Instructor’s Manual
for
SOLUTION-ORIENTED FAMILY THERAPY
with
BILL O’HANLON, LMFT
Manual by
Bob Bertolino, Ph.D.
and
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psychotherapy.net
The Instructor’s Manual accompanies the DVD Solution-Oriented Family Therapy with Bill O’Hanlon, LMFT (Institutional/Instructor’s Version). Video available at www.psychotherapy.net.

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Instructor’s Manual Solution-Oriented Family Therapy with Bill O’Hanlon, LMFT

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Table of Contents

Tips for Making the Best Use of the DVD  4
Summary of Solution-Oriented Therapy  6
Reflections on the Session  9
Reaction Paper Guide for Classrooms and Training  11
Related Websites, Videos and Further Readings  12
Discussion Questions  14
Role-Plays  18
Session Transcript  20
Video Credits  71
Earn Continuing Education Credits for Watching Videos  72
About the Contributors  73
More Psychotherapy.net Videos  75
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 and after the video.

2. FACILITATE DISCUSSION
Pause the video at different points to elicit viewers’ observations and reactions to the concepts presented. The Discussion Questions section provides ideas about key points that can stimulate rich discussions and learning. The Role-Plays section guides you through exercises you can assign to your students in the classroom or training session.

3. ENCOURAGE SHARING OF OPINIONS
Encourage viewers to voice their opinions; no therapy is perfect! What are viewers’ impressions of what works and does not work in the sessions? We learn as much from our mistakes as our successes; it is crucial for students and therapists to develop the ability to effectively critique this work as well as their own.

4. SUGGEST READINGS TO ENRICH VIDEO MATERIAL
Assign readings from Related Websites, Videos and Further Reading prior to or after viewing.

5. ASSIGN A REACTION PAPER
See suggestions in the Reaction Paper section.

6. WATCH THE EXPERTS SERIES
This video is one in a series portraying leading theories of psychotherapy and their application in work with families. Each video presents a master family therapist working with a real family who have real problems. By showing several of the videos in this Family Therapy with the Experts series, you can expose viewers to a variety of styles and approaches, allowing them an opportunity to see what fits best for them.
PERSPECTIVE ON VIDEOS AND THE PERSONALITY OF THE THERAPIST

Psychotherapy portrayed in videos is less off-the-cuff than therapy in practice. Therapists may feel put on the spot to offer a good demonstration, and clients can be self-conscious in front of a camera. Therapists often move more quickly than they would in everyday practice to demonstrate a particular technique. Despite these factors, therapists and clients on video can engage in a realistic session that conveys a wealth of information not contained in books or therapy transcripts: body language, tone of voice, facial expression, rhythm of the interaction, quality of the alliance—all aspects of the therapeutic relationship that are unique to an interpersonal encounter.

Psychotherapy is an intensely private matter. Unlike the training in other professions, students and practitioners rarely have an opportunity to see their mentors at work. But watching therapy on video is the next best thing.

One more note: The personal style of therapists is often as important as their techniques and theories. Therapists are usually drawn to approaches that mesh well with their own personality. Thus, while we can certainly pick up ideas from master therapists, students and trainees must make the best use of relevant theory, technique and research that fits their own personal style and the needs of their clients.

PRIVACY AND CONFIDENTIALITY

Because this video contains actual therapy sessions, please take care to protect the privacy and confidentiality of the clients who has courageously shared their personal life with us.
Summary of Solution-Oriented Therapy (SOT)

by Bob Bertolino, Ph.D.

In the late 1970s and early 1980s came two forms of “solution-based” therapies—solution-focused therapy (SFT) and solution-oriented therapy (SOT). These approaches provided a shift from focusing on problems and problem-talk to solutions and solution-talk. Solution-focused therapy’s (SFT) primary developer was Steve de Shazer (1985, 1988, 1991), who emerged from a background with the Mental Research Institute (MRI) and its brief therapy model. Bill O’Hanlon, a former student of the late psychiatrist, Milton H. Erickson, co-developed, along with Michele Weiner-Davis (and a colleague of de Shazer at the Brief Family Therapy Center in Milwaukee, Wisconsin), solution-oriented therapy (SOT) (O’Hanlon & Weiner-Davis, 1989/2003).

Evolving from different persuasions, both SFT and SOT share common principles such as an emphasis on what works, a future focus, and a search for exceptions to problems. Exceptions represent times when things are already working in people’s lives and/or when problems are less intrusive or absent altogether. Exceptions are highlighted through “solution talk,” conversations in which therapists engage clients in conversations about solutions and change as opposed to problems and explanations. The way to foster change is to evoke and build on solutions in the form of clients’ internal strengths and resources within their social systems.

In SOT, O’Hanlon and Weiner-Davis emphasize a core aspect of Milton Erickson’s work, most commonly referred as utilization. According to Erickson (1954)*, “The purpose of psychotherapy should be the helping of the patient in that fashion most adequate, available, and acceptable. In rendering the patient aid, there should be full respect for and utilization of whatever the patient presents” (p. 127). Erickson believed that people already possess—within themselves or their social systems—what they need to resolve their problems. Other assumptions of SOT include:
• Clients have resources and strengths to resolve complaints
• Change is constant
• The therapist’s job is to identify and amplify change
• It is usually unnecessary to know a great deal about a complaint in order to resolve it
• It is not necessary to know the cause or function of a problem to resolve it
• A small change is all that is necessary; a change in one part of the system can effect change in another part of the system
• Clients define the goal
• Rapid change or resolution of problems is possible
• There is no one “right” way to view things; different views may be just as valid and may fit the facts just as well
• Focus is on what is possible and changeable, rather than what is impossible and intractable (O’Hanlon & Weiner-Davis, 1989/2003)

SOT is a collaborative approach that involves working with clients to determine what they see as problems and what they would like to have change or be different in their lives. SOT is concerned with helping clients to explore both problem and solution patterns in one or more of three domains: viewing, doing, and context. The viewing includes client assumptions and evaluation, what clients pay attention to and focus on, and the stories clients have about themselves or that others have about them. The doing relates to patterns of action and interaction with clients. Context is the propensities that influence problems and solutions. Examples of context include culture, spirituality, gender, biology, and so on.

Over the past two decades O’Hanlon has continued to refine and expand on the original SOT model (O’Hanlon & Bertolino, 1999). A notable example can be found in his writings on the therapeutic relationship, an aspect of brief therapy that had historically remained underemphasized (Bertolino & O’Hanlon, 2002). Further areas of evolvement with SOT include ideas and methods associated with

Reflections on the Session
by Bob Bertolino, Ph.D.

At his request, the therapist, Bill O’Hanlon, entered the session without knowing anything about the family. This posture allowed him to steer clear of any assumptions or biases that might arise out of historical knowledge. This is a common position taken by those who do “one off” consultations and sessions; however, this is also consistent with how O’Hanlon would approach therapy in general.

From the start, O’Hanlon focused on eliciting each family member’s perspective. In doing so, he seemed to quickly become aware that the daughter, Pamela, had some form of developmental challenge. This was evidenced by O’Hanlon’s becoming more explicit and concrete in his requests for information and in his subsequent interactions with Pamela. As an aside to the SOT model, it is good practice to adjust the therapeutic approach to fit the needs of clients.

As the session progressed, the therapist was able to draw on various exceptions to the problem patterns described by the parents. A focus on exceptions is essential to helping the family explore already existing solutions and strengths that may be imported into the current problem situation. O’Hanlon continues to draw on exceptions and solution patterns throughout the remainder of the session.

A crucial aspect of O’Hanlon’s approach to SOT is acknowledgment of each person. It would have been very easy to allow the parents to dominate the session, particularly because of their degree of frustration with their daughter but also because their daughter was generally quiet. At various points during the session the therapist reengaged Pamela in the conversation, asked for her perspective, and acknowledged her point of view. O’Hanlon acknowledged each person’s perspective and did not label any one view as more correct or accurate than another. Instead, he gave notice through his interactions with the family members that each person’s point was valid.

