Instructor’s Manual
for
SOLUTION FOCUSED THERAPY
WITH
INSOO KIM BERG, MSSW
and in Consultation with Steve de Shazer
from the series
PSYCHOTHERAPY WITH THE EXPERTS
with hosts
Jon Carlson, PsyD, EdD & Diane Kjos, PhD
by
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**Published by Psychotherapy.net**

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**Instructor’s Manual for Solution Focused Therapy with Insoo Kim Berg, MSSW**

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Instructor’s Manual for

SOLUTION FOCUSED THERAPY WITH INSOO KIM BERG, MSSW

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Tips for Making the Best Use of the DVD

1. USE THE TRANSCRIPTS
Make notes in the video Transcript for future reference; the next time you show the video you will have them available. Highlight or notate key moments in the video to better facilitate discussion during the video and post-viewing.

2. PREPARE VIEWER’S BEFOREHAND
Share information with viewers from the section Berg’s Approach to Solution Focused Therapy so that they have a sense of where Berg is coming from in this session and where she is going.

3. GROUP DISCUSSION QUESTIONS
Pause the video at different points to elicit viewers’ observations and reactions to the concepts presented. The Discussion Questions provide ideas about key points that can stimulate rich discussions and learning.

4. LET IT FLOW
Allow the session to play out some so viewers can appreciate the work over time instead of stopping the video too often. It is best to watch the video in its entirety since issues untouched in earlier parts often play out later. Encourage viewers to voice their opinions; no therapy is perfect! What do viewers think works and does not work in the session? We learn as much from our mistakes as our successes and it is crucial for students and therapists to develop the ability to effectively critique this work as well as their own.

5. SUGGEST READINGS TO ENRICH VIDEO MATERIAL
Assign readings from Suggestions for Further Readings and Websites prior to viewing. You can also time the video to coincide with other course or training materials on related topics.
6. ASSIGN A REACTION PAPER
See suggestions in Reaction Paper section.

7. ROLE-PLAY IDEAS
After watching the video, organize participants into pairs. Assign each group to role-play an individual therapy session using Berg’s solution focused therapy approach. The client may resemble the client in the video, or you can create different scenarios, and you can even have pairs switch roles if time permits. As a basic instruction, suggest to therapists that after quickly identifying the client’s problem, worry or complaint, focus in on what is working, what the exceptions are, what has been tried, or the miracle question. See Berg’s approach in this manual for a brief review of her approach and techniques.

After the role-plays, have the groups come together to discuss their experiences. First have the clients share their experiences and then have the therapists talk about their experiences in the session. What did participants find challenging about the focus on what is working and on what could be better instead of on problems? Finally, open up a general discussion on what participants learned about solution focused therapy.

An alternative is to do this role-play in front of the whole group with one therapist and one client; the entire group can observe, acting as the advising team to the therapist. Before the end of the session, have the therapist take a break, get feedback from the observation team, and bring it back into the session with the client. Other observers might jump in if the therapist gets stuck. Follow up with a discussion that explores what does and does not seem effective about Berg’s approach.

8. WATCH THE EXPERT SERIES
This video is one in a series portraying leading theories of psychotherapy and their application. Each video in the series presents a master therapist working with a real client who has real problems. By showing several of the videos in this Experts series (See the More Videos section for complete list of the videos in the series), you can expose viewers to a variety of styles and approaches, allowing them an
opportunity to see what fits best for them.

**More Videos with this Client:** In this video, Dr. Berg works with a client named Robin. Robin is featured as a client in several other videos in this Experts series:

- Cognitive-Behavioral Therapy with John Krumboltz, PhD;
- Mind-Body Therapy with Ernest Rossi, PhD;
- Person-Centered Therapy with Natalie Rogers; and
- Integrative Therapy with Allen E. Ivey, PhD.

It can be particularly enlightening for viewers to watch some or all of these five therapists work with the same client to see how their styles, personalities and theoretical orientations play out differently. If you have viewers write a Reaction Paper – see number 5, above – you can ask them to address what differences they notice in how Berg, Krumboltz, Rossi, Rogers and Ivey work with Robin, and how these differences affect the outcomes of the sessions.

**Therapy Theories and Models:** A theory is a framework that helps us understand something or explains how something works. Just as there are many different people and personalities, there are different theories of understanding how people live and how change occurs, each with its own guidelines for understanding and procedures for operation. The primary differences between these theories are related to the relative importance each theory places on cognitive (thinking), behavioral (doing), and affective (feeling) factors. We might also add the role of the interpersonal, family, social, cultural and political worlds. In addition, to what extent does the theory focus on problems vs. solutions, the past, the present and/or the future?
Other videos in the series use different therapeutic models. We can reflect upon the differences among these models by exploring the following questions:

- How does the model explain the therapeutic process?
- What assumptions does the model imply about the purpose of therapy?
- How is theory translated into practice in real-life situations?
- What is the role of the therapist?
- How does the therapist build an alliance with the client(s)?
- What outcomes are associated with successful therapy?

9. PERSPECTIVE ON VIDEOS AND THE PERSONALITY OF THE THERAPIST

Psychotherapy portrayed in videos is less off-the-cuff than therapy in practice. Therapists or clients in videos may be nervous, putting their best foot forward, or trying to show mistakes and how to deal with them. Therapists may also move more quickly than is typical in everyday practice to demonstrate a technique. The personal style of a therapist is often as important as their techniques and theories. Thus, while we can certainly pick up ideas from master therapists, participants must make the best use of relevant theory, technique and research that fits their own personal style and the needs of their clients.

*A NOTE ON PRIVACY AND CONFIDENTIALITY

Because this video contains an actual therapy session, please take care to protect the privacy and confidentiality of the client who has courageously shared her personal life with us.
Berg’s Approach to Solution Focused Therapy

Insoo Kim Berg’s approach is founded on the premise that clients come to us equipped with solutions to their problems. It is the therapist’s role to guide clients towards their own strengths and resources to solve the problem. Berg believes that it is not enough to remove the problem. Once a problem is removed, there is then an empty space and that space must be filled with a solution. Indeed, too much focus on the problem can interfere with solving it and developing a new way of living and being.

Berg developed her approach by listening closely to her clients, and listening remains one of her chief techniques. She responds to clients using their words, carefully tracking how they talk about their problems, and mirroring back the strengths and skills they already possess. Other techniques, like *The Miracle Question*, *Scaling*, and *Exceptions*, help clients assess their situations and get to the solutions behind their problems.

Berg designed her approach to work with clients of all ages and ethnicities, including individuals, couples and families from all socioeconomic classes. She takes her lead from her clients, adapting to their situation, and she brings in no set guidelines, timeframes or goals. The approach can be used in one session, leaving clients with a greater sense of confidence in their ability to solve problems and develop solutions, or a longer course of therapy where skills are built up and applied in many situations. One of the most important tenets of her approach is that she leaves all this up to the client to decide, since they are the experts on their case.
Reaction Paper for Classes and Training

Video: Solution Focused Therapy with Insoo Kim Berg, MSSW

- **Assignment:** Complete this reaction paper and return it by the date noted by the facilitator.

- **Suggestions for Viewers:** Take notes on these questions while viewing the video and complete the reaction paper afterwards, or use the questions as a way to approach the discussion. Respond to each question below.

- **Length and Style:** 2-4 pages double-spaced. Be brief and concise. Do NOT provide a full synopsis of the video. This is meant to be a brief reaction paper that you write soon after watching the video—we want your ideas and reactions.

**What to Write:** Respond to the following questions in your reaction paper:

1. **Key points:** What stands out in how Berg works with this client? Note any key or turning point interventions. What important points did you learn about solution focused therapy?

2. **What I found most helpful:** What was most beneficial to you as a therapist about the model presented? What tools or perspectives did you find helpful and might you use in your own work? What challenged you to think about something in a new way?

