/helpful, a referral is in order. Oftentimes the client will then identify things that the therapist has not considered. Once the therapist is convinced he then asks: “What should we talk about today that might be useful?” or expand upon themes identified earlier. Another advantage of this approach is that it sometimes refreshes and clarifies the goals.¹²

⁹ If things stop becoming worse in circumstances that are getting worse this is actually progress and a sign that the client is doing something right. Questions around how and what the client does that prevents things from becoming worse can be very meaningful.

¹⁰ In order to find a better fit with the client’s theory of change.

¹¹ Ongoing research. Therapists within a model are helpful to 30-80% of their clients (variance within models is higher than variance between models) and the chance of getting help with the next therapist is 70%. (Personal message Scott Miller ISTC 2004).

¹² Richard Besenhofer – personal communication July 2006.

HOW DID YOU DO IT?

Up until here in this chapter we have talked mostly about how to create descriptions of what has happened that are signs that there is progress. From here on we will mainly talk about how to create descriptions of how it happened.

How did you do it? asks the therapist.

I just did it, answers the client. This is one very common answer to the question and it doesn't contain enough information for us to be able to tell the client what to do more of. We find the following questions helpful for clarifying what behaviors would be helpful for the client to do more often.

How did you get yourself to just do it?

I made up my mind and then I just did it.

How did you move from decision to action? How did you do it?

We can become very nagging when we examine this. It is useful to remember that answering "how" you did something is easier when it is clear "what" you did. If the "what is different"-part is vague or unclear it becomes almost impossible to give a meaningful answer to "how did you do it?"

The other day (summer 2005) I walked a slope downhill from a middle age castle (somewhere in France). The path was difficult and I thought for a short while about the precision required to put my foot down exactly on the spot where I had decided to put it. A small rock looking like it was stable – my foot on that rock – exactly where I decided to put it down.

I trusted that my body and my nervous system would make sure my foot ended up where I had decided it was to end up. It was automatic even if there were many active decisions made during this rather difficult descent. The question "how did I do it?" wouldn't have been a meaningful one. This question is only meaningful when clients do something that is new or unusual - breaking a pattern, behaving differently in specific situations. That is when the question can be deeply meaningful and a great help for someone who is experimenting with finding his way in the world.

The clearer it is for a person how they did it – the easier it is to continue to do it. With people without answers to this question we ask it many times – we continue being curious about how they made the changes they actually made – we ask what their friends and relatives would answer and when we don't get answers – we ask again.

There is no shame involved in not knowing the answer to this question and there is no shame if you as the interviewer don't get answers to it. If the client/family doesn't find an answer it will often become meaningful to ask people to continue doing whatever it is they are doing and think about (notice) **how they do it** until next time you meet with them.

SCALES

MIRACLE

“Where are you on the miracle scale today?” or “What is the highest you’ve been on the miracle scale since we met last?” is a question that will be present in essentially every solution-focused conversation ¹³.

It is in the exploration of when things were at their best (what, when, where, with whom, and how did the client make it happen) that we build descriptions together with our clients about life moving on in the right direction - that things are improving.

CONFIDENCE

When we have an answer to how the client made things become better we will regularly ask “how confident” the client is that he/she can continue to do what he did that made a difference. We tend to go much slower today than we did some years ago. Instead of asking the client what would be signs of further progress we ask how confident the client is that he/she can maintain a 4 (or 3 or 5 or 6 or wherever the client puts him/herself). “So on a scale from 0 to 10 where 10 stands for you’re totally confident that you can stay at x – or get back to x if you fall down – and 0 means no confidence at all – where would you put yourself on that scale today?” Sometimes (more often than not) questions are added that specifically address what the client described as being something he did that made things better:

“So on a scale where 10 stands for you’re confident that you can continue to ... (decide / force yourself / continue to do what you need to do / think positively / talk to yourself etc) and 0 means it depends on the weather. Where are you?¹⁴ We then ask questions around what the client knows about himself that makes him put himself there, and not lower, and pretty regularly we ask what needs to happen in the client’s life for confidence to grow higher.

RIGHT TRACK

How confident are you that you’re on the right track?

Most clients we meet at this point rate themselves high on this scale. Perhaps we are luckier with our clients or perhaps we’ve gotten better at describing what is better and how that is connected to the client’s goal, or perhaps we’ve gotten better at listening to and highlighting what the client wants.