As the session neared its end, consistent with the SOT approach, O’Hanlon focused on small changes. The idea is that small changes
can lead to bigger ones. It is not necessary to address all problems at one time, nor are all problems equal. In fact, therapy is more likely to be beneficial to the client when the therapist and client agree to focus on specific concerns versus “everything.” Furthermore, O’Hanlon continued to draw on exceptions and ways that the family could more actively import those exceptions and successes into the present and future with their chief concern. He also remained focused on the present and future in the exploration of solution patterns.

The family could present several challenges to a therapist. One of these challenges might be the number of concerns and frustrations the parents and their daughter expressed. The therapist addressed this issue by tracking each person’s concerns and acknowledging his or her experience. This helped the therapist build an alliance with each family member. An additional challenge could be the daughter’s developmental functioning. O’Hanlon was responsive to the family members and therapists would be well-advised to follow suit. Therapy should account for the individual differences amongst clients and accommodate those differences. Because each session is different, relationships change, and clients’ needs will vary, it remains important for therapists to remain sensitive to the nuances of each therapeutic encounter.
Reaction Paper for Classes and Training

Video: Solution-Oriented Family Therapy
with Bill O’Hanlon, LMFT

- **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. 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 important points did you learn about Solution-Oriented Family Therapy? What stands out to you about how O’Hanlon works?

2. **What I found most helpful:** As a therapist, what was most beneficial to you 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/interventions 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?

4. **What I see differently:** What are some of your views that are different from what O’Hanlon describes in this video? Be specific about what points you disagree with him on.

5. **Other questions/reactions:** What questions or reactions did you have as you viewed the video? Other comments, thoughts or feelings?
Related Websites, Videos and Further Reading

**WEB RESOURCES**

Bill O’Hanlon’s website

www.billohanlon.com

Bob Bertolino’s website

www.bobbertolino.com

Solution-Focused Brief Therapy Association

www.sfbta.org

United Kingdom Association for Solution Focused Practice

www.ukasfp.co.uk

Solution Focused Therapy website, maintained by Harry Korman

www.sft-l.sikt.nu

**RELATED VIDEOS AVAILABLE AT WWW.PSYCHOTHERAPY.NET**

“I’d Hear Laughter: Finding Solutions for the Family” with Insoo Kim Berg

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

Solution-Focused Therapy with Insoo Kim Berg

Solution-Focused Child Therapy with John J. Murphy

Bowenian Family Therapy with Philip Guerin (Note: features same family client as this video)

Structural Family Therapy with Harry Aponte (Note: features same family client as this video)

**RECOMMENDED READINGS**


Discussion Questions

Professors, training directors and facilitators may use some or all of these discussion questions, depending on what aspects of the video are most relevant to the audience.

INTRODUCTION

1. **Balance:** O’Hanlon spoke about striking the balance between the acknowledgment part and the solution part of his interventions. What stood out to you about how he struck this balance in the session? Do you think he focused too much on solution and not enough on acknowledging the family’s suffering, or vice versa? Do you tend to lean more towards acknowledging your clients’ suffering or more towards focusing on solutions? Why?

2. **Change:** What did you think about O’Hanlon’s concept of the three components of change: changing the viewing, changing the doing, and changing the context? Can you point out times in the session when O’Hanlon was facilitating each of these three components of change? Does his concept of change align with yours? If not, how does it differ?

3. **Look for possibilities:** What reactions did you have to the conversation between Carlson, Kjos, and O’Hanlon about looking for possibilities instead of liabilities? Were you, like Carlson, trained to look for liabilities more than possibilities? What did you think of O’Hanlon’s concern that his approach might be seen as “pollyanna therapy”? Did you think it was too focused on the positive and not based enough in reality?

4. **Brief therapy:** O’Hanlon stated that some people have the impression that brief therapy is shallow. Has this been your impression in general? Would you characterize this session as shallow? Why or why not? Did this video dispel or confirm any assumptions you might have held about brief therapy? How so?

FAMILY THERAPY SESSION

5. **First goal:** O’Hanlon stated in the introduction that his first goal was to make sure that the family members felt heard and
understood and not dismissed or disrespected. Do you think he accomplished these tasks? What did you see him do that you think helped the family members feel heard and understood?

6. Parent’s goals: How successful do you think O’Hanlon was in moving this family towards achieving the parents’ goal of getting Pam to communicate more with them and to help Pam have more self-esteem? What are some of the aspects of his approach that you think contributed to the family moving towards their goals? Is there anything you would have done differently to help this family improve their communication or help Pam with her self-esteem?

7. Therapeutic alliance with Pam: How successful do you think O’Hanlon was in connecting with Pam? How well do you think he balanced engaging her without pressuring her? Is there anything he did in particular that you think contributed to a sense of connection or safety? What might you have done differently to attempt to connect with her and help her feel heard and understood but not pressured? In particular, what did you think of how O’Hanlon responded to Pam’s tearfulness, fingernail-picking, and quietness throughout the session? How might you have responded differently?

8. Judy and Adrian: How would you describe the therapeutic alliance between O’Hanlon and Judy? In particular, what were your reactions to how he worked with her around how she tends to take on chores instead of asking for help? How about his connection with Adrian? What was your reaction when O’Hanlon was talking to Pam and told Adrian to “butt out”? What specific interactions in the session do you think contributed to or detracted from the strength of the therapeutic alliance with each of the parents?

9. The one percent: What did you think of O’Hanlon’s asking the family about the one percent of the time when things go better for them? Did you like how he attempted to “change the viewing” by shifting their attention away from the problems and towards what was already working? Did you think it was helpful? Why or why not? Can you see yourself intervening in this way with your clients?

10. Self-disclosure: During different moments in the session
O’Hanlon used examples from his own life to illustrate the possibility of alternative strategies that might support the family. What did you think of his use of self-disclosure? Do you think what he shared about his relationships contributed to the family? Why or why not? Do you tend to use stories from your own life in this way?

11. **One little change:** How did you react to O’Hanlon’s suggestion to Pam to try saying to her parents something like, “I need five or ten minutes, back off”? What did you like and dislike about his direction to Adrian: “you can’t be saying, ‘Now, why won’t you tell me? Why won’t you communicate more?’” How likely do you think it is that Pam and Adrian will implement these changes? What other ideas did you have for what might support the family members to make changes?

**DISCUSSION**

13. **Confrontation:** O’Hanlon stated that he’s not such a confrontational therapist and that some people watching the video might have thought that he should have confronted this family more. Did you have that impression? How confrontational or non-confrontational is your therapeutic style? If you were the therapist in this session, is there anyone you think you might have confronted more? How might you have done that?

14. **Language is a virus:** What did you think of O’Hanlon’s discussion about language being a virus? In particular, what do you think about how he prefers to use the word “habits” because habits are changeable, as opposed to using a word like “traits” or “dysfunctional behavior” (such as “he’s passive-aggressive” or “she’s narcissistic”) which imply a more fixed position? Did his views about language resonate with you? Do you see changing the language as an effective tool for creating behavioral changes? Why or why not?

15. **Insight:** O’Hanlon stated that he does not think that insight is necessary for change, that knowing why one does the things one does is not necessary. Do you agree or disagree with
him? Have you made any changes in your behavior without understanding the roots of the behavior? Have your clients? How much of a role does insight play in your work with clients?

16. **The model:** What are your overall thoughts about Solution-Oriented Family Therapy as modeled by O’Hanlon in this video? Do you think this approach achieves his goal of “helping this field and clients find what’s effective and respectful”? What aspects of his approach can you see yourself incorporating into your work? Are there some components of this approach that seem incompatible with how you work? What in particular would you do differently from O’Hanlon?

17. **Personal Reaction:** How would you feel about having O’Hanlon as your therapist? Do you think he could build a solid therapeutic alliance with you? Would he be effective with you? Why or why not?
Role-Plays

After watching the video and reviewing Summary of Solution-Oriented Therapy in this manual, assign groups to role-play a family therapy session following O’Hanlon’s Solution-Oriented Family Therapy model. Organize participants into groups of four, consisting of one psychotherapist and three family members. If time permits, rotate so each person has a chance to play the role of therapist.

