This groundbreaking book is the first to provide a comprehensive model for effectively blending the two main postmodern brief therapy approaches: solution focused and narrative therapies. It harnesses the power of both models—the strengths-based, problem-solving approach of SFT and the value-honoring and re-descriptive approach of narrative therapy—to offer brief, effective help to clients that builds on their strengths and abilities to envision and craft preferred outcomes.

Authored by a leading trainer, teacher, and practitioner in the field, the book provides an overview of the history of both models and outlines their differences, similarities, limitations, and strengths. It then demonstrates how to blend these two approaches in working with such issues as trauma, addictions, grief, relationship issues, family therapy, and mood issues. Each concern is illustrated using a case study from practice that focuses on individual adults, adolescents, children, or families. Sample client dialogues and forms are included to help the clinician guide clients in practice.

Each chapter concludes with a summary describing and reinforcing the principles of the topic and a personal exercise so the reader can experience the approach firsthand.

KEY FEATURES:
- Describes how two popular postmodern therapy models are combined to create a powerful new therapeutic approach—the first book to do so
- Includes case studies reflecting the model’s use with individual adults, children, adolescents, and families
- Provides supporting dialogue and forms for practitioners
- Authored by a leading figure in the application of SFT in a variety of settings
- Presents an overview of the history of both models
Solution Focused Narrative Therapy
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Solution Focused Narrative Therapy

Linda Metcalf, PhD, LPC-S, LMFT-S
If you can dream it, you can do it.

—Walt Disney
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Foreword

First, let me address the elephant in the room: How could I, one of the biggest advocates for practicing the solution focused approach without adding anything else to it, write a foreword for a book like this; one that has at its core the idea that the combination of Solution Focused Brief Therapy and Narrative Therapy would be beneficial. Well, there are two main reasons for my writing this foreword, one simple and one less so. I’ll start by explaining the more complicated point, but in order to do so I have to start by explaining how I met Linda Metcalf and came to learn about her work with these two approaches.

It was during my second semester of graduate school. I enrolled in a class with a new professor without any idea of what to expect. By this time I had actually become pretty frustrated with the counseling profession and had all but decided to drop out of school and pursue other interests. My frustration stemmed from the work I was doing at a local agency where I was being mandated to use a very problem-saturated form of therapy in my work. It had the full backing of the powers that be at this agency, who believed this was the only way effective psychotherapy could be done. In fact, I was told that doing anything else would be unethical. These problem focused ways of working never fit with me, and consequently I found the work hard and felt beaten down and overwhelmed by my clients’ problems. I was beaten down by my own ineptitude.

I wished there was another way, but I was told there was no other way. Then I met Linda.

In that first class, she introduced me to Solution Focused Brief Therapy along with the developers of this approach, Insoo Kim Berg and Steve de Shazer. She explained that their work was about hope, change, and even miracles. I was immediately hooked as I finally realized that there was another way—a more hopeful way—of working with clients; one that fit with the type of clinician (and person) that I
wanted to be. It was as if someone had breathed life back into me, and I wanted to learn as much as I could about this stuff.

Perhaps the most remarkable moment for me was when Linda did a live demonstration in class with one of her actual clients. To say I was amazed would be an understatement. As I am writing this foreword, this event happened more than 11 years ago, but it feels like just yesterday. I can remember the family she saw, how they responded to the questions she asked in session, and the amazing change I saw take place right there in the session. I truly was blown away by what I saw—Linda’s remarkable clinical skill.

I dedicated myself to not just learning the solution focused approach, but to mastering it. I read every book, watched every video, and attended every training opportunity I could find. In time I had two profound realizations. One was that as I studied and practiced this method, the pure and minimalistic way of working with Solution Focused Brief Therapy was how I wanted to practice going forward. I also realized that this was not what Linda was doing, because she was adding something that, at the time, was unknown to me. It was her own and effectively eloquent way of doing Solution Focused Brief Therapy. And as I talked to her about this, she revealed it was Narrative Therapy that she had been adding into her sessions.

That was her secret weapon.

If you look beyond the techniques and look beyond the theory, what lies at the heart of Linda’s work is hope. The sort of hope that has impacted her clients and students throughout her career, and I know, as I was once one of them, and seeing that hope changed my life in the most profound ways.

Our field needs more approaches that are guided by hope, that focus on a person’s capabilities as opposed to his or her problems. Students need to know that they can work with clients and help create change without focusing on a problem in the way other approaches do. This text provides another way of helping clients to discover their best selves and live a different life, one where a problem is not in control. Linda’s secret weapon is now on full display, but you have to look a bit beyond to see her real work: hope.

I started by saying I had two reasons for agreeing to write this foreword. Thus far, I have told you about the harder of the two to explain. I have tried to explain that even though her full approach differs from mine, it has at its core the idea of hope, and witnessing that hope is exactly what triggered me to pursue a greater understanding of the
solution focused approach itself. I am hoping this book can do the same for readers who may be struggling in the same ways that I was all those years ago.

The second, and much more simple reason for me writing this foreword, is that Linda is the one who introduced me to this way of working. It is a great honor and privilege to have played a role, even a small one, in bringing her work into the light.

Enjoy the book.

Elliott Connie, LPC
Coauthor: *The Art of Solution Focused Therapy*
Author: *The Solution Focused Marriage*
Maybe it was more than chance that I was given *Narrative Means to Therapeutic Ends* (White & Epston, 1990) and *In Search of Solutions* (O’Hanlon & Weiner-Davis, 1989) during the same semester of graduate school in the early 1990s. I had just returned from attending a workshop in Rockville, Maryland, where I had spent a week learning from Jay Haley, a strategic family therapist and my *then*-hero. A dedicated strategic family therapy junkie, I was sure that the creative, provocative method created by psychiatrist and family therapist Milton Erickson and then refined by Jay Haley was my thing and I was out to master it. Unfortunately, perfecting it was much harder than I thought.

In attempting to apply the ideas, I often found myself prepping for hours before a family therapy session, readying myself to deliver the most powerful and brilliant directives—only to find, when the family returned, that things had gotten better. There I sat, in a session with clients whose system had changed over the week, due to who knows what, and not in need of my assistance after all.

As I read the two previously mentioned books (moving from one to the other), it took just a few pages of reading from each to go from feeling useless to my clients to recognizing what I had been coming to believe: Clients didn’t need my assistance; they needed me to help them recognize that they could help themselves. Yet they still showed up thinking that I had the answers. Somehow, I had to learn how to work to promote the expertise within them, and not be the expert.

So, I discovered new heroes. I followed Steve de Shazer, Insoo Kim Berg, and Bill O’Hanlon around, attending every workshop they held when near and even far away. I even did my PhD dissertation research at Brief Family Therapy Center in Milwaukee. Then I followed Michael White and Davis Epston around. They were always so gracious in answering my questions, of which I had many. I fell in love with the
charm of externalizing, letter writing, redescription, and invitations to revise and rewrite stories. Yet I still loved the “Scaling Question,” the “Miracle Question,” and the “What else?” and “What difference will that make?” questions that I learned from Chris Iveson, Harvey Ratner, and Evan George at BRIEF Therapy Practice later on. The struggle was to choose: Which one do I follow?