So – it’s better – the client is confident that he can continue – perhaps we asked the client a scaling question around how confident he/she is that it will continue to become better if he/she continues doing what he/she is doing – and the client is high on all these scales. Frequently we will return after the break and tell the client that we are

¹³ In the first session it will of course be “since you decided to seek help”. Not since we met last.

¹⁴ We will regularly ask about confidence even when clients cannot describe how they made a difference. We are often surprised by how high some people put themselves even if they don’t know exactly what or how they did something that made a difference.

not sure they need to come back and frequently the client will answer: "That's exactly what I was thinking while you were out."

YOU NEVER KNOW WHAT QUESTION YOU ASKED BEFORE YOU HEARD THE ANSWER – AGAIN

During the first session Victoria set herself at 5 on the miracle scale while her mother puts her at 3.

Victoria believes her father and school would set her at about the same as her mother, and the therapist asks what people notice about her that makes everybody put her higher than 0 and she answers: *"I'm more calm and I'm nicer to people around me. I'm not the big aggressive one any longer."*

The therapist answers: *"Wow – and what else is better?"* and she says that she started going more to school and if we'd had asked mom she'd agree so the therapist asks; *"So – how did you get yourself to do this?"*

Victoria answers: *"When I started seeing Kristin at first I didn't go to any classes ... well actually when I had my mentor Tim I went to all the classes because he went with me and it was much more fun and when he quit I started skipping classes again. Then with Kristin I started going to classes again and I went to all classes, but now she quit so it's back to where it was before."*

She's talking about what Tom and Kristin did some time ago that was helpful to her – it is as if she's answering the question "What did other people do that was helpful to you?" The therapist didn't ask this. He asked what she did herself so he tries again:

"Hm, ok... and what did you do to get started again these last three weeks?"

"Mom and my teacher." She answers again with what other people have done. Well – there's nothing wrong with that information – particularly since mother is in the room – and it can be useful to know more about what other people have done.

"So what did they do that was helpful?"

"My teacher has tried to get me back into the classroom."

"How has he done that?"

"By making it more fun."

"And what has your mother done that's been most helpful?"

"She nags."

"Hm – so she doesn't stop nagging. And what has your father done?"

"He nags."

"Do you have friends that have been helpful?"

"In physical education there is my friend Minnie who always says: Come on – let's go to phys-training!"

"And that is helpful?"

"Yeah, that's helpful and I go to English class too"

"Does it work better there?"

“Yes.”

“How come?”

For a few minutes the therapist and Victoria explore what other people did that was helpful and the therapist then returns to:

“So – *this is what everybody else did.... So – what is the most important thing you did that made a difference? That got you up from 0 to 5?*” asks the therapist as he leans forward and points with his index finger at Victoria.

“*I tried changing.*”

“*Say something more about that.*”

“*I thought I had to make it.*”¹⁵

“*Thought you had to make it. How come you think like that, why is that important?*”

“*So I don’t have to listen to the nagging.*”

The therapist and mother burst out laughing. Victoria laughs too. Well – it certainly is a good reason, but are there more?

“*What else? Do you have anything else to gain? Do you want to do something with it? Do you have any plans?*”

What is different, why did the client do these changes, how did the client make these changes, who was helpful, and what was the effect of the change? Answers to any and all of these questions contain useful information and we often get answers to other questions than the ones we ask.

An aid might be a list with the following questions:

- What is better?
- When was it better?
- Where was it better? (In what place)
- Who saw it?
- What did you see on them then?
- What did you do that made it happen?
- What did other people do?
- Why did you do this change?

Think about each answer you get during this process – what is better and how did you do it? Which questions have you gotten an answer to? Echo building on the client’s answers:

“*What is better?*”

“*I’ve gone to school?*”

“*Wow – how did you get yourself to go to school?*”

“*I thought that if I continue to do drugs it will end badly and my parents will be so sad?*”

¹⁵ Maybe she is answering **why she did it** rather than **what** she did. We rarely ask why but it is a question many clients will answer when we ask what was different or how they did something.

*“So – you went to school **because** you thought about what you wanted with the drugs and with your parents?”*

“Yes.”

*“So that’s **why** you went to school?”*

“Yes.”

“Ok ... So that was why. Ok – so how did you get yourself to go to school?” (The “How did you do it-question” comes back since she hasn’t answered it yet.)

“Mother got so happy when I started.”

“Mother got happy when you started school?”

“Yes.”

So now she is talking about the effects of the change she made. She still hasn’t described how she made it happen.

“Ok – so mom was happy that you started going to school again. Hm, I see... So how on earth did you get yourself to start going to school?”