Rather than conducting a full session, invite participants to choose one segment or theme of the session on the video to loosely reenact. For example, they may wish to reenact the discussion about Pam’s lack of communication with her parents, or the discussion about how Judy does not ask for help. The point here is not to try to resolve all of the family’s issues, but to use this role-play as an exercise in viewing the family from a solution-oriented framework and an opportunity to practice some solution-oriented techniques.

INSTRUCTIONS FOR ROLE-PLAYERS:

One person will start out as the therapist and the other three group members will decide amongst themselves who will be what family member. Do not attempt to follow the sequence of interactions for the scene that you have chosen, but rather use the clients and situation in the video as a jumping off point, and allow the role-play to develop spontaneously.

Therapists should focus first on joining with the family by acknowledging and expressing understanding of their feelings, their points of view, their suffering, and their concerns. Next, therapists are invited to practice focusing on the first component of O’Hanlon’s three components of change—changing the viewing—by asking about exceptions to the problems and using language that instills a sense of possibility for change in the family. Then, therapists are invited to practice focusing on the second component—changing the doing—by inquiring into what is working, what has worked in the past, what is working in the present, and what could work in the future.

Therapists should keep in mind these principles of Solution-Oriented
Family Therapy: the clients define the goal of the session; clients have resources and strengths to resolve their complaints; focus on solutions more than problems or explanations; focus on the present and future more than the past; attend to and acknowledge feelings without “going into” them; focus on one small change.

After the role-plays, have the groups come together to discuss their experiences. What did participants observe about this family’s resources and strengths? What did the therapist’s interventions elucidate about what’s already working for this family? Invite the clients to talk about what it was like to role-play this family and how they felt about the therapist’s interventions. Did they feel heard, understood, and respected? Did they feel more of a sense of hope and possibility for change? Then, invite the therapists talk about their experiences: How did it feel to conduct a family therapy session using a solution-oriented approach? Finally, open up a general discussion of the strengths and the challenges in implementing Solution-Oriented Family Therapy.

An alternative is to do this role-play in front of the whole group with one therapist and one family; the rest of the 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 family. Other observers might jump in if the therapist gets stuck. Follow up with a discussion on what participants learned about using O’Hanlon’s Solution-Oriented Therapy approach to working with families.
Complete Session Transcript of Solution-Oriented Family Therapy with Bill O’Hanlon, LMFT.

Commentary by Bob Bertolino, Ph.D.

Bill: Well. So I guess… I said my name is Bill. I asked not to know anything about you before you came, because I want to come in with a fresh view, and see if we can talk about something that might be helpful for you or useful for you tonight, and see if it could change anything for you, if that’s what you want to do. So I don’t even know why you’re here, exactly. So if somebody could tell me that, and maybe introduce yourselves, and tell me why you’re here, and what you think we should talk about tonight, what would be helpful to talk about.

Bertolino Commentary: Through his opening remarks the therapist lets the family know that he is less interested in the past and past events and more interested in the present and future. A present and future focus is consistent with Solution-Oriented Therapy. In addition, rather than imposing an agenda, the therapist invites the family to begin with what they see as most important and how the time might be best used.

Judy: Well, I was the instigator of this program.

Bill: Okay, you’re the ringleader, okay.

Bertolino Commentary: The therapist uses humor to join with the mother. The client-therapist alliance is very important to any therapy; however, it is also an area that has been at times understated in solution-based therapies. O’Hanlon has emphasized the alliance in his writing and it is evident in his sessions.

Judy: I’m the ringleader here. And we just felt that we needed help in getting across to Pamela that she has to communicate with us a lot better.

Bill: Mm-hmm.

Judy: And she needs some self-esteem with herself, and… What else…
Bill: So are you all living together?

Adrian: Yeah.

Judy: We live together, and that was our main project—giving her more self-esteem and...

Adrian: For her to communicate to us.

Judy: Communicate to us.

Adrian: Not for us to her, but for her to us. Because she just—when you ask her a question or something, she just shuts up and walks away and mumbles.

Bill: Okay, so you two are pretty good about—in your view—coming to her and telling her what’s going on, or asking her what’s going on. And sometimes, she...

_Bertolino Commentary: The therapist attends closely to any exceptions, however small. In this case an exception is in the form of the parents engaging their daughter in conversation (as opposed to giving up on communicating with their daughter)._  

Adrian: Most, all the time. I should say 99 percent of the time.

Bill: Ninety-nine percent of the time, okay.

Adrian: And that’s going high.

Bill: All right. She would, when you ask her something, walk away. Then you hear her mumbling something, so you know she’s got something going on, but you’re not sure what it is, or it seems like she’s mad, or upset or something?

Adrian: Yeah, yeah.

Judy: She gets very…

Adrian: She gets very upset—

Bill: Okay.

Adrian: —when we try talking to her, or asking her a question. To us, we’re her parents—you should be able to talk to your parents about anything.

Bill: Right.
Adrian: You know, and she won’t talk to us about nothing.

Bill: Okay.

Adrian: Because she feels that she’s… It’s her personal life.

Bill: Right. So sometimes she has the sense, “Look, you guys lay off. It’s my life. I don’t want to… Don’t bug me about this stuff. I have my own private stuff.”

*Bertolino Commentary:* The therapist emphasizes the idea that perhaps there are things the daughter would prefer to keep to herself. This acknowledges both what the father has said and perhaps the daughter’s shyness or sensitivity to certain topics.

Adrian: That’s the attitude I get.

Bill: Right, and you two say, “Well, we’re not trying to bug you. We want to find out what’s going on with you, have a little more communication going back and forth.” Not…

*Bertolino Commentary:* The therapist attempts to build a bridge between the parents and their daughter by highlighting the parents’ wish to communicate to any degree. This, of course, is very reasonable and important to families.

Adrian: But it’s been this way now for many, many, many, many years.

Judy: Many years. Yeah.

Bill: So…

Judy: She’s afraid to tell us things. I think that’s the whole thing—that she thinks that we’re going to get angry with her—

Bill: Yeah.

Judy:—or say no to her. But she’s done this since she’s been a little girl.

Bill: Okay, so that…

Judy: Afraid to tell me things, or she’ll tell us at the very last minute. If she’s going someplace, it’ll be, “I’m going out, and I’m leaving right now.” Well, you didn’t plan on her going out.

Bill: Right.

Judy: Or you didn’t plan…
Bill: You were expecting something different. And it happened occasionally when she was younger, but it’s gotten more in the years since she’s grown up, and…

Judy: Yeah, it’s been…

Bill: And you’ve told them that? That it’s, you know, you don’t want to hear disapproval, or you’re afraid they’ll get upset or whatever, so you just learned to keep quiet?

Bertolino Commentary: The therapist invites the daughter into the conversation by asking for clarification about what her parents have said thus far.

Pamela: Yeah.

Bill: Just bring it on with the last minute, and you’re out of there. And you two would prefer a little more notice, so you could plan ahead and all that kind of stuff.

Judy: Right.

Bill: And a little more back-and-forth communication.

Bertolino Commentary: The therapist is working to clarify what the parents want to have different.

Judy: Right.

Bill: All right.

Adrian: Just about anything. I mean, just like for today.

Bill: Not even plans or …

Adrian: No. Just like for today.

Bill: Yeah.

Adrian: You turn around and… I been on her since three o’clock.

Bill: Yeah.

Adrian: “Start to get ready.”

Bill: “We’re going to go tonight. We got to get going.”

Adrian: “We got to get going, got to get going, got to get going.”
Bill: Right, and?

Adrian: It took her—I don’t know what—it took you an hour to eat?

Judy: She’s a slow eater. But that’s—

Bill: Okay.

Judy: —procrastination.

Bill: So you started talking to her about this, and then what happened?

Adrian: Oh, oh…

Bill: I guess I want to know what typically happens with this kind of…

**Bertolino Commentary:** At this point the therapist begins to ask questions that elicit descriptions of the actions and interactions that occur in the family. An essential element of Solution-Oriented Therapy is being able to clearly distinguish “what” happens as opposed to “why” it happens.

Adrian: Oh nothing, nothing. All she going to say, she going to say, “Yeah, I know. Yeah, I know.” That’s all.