I began noticing in sessions that I would dabble with both models, depending always on the dialogue and language of clients to direct me down whichever path made sense to them. I would think to myself, “That word would be great to externalize,” or “This client seems to see events as occurring constantly—there must be exceptions.” I took notes differently, focusing on language and exceptions instead of problems and even giving my clients copies of my notes afterward. I began to notice that each client seemed to want things to be better and most didn’t mind when I invited them to write their next chapters. When I asked a 50-year-old client if he would like to write “chapter 2,” tears rolled down his face. He looked up at me and asked, “You mean I can do that?” How the sessions went, and how the clients began to talk when I met them, determined which path I went down during therapy: solution focused or narrative. Somehow, that path got easier as it became a blend of both models.

I still had concerns, however. Would it be respectful and honorable to both models and their founders to blend them? I wondered and fought the thinking, wrote about the ideas, was shunned by some purists and given encouragement by others—particularly those who embraced the narrative approach! It seemed they truly lived the idea that ideas and lives should evolve into new ways of relating and working. My fascination with both models never waned, and I wondered if they could blend in a way that would give me a framework to use with every client, staying reverent to both models yet utilizing the effectiveness of each. That framework is presented in this book.

Eventually, I began to see narrative therapy dialogues as the vehicle for instigating and coloring new descriptions that seemed to help clients see more possibilities ahead of them. I began to refer to those new descriptions as new presentations. My clients liked the idea of taking on new descriptions and presenting themselves differently to others. In fact, just conjuring up new descriptions gave them new ideas for new actions! The language made all the difference in motivating the clients and giving them hope, it seemed. Yet descriptions alone didn’t seem enough to help a client move forward. Solution focused therapy allowed me to put the wheels
on the new presentation. Using the identified exceptions that emerged in our conversations helped to adjust the tempo and direction of the vehicle. My clients seemed to appreciate the blend, got better quickly, and referred others. Seeing clients react in that way was the most important factor in my continuing to develop the framework, and I have never looked back.

Using a blend of solution focused and narrative therapy, I found that the survivors of trauma improved after the first session and were able to make major changes over three to four sessions. Children learned to control their energy, anger, and sadness after a week or two. School teachers were able to look at their students differently and collaborated with me and the students in meetings on campus that colored the students’ new efforts and reputation brightly. Those meetings needed to occur only once and continue to show effectiveness to this day. I was sold. Clients dealing with depression, loss, anxiety, and more came back after the first session, typically telling me how things were better.

This book, therefore, is the result of work I have done over 20 years that has evolved into a way of doing psychotherapy and family therapy with a postmodern flavor. After seeing that this approach could be helpful, it became impossible not to think within both models whenever I saw clients. In our first sessions, the clients always seemed to be presenting “gifts” of language to me that showed me which way they wanted to go in therapy. And when they brought into our conversations their family values and beliefs about life and what they dreamed of, new chapters evolved with rich dialogue that allowed them to step out of troubled times and into satisfying possibilities, and to experiment with new actions. Finally, the “miracle day” or “magic wand day” (which evolved from asking the Miracle Question) would arrive—the day when life becomes better. The miracle day became decorated with not only new actions but also recognized beliefs and emotions that supported the desired actions. This seemed to give clients more ideas of how to present themselves as they desired in their miracle day so that interactions changed for their betterment. And the best part? The discoveries, descriptions, presentations, actions, values, and beliefs were all generated by my clients. Therapy became richer yet even briefer.

Today, I no longer show up at a session ready to present my intervention as I did in my early days, when I aspired to be a strategic therapist. Instead, I show up, not knowing anything about a new client, to learn of the competencies that are hiding dormant within a person who may or may not have a clue that he or she is already the expert. Although I am still fond of and thankful to the Mental Research
Institute and legends of strategic therapy, now I get to learn from my clients—through a barrage of questions—how they want things to be, cooperating along the way so that resistance fades and relief appears in the eyes of my clients, no matter what their age or situation.

I value the confidence expressed to me by Michael White, who told me more than 20 years ago to use “anything that I have written” in writing my first book, *Counseling Toward Solutions*. I appreciate his profound influence in how I see and describe people today, as I do that of David Epston in letter writing, certificates, and the idea of copying case notes for clients after each session for their review. My clients are constantly surprised when, at the end of each session, I present them with copied pages of ideas and solutions and tell them that the notes are merely their words and ideas. I treasure the support of Bill O’Hanlon, who wrote the introduction for my first book and told me to shoot for the stars in 1995 with what I thought would work by saying, “There’s plenty of room at the top . . . do it.” I am also indebted to Insoo Kim Berg, Steve de Shazer, and Yvonne Dolan for their wisdom and marvelous books that are so respectful of clients; to Chris Iveson, Harvey Ratner, and Evan George at BRIEF Therapy Practice in London; and to Mark Hayward and Amanda Redstone of The Institute of Narrative Therapy in Rotherham, England. For the past 8 years, the “boys at BRIEF,” as well as Mark and Amanda from the Institute of Narrative Therapy, have taught 25 of my students each summer about both models; I sit each year, listening to them as if I am hearing the jewels of their models for the first time. Learning both models over again each year and watching the music of both models fill pages of ideas in my mind is exhilarating and validating.

Elliott Connie, a former student, colleague, exemplary therapist, and dear friend, kept pushing me to write this book. I thank him for his support and amazing contributions to couple therapy. I appreciate his prolific adaptation of the solution focused approach with couples, which he rightfully refers to as solution building. Like the model, he does what works and evolves alongside his clients, providing services that save marriages and families every day.

Lastly, I thank you for taking a chance to read a very different kind of therapy book. The framework here is simply my efforts to try and reach clients more often, more respectfully, creatively, efficiently, and constructively with the language of narrative therapy and the actions of solution focused therapy. I hope you enjoy the ride and find some fascination and new energy along the way.

*Linda Metcalf, PhD, LPC-S, LMFT-S*
Worksheets presented throughout this book are available for download from springerpub.com/sfntexercises

REFERENCES


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Solution Focused Narrative Therapy
CHAPTER 4

Triumph Over Trauma

What lies behind you and what lies in front of you, pales in comparison to what lies inside of you.

—Ralph Waldo Emerson

Of all the clients I have worked with, those whose lives have been violated by violence or sexual abuse have been the bravest clients. No matter what age, those special clients come to therapy with a stigma that seems to have been attached to their very being, causing them uncertainty in how to shake the effects of the trauma that was put upon them. To some therapists, they are seen as victims, overcome by violence in a way that will take years to resolve. When viewed in that manner, therapy is slow and evolving, sometimes recapturing in dialogue the abuse in an effort to desensitize the victim and confront the abuser from far away. For the first years of my practice, when such “survivors” came to therapy, I, too, wondered how to address their huge challenges in a way that would bring relief. As clients and I began our time together during those days and I heard words such as “victim,” I would invite clients to consider another way of describing who they were . . . as a survivor. That invitation was rarely turned down and they typically looked up at me as if I had called out their name differently. I never referred to a client as a victim again.