3. **What does not make sense:** What principles/techniques/strategies did not make sense to you? Did anything push your buttons or bring about a sense of resistance in you, or just not fit with your own style of working? Explore these questions.

4. **How I would do it differently:** What might you have done differently than Berg did in the therapy session in the video? Be specific in what different approaches, strategies and techniques you might have applied.

5. **Other Questions/Reactions:** What questions or reactions did you have as you viewed the therapy in the video? Other comments, thoughts or feelings?
Suggestions for Further Readings, Websites and Videos

BOOKS


WEB RESOURCES

Psychotherapy.net interview with Insoo Kim Berg

www.psychotherapy.net

A Tribute to Insoo Kim Berg

www.sfbta.org/insookimberg.html

The Solution Focused Brief Therapy Association

www.sfbta.org

The European Brief Therapy Association

www.ebta.nu
RELATED VIDEOS AVAILABLE AT
WWW.PSYCHOTHERAPY.NET

*Cognitive-Behavioral Therapy with John Krumboltz, PhD*
  – John Krumboltz

“I’d hear laughter”: Finding Solution for the Family
  – Insoo Kim Berg

*Integrative Therapy with Allen E. Ivey, PhD*
  – Allen E. Ivey

Irreconcilable Differences: A Solution-Focused Approach to Marital Therapy
  – Insoo Kim Berg

*Mind-Body Therapy with Ernest Rossi, PhD*
  – Ernest Rossi

*Person-Centered Therapy with Natalie Rogers, PhD*
  – Natalie Rogers

*Solution Focused Child Therapy*
  – John Murphy

*additional videos that feature the same client working with therapists from different theoretical orientations.*
Group Discussion Questions

Professors, training directors and facilitators may use a few or all of these discussion questions keyed to certain elements of the video or those issues most relevant to the viewers. Some questions deal with themes that touch a large section of the work. Those highlighting specific points in the session include the dialogue line number after the name of Berg or Robin, for example, Berg - 9, or Robin – 34.

INSOO’S APPROACH

1. **Success:** How do you respond to Berg’s comments about the success of therapy? In what ways is her perspective on success similar to or different from yours? In what ways do you judge success of treatment differently from how clients judge it? How do you decide whether a therapy is successful?

2. **Problems and Solutions:** Berg states, “The solution is not necessarily related to the problem,” and relates a story about a woman who complains of her husband having a drinking problem to illustrate her point. What stands out for you about Berg’s comments regarding the way people frame and talk about their problems versus finding solutions to them? Do her ideas make sense to you? How would thinking about problems as unrelated to solutions impact therapy you do with clients? What stories can you think of from your therapeutic work that might illustrate this point?

PSYCHOTHERAPY SESSION

3. **Self-Control:** What do you notice about the way Berg reframes Robin’s problem of not controlling her emotions, and the discussion of the Sunday exception? (Berg – 33) In what ways do you think Berg’s approach may have altered Robin’s perspective? Would you have spent so much of the session focusing on this exception as Berg did? Why or why not? How might you have approached this differently from Berg?
4. **PMS:** Robin shares her husband’s thoughts about her behavior and PMS. (Robin – 95) Did Robin’s comments about her husband strike a nerve with you? If so, how might you work with your countertransference or personal reactions to work with Robin? What will you take away from watching the way Berg approached this situation?

5. **Consultation Break:** What did you think about Berg taking a break from the session to speak with de Shazer? (Berg- 125) In what ways was this intervention effective here? Is this an intervention you would feel comfortable doing? Why or why not? How does trust of the people consulting play into it?

6. **Homework:** What do you think about the homework assignments Berg and de Shazer came up with? (Consultation, de Shazer - 2) Do you think Robin will follow through with them, and gain anything positive from them? Talk about your reactions to this intervention, both positive and negative. Would you assign other homework to Robin?

7. **Normal:** What did you think about Berg telling Robin she is normal? (Berg - 129) What did you observe about her comments’ impact on Robin and was it effective? Do you think it was necessary for Berg to address this need so directly? What are some other ways you would work with Robin’s wish to feel normal?

GROUP DISCUSSION

8. **Simple:** In what ways do you find this therapeutic approach simple, as the hosts do? Or not? In what way may this approach also require nuance and an art to it?

9. **Therapeutic Relationship:** How would you characterise the therapeutic relationship in this video? Did Berg form a working alliance with Robin? If yes, what was it about Berg that allowed Robin to feel comfortable enough to engage in the therapy? If no, what did not work?

10. **Personal Reaction:** How would you feel about being Berg’s client? Do you feel you could form an alliance with her and that the therapy would be effective? How so?
Note to facilitators: You will find chapter markers on the DVD at five-minute intervals so that you may easily skip to desired points in the video. Throughout the pre-session discussion section of the transcript below (Insoo Kim Berg’s Approach), we indicate on-screen minute markers that correspond with those that appear at the bottom right corner of the DVD on screen. In the transcript of the session itself, use the numbered entries to draw attention to desired points within the dialogue.

INSOO KIM BERG’S APPROACH

1–1

Dr. Jon Carlson: Psychotherapy is the main tool of the mental health worker, such as psychologist, social worker, or counselor.

Dr. Diane Kjos: Just as there are many different people and personalities, there are many different theories about how people live and how change occurs. This series will present the predominate theories and demonstrate for you how they’re practiced.

Carlson: Diane, what’s your sense of solution-focused brief therapy?

Kjos: Well, it’s a time-limited therapy with very specific goals and expectations. It seems to me that the other part of it is that the therapist must be able to make a good relationship rather quickly with a client in order to move in that way.

Carlson: It’s my understanding that it’s a lot like some of the other theories that we’ve looked at. It’s an active approach, a practical approach, and more of a cognitive, or, you know, like a thinking type of a theory. The theorists behind this approach believe that people really have what it takes right inside themselves. They have the powers that are needed to bring about their own changes. And they believe that if you change one part of the system, then you really affect the
other part of the system, so it seems like more of a systems-oriented theory. It’s an approach that really focuses a lot on the present and they really talk a lot about looking for the solution and the process of change. How does this relate to other theories of psychotherapy?

Kjos: You mentioned the system, and I think it’s probably most closely related to what we would generally call “systems theory.” There are some components of behavioral theory too, I think, although one of the things that is pretty clear is, I think in behavioral theory, the therapist sort of acts as the expert, and here the individual is kind of their own expert and a therapist pulls that out.

Carlson: Why don’t we learn some more about this theory from our guests, Insoo Kim Berg and Steve de Shazer. Come on in Insoo. Glad you’re with us today. Steve, welcome. Diane and I have been having a discussion on just what solution-focused brief therapy is. Can you help us understand it? Can you tell us a little about this theory?

Insoo Kim Berg: Well, I think that if I can sort of briefly describe it—you know, there are many different ways of describing it—but if we could sort of briefly describe it: instead of getting rid of the problems—which is, we believe, what most therapy models are designed to do, is get rid of the problems—we will, say, figure out what the solution is there already, and what is it the client needs to do more in order to get to the desired outcome or desired state of their lives. That is the briefest description I can think of.

Carlson: That’s the briefest description I’ve heard.

Steve de Shazer: It’s not enough to get rid of a problem, because if you get rid of something, there’s a hole there. If you don’t feel the hole with something, the problem will come back.

Kjos: And the solution...

de Shazer: The question is what do you do instead of the problem?

Kjos: And I get the implication: the solution is already there.
Berg: Yes, yes.

Carlson: How did this theory get started? How was it developed?

de Shazer: Watching clients? Yeah? Mainly we learned, developed, whatever theory there might be here from watching clients, and they’re surprising us over the years by doing things we didn’t anticipate. That’s sort of the basic format of how we learned all this.