Bill: She didn’t say, “Yes I know,” or, “Get off my back,” or…

Adrian: No. Just, “Yeah, I know.”

Pamela: “Yeah, I know.”

Bill: Yeah. That’s what she’ll say. “Yeah, I know.”

Adrian: That’s it. “Yeah, I know.”

Bill: That’s it. Okay.

Adrian: Okay.

Bill: And then, you’re here. So you got here—and you got here a little early, which is better than some people might have done, as we’ve heard, but… So how is that part a problem? I mean, you got here.

**Bertolino Commentary:** The therapist highlights an exception—the fact that the family made it to the appointment and even did so a little early. This evidence runs counter to the problem story that Pamela procrastinates and perhaps is slow to do things at times. The therapist
then inquires about how procrastination fits with the concern the parents have about communicating with their daughter.

Adrian: It’s…

Bill: Maybe the communication wasn’t so good on the way.

Adrian: It’s because I have to get nerved up, and get angry, and get frustrated in order to get her going.

Bill: So…

Adrian: If I don’t get nervous…

Bill: If you start to get wound up, eventually you think it lights a fire under her.

Adrian: I think it does a little. When I get mad, then she’ll do anything I say.

Bill: Oh, is that right? She gets…

Adrian: When I get mad…

Bill: Then she gets intimidated. Which is what you said earlier, and what you said a little—ah, here, it’s like…

Judy: Yeah.

Bill: “I don’t want him to get mad at me.” She…

Adrian: She won’t do it unless I get mad at her.

Bill: Right. So you’d like to see her do it and not have to get so worked up.

_Bertolino Commentary:_ The therapist’s response is to clarify things a bit further. The therapist wants to be sure he is on track with the father’s concern.

Adrian: Yeah, just, “Pam, let’s go, time to take a shower.” “Time to get going. We got to get going.”

Bill: All right.

Adrian: To get going.

Bill: All right.

Judy: Well, that’s another thing—why should we have to tell her take
a shower?

Bill: Right.

Judy: She should know that she has to take a shower.

Bill: Right.

Judy: She should know she has to brush her teeth.

Bill: Right.

Judy: She should know that she has to comb her hair.

Bill: But you two are kind of...

Judy: Constantly telling...

Bill: Talking to her about every step.

Judy: Yeah.

Bill: “You got to get going. You got to eat faster. We got to get going here. You got to get dressed. You got to take a shower. You got to brush your teeth. We got to be there by this time, and we have to leave by this time.”

Bertolino Commentary: The therapist summarizes what he has heard from the parents. This serves several purposes. First, it acknowledges the parents. Next, it clarifies what has been said so the therapist can be sure he is still on track with their concerns. Last, the therapist’s response prompts further comment from the parents.

Adrian: Quarter after five and she was still eating.

Bill: Right. And you were getting pretty nervous.

Adrian: I was already getting nerved.

Bill: You were already getting nerved.

Adrian: Of course, I didn’t have my shirt on or my shoes on yet either. But that’s...you know.

Bill: But you were kind of thinking, “Well, I can get those on pretty quickly.”

Adrian: Yeah, right.
Bill: “I’m not sure how quickly she’ll get ready.”

Adrian: How fast I can light the fire.

Bill: And how much I’ll need to light the fire. Okay. So Pam, tell me about this. Is this pretty accurate as far as you can tell?

_Bertolino Commentary:_ The therapist shifts attention to the daughter and checks in with her. It is important that each person has the opportunity to share his or her perspective. There are times when people are asked questions and they will have little or nothing to say. The point is to offer an open invitation to each person and to let him or her know that he or she will be heard.

Pamela: Yes. Yes.

Bill: Okay.

Pamela: Very, very much.

Bill: Very much. Okay, but tell me your view of it. Same thing? You don’t want him to get mad at you. What happens when they start talking to you and you’re walking away? What’s going on?

_Bertolino Commentary:_ Pamela’s positive response opens the door to further questions. The therapist asks Pamela about her view so he can compare it with the parents’ view. It is perfectly acceptable to have multiple viewpoints and even multiple goals in working with families.

Pamela: I just clam up. I...

Bill: You feel pressure from the outside, or what?

Pamela: No, I just clam up.

Bill: Why?

Pamela: Don’t know why.

Bill: Don’t know why, just develops into a habit over the years. Okay, all right.

So let me ask you this question. This...

Adrian: This is what happens now.

Bill: Yeah.
Adrian: This is exactly what happens now.

Bill: When she gets...

Adrian: When she gets frustrated, and...

Bill: Yeah.

Adrian: That. This is exactly what happens—what she’s doing right now.

Bill: What? She gets a little teary?

Adrian: She gets teary, she gets angry.

Bill: Angry?

Adrian: Angry and teary.

Pamela: No. Not angry.

Bill: Yeah, are you angry now? I didn’t...

Pamela: I’m just teary right now.

Bill: I didn’t see anger yet. I didn’t see any of that.

*Bertolino Commentary*: The therapist acknowledges the daughter’s feelings and supports her. She is teary but not angry.

Judy: No.

Adrian: No, right now it’s...what do you want to call it? More...

Bill: Teary, yeah.

Adrian:—worse, more, yeah.

Bill: She sort of ...

Adrian: Remorseful?

Bill: Like she’s said, she kind of clams up—

Adrian: Yeah.

Bill:—and pulls in.

Bill: She hasn’t clammed up totally yet, but she’s gotten quieter and she’s gotten more teary, and you’ve seen that happen a lot.

But let me ask you this question. It may be a strange question for the
three of you, but I was really interested, I’m always interested in these things. You say, “Ninety-nine percent of the time. All the time,” you say, “Well, 99 percent of the time this happens.”

I’m really interested in that 1 percent. Just tell me that 1 percent. Like, tell me about the three of you. I want to hear about—just because this may be something that’ll teach me about what goes on—what works, what doesn’t work. The three of you, any of you—maybe you first, Pam, since usually we clam up then with this kind of stuff. Tell me about a moment when it seems to go better between you and the parents—either one of your parents, or all three of you. Remember those moments when it goes a little better.

**Bertolino Commentary:** The therapist begins by using possibility language. The therapist does this when he says, “You’ve seen that happen a lot.” “A lot” is not all the time—it represents an exception to the problem pattern of Pamela “clamming up.” Next, the therapist focuses on another exception: the one percent of the time that things go differently. From a Solution-Oriented perspective it is often small exceptions that provide an opening. With an opening the therapist focuses on the family as the teachers. In the Erickson tradition, clients have a wealth of knowledge and hold many of the answers within themselves. It is a matter of evoking those strengths. To understand what the “one percent” looks like, the therapist asks for an example of when things have gone better or differently with regard to the problem. It is important to note that if clients struggle with identifying times when things have gone better it can be helpful to do what the therapist did at the end of his statement: He asked for a moment when then it goes “a little” better. This is often more acceptable for clients.

**Pamela:** I don’t know.

**Bill:** What happens then? What’s different?

**Pamela:** Nothing. I mean, when I do something right?

**Bill:** Yeah.

**Pamela:** Like, so, I just think of something to do.

**Bill:** Right.
Pamela: It has to be done. I was just going to do it. Nothing happens.

Bill: Yeah.

Pamela: No yelling. No screaming.

Bill: No screaming. But you don’t hear, “Wow, you did that on your own. Great, good job.”

Pamela: Yes, I do, sometimes.

Bill: Sometimes. They say, “Wow, that was great, we like that.” You hear much of that?

Bertolino Commentary: The therapist is indirectly encouraging the parents to offer more acknowledgment of their daughter when she does what is expected of her.

Judy: See, there’s times I agree that I don’t always say that.

Bill: Right.

Judy: Yeah, but there is times that we do.

Bill: There’s times when you say, “Wow.”

Judy: Yeah.

Bill: “We really appreciated that. You got ready on time. You did this on your own. You took a shower on your own,” or whatever it may be. Sometimes you don’t, you’re not perfect at it. You don’t do it all the time, but mostly, when you do it on that kind of time, when you do something on your own initiative, or on time, or when they want you to do it, or when one of them wants you to do it, or whatever, things are a little quieter. You don’t get so much pressure from the outside.