For clients who have experienced trauma, the stories they bring to therapy tell us about the characters they have become as a result of the event that occurred to them. Narrative therapy is often referred to as the
storied therapy, seeing the lives of clients as stories on a map. Clients typically go through their lives and create stories on their own, using their own initiative. Left to themselves, a client in such a story might glance back at his or her life, smile at the achievements, and see all that he or she has accomplished. While life for most people is typically seen as an accumulated string of such accomplishments, the happy stories dwindle in impact when a traumatic event occurs. Suddenly the life that had been well managed feels out of control.

With these concerns I was curious about whether there might be a way to work with clients bothered by trauma that rebuilt their confidence in their ability to survive by tapping into their strengths through acknowledgments and offering to them the opportunity to write the next chapter. Obviously these clients were interested in a preferred future. They wanted change, or they would not have been attending therapy. They wanted to return to experiencing the meaningful parts of their lives because they had experienced them before. They wanted to be able to function in a manner that resembled the people they had been before the event attached to them each day.

Twenty-five years ago, in New Orleans, a solution focused therapy conference presented an alternative way of working with clients who were dealing with trauma. These were the early years of the model and its applications were being explored with all types of clients. I will never forget Yvonne Dolan talking about her work with sexual abuse survivors and saying to all of us who attended: “Asking clients to go back into the abuse and describe the details is, in itself, abusive” (personal communication, Y. Dolan, 1991b). She described effective sessions where clients reclaimed their strength and bravery, and were able to move forward with relief. Clients were listened to and then they talked about what they wanted in their lives. Dolan’s work, along with narrative therapy’s externalizing of the problem ideas, equipped me with new ways of reaching clients so that the relationship with the intruding problem was changed.

**STORYTELLING 101: FINDING RESOLUTION TO A PLOT**

After learning from Dolan the importance of not going back into details of trauma, and fascinated by the narrative therapy model of new descriptions and the importance of honoring values in clients, I decided to check into how stories were written, particularly novels, and found some direction. After all, weren’t clients coming for new chapters?
I then researched structures of novels and combined some ideas from narrative therapy and solution focused therapy into an exercise that I explain later. The structure of stories that I researched included three acts and two plots (Hill, n.d.).

Steps that represent how the practice is adapted for clients who have experienced trauma are set in italics:

**Act I:** The main character is content in his or her life.

**Plot 1:** An event occurs to throw everything in the main character’s world off balance.

*The event is named by the client.*

**Act II:** The main character takes an emotional journey with challenges to overcoming the event that occurred. Unfortunate circumstances, hurt, and challenges affect the main character.

*The client describes how the trauma has affected his or her life.*

**Plot 2:** There is a new direction, usually when a “hero” or “heroine” appears, the situation turns around, and a goal becomes reachable. The hero or heroine draws upon his or her strengths and uses the lessons he or she has learned to bring the story to a conclusion.

*The client has an opportunity to describe a preferred future and begins to “step into a new chapter” using his or her own strengths and abilities. Additionally, the conversation may describe the exceptions, or times when the client was able to achieve some of the preferred future descriptions.*

**Act III:** In this act, the main character is able to succeed and become what he or she wants to be. There is resolution and the main character triumphs over the challenge.

*The client chooses small tasks on his or her own in an experimental manner, so that he or she may try out his or her preferred future.*

The description of the character in Act I lent itself well to narrative therapy components that focused on the values and meanings that
clients have for their lives and the events in their lives. Just like Plot 1 in the novel, many clients describe the values that were lost to the trauma with the language they use to describe themselves currently. In this segment, the client externalizes the trauma by naming it. In Act II, the clients talk about how the trauma has become bigger than they are, leaving them without a direction to begin moving forward in their lives. That description, which I heard often, gave me the idea of externalizing the trauma and asking clients to name it. Plot 2 seemed to be a perfect fit with the solution focused model as it aligned with the use of the Miracle Question to identify a preferred future, and action-oriented questions to drive the work forward. The Scaling Questions were also helpful as clients described the effects of the trauma experience on their lives and, later, to describe how the experience was shrinking.

In Chapter 2, we looked at a diagram with asterisks and number signs illustrating how problem-saturated stories, told by our clients, can be referred to as the map of their lives. Years ago, when working with a survivor of sexual assault, I thought of presenting to the client a timeline, rather than a map, to not only show the event and when it occurred, but to illustrate the many years ahead of the client that could be lived with less of a traumatic influence as time went on. When the timeline proved successful as a method of showing how distancing from the experience could open up possibilities for a preferred future, I combined all of the ideas in this section into an exercise that I will discuss in the next section, illustrated by a case.

- SEVENTY-SEVEN YEARS: A TIMELINE TO A PREFERRED FUTURE

Leanne, age 13, came to counseling with her mother after confiding in her mother that her cousin had sexually abused her several times when she was 9 years old. Leanne told me that she had tried to rid her mind of the incidents, not understanding why they occurred, but was still torn with dealing with them frequently. The previous week at her middle school, a school counselor gave a guidance lesson on sexual abuse. The counselor described situations, possible signs, and actions that adults or even people close in age to the students might partake in that were inappropriate and wrong. Leanne told me that, sitting in the classroom that day, she seemed to go back in time and re-experience what occurred at age 9. She realized then that what had happened to her was sexual abuse. She left the class in tears, told the school counselor what she remembered, and the school counselor called Leanne’s mother, who came to school immediately. Her mother called me for an appointment.
When Leanne came to the first session, she was emotionally drained and kept a blanket on her lap, holding it close throughout our session. She had spoken to the police over the weekend, and her cousin had been arrested. I learned that Leanne’s mom had believed her daughter immediately when Leanne told her about the abuse and offered to support her in any way possible. While I did not ask about details, I did listen to the basic information that Leanne’s mother provided and then asked both Mom and Leanne what their best hopes were. Leanne said she wanted help in dealing with the situation. She wanted peace. Her mother said she wanted her daughter to be able to cope with whatever came next in regard to the arrest, possible conversations with prosecutors, and so forth. After a few minutes of dialogue, Leanne asked to talk to me alone.

When clients come to therapy with such trauma, it has been my experience as a solution focused narrative therapist that seeking and listening to my client’s direction is the most important thing I can do as a therapist. To this day, I do not know what Leanne’s cousin physically did to her, nor did I ever ask. I was more interested in what Leanne needed than what I thought she should do. Yvonne Dolan, author of Resolving Sexual Abuse (1991a), talks about alternative therapies for sexual abuse resolution. She says:

Having a victim of sexual abuse tell and retell the tale of her victimization for the sole therapeutic purpose of desensitization is like removing a bullet slowly and painfully, one tiny millimeter of metal at a time, reopening the wound each time. This form of desensitization is not always dependable; even in the cases where it does succeed over time, it is often an inefficient and unnecessarily painful method of treatment that prolongs the client’s suffering and revictimizes her over and over again.