1–5

Carlson: So you really used observational skills and were dissatisfied with maybe some of the traditional ideas?

Berg: Listening to what they say, listening to what they tell us seems that to work for them.

de Shazer: Because we were very surprised, at whatever point in history that might have been, when we learned that clients judge success very differently than therapists do.

Carlson: Really?

de Shazer: Yes. So this gave us the first clue that we don’t need to pay much attention to the problem.

Carlson: So then if clients judge therapy and the outcomes differently than we do then we start out at opposition.

de Shazer: Right.

Berg: Yes. Yes.

Carlson: Wow.

de Shazer: We decided they were right and we were wrong.

Kjos: And then you take it from there.

Berg: Because they’re our clients.

de Shazer: They’re our clients. They’re paying for it, so they must be right.

Carlson: And then you take it from there.

Berg and de Shazer: Right.

Kjos: How does this theory really apply to the cultural differences that
we see in today’s clients? Does it adapt?

1–6

Berg: Very nicely. Again, because the solutions are based on clients’ natural state of living. It fits, because it generates from them rather than generates from their expert, who told them or imposed on them. I think it fits very nicely with the cultural diversity.

de Shazer: It doesn’t seem to matter whether you’re in Hong Kong or Helsinki. The principles of developing solutions would be about the same.

Kjos: What about external limitations, such as prejudice or racism or kind of gender bias; those types of things. How does it work in that area?

1–7

Berg: Well, again, even clients who live in very, very difficult poverty situations-- homeless drug addicts, for example. I worked with them for five years in Milwaukee, and you can’t get any more, you know, of a difficult life than they have, and even then they have some resources. They figure out how to get by, how to get around these difficulties. And so we’re looking at what are the means they use to get through some very, very difficult circumstances there in their lives. And this kind of work really convinced us that clients do have lots of strengths that even they don’t realize they have.

de Shazer: Yeah, a lot of strengths and a lot of skills and a lot of values that nobody knows they have. Can you imagine surviving on the street in minus 20?

Kjos. No.

de Shazer: You know, they do it day after day. So how do they do that? That’s interesting to find out.

1–8

Carlson: This is the powers that they already have within them that they don’t get much credit for.

de Shazer: Yeah. Right.
Carlson: If you look at... A lot of times you talk about the different theories, like cognitive theory tends to work for people who are already thinkers, you know. They say that the Freudian theory works for people who are, like, chronically wealthy. What type of client does brief solution-focused therapy work best with?

de Shazer: Lucky ones.

Kjos: Lucky ones.

Berg: Uh, well, we seem to work with clients at all economic levels and, again, across culture. Across national boundaries.

de Shazer: Across diagnoses.

Berg: Across diagnosis. Because we really don’t pay attention to... Clients don’t pay attention to diagnostic categories.

de Shazer: So we don’t either. They pay attention to life’s problems. We pay attention to diagnostic categories, but they don’t. So it seems to work... We found a way to adapt, and it’s our job to adapt to clients’ situations, rather than expecting clients to adapt to our knowledge and our way of thinking.

Kjos: What about families and groups?

Berg: Yes.

Kjos: Yes?

Berg: Yes. It seems to work very nicely. You were going to say something?

de Shazer: No, no.

Berg: Okay.

Carlson: Is there anybody that this doesn’t work with?

Berg: There’s no way... I have found, after years of looking at this, there’s no way I’ve ever found to predict a failure, so I can’t... There’s no way to predict that. Diagnostic categories, problem types, whether the therapist is older, younger, same or different sex. Whether there’s
a team or no team. Family group, couple or individual. None of those, nothing that I’ve ever looked at.

**Berg:** There seems to make no difference.

**de Shazer:** It never makes any difference.

**Berg:** We have not been able to predict that this case is going to be a failure or this case is going to be a success.

**Kjos:** How do you adapt as a therapist to meet the unique needs, then, of the client who comes in?

**Berg:** Well, we pay attention to what clients…what and how they talk about what they talk about.

**de Shazer:** What words they use.

**Berg:** What words they use. How do they talk about their life, their problems, their desirable condition for their lives? And really pay close attention to that.

1–11

**Carlson:** I was intrigued when you said before that you learned this approach from your clients, the people you work with.

**Berg:** Yes.

**Carlson:** Just how did you do that? How did you become a brief therapist? Most of us were trained in these longer modalities.

**Berg:** Well, so was I. Yeah.

**de Shazer:** I have no training at all.

**Berg:** That’s right. He’s proud of the fact that he has no training. I think that we did not set out to be a brief therapist. I didn’t. I certainly didn’t. We were interested in what would be effective and efficient way to do therapy.

**de Shazer:** But in the early ‘80s we had some cases that surprised us.

1–12

**Carlson:** Do you remember one of those, Steve?

**de Shazer:** No.
Berg: Well, I remember…

de Shazer: What I do remember is one night when we had three clients, three first sessions in a row, and all three of these clients reported major significant changes in the interval between telephone call and first session. All three in a row, three new cases. And that they all said that they had moved toward their goals, in that interval.

Berg: That was the direction they…

de Shazer: They wanted to go.

Berg: They wanted to go.

de Shazer: And things were so improved that they weren’t even sure why they came, and blah-blah-blah. And—I remember that was somewhere in the early ‘80s—that set us off investigating, when does therapy begin?

Carlson: And so just by making that phone call, that actually was part of the solution for their problem?

Berg: Yes, I think that that’s the beginning of the changing process.

de Shazer: That’s where therapy starts.

Berg: That’s where the therapy starts.

Carlson: Hmn. I thought it didn’t start until they came in the door.

Berg: No, I don’t think so.

de Shazer: No.

Carlson: So you made that observation on that one night, huh?

de Shazer: Right.

Berg: Yes.

de Shazer: And then we had, uh…So when we started asking clients after that, and then we got into doing it routinely, well anyway…So when we studied it for some years. We still pay attention to this. You know, it’s true. In almost every case, if you ask in the right way at the right time—whatever that means—you can find out if there have been some changes between the telephone call and the first session, as long
as it’s not too long a time. They tend to forget if it’s six weeks.

1–14

**Kjos:** Kind of shifting a little bit, but what would you tell a student who is interested in this form? What’s the future? How would they get involved? What kind of training? And so forth.

**Berg:** That’s your job, isn’t it?

**Carlson:** Well, how would you help us with our job?

**Kjos:** How would you help us with our job?

**Carlson:** Help us find a solution.

**Berg:** I suspect that the key ingredient is, again, learning how to listen.

**de Shazer:** And to take seriously what you hear.

**Berg:** What a client says. We tend to not take what a client says seriously, because “We’re the expert, and we know what you really mean. We know what you don’t mean.” Instead of taking that kind of a stance, I think that we really have to take what a client says very seriously, and listen to them, because that’s their way of describing their life. And that would be the beginning, I would say.

1–15

**Carlson:** You’ve used the term, like, you learned this approach through observation, and Steve’s mentioned the term “research.” Is there research on this approach that shows that it’s effective?

**Berg and de Shazer:** Uh-hmn, yes.

**Carlson:** Can you tell us a little, some of that research? What you’ve learned?

**Berg:** Well, we have been doing follow-up studies since ’78 on our cases. That’s been done consistently over the years. That’s not a control study. I mean, we have no control study to compare. But compared to other, similar settings, like we are in, certainly we have some very impressive data on that.

**Carlson:** And so there’s changes over time?
Berg: Over time.

Carlson: There is follow up, like, six months, or a year, or more?

de Shazer: Six, 12, and 18 sometimes.

Carlson: So longer than... Okay.

Berg: Yes, yes.

Carlson: So the gains are not just... They're maintained, I guess.

de Shazer: Well, yes, they even sort of seem to grow.