So give me an example of a time when you did something like that. Let me know a recent thing. Something—maybe in the last few years—that you did. Something on your own, you just did it, you initiated it, and it worked out pretty well.

You told them you were going out a little quicker than you usually would have, or something. I don’t know, something like that.

Bertolino Commentary: The therapist acknowledges Pamela’s efforts. He also makes a distinction as to how things are different when the
daughter does what is expected of her—how the pressure is reduced a bit. The therapist then asks for a recent example of a time in the recent past in which she did something of her own initiation or on her own.

**Pamela:** Okay. I had a wake to go to yesterday, and I told them, like, the night before. Well, I didn’t get the news until the day before that.

**Bill:** Right.

**Pamela:** Which was okay. So I hurried up…

**Bill:** So that was faster than you usually would have taken, yeah.

**Pamela:** Right. Well, I hurried up and did what I had to do—take a shower, comb my hair—and leave.

**Bill:** To get to this. All right.

**Judy:** She did it on her own, I take it, because I wasn’t at home.

**Bill:** Right, so?

**Pamela:** All he did was remind me to take a shower. I was like, “Yeah, yeah.” I…

**Bill:** All right, so, you did it on your own—for the most part—a little reminder there, but not …

**Adrian:** No. Not…

**Bill:** Not having to get nerved.

**Adrian:** No.

**Bill:** Not having to get the fire up.

**Adrian:** Didn’t care, didn’t care.

**Bill:** It was on her own.

**Bertolino Commentary:** The therapist highlights the daughter’s actions and independence.

**Adrian:** It was on her. It was something she wanted.

**Bill:** And she let you two know the night before.

**Adrian:** She did it, she did.

**Judy:** Yes, she did, and, I…
Adrian: And she looked good when she went out to the wake last night. She dressed up.

Bill: She had chosen her own outfit, dressed up, done something that you approved of.

Adrian: She done very good.

Bill: All right, so…

Adrian: Which I admit, I haven’t said anything about it yet, until just now.

Bill: All right. Yeah, but again…

Judy: There is times that…

Adrian: It was a quick thing. She came and gave me a goodbye kiss, said she’s going, and she’s gone, you know.

Bill: There was no time to either congratulate her or get nerved up. Nothing.

Adrian: It’s a shock, you know.

Bill: It’s a shock. “Wait a minute, who is this clown that was substituting for my daughter, huh?”

So let me ask you about that. What was different about that for you? I know what was different about that for them, but how come? How come that time you get it together and you tell them earlier? And what was different about that? How’d you get yourself to do that?

Bertolino Commentary: With an example of a recent time when things have gone differently the therapist wants to explore this exception more explicitly. He does this by asking more “how” and “what” questions. These types of questions get at the process level as opposed to the content level. The idea is to identify what people have done and how they did it so that they can import those actions more directly and spontaneously into their present situations.

Pamela: I got home about three, had to be out of there by four thirty.

Bill: Right. But you told them the night before. That was the first thing that was different. How’d you get yourself to tell them the night before, and why did you decide to do that? How did you decide to do
that? Usually you would have waited ‘til the last minute.

**Bertolino Commentary:** The therapist continues to explore the exception.

**Pamela:** Because I got it the night before that.

**Bill:** You heard the night before—

**Pamela:** Okay.

**Bill:**—you heard the news that you were going to have to… you could go. Yeah.

**Pamela:** Then I said I went to work.

**Bill:** Yeah.

**Pamela:** Come home. “I have a funeral to go to in the next… or a wake to go to the next day”—because usually she asks me if I’m going to be home for supper.

**Bill:** Right.

**Pamela:** Said, “No I’m not tomorrow.” So, I go to work, come home. Three o’clock. I had to be out of here by four thirty.

**Bill:** Right.

**Pamela:** I have to meet my buddy at—or my friend—at five.

**Bill:** Right.

**Pamela:** You only have an hour and a half to get showered, hair washed, teeth brushed.

**Bill:** That’s what you told yourself. “You’d better get moving, girl. Let’s go.”

All right, so you sort of said, “I’m going to do this, and I got to do it quickly.” And he reminded you about the shower, and you go, “Oh, that’s right, I got to do the shower.” Great.

**Pamela:** In there. Out.

**Bill:** In there, out of there, in record time. That was fast, to get all that stuff ready and to get…

**Pamela:** It should have taken me about twenty minutes, yesterday it
took me about ten, fifteen.

Bill: Yeah. But I’m really curious about that. And usually you might have, you know… Yes, of course she wants to know whether you’re going to be home for dinner—but sometimes, as we’ve heard, she doesn’t know until the last minute whether you’re going to be home for dinner.

Bertolino Commentary: Solution-Oriented therapists often use curiosity to explore the details of exceptions. In this instance the therapist searches for more information about what was different about that specific situation.

Judy: Right.

Bill: I just want to know what the difference is, and how you decided to tell them the night before. What was different about that? How’d you decide that?

Pamela: I don’t know, I just… on instinct, or on impulse.

Bill: Okay, on impulse. Then, so, did you like how that went better? Did you like how it went better?

Bertolino Commentary: There are times when clients will struggle with identifying what they did differently. That’s okay. In this instance the therapist focuses on what it was like for the client for things to go better.

Pamela: Very much.

Bill: Okay. So you want that to happen more?

Pamela: Yeah.

Bill: All right.

Bill: And you two like that?

Bertolino Commentary: The therapist checks with the parents to see if there is agreement in this area. This is a way of creating consensus on what the family as a unit would like to see different.

Judy: Oh, yeah.

Bill: That was different. You didn’t have to get all…

Adrian: Well, I have found out that when she wants something for
herself—

**Bill:** Right.

**Adrian:**—she can do it. She can do a thing, and she can do whatever she wants, as long as it’s for herself.

**Bill:** She really wanted to go to that wake.

**Adrian:** She really wanted to go.

**Bill:** She got it together in record time that you would have said, “Oh, she’ll never get it together in this time, we’ll have to…”

She got it together. She got dressed in a way that you thought, “That looks good. It’s good you’re going out dressed like that.” And she wants a…

**Adrian:** I’m proud of her, if you want to say that, you know.

**Bill:** You’re proud of her.

**Adrian:** She looked good.

**Bill:** Yeah, you know…

**Adrian:** She looked good.

**Bill:** All right. So we know she’s capable of it.

**Bertolino Commentary:** The therapist’s comment illustrates a crucial point of a Solution-Oriented approach. Many theories focus on deficits and what clients lack in terms of abilities, skills, and strengths. It then becomes the job of the therapist to teach clients skills and what they do not know. Solution-Oriented therapists assume that clients have some, not all, abilities and capabilities. Therefore, the focus is on identifying and evoking those abilities and then helping clients to use those skills more deliberately in the service of problems.

**Adrian:** Oh, she’s very capable.

**Judy:** Oh, yeah, very capable.

**Bill:** All right. So it’s not like some inability she has.

**Adrian:** I can give you one thing that’s wrong, real quick, okay?

**Bill:** Okay, good, great.
Adrian: She has duties around the house to do.

Bill: Mm-hmm.

Adrian: I’m retired. I sit on my butt all day long.

Bill: Yep, that’s your job?

Adrian: And I refuse to do certain things.

Bill: Is that your job?

Adrian: I refuse to do certain things.

Bill: Yeah.

Adrian: Okay? Ask her when was the last time she vacuumed the house?

Bill: Mm-hmm.

Adrian: Now, I haven’t done it—I was going to do it today, and I said, “No, I’m not.” And ask her when was the last time she vacuumed the house?

Bill: Okay, so one of the things…

Adrian: It’s supposed to be done once every day.

Bill: Oh, once a day.

Adrian: Yeah.

Judy: Oh, she brought home a dog that she has to clean up after.

Bill: Oh, okay. So that was part of the deal.

Judy: Yeah.

Adrian: Oh, yeah.

Bill: You bring home a dog, you got to vacuum and get the dog hairs off, and stuff like that. It’s maybe been a couple of days since she’s done it.