(Dolan, 1991a, p. 29)

Therefore, instead of inquiring about the abuse, I followed Leanne’s lead by asking and then listening to her best hopes, which were to get help dealing with the situation at hand. Needing a more specific goal to be the most helpful, I asked Leanne what that might look like in the near future when she was dealing with the situation and achieving peace. Leanne clarified that she would be able to get back to doing what she had been doing before she recalled everything so clearly. She was not
sleeping well, and when she did sleep, she had nightmares about the event. She was isolating herself in her room and not associating with friends at school. At that point, I began a conversation using the ideas that follow next, which combine solution focused therapy and narrative therapy together, creating a story structure.

**COMPOSING A NEW CHAPTER AFTER TRAUMA**

1. Listen to the story, if the client insists. Do not ask about events as it could be traumatizing. Make sure the abuse is no longer occurring. Acknowledge survivorship. It is important in this step to not suggest victimhood. Instead, ask the client what her best hopes are. While the client has been harmed, suggesting survivorship over victimhood increases hope and validates that the client indeed did survive the abuse; this is a powerful redescription.

2. Draw a timeline for the client, gathering vital information in the process. If possible, use a large piece of paper, or draw on a white board and take a photo of the diagram when finished and give it to the client. On the left end of the timeline, write the birthdate of the client. At the right end of the timeline, write down the typical age that people in the client’s family live to be—their longevity. Place a mark on the timeline when the incident occurred. Ask the client what he or she wants to call the incident. Write the client’s name for the trauma above the mark.

   ![Timeline Diagram]

   incident
   
   Birth date  x  Life span

3. Ask how the incident has kept or is keeping him or her from living his or her life. Ask how the incident has trapped him or her. Write down his or her answers under the “incident.” Gather as many effects of the problem as possible. This is a crucial part of the exercise, as it enables the client to vent about
the abuse and to map the effects of the problem on her life. You should get at least 20 effects. Ask the client to indicate how big the problem has been, on a scale of 1 to 10, with 10 being the biggest. Subtract the client’s current age from the number at the right of the timeline. Suggest that she or he has _____ years to keep stepping away from the story, writing a preferred future.

4. Moving forward on the timeline, ask the client to describe her preferred future, the way she wants things to be as she begins to step out of the incident into a new chapter or story. Ask her to describe what others will see her doing that will tell them she is the author of the new chapter. Write the client’s descriptions of her preferred future down under the timeline on the right side, past the situation mark. In this part of the exercise, gather as many descriptions of the new actions as possible. Ask her to name the new chapter and write it above the area with the descriptions.

5. Read back the descriptions of the effects of the incident, slowly and clearly, to the client. Then suggest: “As you think of the effects of ‘the incident’ that I just read and begin stepping out of the story that was written for you, here are the things you said you wanted to achieve in the new chapter.” Then, read the descriptions of the preferred future, slowly. Make a copy of the timeline and give to the client.

6. This last step has two options: (a) Ask the client for very small actions that she can begin doing to move down the scale so that she is in charge, not the event. Ask what others will see her doing just over the next few days that will tell them, too, that she is moving down the scale to be in charge. (b) Present the timeline copy to the client and let her know that you look forward to hearing next time how she took small actions to overcome the event. Give her full control over what to do with the timeline.

As Leanne and I went through these steps, I learned that her grandmother had lived to the age of 90 years, which gave Leanne 77 years to step out of the story of abuse into a new one. She told me approximately 25 effects of the abuse, which she named “sexual abuse,” because, in her
“words, “that’s what it was.” She scaled the effects of the abuse on her life at a 9. Some items on her list were:

I don’t trust males.
I keep myself shut away from people.
I don’t do as well in school as I could.
I cut myself in the past when I thought about it.

As she composed her new chapter, she named it: “The Best Chapter of All,” and listed items, such as:

I will meet someone I trust and get married.
I won’t get pregnant in high school.
I may become a police officer.
I will spend more time with my family.
I will sleep very well each night.

I gave Leanne a copy of the timeline and told her that I was impressed with her descriptions of “The Best Chapter of All.” I told her I looked forward to hearing how she stood up to the “sexual abuse” effects over the next week.

When Leanne’s mother came into the session, the first words from Leanne to her mother were: “Mom, I have 77 years,” with a smile. Mom did not understand what Leanne was referring to, so, with Leanne’s permission, I explained the timeline. When Leanne returned the following week she was back in school, and when I asked “What’s better?” she reported that she had slept well every night since our session. I asked her where she was on the scale and she reported “a 5.” I asked her mother what she had noticed about Leanne and she said that Leanne had been spending more time with her family, getting caught up on school, and doing a few activities with her friends. I saw Leanne two more times for this issue, each time beginning the session with, “What’s better?” Eventually, at the end of the fourth session, she said “I’m good.”

FROM TRAUMA TO RESOLUTIONS: LET THE WORDS OF THE CLIENT GUIDE THE WAY

Stories get constructed through experiences of life. In this chapter we have discussed how clients who experience trauma can write new stories so that their values are honored as they distance themselves from the event. The model described in this book can be of assistance to any
client going through any trauma. The basics of following the clients’ language, stepping into their worldview to connect with them, and then assisting them in rewriting a new story so that they can begin to function again can be universally applied to any situation.

I talked once with Anna, a 4-year-old girl who was very frightened about riding in a car after being in an automobile accident with her grandmother. She was so terrified about riding in a car that she would scream if her parents put her in her car seat. This went on for several months. Meeting Anna, I pulled out some drawing paper and sat with her on the floor. I learned about her “being afraid.” I asked her to indicate the scale of “being afraid” by extending my arms out wide and then closing them together, asking:

“When you ride in the car, how big is the fear? Is it this big, or, this big?”

Anna pulled her arms out wide. Then, in our conversation, I asked about times when the fear was smaller. It took some time, but Anna was able to describe several times when the fear was smaller, such as when the car was stopped, or when her mom sang to her as they drove down the street. At that time, she put her hands together to show me how small it was. When her mom learned of her daughter’s exceptions (times when the fear was smaller), it led the mom to identify other times when her husband had reassured Anna while putting her in her car seat that she was “safe.” She said the word “safe” seemed to connect with her daughter. I asked Anna what “safe” meant and she said: “I’m okay.” We talked at length about how both Mom and Dad keep Anna safe each day. Anna was alert and attentive as her mom illustrated the various things she did each day, including how she fastened Anna’s seat belt. Mom also talked about how stopping was a “safe” activity.

I encouraged Anna’s mom to continue doing what was working as much as possible. When they left that day, I heard her grab Anna’s hand as they went down the stairs and say, “This is how I keep you safe going down the stairs.” Although we had scheduled a second appointment, Anna’s mom called and said it wasn’t necessary, as Anna was doing well in the car.

- DEAR CLIENT: TEACH ME HOW TO TALK TO YOU

Kim and Trey came to therapy after Kim had delivered a stillborn child. Completely engrossed in sadness after their loss, the couple presented
themselves to therapy not knowing how to cope. Kim was a lab assistant at a local university and Trey worked at a bank. Trey was very concerned about Kim, as she had begun isolating herself at work, staying at home, and refusing to be around her family. I asked the couple what their best hopes were and Kim quickly said, “I don’t know what I can hope for at all. For now, I just don’t know what to say to people and they don’t know what to say to me. When they do talk, they say, ‘It’s probably for the best.’ That makes me angry. Our son was perfect in every way. Our doctor told us that he was.”