Berg: They grow. The gain seems to grow more at 18 months than six months. So we decided that maybe the longer they stay away from therapists, the better their life gets.

Carlson: 'Cuz therapy is getting even briefer. They're not even going to be able to come in, if you guys have your way.

Kjos: Just make the phone call.

Carlson: Now, I was reading in one of Steve’s publications, but I’ve heard Insoo say similar words—can you help me with some of these statements? They seem really provocative. One says, “You do not need to know what the problem is in order to solve it.” And then there’s another one here. “The problem or complaint is not necessarily related to the solution”?

Berg: Yes, yes.

Carlson: Or, “The solution is not necessarily related to the problem”? What is this?

Berg: That’s rather... You’re right. It’s a very provocative statement, and that’s how we learned. When a client says--for example, just a simple example, “My husband has a drinking problem.” That’s what a wife comes in and says. She complains of her husband’s drinking problem. So we start talking about, “So, what would let you know? What would be the first sign to you that he’s not drunk and he no longer has a drinking problem?” Then she will say things like, “Well, he will get up on his own without me having to nag him about getting
up and going to work.”

**de Shazer:** And he will smile and say, “Good morning, darling.” Very typical answer.

**Berg:** He will be helpful with the kids.

**Carlson:** That doesn’t have anything to do with the drinking problem.

1–18

**Berg:** It has nothing to do with drinking. “We will talk to each other. He will take me out to a movie. We’ll go out to a movie once in awhile.” It has nothing to do with drinking.

**de Shazer:** And in fact, if the wife can get this, she won’t care if he drinks.

**Kjos:** Every theory seems to have some sort of key techniques or interventions. What are some of the ones that are unique to this theory?

**Berg:** The way you view the interviewing as the intervention. Interviewing itself is the intervention. That’s where a client changes their ideas about what the problem is or what might be the solution to the situation. So we have come to pay a great deal of attention to interviewing itself.

**Carlson:** So that would be one intervention…That would be an intervention. That is the intervention.

1–19

**Berg:** That is the intervention.

**Carlson:** What about techniques that are in the support?

**Berg:** In this interviewing, then, we have what is called a “miracle” question, a “scaling” question, many other…

**de Shazer:** “Exception” question. And anything else that focuses on trying to help the client tell us—and tell himself—what it is he wants, or she wants, from the therapy.

**Carlson:** Just what is meant by “brief,” in the brief therapy? What does brief mean?
de Shazer: Well, it’s in some ways a misnomer. But my personal meaning is, as few sessions as possible, and not one more than necessary. That’s my personal definition. Most people think in terms of brief therapy in terms of number of sessions. And in those terms—I think our most recent, for the last three or five years, right? The last five years, we’ve been averaging 3.2 sessions per case.

1–20
Carlson: And there’s many different forms of brief therapy. Some may call it time-limited, and there are different names.

de Shazer: Right, right. But this is a specific tradition that we belong to that we just call brief therapy.

Kjos: Being as efficient as possible, in a sense.

de Shazer: Right. As few sessions as possible. So we have, over the years, we’ve gone down to 3.2.

Berg: People think that 3.2 sessions is done in three weeks. It’s not so. It could take up to three months. Three sessions…

de Shazer: It could take nine months.

Berg: Could take nine months. So it’s not time limited in that sense, but it’s, “What does this client want to accomplish?”

1–21

de Shazer: So generally speaking, I will ask the client, “So when do you want to come back?” I don’t set the appointment; I ask them when they want to come back and we will follow that. They might say three months, and that’s fine. It doesn’t matter to me at all.

Kjos: You mentioned this “miracle” question. What is that exactly?

Berg: We sort of discovered that by chance…

de Shazer: Which is true of most things.

Berg: …listening to a client. And there was this one mother who was just absolutely overwhelmed with four kids, alcoholic husband…She was just really depressed. She was on the verge of giving up on everything. So when I asked her about,
“What do you suppose needs to happen so that you can say this was a good idea that you did that, that you came and talked to me today?” She said, “I don’t know if anything will help.”

**Carlson:** It would take a miracle.

**Berg:** She said, “It will probably take a miracle.” So I said--I don’t know what else to say, so I said, “Well, all right, suppose a miracle happened?” Then she started talking about how her kids would go to school, she won’t get those phone calls from school, her husband will go back to work, stay on the job without getting fired every three months. She won’t be so overwhelmed. She would feel like life has meaning.

**Carlson:** This is an indirect way to get at what the solution...

**Berg:** The client’s idea of a solution.

**Carlson:** But what about the...

**de Shazer:** So over time, then, we developed this into a question that has more or less a specific format and a specific rhythm to it.

**Carlson:** How about this procedure of “scaling.” What’s that?

**Berg:** Scaling is a really nice way to learn how a client thinks, and make it more concrete. So we will say, on a scale of one to ten, ten means you feel like you got what you came here. You feel like you got a handle on your life. That’s ten. One is when it felt like to you that life was just falling apart. Where do you think you’re at? So it’s helping the client assess their own situation.

**de Shazer:** Makes them measure progress.

**Carlson:** And usually by the time they get to see you they’re more than a one because they’ve already started to...

**Berg:** They’ve already started.

**de Shazer:** The average client is a three in the first session.

**Berg:** The first session.
Carlson: Okay.

Kjos: Another concept that I was curious about is this idea of exceptions. What is that all about?

Berg: Okay. Exception is exceptions to problems. So, for example, there are parents who will complain about the child stealing, for example, let’s say. “Tell me about the time that he could have stolen but he didn’t.” Or, “Tell me about the time you could have drank but somehow you decided not to. “Tell me about the time that you two could have gotten into fights but somehow or other, you managed not to.”

de Shazer: What’s different when the voices in your head are silent?

Carlson: So when they tell you that, so what?

Berg: So, then, that means that that’s the beginning. They already have solutions.

Carlson: Oh, you mean, so that they’ve already solved their problem for a brief period of time?

Berg: A brief period of time but they don’t know that they had.

de Shazer: They don’t know that all they need to do is do it more.

Carlson: Oh, like, to generalize to the rest of their lives.

Berg: Generalize to the…more…and increase the span of when they have no, they are managing the problem.

Kjos: When they’re in control.

de Shazer: Because they all believe because they are members of western society, that there’s some deep something wrong with them. And so they don’t realize that these things that they think of as flukes or…

Berg: Or, “It’s the weather.”

de Shazer: Yeah, the weather, the phase of the moon…They don’t realize that it is a prototype of taking care of the rest of the problem.

Carlson: That it’s something that they have within them that they can
actually repeat.

**Berg:** Right, right.

**Carlson:** In a few minutes we’re going to be having, or we’re going to be watching, a demonstration of solution-focused brief therapy, and we’ll probably see some of these techniques in action. Can you talk a little bit about what your goals were in the interview we’re going to be seeing?

1–26

**Berg:** Uh, I wanted to know what the client wanted. What she would consider a successful outcome of this interview. Start with that.

**Carlson:** So that would be the first goal?

**Berg:** That’s the first goal.

**Carlson:** And maybe the only goal?

**de Shazer:** That may be the only goal.

**Berg:** That’s the only goal.

**Kjos:** But as we’re watching this…

**de Shazer:** And that’s not easy to do. I want to remind you of that. Milton Erickson defined therapy in this way: two or more sitting in a room talking, trying to figure out what the hell one of them wants.

**Kjos:** As we’re viewing this, are there things we should be looking for specifically, as viewers?

**Berg:** I don’t think so. I think I will track very carefully about the words the client uses. The words, the phrases, concepts—that I really track very closely with that.