Judy: We can kind of go at it, and this can mushroom into different things.

Bill: Right, all right, so, that’s part of the deal, is, you know, “I’m
retired. I’m not going to vacuum. I don’t want to vacuum.”

Adrian: It’s not, you know, that’s not it. I’ll do it.

Bill: “I don’t want to vacuum. You got the dog. That was part of the deal. If you brought the dog home, and you had the dog, you agreed to vacuum every day,” But she hasn’t done it as much.

What would be the typical thing that would happen when it didn’t work? And when she didn’t do it? How would it get into a problem?

Judy: Well, I come home from work, and when I walk in the house, and I see all this that isn’t done, I have a bad habit of saying, “Well, this isn’t done. That isn’t done.” Even before I probably even say, “Hello, good to see you.”

Bill: “Hello, good to see you, Pam.”

Adrian: I’ve been arguing with her about that. I mean, that even happens with me.

Bill: What, she notices the things that aren’t done?

Adrian: That’s not done compared to the floor that’s been scrubbed.

Bill: Right.

Adrian: But that the whole house has been cleaned.

Bill: She doesn’t say, “Boy, thank you for scrubbing the floor.”

Adrian: No.

Bill: “Thank you for your…” She goes, “Wait a minute, why is this stuff out on the counter?” and “Why is it…”

Bertolino Commentary: At this point the family has identified a theme of not acknowledging each other’s efforts. The therapist prompts continuation of the conversation by reflecting and paraphrasing.

Adrian: “Why…” Yeah, and, “Why is there still a cigarette in the ashtray?”

Bill: Well, you wouldn’t notice the things that are cleaned up, right?

Judy: Right.

Bill: Those are cleaned up. You notice the things that aren’t cleaned
up. Okay. So you would like a little more acknowledgement for what’s done. And maybe you would like that too?

At least for the things you have done, right? Or…

**Bertolino Commentary:** The therapist clarifies that each person would like to be acknowledged a little more often.

**Adrian:** I think we could…

**Bill:** And maybe a little, “Hello, how are you?” Before you…

**Judy:** Yeah, right.

**Bill:** Before you launch into the critique.

**Adrian:** Right, I think I got her stopped from doing that.

**Bill:** You think so?

**Adrian:** Yeah.

**Judy:** I’ve been really trying. I really have been trying not to come in and say, like, “Oh, gee, why isn’t this done,” or “Why…”

**Adrian:** Yeah, I’ve jumped on her for that.

**Bill:** Yeah, and what would happen then, if you typically came into…? She’d clam up and go to her room?

**Bertolino Commentary:** The therapist inquires into the pattern that typically plays out when Pamela is involved.

**Judy:** Oh yeah.

**Adrian:** I’d jump on her.

**Bill:** Or walk away. And you’d…

**Adrian:** I’d jump back on her.

**Bill:** You’d jump on her and the two of you would start…

**Adrian:** No, not really. It would just be a…

**Bill:** It would just be a one or two things back and forth.

**Adrian:** Yeah, just a…

**Bill:** Couple of comments.

**Adrian:** Yeah, that’s all. It’s nothing…
Bill: “Welcome home, dear.” Something like that?

Adrian: Yeah.

Bill: Sarcastic, or, you know?

Adrian: Yeah. Yeah.

Bill: Okay, all right, something like that.

Judy: Yeah.

Bill: But it wouldn’t be the greatest interaction.

Adrian: But if she’d walk in, start in, I’d say, “I love you dear.” Things like that. You know.

Bill: Okay, all right.

So you’ve been working on changing. He’s gotten on you about that pattern and you’re working on changing that.

Bertolino Commentary: The therapist acknowledges the efforts made by the parents to change their interactions and the problematic pattern.

Judy: Yeah, I’ve been trying to clam up—

Adrian: Yeah, she’s…

Judy:—when I come in.

Bill: Clam up…

Judy: If I see something, I just do it myself.

Bill: Or, you do it yourself.

Judy: Yeah.

Bill: Is that the best way to handle it?

Bertolino Commentary: With some approaches the therapist would step in and give advice and take a directive approach in telling people what to do or not to do. From a Solution-Oriented perspective the therapist understands that the family is the best resource. It is important to inquire about their ideas before offering suggestions about what could be done differently.

Judy: Well, I feel it is. Instead of causing another…
Adrian: It’s the easiest way to do it.

Bill: It’s the easiest way to do it, but is that the best way? I guess what I was thinking is, I used to be in a relationship, and I went out and the woman I was living with was unemployed. She’d just moved there to come and be with me. And I was working outside the home. And I came home, and we’d get into a fight every night. Every night we’d get into an argument.

After a while the two of us sat down and said, “What’s going on here?” And I said, “You know, what the problem is, is that I come in from work, I’m kind of stressed. I’m trying to come down from the day, and I come home and immediately you’re talking to me and wanting to know how my day was and telling me how your day was. I think I need just a couple of minutes to come down here and just to decompress or whatever.”

So I just developed the habit, is I’d just go in, I’d take a quick shower—like five minutes just to wash off—and that seemed to me to wash off the day. Then I’d come out and I was different. I was fresh, something was different, and we didn’t get in our usual argument.

So what’s your usual pattern when you come home? You mention something, or whatever. You’ve been changing that.

What if you went for five minutes in the other room, just sat and watched TV, or sat down in the other room, and then walked out and…

Bertolino Commentary: The therapist makes a distinction between what is “easiest” and what is “best” to encourage the family to do what is best for everyone. To make more of a point of it, the therapist uses self-disclosure. He uses a personal story to give an illustration of how a pattern might be changed. Therapists use self-disclosure in different ways and to different degrees.

Adrian: Because I usually have dinner waiting for her on the table. It’s usually there.

Bill: Okay, she gets there kind of late and…

Adrian: It’s usually there. I’m not saying all the time…
Bill: You want to have dinner.

Adrian: Mm-hmm. Not saying all the time.

Bill: You want to have dinner right away.

Judy: It’s usually because I’m home—it’s after six.

Adrian: Right.

Bill: They’ve been waiting...

Judy: It’s like, “We want…” Yeah.

Bill: They’ve been waiting dinner, and...

Judy: We like to get dinner by six thirty—

Bill: Right, right.

Judy:—seven o’clock, at least, so...

Bill: At least, yeah.

Judy: Some nights, it’s seven o’clock.

Adrian: On occasions, I don’t do it.

Bill: But it’s not go take a shower, or go into the other room or whatever. What could you do differently when you first walk in? You’ve been working on this a bit. What could you do differently when you first walked in? Something different that’s not go clean up the things that they haven’t done, or go handle them all.

Bertolino Commentary: The therapist begins to get more specific at this point. He delves into the pattern that has been the point of focus and asks the family members what they could do differently.

Judy: Well, I usually come in and, I see these things. Well, I may go in and say hello and then—

Bill: Yeah.

Judy: I do say hello. Then, I start in, “Well, how come didn’t do this,” or, “Why isn’t this done?” But I usually go and change my clothes and get into comfortable clothes.

Bill: All right.

Judy: And then come out and whatever he hasn’t done for dinner, I
start to do.

**Adrian:** She finishes it up.

**Judy:** And lots of times... Thursday night’s chicken night. So I bring home chicken.

**Bill:** Right.

**Judy:** Well, I walk in expecting the table to be set...

**Bill:** And it’s not set.

**Judy:** It’s not set. Well, I’ve learned not to say anything more. I set the chicken on the table, go and hang up my coat, and go and get undressed, and then, he’s still watching TV or something. And I’ll say, “All right, dinner’s on the table, let’s get going.” And then I’ll go in and I’ll take the plates down and set the table, or whatever, if she doesn’t come out and do it.

**Bill:** Right.

**Judy:** She’s usually in on the computer, playing on the computer, so...

**Bill:** Okay. So you’d like one of them to come out, rather than you taking it. And you don’t want to have to come home and start commenting on the things that are done. But you would love one of them to have it done while you’re getting dressed, or you’re—

**Bertolino Commentary:** The therapist summarizes what has been said. This serves to clarify, strengthen the client-therapist relationship, and further draws on the ideas presented by the family.