I noticed as the couple talked that they referred to the child as “the baby we lost.” At one point, I found myself rather speechless, not knowing how to address the couple about their child. I took a leap of faith and asked: “I am wondering how to talk to you about your baby. Can you share with me how you would like to talk about him?” Kim looked up and said, “His name was Ben.” I then asked about Ben: “Tell me, what did Ben look like, and how much did he weigh? I am interested in whatever you would like to tell me.”

Through tears and smiles, Kim described her baby boy and brought out pictures of him, dressed in a yellow suit. The pictures showed Kim and Trey holding Ben. They told me that they had provided an official funeral for him. They went on to tell me who he looked like in the family . . . hair color, weight. Although this was a very sad conversation, I noticed that the couple seemed a bit uplifted talking about their child. After a while, I told the couple that I appreciated them “teaching me how to talk about Ben.” I then wondered out loud if it might be helpful for others to be taught as well.

For a few minutes, the couple was quiet. Then Kim began to talk about possibly going to a couple of close friends at work who seemed to be supportive and telling them more about Ben, as she had in the session. She said that talking about him in the session made her feel better, as if he really did exist.

When the couple returned the next week, both seemed slightly better and Kim volunteered her experiences of talking with coworkers about Ben, even bringing out pictures to show them. She said many of the coworkers cried when they saw Ben’s pictures, but they thanked Kim for showing the pictures to them. Kim said she was isolating herself less at work and had gotten back to enjoying her job. That was our last session. A year and a half later, Kim gave birth to a baby girl. When in doubt about how to reach clients dealing with difficult situations and trauma, do not feel as if you need to race to the rescue, as tempting as it
may be. When a client can come up with his or her own resolution, there is a better chance of following through and finding relief.

Leanne described her preferred future in such detail that, upon later review, she was able to identify ideas of her own to implement slowly, which she did. Kim taught me how to talk about her son when she brought out pictures. Other ways of using language to reach those who experience loss or have difficulties with dangerous habits are described in later chapters. When we help our clients to talk about what is valuable and meaningful to them, we build the conversation from the event that is of concern to a place where they want to go to recover their true selves. And once they are connected again with their true selves, their comfort and confidence are restored and trauma is distanced.

**SUMMARY**

What if, in therapy, when people want to get back to where they once were, where their values, beliefs, and identity are comfortable and satisfactory, we simply assist them in finding out how to get back through identifying exceptions as clues to the path back? When Kim brought out the baby pictures, that was an exception. From there, she showed me that talking about her son brought her some relief. What if, in finding their way back through identifying exceptions, clients discover how this process affects their lives and the lives of others, and they achieve distance from the problem? When Kim went back to work changed, with the intention of sharing more details of her experience with her coworkers, they rallied around her and she in turn continued to evolve.

**PERSONAL EXERCISE**

In this chapter we discussed several ways of talking to clients who have experienced trauma and related challenges. Chances are, you have experienced difficulties at one time, yet pulled yourself together to continue in your life. How did you do that? The following exercise is designed to help you develop insight into your own coping strategies, so you can see how the therapy performs.

*Think back to a time when you went through a difficult challenge. What were the effects of that challenge on your life?*
How would you describe the way you got through the challenge?

What would others say you did that brought you through the challenge?

What else?

Perhaps you have a current challenge. Glancing over your answers to this exercise, what might you utilize for a few days to stand up to the challenge so that you experience life as you desire?

REFERENCES


CHAPTER 5

Relationship Presentations

How people treat you is their karma; how you react is yours.

– Wayne Dyer

When Deb, age 58, came to therapy, she was concerned about her relationship with her husband, whom she described as distant and volatile. She, like a lot of clients, seemed to start the session before I had a chance to set the tone by telling me about all of his horrible traits. She must have thought that the more she told me about him, the more advice she would get on how to change him!

She obviously needed to be heard, so I listened to her story and descriptions and then asked: “So what are your best hopes for our time?” The following dialogue emerged:

Deb: “I just need to know how to respond better. He is a jerk.”

LM: “What difference will it begin to make when you know how to respond better?”

Deb: “I will feel a lot better about myself, more confident.”

LM: “And, what difference will that make when you feel better about yourself and are more confident?”

Deb: “I may stand up for myself.”

LM: “What do you hope he notices when you stand up for yourself?”
Deb: “That I am to be respected and appreciated.”

LM: “How will you show him that you are to be respected and appreciated when you stand up for yourself?”

Deb: “I probably won’t yell and curse like I did before. I would stay as calm as possible and state my case and my needs.”

LM: “Would that be different from what you have presented to him before?”

Deb: “Yes. It would be a lot like I already am at my job as a manager. I have to do that with employees every day.”

LM: “And, have those employees been with you a while?”

Deb: “Most of them have been with me for 10 years.”

LM: “If I lined up your employees in our room here, and asked them to share how you come across at work, what might they say?”

Deb: “That I am fair, understanding, inquisitive about what they think we should do in certain situations. I ask their opinions often.”

When you think of relationships and how they work best, it seems that what Deb was describing of her actions in her workplace could easily be ideas to use at home. Once she continued to specifically describe exactly what she wanted her husband to see, and borrowed some ideas from her strategies at work, Deb left with a new presentation.

■ THERAPISTS MAKE PRESENTATIONS, TOO

Go back to the last time when you were working with a client and, after you left the session, you admitted that the session didn’t go as well as you wished. Perhaps you “weren’t on your game” that day. On the way home, you think of the questions you asked and feel rather confident that you did a good job at asking them but, still, you wish the session would have gone differently.

What if, on the way home, you put yourself into your client’s shoes and reflect how you, the therapist, came across? Perhaps you might begin seeing that, possibly, you pushed too hard or didn’t allow the client to clearly
express the goal he or she wanted. Instead, you pushed to work on a goal you thought the client needed. You meant to be helpful, after all, and the client did seem distressed and needy. Your intentions were good, but little progress was made.

If you are a solution focused therapist, chances are that you would be furious with yourself. You listened to your goal and not the client’s. If you are a narrative therapist, you might wonder, “How was it that I was unable to connect to my client . . . what did I miss?” All of these revelations are fine, but rather useless. Instead, it is much more helpful for you to ask yourself:

“What did I do that might have been slightly helpful?”
“What have I done before that seemed to work better with clients such as ____?”
“What would the client say I might have attended more to during our session?”
“What might I do differently next time to get a different result?”

Those answers will probably be very different. And then you might ask: “What will I need to do to create that presentation of myself in the session?”

See how clear the direction becomes and how humbling it is when you are the one stating how you came across, rather than having someone tell you? While in no way am I suggesting that it is important for us to criticize our efforts, I am suggesting that systemically, when we want a different response from an interaction, it is up to us to present our response in a different way. In other words, it is easier to own your part in the relationship and recognize what works and what does not work with this approach. The same goes for the relationships that our clients are invested in and that they come to therapy to discuss. The solution focused narrative therapy (SFNT) model spends as much time as it takes to craft questions around the preferred future until both therapist and client know what the desired outcome is. The narrative part of the model encourages the therapist to spend time deconstructing the storyline in the first session to understand the relationship that the client has with the problem, by seeking the effects. Once that is accomplished, the narrative therapist will assist the client in defining how the client has presented himself or herself in the past that might have affected the responses the client received from others. From there, a client-defined
new presentation becomes the way that the client’s new character tries out parts of the preferred future with those important to him or her.

