

## **HOT TIPS II**

### **Details, Details, and more Details by Insoo Kim Berg**

There is a French saying that "God is in details," while German saying is, "Devil is in details." We are not surprised by this apparent opposite views since when would you expect French and German to agree on anything? Of course my view is that they are both right and wrong. Actually "God and devil are in details" when it comes to creating, finding, uncovering solutions. We can say it is two sides of a same coin, that is, both God and devil reside in details.

I am frequently struck by how many beginning therapists neglect to ask for details when they hear sweeping generalizations from clients such as, "I will never drink again" or "I will never scream at my kids again," or "I feel pretty bad about this. I will never slap my child on her head." Whenever you hear these promises from clients, I would suggest that do not be reassured that you know what your client means. It is a good idea to follow up with questions like, "It's a very good idea. So, tell me, how do you know you can do this?" or "Maybe I didn't get it right. Can you explain to me again how you are going to do this? You are talking about some tough stuff to do." This usually sets the tone for asking more and more detailed questions about client's intentions.

This is particularly important when you meet with involuntary client's who are mandated to receive treatment so that they will stop socially unacceptable behaviors, such as drunk drivers, stealing, lying, substance abuses, suicide attempts or other socially harmful behavior to others and to themselves.

In order to know that the client is safe and also others are safe from the client, it is particularly crucial that you get details of safety plans. It means details of what, when, where, who, and how of proposed solutions are described in such a way that you can literally visualize or hear the dialogue and conversations that look and sound very different.

When you ask the same question 25 different ways, you get an interesting responses: clients provide more and more detailed information about what s/he will do or others will do to insure safety. I am convinced that the more clients talk about the solutions, the more ideas they generate and the more they are convincing themselves that they can do this. Furthermore, the longer they talk on the subject, the more it becomes their own ideas. This is what the conversation analysts like Janet Baveles at University of Victoria describe as how the talking changes the story and the meaning.

## **Hot Tips III.**

### **Application of SFBT in supervision and management By Insoo Kim Berg**

“You must have a good reasons to . . .”

I am often asked by those who supervise or manage programs for tips on how to manage staff and supervisees. I would like to talk about some real life situation and explain the thinking behind this very useful question.

#### **Case Example: Finding a Job:**

I consulted with a program that encouraged adolescents to move into independence and self-sufficiency from such programs as foster care, group homes, half-way houses, and residential programs. When they reach a point of have mastered some basic living skills, the next step is to gain economic independence and ability to manage their money successfully. This means getting an entry level job.

One staff member was very frustrated by a 17 year old young man, Travis, who kept promising that he was going to apply for jobs - fast food joints, had lots of ideas of where to go to apply for jobs. The staff member was very encouraged at first and really supported Travis, each week expecting that Travis would report how many job applications he had managed to fill out. Each weekly meeting with Travis included was met with more and more stories of how he almost made it out the door, but never quite making it to the employment office or various fast food joints.

Travis had lots of “reasons” or “excuses” about what got in his way. The social worker was getting pretty frustrated with Travis because there was really no reason that the social worker can could think of that should have made it difficult. Travis knew how to read and write, he was always complaining about not having money to buy this or that CD; he loved to wear designer shoes and clothes; he liked to go to movies but always pouted because his single parent mother did not give him enough allowance. He complained that people are materialistic but of course he wanted to eat out at fast food places, and so on.

So during the consultation session I asked the social worker about what he thought Travis might reply when the worker asked him, “You must have some very good reasons for not applying for jobs, Travis. I would like to know what some of your good reasons are.” The social worker replied that he had never thought about asking this question and he thought it would be good idea to ask it since he simply had run out of any more ideas.

I had forgotten about this exchange until the following meeting when the social worker said that he wanted to update me about Travis. Sure enough, the worker approached Travis during their next meeting and said to him, “Travis, I feel like I’ve been pretty tough on you about getting a job and it occurred to me that you must have some very good reason for not having looked for a job. I would like to hear your good reasons because I never even bothered to find out about it.” As soon as these sentences escaped his lips, Travis immediately said, “Not really. I don’t have any good reason for not getting a job, just lazy, I guess.” The

worker was shocked to hear this answer and wisely decided to drop the issue. Sure enough, two weeks later, Travis found a job flipping burgers.

### Assumptions and thinking behind this question.

Since language is the only tool we have in working with people, it is essential that as managers and supervisors we are thoughtful about the use of language in our daily lives. It is not just what we say or not say it but HOW we say it that matters and shapes the relationship. Solution-Focused Brief Therapy recognized this long time ago and we have been doing a great deal of thinking and writing about our thoughts.

The assumptions behind this question “you must have a good reason to . . .” is in stark contrast to asking “why” are you doing this or “why” are you not doing that? “Why” questions essentially challenge the other person’s behavior or logic behind his behavior. The assumption behind this question is that you are a reasonable person with reasonable intelligence and therefore there must be some competent and logical reason (not excuse) behind your behavior and I am curious about these logical and thoughtful reasons.