“I dragged myself.”

“You dragged yourself? So how did you get yourself to do that?”

So – it’s important to listen since you never know what question you asked before you heard the answer. ¹⁶

We prefer saying that we never know what question we asked before we heard the answer. We think that formulating ourselves in this way reduces the risk of us thinking that the client misunderstood us. When we think that we never know what question we asked before we heard the answer it becomes our responsibility to notice the clients answer as meaningful and important and this helps us avoid the risk of us repeating a question the client already answered. In this way clients teach us something about fit and in what order questions can be asked, and the clients teach us something about the art of dialogue in each session.

THE MIRACLE QUESTION AGAIN

The miracle question is like a thread running through most series of solution focused sessions. It is asked in the first session and it is recalled in each session when the therapist asks the client where he is at and has been on the miracle scale since the last session.

So in every session the client will describe what is and has been better. The therapist asks for details, asks how it happened, and asks if it is new ¹⁷.

A rather typical beginning of a second session is the following transcript of Victoria’s second session.

Therapist: *So 10 days since we met. So – what’s better?*

¹⁶ What is the cause of the change? – What has changed? – What is the effect of that change?

¹⁷ If it is new – something that hasn’t happened before, it may be proof that what happened is “real development”.

Victoria: *I don't know. (She reflects for a while before continuing). I think I'm calmer. I don't talk as much.*

Therapist: *Don't talk as much in a positive way?*

Victoria: *Yes. I'm calmer.*

Therapist: *You're calmer ... so where do you notice mostly that you're calmer?*

Victoria: *In school. I go to classes and I'm calm. I sit quietly and work.*

Therapist: *Is it a calm you feel inside or are you just quieter, or is it both?*

Victoria: *It's more like both.*

Therapist: *Both... so you feel calmer – when you say you talk less, is that more quiet generally or less disturbing?*

Victoria: *Less disturbing.*

Therapist: *So that's different. Would your teacher say that you're different?*

Victoria: *Yes, since I am usually very talkative, so she'd say I'm quieter... sort of.*

Therapist: *More quiet in the classroom. Would she say that you're working harder too, or is there no difference in how you do your schoolwork?*

Victoria: *Yes. I work in class now.*

Therapist: *More quiet and working? Those are the two differences?*

Victoria: *Yes.*

Therapist: *So ... (long silence before he continues). What did you do that made things better?*

Victoria: *(She shrugs her shoulders) I have no idea. I've just gone nuts.*

Therapist: *Just gone nuts. So how you did this is a big question.*

Victoria: *Yes.*

Therapist: *So we put double question marks there. You don't know how this happened!!!*

Victoria: *No.*

Therapist: *Is this a difference that affects you? Are you feeling worse or better?*

Victoria: *I feel better.*

Therapist: *You feel better!*

Victoria: *Yes.*

Therapist: *So if 10 means the day after the miracle and 0 is ... (the therapist looks at his papers) we talked about a miracle last time didn't we.*

Victoria: *Hm.*

Therapist: *... wanting to go to school, flying out of bed etc. A hell of a lot. Where would you say you're at on that scale today?*

Victoria: *6-7*

Therapist: *6-7 ... so a couple of steps better.*

Victoria: *Hm.*

Therapist: *So what else is better?*

Victoria: *My mood ... I'm not as ... I don't get angry as quickly.*

Therapist: *Better patience?*

Victoria: *Yes.*

Therapist: *With whom do you notice it mostly?*

Victoria: *My kid brother.*

Therapist: *So would he say you're different?*

After another 16 minutes of "what else is better?" with details around how Victoria notices the change herself, how other people notice the change, how she notices on them that they've seen the change in her, and what everyone did that was helpful, Victoria has told that she decided to change from being "a devil without horns into an

angel without a halo”, and she has decided to work hard enough in school to get into the science program next year.