Working with the client, the solution focused narrative therapist takes the information on the client’s destination and enriches it with specific details about what others will see in the new presentation—one that will more efficiently assist the client in gaining what he or she desires in the preferred future. From there, the client will determine what steps to take to achieve that presentation. Then, the client gathers action-oriented steps from exceptions that have been identified in the sessions to move forward with tasks. Once the client has a preferred future and a new presentation in mind to guide action on small parts of the preferred future, relationally, things have a better chance of changing.

## Changing the Rules

Many clients who are in unhappy relationships have no idea why they make the same mistakes again and again. For example, some women who grew up in alcoholic homes tend to pick partners to fix, similar to the way they tried to fix and take care of their alcoholic parent. The women are overly helpful and self-sacrificing, all to no end, and often succumb to abuse. This chapter gives the practitioner ways to help both male and female clients reflect on their actions and the reactions that occur in their relationships as a result. In the case of Marsha, described next, I struggled to find a way into her worldview so that her resistance to change could be reduced. After listening to her story, I decided we would compose a list defining the rules she was currently following and would need to follow to maintain the status quo she desired.

The exercise is based on this statement: “If I stay, what are the rules I must go by?” My clients seem to find the exercise to be helpful in identifying what they must keep doing or agree to do in the future to keep the peace or status quo in a destructive relationship. It is important to mention here that when dealing with dangerous relationships, as therapists, we must put aside our model and pay attention to the safety of our clients. Therefore, safety plans and community resources should always be provided to clients dealing with violence. If, however, our clients are not willing to budge, and instead choose to stay in a relationship for their own reasons, the exercise provides a new way for them to view their current plan. Among many rules that I have heard from clients using this exercise, some examples are:
“I must ignore the verbal abuse and not say anything back, even if my children hear him.”
“I guess I must clean up after his drinking.”
“Keep the second job to pay the bills.”

For many clients, the list can grow to 20-plus answers and become an eye-opening experience, which then encourages the client to reexamine her actions.

Marsha, age 38, with two children, had been married for 10 years to her husband, Dale. Marsha’s family owned a successful car dealership where Dale had become employed after marrying Marsha, who also worked at the dealership part time, but did her work at the family’s home. Marsha described her desperation over Dale’s recent “manic spending and traveling” for work, particularly in Las Vegas, where he had gambled away much of the financial assets that Marsha had put away for the children’s college fund. She was concerned about Dale’s spending habits and, fearing the possibility of bankruptcy, had told him to stop, but he ignored her. She thought his drinking was increasing, too, as her father had told her that Dale drank at lunch and other salesmen were complaining. There were women at work who Marsha suspected Dale had been sexually harassing. She knew that one had accompanied Dale on a recent business trip, yet Dale denied it. With two young children, she often found herself borrowing money from her father to pay bills and not telling Dale, to keep from embarrassing him. She was at her wits’ end and unsure of what to do. Nevertheless, Marsha was sure that she was not going to leave Dale, even though things were getting worse each day.

Clients like Marsha present to therapy with complicated and difficult situations, which may at times include violence and emotional abuse. Therapists may pose the idea to these clients that staying in such a challenging situation jeopardizes their health and even their life. As counselors, it is our duty to suggest that clients explore outside resources to assist them if their life or the lives of others are in danger. Yet, there are clients who simply do not want to leave. In an effort to move the session forward, after listening to Marsha (she was very determined to tell me all kinds of details and frustrations) I asked Marsha what her best hopes were. Marsha responded that she wanted Dale to change. He needed to stop drinking, stop spending, and stop cheating on her. I then asked what he would be doing instead and she said, “He would be the husband he was in the beginning, where he listened to me and we respected each other.”

In keeping with the postmodern approach presented here as SFNT, I have found it helpful to pay attention to the worldview of such clients.
who are stuck in a tragic relationship but then possibly explore the client’s current presentation, which is often eye-opening to the client. With that in mind, I asked Marsha the following question:

“So, in the beginning of your marriage, what would Dale and others have noticed about how you were in the relationship?”

Marsha sat back and became tearful. She told me she was strong in the beginning, and took pride in herself. She made sure she always dressed nice for Dale and arranged time for dates with him. She gave him lots of her time and he reciprocated. Over the years when she had their children, she had gained an enormous amount of weight and doted more on the children than on Dale. As a result, once she realized that she had changed, she began to do more to “get him back.” It seemed that the more she tried, the more he distanced himself.

So, Marsha’s current presentation to Dale was, in her words, “desperation.” Even though we talked about the exceptions, times when the marriage was working, Marsha had reason after reason why she could not lose weight, or stop focusing on the children. She was stuck.

Seeing that Marsha had resistance to making any changes, I decided to cooperate with my client by inquiring about the “rules of the relationship” that Marsha and Dale had developed. Whenever I ask this question, clients look surprised. However, I explain that as people in relationships, we develop rules or guiding activities that keep the relationship on a certain track. At that point, Marsha began to understand what I was talking about and told me the following:

1. I guess I will need to keep cleaning up after him and monitoring the money.
2. I may have to keep ignoring the infidelity. He won’t admit to anything and I want my children to have their father at home at least sometimes.
3. I guess I will need to keep monitoring the household bills to make sure they get paid.
4. I can’t bring up the spending or drinking because he gets mad and then leaves for a few days.

... plus 21 more rules.
By the time we finished, I had two pages of rules that Marsha recognized had developed between her and Dale. She looked at me when I gave her a copy and said: “You must think I am crazy to follow these like I do.” I did not respond to that statement, but instead said to her: “Over the next week until I see you again, I would like you to consider reclaiming the strong woman you were when you were first married to Dale and choose which of these rules you are willing to follow. Think, too, about who you were when you first presented yourself to him in the past.”

When Marsha returned the following week, she reported that she had experienced another very difficult and embarrassing situation with Dale that week. She handed me the list of rules that she had dictated to me, and showed me where she had marked through 19 of them. She was no longer willing to follow the rules, and had filed for divorce.

I am a marriage counselor, not a divorce counselor, and though it is always difficult when clients choose to leave their marriages, I trust that my clients are doing what they need to do, and after a few months, the divorce was final. After the divorce I continued seeing Marsha, along with her two children. Then, I found in my office the strong woman who was beginning to respect herself. As a result of Marsha reclaiming herself and changing her presentation, Dale was now working elsewhere and beginning to appear slightly more responsible in seeing his children and providing for them, per court order. Marsha joined a gym and began to lose weight and reclaim who she wanted to become, again. Asking clients what the rules of their relationship are brings to the surface the client’s actions and presentations that are keeping the relationship in unhappy and challenging states. Once identified, clients have the option of choosing to keep the relationship on the same path or redirect it to a new one. Most opt for a new one. Then, we jump into a preferred future conversation and talk about how their new, more desirable presentations might appear different to the significant other.