**Judy:** Yeah, it would be nice, yeah.

**Bill:**—you’re changing. That’d be nice, but you tend to take it on yourself.

**Judy:** Yeah.

**Bill:** Because you...

**Judy:** I’m used to that.

**Bill:** Yeah? Is that a good role? Or is that not a good role?

**Bertolino Commentary:** This is an example of the therapist asking the
client, in this case Judy, to determine the meaning of a role. This is a respectful approach and reflective of a collaborative stance.

**Judy:** Depends on how you look at it. It’s good for them, it’s bad for me, probably.

**Bill:** Well, is that something that you want to change, though?

**Bertolino Commentary:** This is an example of clarifying a point that may or may not be something that the client (Judy) wants to work on. Since not everything that is raised in conversation is something that clients want to work on, it is important to ask for clarification.

**Judy:** It would be nice to change, yes. Then I wouldn’t have to come home and say, “Well, let’s get the dishes set.”

**Bill:** Right.

**Judy:** “Or the table set.” But especially when they know that—

**Bill:** Right, right.

**Judy:** —I’m bringing home what I’m bringing home, or else dinner or something.

**Bill:** So some nights they do it and some they don’t. Or some nights he does it.

**Judy:** Yeah.

**Bill:** Some nights does Pam do it?

**Judy:** Right. Some nights she does it.

**Bill:** Without being reminded ever? Yeah?

**Judy:** Well, I don’t know...

**Adrian:** Yeah, sometimes she will, she’ll set the table on her own. And the other night, when the table was set, she done it on her own. I don’t know when it was.

**Bill:** Uh-huh.

**Adrian:** Monday?

**Bill:** So occasionally it happens.

**Bertolino Commentary:** The therapist continues to draw on moments
when things go differently and more the way the parents would like them to go. In this case, those moments center around Pamela doing things more on her own with little or no reminding.

Adrian: Don’t remember what we had.

Judy: Yeah.

Bill: You’d like it to happen more consistently.

Judy: Right.

Bill: All right, because she’s home a lot earlier than you are.

Judy: Yeah. I mean, she likes to come in and unwind.

Bill: You’re there most of the day.

Adrian: I’m there all day.

Bill: You’re there all day.

Adrian: Yeah, I’m there all day.

Bill: All day. So you tend to just take it on and do it yourself, and that’s not the greatest habit, right?

I guess I was wondering about that with your situation, Pam. I guess the thing that I would think is, nature abhors a vacuum. If somebody steps in and does it, if you would set the table, I’d say, “Hey—

**Bertolino Commentary:** The therapist reengages Pamela in the conversation.

Judy: Yeah.

Bill: I’m watching this show, this is great deal. This is a good deal. I like that. I won’t have to think about taking a shower, because I know my parents will say, ‘Take a shower, take a shower, take a shower.’ Let them hassle me for a while.”

Pamela: Let the pressure off.

Bill: That was good. What didn’t you like about it?

Pamela: I didn’t do what I was supposed to.

Bill: All right. You didn’t do it on your own.

Pamela: Right.
Bill: You think if they would lay it out for longer, you would have finally taken your own initiative, or not?

Pamela: Think so.

Bill: Yeah, eventually. It would have been hard for them to last to the time when you finally got motivated.

Pamela: Yeah.

Bill: I remember when my wife had a Cesarean Section unexpectedly. We thought she was going to just have a regular birth. So she was laid up in bed for a couple of weeks afterwards, from the operation. And I remember I had teen-age kids at the time, and myself. And she finally got out of bed and was moving around pretty well after about two weeks. She came out, and she looked at the kitchen and living room, and she said, “I can’t believe it. You guys are competent.”

The kitchen was clean. The living room was clean. But then, what we figured out was, I typically don’t do the dishes until I can’t find another fork. That’s when I know to do the dishes.

Bertolino Commentary: O’Hanlon’s use of story and self-disclosure, in particular, is consistent with the Erickson tradition. In this instance, story is used to encourage competence.

Adrian: That’s…

Bill: That’s the guy way, huh? Is that the guy way? I don’t know, but…

Adrian: What is his name? Go, “Arr, arr, arr.”

Bill: Yeah, right. Tim Allen. “Arrr! There’s no forks. Arrr, arr! I’ll do the dishes.”

So my wife would do the dishes when there was just a fork in the sink. When there was one fork in the sink. That’s when she knew to do the dishes, so…

Judy: That’s the women’s way.

Bill: Yeah. That’s the women’s way. And maybe it’s the individuals within that too, but I think that, you know, I didn’t realize, again, if she’ll step in and do the dishes, it’s okay with me, generally. I would go along with it.
And that’s maybe the man’s way to. You ever see it at a party, or a gathering, or whatever—everybody’s sitting around after Thanksgiving dinner, and then the women start to get up and say, “Oh, we’ll take the plate.”

Judy: Yeah.

Bill: Why do they do that?

Judy: Our typical thing is at breakfast.

Bill: Yeah?

Judy: We can never wake up, is what we’re told.

Bill: Wake up?

Judy: I’m never awake at breakfast time.

Bill: You’re not awake.

Judy: No, her.

Bill: Her, oh, yeah. She’s still sleepy from the night…

Judy: She’s still sleeping.

Bill: And if didn’t get her going, would she get to work?

Judy: I don’t know. See, Father is—

Bill: What do you think, Pam?

Judy:—very, very nice, and gets up every single morning for her, and makes her breakfast and her lunch.

Bill: Right, right.

Judy: So all she has to do is get herself out of bed and get dressed and come to dinner…

Bill: Right.

Bill: But I bet you help her get out of bed, too.

Judy: To get there from…

Adrian: Oh, I’ll get up—well, no, not really. I’ll just get up when I get up—and I go to the bathroom, and I come out of the bathroom, I say, “Pam, it’s seven o’clock.”—or six o’clock, or whatever time it is for her
to start getting up. Well, that’s all I’ll give it to her.

**Bill:** Is that it?

**Adrian:** That’s it.

**Bill:** Wait a minute. Oh.

**Adrian:** That’s it.

**Bill:** This isn’t the Pam I’ve come to know and love.

**Bertolino Commentary:** The therapist uses humor as a gateway into highlighting the exception of Pamela getting up with very little prompting from her father.

**Adrian:** That’s it.

**Bill:** You get up on your own?

**Adrian:** But—

**Bill:** Wait a minute.

**Adrian:** I won’t leave her until—

**Bill:** Wait a minute!

**Adrian:**—she gives me an answer.

**Pamela:** No. He comes in. He knocks on the door.

**Bill:** Yeah?

**Pamela:** Seven o’clock. Okay. Bye.

**Bill:** And then you get yourself up, even though sometimes you’re tired.

**Adrian:** Twenty minutes later, half hour later.

**Bill:** Right, but she gets herself up.

**Adrian:** Yeah.

**Bill:** Wait a minute. Uh-oh, there’s a crack in your story here. There’s a crack in your story. She gets herself up.

Now, you know, I’m not saying, “Don’t make breakfast for her. Don’t make lunch.” That’s a nice thing to do. That’s kind. I like that.
Bertolino Commentary: A major consideration in Solution-Oriented Therapy is a focus on any aspect of a situation that works—even a little bit. The therapist doesn’t suggest that Pamela is doing everything she needs to do. He merely highlights the part that works and represents an exception to the problem pattern.

Adrian: Yeah, it gets me up early.

Bill: Yeah, it gets you going.

Adrian: Rather than staying in bed.

Bill: Or whatever. Okay, that’s fine. But it’s an interesting thing. She doesn’t do anything on her own? Wait a minute.

You’re her alarm clock. You’ve told her to get up, and that’s one thing. Maybe you wouldn’t do that—some other people wouldn’t do it, they’d let her get a clock and get herself up—but, again, that’s a nice thing. But she’s gotten herself up. That seems to work all right.

Judy: A step in the right direction.

Bill: I mean it’s a step to recognize, I think. Because again, she gets up and she gets herself going for work. Not everybody does. You know people who, “I don’t want to go in today, I’m going to call in sick,” and they don’t.