This immediately changes the nature of the relationship from that of an authoritative person, such as managers or supervisors, checking up on those they manage. This question immediately levels the relationship and puts us in a “not-knowing” posture and that of a person curious about the complex thoughts behind the staff members not taking showing up for work on time, not completing the paperwork on time, and multitude of other problems that become issues in managing and supervising a staff. This new posture reduces the defensiveness of those being managed or supervised, thus, staff members rise to the challenge and starts to think for themselves and taking actions based on these sense of competence, rather than always defending his/her position.

Not allowing supervisees, staff members, client, or even one’s own children or partners to lower themselves to a defensive position is the most respectful, empowering, and yet demanding posture we can take.

## **HOT TIPS IV**

**by Insoo Kim Berg**

How do you apply the principles of SFBT to working with children?

I am often asked this question during training, consultation and supervision sessions. It is understandable to raise this question. I can appreciate some people raising doubts whether SFBT and working with children mix together. It is true that SFBT relies heavily on the use of language and appreciates the subtleties of linguistic techniques and obviously children do not have the range and skills to use the language in the same way adults do.

Yet, we believe that SFBT and children can be in very good harmony because there are many similarities between how children think and make sense of the world around them and the assumptions and procedures of SFBT.

For example, I have never met a child who needs or wants to know what caused the problem s/he may be faced with. They certainly do not operate in a deductive manner or search for explanations of what caused the problem. What most children do is to experiment with variety of approaches and by and large solve problems by trial and error, very much like how SFBT was developed: in an inductive manner by finding out what works and does not work. Children by and large think from an “out of the box” stance because they do not know any better; they are just interested in what will work.

Therefore, working with children requires us to adopt the same assumptions and posture of “not-knowing” as working with adults do. A deep respect for the natural way a child functions, and to find solutions that fit with the way a child naturally operates. Playing is very natural to all children. Through playing, children learn to make sense of the world around them, and they certainly do not engage in long discussions about what went wrong or what makes things right. They just do it. Children’s playing tells us what they are good at, what competencies they already have, and how they use their curiosity to arrive at a solution building process. Through playing children test the world around them, figure things out, and test new limits because they are not constrained by the idea that things should be certain way, or should not be. And children communicate through playing. Therefore, working with children requires us to be open to communicating with children through playing. It means intensely observing and listening for what they say they need to make their lives a little bit better.

Unlike traditional play therapy which uses children’s playing, drawing pictures, or games, to diagnose, uncover, and encourage regression as a treatment process, SFBT views joining with children’s playing as a ways to communicate and to experiment to find out what works for them.

A colleague of mine, Therese Steiner, a child psychiatrist who lives near Zurich, Switzerland, tells the following case example:

A 7-year-old, Wilfred, was brought to see her and of course he was frightened about not knowing what to expect. In fact, he was so afraid of the unknown that he started to cry and refused to leave his mother’s side. Of course mother’s reassurance fell on deaf ears. Recognizing this, Therese picked up a red balloon

and blew it up and handed it to Wilfred. Of course he was very surprised at this unexpected gesture and became very interested in the balloon.

Therese told the child that a fully blown balloon is the most afraid anybody can get coming to visit a new doctor and not knowing what to expect. Then she asked Wilfred to slowly let the air out of the balloon until he reached the size of balloon that showed that he can stay in the room and talk to the doctor. Wilfred took the balloon and let the air out of it slowly until it became about half full and handed it back to the doctor and then he was OK to proceed with looking around the room and looking at all the toys that Therese had in her office. In no time, he almost forgot about his mother and was fully engaged with the therapist.

## **HOT TIPS V**

**by Insoo Kim Berg**

### **How does SFBT work with grief issues?**

Many students and beginners express concern about how SFBT addresses the issue of grief. These kind of concerns are understandable for beginners since SFBT emphasizes the shaping of the clients future instead of looking backward to what traumas clients have suffered. Many seem to think that we either ignore or are indifferent to the issue of grief when a client suffers from serious issues of loss of a loved one. A clients way of communicating to us about the profound sense of loss and grief takes many forms, as the following case illustrates. Learning to cope with grief can take many shapes, all of which are very individual and unique to each persons way of experiencing the pain emerging from the grief.

#### **Case Example: Unwelcome Visits from a Son**

Marilee, in her early 50's, is an African-American woman with a cane in her right hand, had her long nails done beautifully with silver streak designs. When I shook her hand to introduce myself her hands felt very rough, as if she has done hard labor all her life. She sat there with no expression on her face, blank eyes staring into air, and not making any eye contact when I first sat across from her. Marilee agreed to talk to me at the suggestion of her therapist who had seen her about four sessions, each time the client reporting "no change". The therapist requested a consultation with me because he also agreed with Marilee that nothing has changed and her complaints about her dead sons visits to her remained the same. Obviously the therapist was very concerned about this lack of change in behavior or in the clients view of her problem.