1–27

**Carlson:** And if you’re going to be doing that, and then if, in this interview, there’s a break in the action…

**Berg:** Yes.

**Carlson:** This is…Can you tell our viewers a little bit more about what they might be expecting and why that occurs?
**Berg:** Okay. Okay, oh, about 30 minutes into the interview, I will take some time out and I will explain to the client that this is a point that I take some time out. I will review what we just discussed and then I will give some summary of what we just discussed—my understanding of the summary of what we just discussed. And this is where, fortunately at this time Steve is available, so Steve and I will have some conversation. And it is designed for me to have some chance to stand back, physically remove myself from that situation. So it will help me, it will give me some room to stand back and look at the interview. What just took place? How do I look at this? What is my understanding of this? And then I will summarize how I look at this. And you will see the client’s reaction to that.

1–28

**de Shazer:** I think that sometimes, when you’re part of something—like when you’re doing the interview—how you see that is very different from how you might see it from behind the mirror or on the monitors. And so we start taking these breaks with or without a team in order to get ourselves up out of that context, in order to sort of pretend we’ve seen it from behind the mirror, or something like this.

1–29

**Berg:** The best way to describe it is, if you are inside the picture…

**de Shazer:** It’s hard to see the picture when you’re inside.

**Berg:** You cannot see the picture. So this allows me to stand back and look at the picture.

**de Shazer:** So you get a fresher perspective.

**Berg:** A fresher, different perspective.

**Carlson:** What happens to the client when you’re doing this?

**Berg:** Well, the client usually waits.

**Carlson:** Are they nervous, or are they…

**Berg:** They’re curious. Very curious about what the therapist is going to come up with. What does the therapist think? They’re very curious about that.
Carlson: Builds up their anxiety.

Berg: Oh, I don’t know about anxiety. They’re curious about it.

Kjos: Builds up their curiosity.

Berg: Receptivity.

de Shazer: Curious is, as you go out--you know, in later sessions--they’ll go out and have coffee and talk to the secretary, and go out for a walk

Berg: Some pay with their checkbook.

de Shazer: Some pay…do their business with the secretary at that time.

1–30

Carlson: I don’t know about you, Diane, but I’m curious right now to see this interview in action. So why don’t we go and watch it right now?

Kjos: Okay.

PSYCHOTHERAPY SESSION

Berg–1: Let me ask you, what do you suppose that needs to be different in your life that will let you know that it was a good thing that you came and talked to me today? That it was a good thing that you had done this?

Robin–1: Probably, helping me realize that a lot of things that go on are just normal everyday life, that I’m no different than anybody else—my experiences are all the same.

Berg–2: Okay.

Robin–2: I sometimes blow things out of proportion and think only those things happen to me, but when in fact, they’re just normal everyday occurrences.

Berg–3: Okay, okay. So suppose you find that out. That what’s happening to you and how you react to things are pretty normal. How is that going to be helpful, how would that be helpful for you?
Robin–3: It gives me peace of mind.

Berg–4: Okay.

Robin–4: It lets me know that I’m not the only one out there pulling my hair out.

Berg–5: Okay, all right. And so you have peace of mind and you say, “Ah, I’m like everybody else, I’m no different.”

Robin–5: Well, in the things that happen to me. How I react to those things is what will make me unique.

Berg–6: Right. So you react when you know this, you will react, “Oh well, it was just one of those things that happens to people.”

Robin–6: Right, instead of getting frantic.


Robin–7: I’d be much more calm.

Berg–8: Calm about your reaction to whatever.

Robin–8: Right, right.

Berg–9: Okay. That makes sense. Okay, okay. So suppose you are calm. You say, “Oh well. You know one of those things in life,” and be able to go on. I guess that’s what you’re talking about.

Robin–9: Right, right.

Berg–10: Instead of being frantic, you just say, “Okay,” take it with a grain of salt and just go on with your life.

Robin–10: Right.

Berg–11: What would that be like for you?

Robin–11: It would be control. I’d have a lot of self-control.

Berg–12: Self-control.

Robin–12: Yeah, that’s one thing I probably lack the most.


Robin–13: I’d be easy going. I wouldn’t constantly be thinking all the time, and it would just be matter of fact, you know. I wouldn’t be
overanalyzing situations.

**Berg–14:** Okay.

**Robin–14:** I seem to be very analytical.

**Berg–15:** Okay. So, what would you do instead of analyzing then, when you’ve got that point?

**Robin–15:** I’d just, throw it up to the wind and not worry about it.

**Berg–16:** And say, “Oh well, that’s life.” That’s what you would say?

**Robin–16:** Right.

**Berg–17:** “Oh well, that’s how it goes.”

**Robin–17:** Yeah.

**Berg–18:** And just may be able to move on with your life.

**Robin–18:** Right, and not think that it’s going to be the end of the world, you know. Tomorrow’s a new day.

**Berg–19:** Okay.

**Robin–19:** I sometimes look at a situation and study it too much and think that my whole world revolves around the decision that I make, or how I react. When, in essence, it doesn’t.

**Berg–20:** So suppose you are able to do that, suppose you are able to do that. What would people around you notice different about Robin—that would let them know, “Ah, she is able to let things blow into the wind and then go on with her life.”

**Robin–20:** They would probably say that I’m finally growing up.

**Berg–21:** Okay, okay.

**Robin–21:** They’d say that I was more easy going, not stressed out, more fun to be around.

**Berg–22:** More fun to be around, okay. Are you married?

**Robin–22:** Yes.

**Berg–23:** Okay. So you live with this man you are married to?

**Robin–23:** Mm-hmm.
Okay. What would he say?

What would he say?

What would he say he would notice different about you?

He’d say that nothing gets to me. He’d be surprised that nothing gets to me.

He’d be surprised. Okay, all right. So that’s what he would say. “Ah, nothing gets to Robin anymore. She is handling it.”

“She’s handling it,” yeah. His question would be, “So, like, how long is it going to last?”

Or I was thinking, “What have you been drinking?”

Usually he’s always, “Well, what book have you read lately?”

Ah, okay.

“What answers have you figured out now?” You know. ‘Cause he knows I have a tendency sometime to even try reading different books, trying different ideas of how to, just handle life, you know. And he’ll say “Oh, so, what are we trying this week?”

So he will see you, what, setting aside those books?

If I tell him that I didn’t get it from a book, yeah, he’d be like, “She’s putting the books,” he’d be like, “Okay, what’s really going on,” you know.

Oh really. Okay. So, he finds you easygoing, fun to be around, say, you’re in control. “Well, tomorrow is another day.” “I’ll just start over.” When you are able to finally do that he sees you doing that, what would be different about him? What would he do different?

I think he’d eventually be calmer. Yeah, he wouldn’t have such a quick temper. Well, actually, in some instances, he might try harder to get at me, to get me going, you know, get me upset. But eventually he would give up and just . . .

And say, “This is for real.”

“This is the real thing. She has really changed.”
Berg–32: “This time, this is for real.” Ah, right.

Robin–32: Right. Then he’d eventually… I’m a firm believer --and it works, I know it works -- if he comes home and he’s angry and is using a harsh tone or a loud voice, if I just remain calm and speak softly, eventually he starts leveling out. So, it eventually rubs off. So, hopefully, he would be the same.

Berg–33: It sounds like you’ve tried that.

Robin–33: I do.

Berg–34: You do? You do try that sometime on him?

Robin–34: Mm-hmm. And it works.

Berg–35: Okay. When was the most recent time you had been able to do that?

Robin–35: Sunday.

Berg–36: Sunday? It was three days ago.

Robin–36: Mm-hmm.

Berg–37: Okay, tell me what happened. What did you do?