**TO CHANGE SOMEONE, CHANGE YOURSELF**

I often work with talented, aspiring supervisees pursuing licensure as professional counselors or marriage and family therapists in the state of Texas. At one of these sessions, a supervisee brought up the following case for discussion among his group supervision colleagues.

The client was a 32-year-old man, who described his childhood and adolescent years as full of disappointment in his mother and abuse by the men she married. He stated that his mother’s husbands drank and abused both her and her son. Although she was now separated from her third husband, the son was
furious at having to constantly take care of his mother when she was abused by her spouse. The son wanted to confront his mother and tell her how she had ruined his life and that she needed help in choosing partners.

My supervisee was unsure how healthy it would be for this client to confront his mother and was concerned that the “enmeshment” and “enabling behaviors” he suspected would continue unless the client began to do something different. He was perplexed about how to help the young man and was interested in how his colleagues would respond to the case. Most of the colleagues said that they did not think that having the son confront the mother would work. I agreed. We opted instead for the supervisee to use the “best hopes” question to move onto a path to a preferred future for the client—who was present—not the mother, who was not.

In cases like this, one person has come to therapy to work on a relationship, which often means that person wants to change the other person. For both the therapist and the client, the best hopes question, again, is a rescue tactic. The sample dialogue that follows shows how the interaction with my supervisee’s client could evolve. It is based on my work with similar clients who wanted to either confront or change another person:

LM: “So, what are your best hopes for our time?”

Client: “To find a way to get my mother to listen to me. She has terrible taste in partners. They abuse her and me.”

LM: “And what difference would that make for you if she were to listen to you?”

Client: “She would be safe.”

LM: “And what difference would that make for you when she was safe?”

Client: “I could begin living my own life.”

LM: “Right now, if I asked your mom to describe how you come across to her, while well meaning, in an effort to keep her safe, what might she say?”

Client: “Probably that I hover over her, trying to convince her to stay away from those men. I probably appear to have no life at all. I don’t trust her. I worry about her. I probably look pathetic, like she’s all I’ve got.”

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LM: “How would you rather she see you?”

Client: “Like I had a life.”

LM: “If you left my office and, just for today, began to show her from a distance, that you had a life, what might she see?”

Client: “I would plan a vacation. I haven’t had one in 10 years. I would probably make some friends and go out. I would focus on work, which I recently took off from to sort things out for my mother when she moved. I would have a life.”

See how this client can move from wanting to change his mother to creating new possibilities for himself just by asking the same question, “What difference would that make for you?” (George, Iveson, & Ratner, 2009). Most of us have motives behind our actions, yet, too often, we only see one way to achieve them. The question reaches our core values and conjures up the reason that we want things to be different; usually, we want things different not just for the other person, but for ourselves. Once a therapist learns what an action means to a client, the therapist can take it to another level, where the client works toward achieving the personal change rather than changing others. This helps clients to achieve what is important to them, but in another way.

Imagine, in this case, what the mother might do if her son took a vacation during the time of her separation. Imagine what she might do if he called her less often while on vacation. She might begin to deal with the situation she put herself in and perhaps do something different as well. We can only imagine, but the chances are, she will do something different. Her role would shift from one that she knows to a role that is uncomfortable. It is a good example of the “ripple effect,” a tenet of the solution focused approach:

Solution focused therapists argue that if one small positive improvement or change can be achieved in what was otherwise a repetitive stuck pattern, then many other positive changes can occur through the “ripple effect.”

(de Shazer, 1985, cited in Yasmin & Rhodes, 1995, p. 9)
RELATABLE MOMENTS THAT BUILD TRUST

Adults aren’t the only humans who pursue better relationships. The following conversation describes a dialogue that I had with an 8-year-old boy named Eric, who was upset about his parents’ divorce. The boy had become very disrespectful to his father, who had received custody of him.

LM: “So, if you had a wish that we could talk about, what might it be?”

Eric: “That Mom and Dad would live in the same house again.”

LM: “OK, that makes sense. And, I wonder, what difference would that make to you?”

Eric: “I would feel like I have a family again.”

LM: “And what difference would that make to you?”

Eric: “I don’t know . . . I guess I would feel happier again.”

LM: “I see. I know that your parents don’t live together now, but are there times, now, when you feel a little happy?”

Eric: “Yes, when I play with my dog at my mom’s house.”

LM: “Got it. When else?”

We gathered about 10 other exceptions, or times when Eric felt slightly happier, and wrote them on a large sheet of paper. Using the same steps presented in previous dialogues in this book, the conversation allowed the child to express his wish even though it was not attainable, yet I was eventually able to honor the needs behind his wish. By asking the same question again and again, we eventually got to a place where we could begin talking about other times when he felt happier, providing clues to the father.

DOING THINGS DIFFERENTLY WITH ADOLESCENTS

And then there are the adolescents, my favorite clients, with whom creativity in constructing a dialogue to mend a relationship requires
a slightly different approach, yet the same theory—that is, finding a way to cooperate first! Such was the case with Tiara, age 13, and her mother.

When they arrived for the first session, Tiara refused to get out of the car. Her mother came into the clinic and asked for assistance. While I could not help the mother to get Tiara out of the car, I did suggest that she let Tiara know that she would only need to come in for 10 minutes to check things out. Grudgingly, Tiara came into the clinic, earphones on and iPod playing as she swayed to the music and flopped into a chair. Apparently this was how Tiara had been reacting to every request of her mother’s, with defiance and abandon. I learned that her parents divorced in the past year and her school performance and behavior had gone downhill. No amount of encouragement, consequences, or rewards had made a difference for Tiara. My hunch was that Tiara was gearing up for the session to hear more of the same things she had heard from her mother.

I wanted to do something different, so instead of asking the best hopes question, I asked another sort of question after the two clients settled into their chairs in the therapy room:

LM: “Mom, tell me what you love about your daughter. I would like to know everything about her.”

Mom: “Well... she’s beautiful and smart and, honestly, since I made this appointment, things have gone better.”

(At this point, Tiara glances over at her mom, puzzled.)

LM: “Really? Such as what?”

Mom: “She’s been helping me with her younger brother, with watching him while I work a second job in the evening, and not complaining that I can’t take her places like we used to.”

LM: “Wow. Tiara, that is quite amazing. How did you know to do that?”

By this point, Tiara had taken out the earphones and begun to listen to the conversation. We were 10 minutes into the session. At first she said nothing but then she responded:

Tiara: “Because my mom has a sucky life. My father cheated on her and left her to take care of us. She works two jobs for us. I guess it’s the least I can do.” (Mom begins to cry.)
LM: “It sounds like you are pretty understanding of what your mom’s going through. Tell me about your mom.”

Tiara: “She is a strong woman. When she found out my dad was cheating on her she didn’t put up with it. Now, even though he has a girlfriend, who I don’t like, Mom keeps it together, even when Dad is rude to her.” (Mom is fascinated by Tiara’s replies, and grabs her hand.)