I explained to her that I really didn't know much about her situation and asked her to be patient with my questions because most likely I would ask questions that she might think I should have known. She softly nodded her agreement.

So I immediately asked her how helpful her coming to these sessions had been and she replied, nothing is different. AHow long have you been coming? ASince around Thanksgiving time and still nothing is different. Then she lowered her head and didn't say anything. So I asked her, I understand that your son has been visiting you. She explained in a halting, barely audible voice that she wanted him to go away but he visited her and she was scared. I urged her to drink her coffee thats been sitting on the table while its still warm but she didn't move, or reply, she only stared into space.

Every time Marilee talked about her son, her tears flowed and I had to hand her tissues to wipe her tears and blow her nose. She answered in short sentences, in a very soft voice that I could not hear well. As the session went on, I had to pull my chair closer and closer to her so that by the end of the session, our knees almost touched each other. Without moving away, she tolerated it very well - which I thought was a good sign. When asked about the pattern of his comings and goings, Marilee answered that her son Acomes and goes at all hours, sometimes hangs around the house all day, and often comes to the end of my bed and stands there talking about something that she could not make out. The flow of her tears increased as we talked more and more about her son, punctuated by her saying that she was scared of his visits and that she



wanted him to go away.

So, I told her that I was sure that he had gone to heaven and the reason he wanted to come back to her must be because he was worried about her. Obviously he was having a tough time leaving his mother. Marilee responded with lots of tears to this and says Awe close a couple of times. I asked her whether she lived alone; Marilee replied that her only other child, a daughter in high school, lived with her. I asked her whether his son visited his sister also and she replied, no, he used to visit his fiancée but they are not in touch with each other anymore. When I asked her whether she left his room the way he had it when he lived with her and she said yes, adding that she never touched his room because he came home sometimes. She left his room exactly as he had when he went away and now nobody is using the room. She volunteered that he was killed in California in a car accident and that he was studying engineering in college at the time. She started to sob again and tears streamed down her face and she kept blowing her nose and wiping her tears as I was telling her he must have been a very bright young man. She volunteered that his bedroom is right across the hall from hers and he talked to her for a long time some days. In the midst of sobs and tears she further volunteered that she never got to say good-bye to him and that she had lots of things she wanted to tell him.

I asked her whether she belonged to a church. She answered that she used to go to a Baptist church but now had no contact with anyone from the church and softly she added that she should go back to church. I wondered whether she had been wrong about her sons visits, that A maybe its not to scare you but hes worried about you. For the first time in our interview, she wondered out loud whether there was something someone can do with something like that and looked at me directly. I told her, A Maybe there is something that could be done about his visits. She perked up and asked again whether something could be done to stop his visits; I indicated to her that I was sure there were something that could be done about this. I told her that I would take a break and talk to my team and would be back in 5 minutes.

When I returned from the consultation break, she was drinking her by now lukewarm coffee and she was more composed. I held her hand and admired her beautiful nails in this and that way, and asked who did her nails. She replied that her cousin did it for her. We talked a minute or two about how to keep such beautiful nails. The following is the message I gave her on behalf of the team.

Message. Marilee, I have the impression that maybe you've been misunderstanding your son; it seems that Dante was a very nice and lovely young man. I'm sure he went to heaven but I can also see that he never got to say good-bye to you either, and I'm wondering if you've been misunderstanding his visits because I can imagine, he is very worried about you, too, being how close you two were. So there is something you can do to reassure him. Whenever Dante visits you, you go into his bedroom and ask him to follow you to his bedroom. You can only talk to him in his bedroom and when you get there, tell him what you wanted to say to him but didn't get to tell him, like saying good-bye to him, and many other things like how much you miss him (she sobs again) and maybe you need to listen to what he wants to say to you, too. When you finished telling him what you wanted to say, you can tell him that he does not need to come and visit you anymore and that he does not need to worry about you. He may have to visit you many more times yet but each time he visits you, I want you to talk to him only in his bedroom and you need to stay there until he goes back to heaven. She stopped her sobbing and with drier eyes agreed that she would do it.

I asked her when she wanted to return for another session and she replied, A In two weeks. @

Discussion: In many ways this session is not very different from sessions in which the presenting complaint maybe something other than loss of a loved one: The content of the complaint changes but the process of how to listen to the client remains the same. We listen very carefully for clues about the client's

frame of reference and how s/he views the problems and respect what s/he wants the outcome to be. In Marilee's situation, her fear of her son's presence was real and therefore, this is accepted as real to her and we worked with this thinking.

Suppose the therapist did not accept her frame and tried to change her reality or tried to educate or to change her mind on this, pointing out how delusional she was to believe that, or try to medicate her. Even if she was medicated, the likelihood of her taking the medication is very slim. She would be even more convinced that her son's visit are scary events. Once she believes that nobody understands how real his visit are, the more likely she would stay isolated from those around her, thus aggravating her symptoms further.