Robin–37: He was upset. I forget what he was upset about. He was saying that I don’t pick up the house. We had had company and a mess had been made, and I didn’t feel like cleaning it right then and there. Well, he wanted it cleaned right then and there, and he was like, “You need to clean this right now.” And I’m like “No, I’m not going to clean it right now.” He said, “You never clean house, you’re always gone, blah, blah, blah.” You know, he just went on and on, and I said, “Well, I’m sorry that you feel that way. I’m not going to do it.” And I sat down. Then he, looked at me and he’s like “She’s not going to get up and clean it” and I’m like “No, I’m not going to get up and clean it. And actually, I’m going to go out for a little while” And he was like, “Oh.” Eventually I went upstairs and started getting ready. And he was like, “Where are you going to go?” And I said, “Well, I thought I’d go shopping, and do a little shopping.” ”Do you care if I go? Can I go with?” It’s horrible. I sometimes feel like I’m playing a trick on him, but it works.
Berg–38: Is that different for you what you had done on Sunday?

Robin–38: Yeah. It takes a lot of initiative on my part to do that. Most of the time I would have probably said, “I’m not doing it,” and it eventually would have gotten into a fight. But instead, I sort of pick my battles so to speak, what I’m going to stand up and say no I’m not going to do or what I am going to do, and not back down on it. And if I do that, then I pretty much have my own plan worked out how I’m going to do it. But if I don’t know really one way or the other, that’s when it usually gets out of control.

Berg–39: So, when you pick your battle, that’s when you are in control of things? You are in self-control?


Berg–40: Yeah?

Robin–40: Yeah. It’s like if I know I want to do something, I’m not going to let anything stand in my way. I will be… I won’t turn a deaf ear: I’ll listen if he has objections or other people have objections, no matter what it is, not only in the marriage, but then I’ll say, “Well, I’ve already made my decision. These are the reasons I made my decision. I’m going to do it.” End of discussion, you know. And that’s when I have real control.

Berg–41: Is that what you mean by picking your battles?

Robin–41: Mm-hmm, if it’s something I really want to do and believe in, no one…

Berg–42: And you’re definite about…

Robin–42: And I’m definite about it.

Berg–43: This is the right thing to do.

Robin–43: Right. No one’s going to change my mind. I’m not going to let anybody get to me, and I’m not going to get upset by what anybody says. I’m going to do that.

Berg–44: Oh. So, how did you know that on Sunday that’s your battle?

Robin–44: That, I really didn’t know.

Berg–45: What told you that’s the battle?
Robin–45: Well, I guess it was that I didn’t want to fight. I didn’t want to get into an argument about it. It was not worth it. So, therefore, I just wasn’t going to do it. No matter what he said, I wasn’t going to let it bother me. Because I didn’t want to...

Berg–46: And you knew that.

Robin–46: Yeah.

Berg–47: You knew that you’re not going to let him bother you, no matter what he said.

Robin–47: Right.

Berg–48: Wow. How did you know that?

Robin–48: I don’t know. That’s a good question.

Berg–49: How did you decide that?

Robin–49: I don’t know. I was tired for one. Plus it’s a repeat pattern.

Berg–50: Oh! Okay. So, you’ve been through this before.

Robin–50: I’ve been through that before.

Berg–51: So you knew it was coming.

Robin–51: I knew it was coming. By the comments he made, and I just thought, “I’m not going to do it again. I’m not going to argue with him. I’m not going to get upset. I’ll just, I’ll just, no. I’m just going to get out of here for a while”


Robin–52: So… It takes guts on my part to do that.

Berg–53: Was it hard Sunday?

Robin–53: Yeah.

Berg–54: It was hard.

Robin–54: Mm-hmm.

Berg–55: For you to decide, “This is it. I’m going to stick to my ground. This is my ground. I’m not going to move, and I’m not going to argue about it.”
Robin–55: It wasn’t hard to decide. It was hard to carry it through.
Berg–56: But you did.
Robin–56: Yeah.
Berg–57: How?
Robin–57: I guess it’s the will inside of me.
Berg–58: Really. Are you that kind of person that has this strong will?
Robin–58: Yes and no. It’s one of those things: sometimes I’m really strong willed, and other times I’m not. It sort of depends…
Robin–59: How I’m feeling at that particular moment.
Berg–60: Right, right.
Robin–60: One thing that I really dislike about myself is I let my emotions take too much control.
Robin–61: No, I didn’t.
Berg–62: How were you able to do that Sunday?
Robin–62: It must have been self-control. I finally…
Berg–63: Yes you were, you definitely were.
Robin–63: I don’t know. It wasn’t worth it. It wasn’t worth the argument. It wasn’t worth the effort to even…
Berg–64: That’s all it took, just for you to decide, “This is not worth it?”
Robin–64: Mm-hmm.
Berg–65: That’s all it took?
Robin–65: Yeah.
Berg–66: And it sounds like he got the message very quickly.
Robin–66: Mm-hmm.
Berg–67: Right?
Robin–67: Mm-hmm.

Berg–67: “Uh oh!”

Robin–67: Yeah, it’s like, “Ooh, she’s really not listening to me.”

Berg–69: Yeah, and, “She made up her mind.”

Robin–69: Yeah.

Berg–70: Ah hah. Now you are able to do that with him. I imagine you are able to do that with your baby sometimes?

Robin–70: Mm-hmm. Oh yeah, yeah. But I don’t have to do that as much, as far as he minds.

Berg–71: Of course not, of course not. I mean, 19-month-old baby is not going to be the same as the husband.

Robin–71: Right, right.

Berg–72: Uh huh. So who do you do that with?

Robin–72: I’m learning to do it with my sister.

Berg–73: Your sister?

Robin–73: Mm-hmm. My sister can get to me just about as much as my husband can. In other words, it’s like they know the right buttons to press.

Berg–74: Of course, of course they do. People close to us, they all know that.

Robin–74: She is younger than I am, but she’s always thought of herself as more intelligent, more knowing, more… not better, but everybody, if we are together, everybody thinks she’s the oldest. She looks older, acts older, dresses older. You know, that sort of thing. And, she has a tendency to just hit the right buttons, and for the most part, I’ll lash back at her, basically like a child when we were children and we would fight it out verbally. Well, there’s no point in that. It serves no purpose and all we end up doing is hurting one another, so, I just say, “Well, I’m not going to talk about that. There’s no need to talk about that.” Then she eventually drops it and we just go on.

Berg–75: So she’s learning to come your way.
Robin–75: Mm-hmm.

Berg–76: So you can do this with your sister. Sounds like you figured it out, how to do that with your sister. You figured it out with your husband.

Robin–76: Mm-hmm.

Berg–77: Okay, and who else do you do this with?

Robin–77: Basically anybody that gets on my nerves.

Berg–78: Really?

Robin–78: I try, you know. Because I don’t have to do it with my parents.

Berg–79: You don’t?

Robin–79: No.

Berg–80: Oh, okay.

Robin–80: My parents don’t bug me, I guess you could say. I don’t get annoyed with them. I don’t get upset with them. But those people that know how to get to me, I have to learn myself how to not let them get to me. I guess that’s the technique I just sort of am trying to learn, and it’s so hard to follow through with.

Berg–81: It is.

Robin–81: Mm-hmm. Because that’s where my emotions come in.

Berg–82: Right. But how is it that with your sister and with your husband, like Sunday, how is it that you do not allow your emotions to come through?

Robin–82: I guess it’s because I had control of my emotions to begin with. Here’s an example. I can be frustrated or upset over something that happened during the day, and my sister will call, and instead of telling her “I’m not going to talk about that right now, “I’ll get real defensive because I’ve already been upset because of everything else that’s happened during, during the day. In other words, things build, but like on Sunday, it was like I was mellow, and I wasn’t going to let anything else get to me, so...
Berg–83: So when you are mellow…

Robin–83: I can use it a lot easier.

Berg–84: You can use it, okay, that’s what you mean. Okay.

Robin–84: Mm-hmm.

Berg–85: So when you are tired out, when you’ve been through a lot, that’s when you are likely to become more emotional.

Robin–85: Right, yeah.