The session continued, and by the time it ended, 40 minutes later, Tiara and her mom had talked about their best hopes for each other and their immediate family, which included Tiara getting back on track with school in the fall. I learned from Tiara that there were two Tiaras: a “good Tiara” and a “bad Tiara,” who had apparently appeared only in the last few months of the school year when she began associating with a new crowd at school. When I asked which one she felt did her justice, she said the good Tiara, but she wasn’t so sure if people at school would ever be open to that. I asked her: “What would they begin to see if you did introduce them to the good Tiara?” She described a very different girl.

We continued to work for three more sessions. When she returned to school in the fall, I was able to ease her return by talking to her teachers, with Tiara at my side on the school campus, reintroducing Tiara to the teachers she would have that semester. That seemed to help her transition back into the role of “good Tiara” and helped the teachers to see her differently as well.

It is important to mention that in cases involving school failure, behavioral issues, or other situations, meeting with key members of the system involved (teachers, administrators, and more) is crucial to the child’s or adolescent’s success. A therapist can assist a school client to construct new strategies and presentations that are more representative of who he or she wants to be, but if the system is not informed of the intention, the chances for long-lasting change drastically decrease. Why? The answer lies again in the ripple effect, which addresses how our new interactions cause changes in old interactions. If Tiara’s teachers expected the “bad Tiara” to return to school, they would be seeing her with the same lens that led to her being labeled in the spring. But, if they were “reintroduced” (Metcalf, 2008) to the student, face to face in a very short meeting, and learned that the student desired to show them
a new side of themselves, there would be a much greater chance that
the student would be able to rebuild the relationships with the teachers.
This is a key element of success when working with clients who are
dealing with school problems.

PACKING UP THE BAGGAGE AND RECLAIMING A RELATIONSHIP

This final case described in this chapter represents a culmination of my
work as a solution focused narrative therapist. It stretches the limits of
the SFNT model when a client shows emotional needs in a session and
the therapist has a chance to honor them. It also provides an example
of how writing down the words of the client and reciting them back
during the session can amplify a change in a relationship.

Lonna and Gary were 2 weeks away from finalizing their divorce when
they called to schedule an appointment for marriage counseling. Two weeks
before the call, and a year after the divorce papers had been filed, Gary had
asked Lonna to lunch and suggested that they try to make their marriage work.
Lonna was in shock. Their marriage of 20 years had been challenging. They had
two adolescents with special needs, and Gary’s parents had been emotionally
abusive to both him and Lonna over that time. Because of the arguments and
secrecy that had characterized their marriage, described by both partners, there
was a fear that reconciliation might not be attainable. They were very afraid
that the old patterns would set in and lead them back to divorce. Yet, there was
a connection between them and they came to therapy every week for 4 months.

We went through the same SFNT ideas presented earlier in this
book, and during the third month, Gary, who had been living separately
for a year, was pondering returning to the family home. He had made
big strides in controlling his anger with his wife, and Lonna had made
amends for some activities that he had been unhappy with as well. In
essence, the couple had almost achieved what their preferred future
described. They had initially scaled their relationship at a “2” and were
now scaling it at an “8.” Trust, intimacy, and respect had returned. Yet,
Gary could not work up the nerve to return to the home. At this point,
Lonna felt hopeless that the marriage could work, and Gary could not
come up with reasons why he could not return home. As a result, Lonna
began to distance herself from Gary. They seemed to be at an impasse.

The holiday season was now under way. Gary took the children
to visit his parents out of state while Lonna stayed at home. During
the visit, Gary felt marginalized once again by his parents, who also
criticized his children’s behavior. He quickly left their house with the
children and returned home. Upon return to counseling the following week, the couple appeared sad. When I asked, “What are your best hopes for our time?” Gary began to cry quietly and said, “I just don’t know. We have achieved everything I had wanted as a couple, and I still can’t move home. Then I visit my parents and I come back like this. They simply cannot see the man I am today or the family I have as worthwhile. It is almost like I must be validated by them for my decision to reconcile with Lonna in their eyes or I don’t move. I feel lost. My sister is the only one who has ever achieved anything, in their eyes.”

As Gary talked, his words, “the man I am today,” kept resonating with me. I recalled language I had read in Michael White’s article, “Saying Hullo Again . . .” (1988), which described the use of narrative therapy in clients dealing with grief and loss. In the article, a section on adult self-abuse relays questions that help clients deal with important adults in their life who do not approve of them and instead, reject them:

Further questions are then helpful in assisting these persons to revise their relationship with themselves. These questions encourage the person to speculate about how they might have been experienced, as they are now, by the child/adolescent that they were.

(White, 1988, pp. 34–35)

Gary had talked about being rejected by his parents in the past. While he was successful and motivated to reconcile, the baggage of his childhood was keeping him from feeling confident about his ability to move forward. I decided to step into Gary’s worldview and talk about his current emotional dilemma. His wife was in the room when I asked a key question. Here is how the dialogue unfolded:

LM: “Tell me, what is it that you know, but your parents do not realize, about the man you have become, and your family?”

Here are Gary’s answers, which he gave in front of his wife:

“I have assisted my children in becoming who they are. I do understand our kids’ needs.”
“I am someone who needed their support as an adult, just as much as my sister, and even though I didn’t get it, I still made it. I am successful.”
“I am someone whose wife is a team player. She always did her best to do a lot of the ‘dirty work’ of parenting. She always went beyond, to get her family what it needed.”
“I am someone who thinks that how Lonna does things is just fine, even though it’s not my mother’s way.”
“I am someone who has succeeded in his field and contributed to the world.”
“I am a good dad.”
“That I see my marriage as just as important as my parents see theirs. I am married to someone who values family time and does all she can to make it work and I love her.”
“I am someone who wanted something different and has the values to show it.”

At this point in the session, Lonna was smiling and crying at the same time and Gary was sitting up taller in his seat. I copied the notes—which I titled, with Gary’s help, “The Man That Gary Is”—and gave them to Gary. At the follow-up session 2 weeks later, the couple announced that Gary had terminated his apartment lease and had moved home with his family.

**SUMMARY**

Words, recognition, preferred stories, values, and meaning are all wrapped up in what the SFNT model aims to provide to clients who are dealing with relational concerns. The clues to using the ideas of the model come from listening very closely to our clients for their language and values and being innately curious about who our clients are, what they want, and how they have traveled down similar paths. These cues, if honored, can assist the therapist in starting conversations that lead to reuniting clients with their values, thus, returning them to a more satisfying life. When Gary told me what he wished his family saw, he was providing me a list of his values. When Lonna heard the values, she recognized that she was an integral part of Gary’s preferred future and that he recognized her for her values.

**PERSONAL EXERCISE**

How do your values guide you in relationships? Mark Hayward and Amanda Redstone (personal communication, June 2016) have mentioned that life goes off track when problems cause us to lose a
connection with our values. Therefore, conversations that reunite us with our values, identified in preferred future dialogue, are enriching to us and influence our relationships. Consider the following thought-provoking questions.

Think back to a recent encounter with someone who might have been challenging, yet, you were able to work through the encounter (then or later) and felt good about the outcome.

What thoughts or values guided you through your responses? (List at least five!)

What did the other person notice about you in the process? What was your presentation? (List at least five!) As a result, how satisfied were you with your response? What difference did that make?

Keep these answers close to you, as they are guiding strategies for relationships.

REFERENCES