- Therapist: *... and you prefer being an angel without a halo rather than being a devil without horns. You like yourself better like that?*
- Victoria: *Yes.*
- Therapist: *So are you discovering this now or did you know it all along?*
- Victoria: *I've known that I'm two different persons. One second ... My mood is like turning around. Like one second I'm glad and positive and then it turns around and then I'm depressed, angry, pissed ...*
- Therapist: *And you take it out on everyone?*
- Victoria: *(nods) Yes.*
- Therapist: *So do you have some sense of being able to choose?*
- Victoria: *Now I've chosen.*
- Therapist: *So you can choose?*
- Victoria: *Yes.*
- Therapist: *Is this new, this being able to choose? Knowing that you can choose?*
- Victoria: *Yes. Now I'm going to be the kind angel.*
- Therapist: *And the new thing is that you can choose?*
- Victoria: *Yes.*
- Therapist: *Hm. I like your metaphor. (writes on his pad) A devil without horns and an angel without ...*
- Victoria: *(laughing) Halo...*
- Therapist: *Ok ... So you said 6-7 ... So ... how ... Say 10 means that you're confident that you can stay at around 6-7 or get back to it if you should go down. 0 is; I have no control whatsoever. Where would you say you are on a scale like that?*
- Victoria: *I am confident that I can keep it up but I can be uncertain because I could fall back with the gang again.*
- Therapist: *Sure.*
- Victoria: *So 5-6.*
- Therapist: *5-6?*
- Victoria: *Yes.*
- Therapist: *And how come you're not at 0 on that scale? What is it you know about yourself that ...*
- Victoria: *(interrupting) I know I can do it!*
- Therapist: *Because you know you can do it?*
- Victoria: *Uhum... I have a will to make it.*
- Therapist: *So you know you can and you have a will.*
- Victoria: *Hm.*
- Therapist: *So ... (the therapist looks to the roof and thinks). Is 6-7 minimally ok? If it continues like this would that be ok?*
- Victoria: *Yes. It's not the best in the world ...*
- Therapist: *No.*
- Victoria: *... but it's not bad.*
- Therapist: *Is it good enough for you to be able to work in school so you can get into the science program?*
- Victoria: *Yes.*
- Therapist: *Ok.*

Regardless of if the client can describe how change happened, the therapist will ask how confident the client is that he can maintain and/or continue to get higher on the miracle scale. The client's answer will regularly lead into a dialogue about what it is the client knows that makes him/her more confident than 0 that he/she can continue or maintain the change.

To summarize and to repeat it once again: The therapist's job in the second session is to find out what the client did that was useful or what happened in the client's life that the client has used constructively. The therapist's job is then to acknowledge and feed back to the client the changes, resources, and competencies the client has shown.

Should the client say that he wants ideas on how to move on the therapist will routinely tell the client what he thinks are useful things the client did and suggest to the client that he does more of those. Alternatively the therapist will suggest something the client hasn't tried but that fits with the way the client describes his miracle and the steps already taken.

When things are better the solution focused interviewer will also ask if things are "good enough" or "better enough". When the client answers no the therapist asks what needs to be better for things to be "better enough". When the client answers that things are good enough the therapist will most often return to this in the summary of the session – often saying things like; "I don't know if you need to come back – what do you think?"

WHAT ELSE – AGAIN

"What else?" is such an important question in solution focused brief therapy that we want to stress it once again. When colleagues show tapes in supervision and we ask them what would have had to be present for them to put themselves one step higher on how satisfied they are with the session, the most common answer is; "More details."

Details aren't created automatically. You get them only if you listen for them and ask for more. Our colleagues at the Brief Therapy Practice in London, Evan George, Harvey Ratner, Chris Iveson, and Yasmin Ajmal say that it's oftentimes only when one asks "what else?" for the 4'th or 5'th time that one gets the really useful answers.

A variation of what else can also be useful before we go out to think; "Is there something important I forgot to ask about, or is there something else you think is important for me to know before I go out to think?"

ONE LAST THING AND AN ALTERNATIVE VIEW

Second session behavior can also be conceptualized in a different way that may be useful for some.

During the session we gather data dealing with the central question: Are things going forward or backward? We are not trying to push the client into thinking that things are better¹⁸ - we are gathering information. We listen for what is better and we

¹⁸ It's difficult for beginners not to do this so they will commonly fall into what we call solution forced therapy. This is not much appreciated by clients.

wonder how the client did it, and when things are worse or the same we listen with the question: “Was it different in any way?” Eventually we summarize what we heard: Some things are unchanged, some things are worse, and some things are better – so what does the client think: Are things going in the right direction? We ask the client to evaluate if he/she thinks that things are going in the right direction. We refrain actively from making an evaluation ourselves and we assume that if the client doesn’t think that things are going in the right direction – it doesn’t matter how much data is in support of it – we lack some information around what better means to this client – which will lead us back to the question “What would be a difference for this client that would tell him/her that things are going forward?” In this way the solution focused therapist strives continuously towards a radical client-directed therapy.

As we all know – striving is striving, and something with which we are not always successful. The only thing we can do is to do our best so – good luck and have fun.

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