Berg–86: Okay, got it, got it. Now, are there times when you have been under emotional stress and still be able to say no, and be in control of your emotions?


Berg–87: Okay.

Robin–87: I usually then go to the tears or… I’m real good at slamming things, to let my frustration out.

Berg–88: Okay. Is that what you mean by being emotional?

Robin–88: Yeah.

Berg–89: So, when you get frustrated?

Robin–89: Mm-hmm.

Berg–90: Right. So, let me come back to this. If I talked to your husband--I know he’s not here, but if I were to talk to your husband--about Sunday or some days like Sunday, where would he say he thinks you’re at: on a scale of 1 to 10. Let’s say 10 means he feels that you’re there, in terms of handling your emotions, and you don’t slam doors, and you don’t break into tears, and you are able to handle things. And say, “Oh well, that’s just the way it is,” and just go on. That’s 10. He’s very confident that he believes you can do that. 1 is that he saw you at the worst period in your life. Where would he say you’re at between 1 and 10?

Robin–90: 4 or a 5.

Berg–91: 4 or a 5?
Robin–91: Mm-hmm.
Berg–92: He would say that?
Robin–92: Mm-hmm.
Berg–93: Where would you say you’re at?
Berg–94: 6?
Robin–94: Yeah.
Berg–95: 6? Wow. So how did you come all the way up to 6?
Robin–95: It’s really funny. My husband says I’m in a cycle. He thinks that I have severe PMS, and that’s what he relates everything to because he basically can see the cycle that I go through. But taking that out of consideration, I am pretty even, and that’s why I think it’s a 6, where he thinks I shouldn’t have, any PMS, I shouldn’t have any of those symptoms. In other words, and during that time he… I think he does it deliberately. We’ve argued this point several times. I think he agitates me more, and it bothers me more. It wouldn’t be so bad if he didn’t agitate me. But it’s like, I blame it on him, and that’s why I say I’m at a 6, where he thinks he does absolutely nothing different all month long, but yet, at times I think he gets worse.
Berg–96: Okay. So you have different ideas about that, between the two of you.
Robin–96: Mm-hmm.
Berg–97: Of course you know you are right.
Robin–97: That’s right, of course. We know that don’t we.
Berg–98: So, what would he say you would be like when he thinks you have moved up from a 4 to maybe, about up to 6. He sort of tends to agree with you.
Robin–98: He would say that I wouldn’t throw any fits. There would be no more slamming, no more yelling. Then he would say I’d moved to a 6.
Berg–99: So, even when you have disagreements you would not slam
the door, that kind of stuff. Is that what he’s talking about.

Robin–99: Well, sometimes when I get mad at him over something he did, I just slam cabinet doors. He doesn’t like the way I slam the cabinet doors. Then, if I would just calmly close the doors, then he would think, “She’s got control again.” But, actually, I do it more just to get at him than...

Berg–100: Do you?

Robin–100: Yeah.

Berg–101: Oh.

Robin–101: Because I know it bothers him.

Berg–102: Oh. So, sometimes you are in control when you decide to do that, or to get him upset.

Robin–102: Sometimes, yeah. I am in control when I...

Berg–103: When you decide to do that.

Robin–103: Mm-hmm.

Berg–104: Ah hah.

Robin–104: It’s more getting at him.

Berg–105: And he doesn’t know that, that you do that?

Robin–105: Well, I don’t think he does. I think he thinks it’s me.

Berg–106: Okay, okay. So, he and you have a very different idea about your temper.

Robin–106: Mm-hmm.

Berg–107: Ah, okay. You know, it sounds like you are in a lot more control than he thinks you are. Is it?

Robin–107: I would say yeah.


Robin–108: ‘Cause it’s one of those: it’s so hard, I think, in any relationship, but basically between a man and a woman, because they think so differently. That I don’t know what he’s thinking, but I’m trying to think what he thinks and react, you know.
Berg–109: Ah, Okay. All right.

Robin–109: So, I usually know what buttons to push.

Berg–110: So, are you able to then, if you decide, when you decide this is what I am going to do, are you able to--even during your cycle--be calm about, without slamming the door?

Robin–110: Yes.

Berg–111: You are able to do that?

Robin–111: Yes, yes.

Berg–112: Even during your cycle?

Robin–112: Mm-hmm.

Berg–113: Huh. And he doesn’t know about that.

Robin–113: No. He doesn’t believe it.

Berg–114: Ah, he doesn’t believe that. Okay.

Robin–114: But, a lot of times he doesn’t even know.

Berg–115: So let me come back to this then. When you have more... when you believe you are normal and you are calmer and have peace of mind, what will you do about that between you and him? What will you do different?

Robin–115: Well, the one... when I am calm, and let’s say, we have an argument and I’m not calm, and I don’t try to get him calm, and we end up having a fight or a disagreement, and I use those words so loosely. It’s not like... it’s just like anybody else, we will have a discussion. I’ll say, “Well, Ed, look at it from my point of view. You’re just not getting it. You’re just not hearing me. You’re just not understanding what I am trying to say.” And he’s like, “Well you know, if you wouldn’t do this, this and this, then I wouldn’t do this, this and this.” And we try to compromise for the next time that things might or might not get out of hand. We do try to have that time where we’re both on common ground, so to speak, and analyze what had happened.

Berg–116: So how much percent of the time would you say you are in common grounds, the two of you?
Robin—116: Mm-hmm.

Berg—117: Overall, if you look at your life overall.

Robin—117: 80% I would say. Yeah.

Berg—118: 80%? I would say that’s pretty damn good. Don’t you?

Robin—118: Yeah, I think it is.

Berg—119: Okay. So, when we are only talking about that 20% of the time when you disagree, when you see things differently, he thinks it’s your emotions. Is that what we are talking about?

Robin—119: Yeah, yeah.

Berg—120: But you don’t think it is all your emotions that he thinks very differently. He sees things very differently than you do.

Robin—120: Right, right. Well, a lot of times…one flaw that I do have that causes there to be a confrontation is I will let things build up.

Berg—121: Ah, okay. Right.

Robin—121: And then when they’ve built up to the point that I can’t handle them anymore, then I let him have it with both barrels. Sometimes, if I would take like the incident on Sunday and just handle it there and let it go… most of the time I don’t. I’ll get upset and say, “Well, I’m not going to do it, end of discussion, leave me alone,” and I would harbor that. In other words, he talks to me harshly, I talk to him back harshly, but then I remember that and then...

Berg—122: Ah, the next time...

Robin—122: And then I bring everything up. But, yeah, it’s sort of like if I would handle the situation right there and...

Berg—123: Just drop it.

Robin—123: Drop it, then it would be okay.

Berg—124: Okay. That’s what you mean by saying, “tomorrow is another day,” just drop it and just go on.

Robin—124: Right.

Berg—125: Got it. Okay, great. Well, I think I have enough
information. This is the time that I would like to take some time, think about our conversation here. I want to think about all of this.

Robin–125: Okay.
Berg–126: Okay?
Robin–126: All right.
Berg–127: And we’ll get together, oh, in maybe about five minutes?
Robin–127: Okay.
Berg–128: All right? So, don’t go away.
Robin–128: Okay.

CONSULTATION WITH STEVE DE SHAZER

Berg–1: Of course lots of things were going through my mind as I was talking to her, but that’s beside the point. I think that she does know how to pick her battle, but she doesn’t think she does, and she would like to be able to pick her battles a little bit more.

de Shazer 1: That was pretty wise to pick your battle, only pick battles you’re going to win.

Berg–2: Absolutely.

de Shazer 2: She should--as a homework task--just observe what kind of signals she’s reading, or what kind of data she takes in, or whatever tells her, “This is a battle that I should choose.” And then once as an experiment, she should behave as if she chose this battle, even though she hasn’t. Just once, as an experiment.

Berg–3: Just once.

de Shazer 3: And see what she can learn from that. Yeah, I think that makes sense. And she said not yet, right? She hadn’t…

Berg–4: Not yet, she hasn’t been able to do that, right.

de Shazer 4: So you have her pretend or something. Behave “as if.” I think that might be useful for her.

Berg–5: “Pretend you decided…”

de Shazer 5: No, “pretend you chose this battle.”
Berg–6: All right, okay. “You chose this as your battle.” Okay.

de Shazer 6: Mm-hmm. I think that’s pretty amazing that she’s saying 80%.

Berg–7: 80%, yeah.

de Shazer 7: That’s almost unheard of.

Berg–8: Really, and you know, seems to me…

de Shazer 8: The baby, too.

Berg–9: The baby, too. I mean with the baby, she almost has no problems with that, with the baby. It’s just that her sister and her husband. Those two…

de Shazer 9: Push the buttons.

Berg–10: Yeah. Push the buttons, she says.

de Shazer 10: Right. So another experiment she might try is when she sees them pushing their buttons, she should pretend they’ve been disconnected. That might be useful too. So you can give her a choice, or give her both, you know. It doesn’t matter. Yeah, it doesn’t matter. She can choose her homework.

Berg–11: Yeah, okay. I don’t know. It sounds like she says she needs to be told she’s normal. So I guess I’ll have to tell her she’s normal.

de Shazer 11: Yeah, maybe even slightly above, even slightly above at 80%. That, not only you and me, but yeah, everybody, back there, the production crew, etc., etc., all agree that that is at least above average.

Berg–12: That’s pretty good considering she has a 19-month-old baby.

de Shazer 12: Well, yeah, right. That’s just a good age to make it feel like there is minus 80%.

Berg–13: Mm-hmm. Okay. All right.

de Shazer 13: Okay.

Berg–14: I’m ready.

de Shazer 14: Me, too.
SESSION WITH ROBIN RESUMES

Berg–129: Well, as you know, my colleague and I talked just a little bit about what we talked about, and seems to me that not only you are normal, but I would say you are slightly above normal, considering you have 19 month old baby and they can really get on your nerves, and you have a husband and a sister who know how to push the right button for you. And you, surrounded by these people, and you considering that, and you are saying, the trouble starts only about 20% of the time. I would say that’s way above normal. I don’t know how many people can say that. I would say, you are really doing very well by picking your battles. Sounds like you know how to do that. You know how to do that with your sister. You know how to do that with your husband. Sunday is a very good example of that. And, I think that it is really wise thing to do, that we all have to pick our battles as we go through life. It’s not just with husbands. You know, it happens everywhere... I think you need to continue to do that, decide to pick your battles, and that’s when you decide to have control.

Robin–129: Right.

Berg–130: That’s where the control is. Now, however, you have these two people who are not terribly cooperative with you, and they know which button to push, and, sounds like they both are very close to you.

Robin–130: Yes.

Berg–131: So it’s one of those situations, just like a baby, you know, there’s good things and bad things, right? Anyway, I have some suggestions for you to experiment with. Just an experiment. Try this: watch, pay attention to what “signals” that you pick up, like the Sunday incident. What signal that tells you that this is the battle that you can win, or you are going to win. Like I’m not sure how you knew that Sunday.

Robin–131: Mm-hmm. By the comments that he made, that he started with.

Berg–132: Right. And so there is something with him and with your sister that it sounds like you sort of get an idea about what tells you, even before you get to the point, what tells you “Ah hah, this is the
battle I am going to pick.” Something that tells you that. And so pay attention to what those clues are that tells you that.

Robin–132: Mm-hmm.

Berg–133: Okay. That’s one idea I have. The other idea I have is that perhaps you can--just one time--pretend that you decided that this is the battle that I’m going to, I can win. Okay? And see what you do with that.

Robin–133: Okay.

Berg–134: Okay, just once, and that should give you some ideas about how you go about deciding “this is how I do it” and that will give you more ideas about what to do more. Okay? The other idea is perhaps since your husband and your sister know which button to push with you- I wonder, have you ever thought about maybe you could pretend like you just disconnected the wire, when they push the button?

Robin–134: Yeah, I could I guess. I never thought of it that way.

Berg–135: No?


Berg–136: Something to think about.


Berg–137: And again, try experimenting a little bit with what seems to work, what seems to work best, and both picking the battle as well as what you do to pretend like, “I just switched off the wire. Just disconnected.”

Robin–137: Yeah, I think I could try that.


Robin–138: Yes, thank you very much.

Berg–139: You are welcome. Well, thank you for coming.

Robin–139: Thank you.

Berg–140: And I wish you luck.

Robin–140: Thank you very much.
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SPECIAL THANKS TO:
The clients Gina, Juan, Robin and Phil for their time and the courage to share their personal stories so that others may learn.

Barbara Milton, Project Coordinator, for her dedication to the success of this project.

Faculty and students in the Psychology and Counseling division of the College of the Education at Governors State University for their participation.

Addison Woodward, Chair, Division of Psychology and Counseling for his support, participation and encouragement.

Leon Zalewski, former Dean, and Larry Freeman, Acting Dean, College of Education for their support and encouragement.

A very special thank you to Ray Short, Editor, Allyn & Bacon, for his courage and vision.

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Insoo Kim Berg, MSSW (1934–2007), Featured Therapist, was co-founder and director of the Brief Family Therapy Center in Milwaukee, WI. She developed the Solution-Focused Brief Therapy (SFBT) model with her partner, Steve de Shazer. A native of Korea, Insoo balanced her heritage with Western scientific training in her clinical practice and teaching.

Berg served on the editorial boards of the Journal of Marital and Family Therapy, Family Psychology and Counseling Series, Families in Society, and Family Process. She was a founder of the Solution-Focused Brief Therapy Association, clinical member and approved supervisor for the American Association for Marriage and Family Therapy, and was also active in the Wisconsin Association for Marriage and Family Therapy, the National Association of Social Workers, and the European Brief Therapy Association. She was a frequent keynote speaker at international conferences and regularly conducted seminars and workshops on SFBT throughout the U.S., Canada, South America, Asia, and Europe.

A prolific writer, Insoo published eight highly acclaimed books in ten years, including More than Miracles: The State of the Art of Solution-Focused Brief Therapy, Tales of Solutions, Building Solutions in Child Protective Services, and Interviewing for Solutions. Insoo passed away in 2007 and the Brief Family Therapy Center subsequently shut its doors.

Steve de Shazer, MSSW (1940–2007), Featured Consultant, is widely recognized as the author of the first book on Solution-focused Brief Therapy, as a pioneer in the field of family therapy, and as a primary developer of what has become internationally recognized as the SFBT approach. He was known for a minimalist philosophy and a view of the process of change as an inevitable and dynamic part of everyday life.

De Shazer published several books: Patterns of Brief Therapy, Keys

In addition to making a substantial contribution to the field of psychotherapy, de Shazer was also an accomplished artist. As a classically trained musician he played several instruments at a professional level, and was a talented visual artist as well.

Jon Carlson, PsyD, EdD, Host, is Professor of Psychology and Counseling at Governors State University and a practicing clinical psychologist. He has authored 40 books, 150 journal articles, and developed over 200 videos featuring leading experts in psychotherapy, substance abuse treatment, and parenting and couples education.

Diane Kjos, PhD, Host, now retired, was a professor at Governors State University in Illinois for twenty-two years, and past-President of both the Illinois Counseling Association and the National Career Development Association. She is co-author, with John Carlson, of two textbooks, Theories of Family Therapy, and Becoming an Effective Therapist, and co-host of the video series Psychotherapy with the Experts, Family Therapy with the Experts, and Brief Therapy Inside-out.

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