Maybe she’s done that, but generally, she gets herself up and goes to work.

Adrian: No, I think we’ve complimented her also when she goes out in the evening, that she comes home at a decent hour.

Bertolino Commentary: It is worth noting that when the therapist focuses on and develops the exception further, it prompts the father to speak about another example of Pamela acting independently, on her own, and without a lot of prompting.

Bill: Oh, okay.

Adrian: She does come home at a decent hour.

Bill: She typically doesn’t stay out all hours, or all night.

Adrian: No, she’s not out until four o’clock in the morning or anything like that.
Judy: No, she’s very good about coming home…

Bill: And if something delays her, will she give a call? Or, doesn’t that…

Adrian: No.

Judy: That’s a problem too.

Bill: All right, and you would worry then?

Judy: Yes. We’ve been worried.

Adrian: We’ve been…

Bill: And you’re …

Adrian: Well, I don’t know, you’re a parent?

Bill: Yep.

Adrian: How old are your…?

Bill: Twenty-eight, twenty-six, eighteen and ten.

Adrian: Okay, and, they at home?

Bill: No. The ten-year-old is.

Adrian: Ah, the ten-year-old, yeah, but, I mean, the…

Bill: No, the other ones are gone.

Adrian: Were they at home when they were older?

**Bertolino Commentary:** This conversation appears to have struck a chord with the father, Adrian. There are times when clients will simply want to be sure that the therapist “gets it.”

Bill: Yeah, sometimes. They came back and lived with us for a while in their twenties.

Adrian: When you, what I’m saying, and they went out at night, you really don’t go to sleep. You’re sleeping, but you don’t go to sleep.

Bill: Yeah, you worry about them, yeah.

Adrian: Until that door closes, when they close the door and walk into the house and close the door—

Bill: When they could drive, that was the scariest for me.
Adrian: Now, you’re out.

Bill: Right, right.

Judy: Yeah. Well, see she goes out by herself, and…

Bill: Right. That’s always…

Judy: If she’s out until one… Normally she comes home at one thirty on Friday nights.

Bill: Right. Yeah.

Judy: Which is fine, you know, but when I wake up and it’s two o’clock, well then, I’m not…

Bill: She’s not there. You would have rather gotten a call.

Judy: Yeah. You know, what happened?

Bill: And…

Judy: You know. Then I’m not sleeping until she comes in.

Bill: Right, until she comes in.

Judy: If it’s two or three…

Bill: So you’d rather she communicated a little more about that stuff. And Pam, you wouldn’t want to call because you’re afraid they’ll get mad, or tell you to come home, or what?

Pamela: No.

Bill: Just a habit of not communicating again, all right.

So they’d like to hear a little more about that. That’d be one thing that they could change in a better direction, okay?

Bertolino Commentary: The therapist acknowledges the different perspectives, and then highlights what the parents would like to see a little more of from their daughter in terms of communication.

Judy: And to tell us where she’s going and… Like the other night, she said…

Bill: Whoa, whoa, whoa, you got a reaction there.

Adrian: Yeah.
Bill: To tell you where she’s going? Because, why? You’re worried, or…?

Judy: Well, so that in case something would happen, I’d know where to look for her.

Bill: You’d know, at least…

Adrian: We understand plans change.

Bill: Right.

Adrian: I mean, I’m going to go here…

Bill: But you’d like to generally know if you… If she doesn’t come home by three o’clock, and you start to get worried and you have to call the police, at least you can give them a place to start.

Bertolino Commentary: The therapist reiterates the parents’ position of wanting to know, in general, where their daughter might be in the event of an emergency. This is a legitimate request and one that the therapist supports.

Judy: A place to start, a direction.

Bill: And they say, “Where did your daughter go tonight?” You say, “I don’t have a clue.” You’d rather have some clue. But you reacted when she said that about, “Tell us where she’s going.” You don’t want to have that kind of, “They had to have that kind of thing.”

Adrian: Information.

Bill: It seems too controlling?

Pamela: I don’t know.

Bill: Too much?

Pamela: I don’t know. I wouldn’t say controlling.

Bill: So you really reacted to that, I wondered what that reaction was…

Pamela: I just looked up.

Bill: She was…

Adrian: She wants the privacy.
Judy: I mean, I agree. She’s thirty—she can go and do what she pleases.

Bill: Right.

Judy: I mean, I have no problem with that. She’s old enough. But yet—

Bill: You do worry as a parent.

Judy: —It’s a young lady that’s out there, driving a car by herself, and you hear so many stories. I just…

Bill: Sure. It’s worrisome. All right.

Judy: The idea.

Bill: So what answer do you have if you can’t…? So what if you left in your room—just on a piece of paper, in case you didn’t come home at a certain hour—where you had planned to go that night? Not even have to tell them, but just left it written on a piece of paper. Would that…

Bertolino Commentary: The therapist begins to negotiate something that might be acceptable to both sides. He offers an idea to Pamela. He doesn’t tell her what to do; he suggests a possibility by saying, “What if…?”

Pamela: No, I would rather tell them.

Bill: Would you? Okay. But you don’t want to tell them? Or, do you care? I don’t quite, I don’t know what…

Pamela: See, usually when I go out, I go to my restaurant, which is 10 minutes away.

Bill: Yep.

Pamela: And that’s where I stay. I don’t get…

Bill: The whole evening most of the time. All right.

That’s typically where you go. But if you go someplace else, and they wouldn’t know about it, they’d be worried.

Pamela: Mm-hmm.

Bill: So what do you think of that?
**Pamela:** If I went somewhere else... I usually don’t call, because I’ll go there and come back. Get there, get back, quick—so that I don’t have to... I can get home on time.

**Bill:** Right, right.

But I guess what I would say is what I heard from them is, “Okay, if she’s going to be later than, like, one thirty, we’d like to hear from her.”

**Pamela:** Right.

**Bill:** But you typically don’t call. And so what about that? Would you be willing to call? Why not?

**Bertolino Commentary:** At this point, the therapist makes a choice to be a little more directive. There are some things that may matter less and other things (i.e., risk, worry) that the therapist may want to be more direct with in terms of suggestions.

**Pamela:** Yes. Yes.

**Bill:** Yeah? Would you? I mean, is this too much pressure? Is it...

**Adrian:** She did for a while.

**Bill:** Uh-huh.

**Adrian:** She did for a while there at ...

**Bill:** She got in the habit of calling a lot more regularly than she...

**Adrian:** No, because she wouldn’t stay out really too late before.

**Bill:** But then, after a while, if she was going to be late, she would call you for a little while.

**Adrian:** Yeah.

**Bill:** But that sort of dropped out recently.

**Adrian:** Yeah. Well, not recently. It’s a long time ago that she started.

**Judy:** It’s been a couple of years since... You know.

**Bill:** Few years, yeah.

**Adrian:** Quite a few years.

**Bill:** Okay, and so...
Adrian: We don’t care where she goes. We don’t really want to…

Judy: We care, but I mean…

Bill: Right.

Judy: We’re not, you know…

Bill: You don’t want to have to monitor her every movement.

Adrian: Right, right.

Bill: But you would like to know generally—

Adrian: Right.

Bill: —“What are your plans? When are you going to be home for dinner? When are you going to be later than one thirty?” That kind of stuff is just the basics that you would like to have for her. Okay.

So she’s saying, “Okay, I’d be willing to do some more of that.” Now, what about these times—we’ve got to finish up pretty quickly—but what about these times when it’s the three of you, or two of you, and you two are trying to get some information out of her, and she’s walking away, and she’s mumbling, or she’s slamming things—you’re slamming things—what about these times?

What could you do, what could we talk about here that might make that just a little better? Not perfect—we’re not going for perfect—but just a little better.

Bertolino Commentary: As the session nears an end, the therapist attempts to focus the conversation on some form of a small improvement with the situation.

Judy: That would be nice. That would be a really nice thing.

Adrian: I can’t answer that, because I usually don’t get angry until she starts banging.

Bill: Okay. So you…

Adrian: For walking away and mumbling. I may holler at her for it, but I don’t get angry until she starts banging, slamming drawers, slamming doors.

Bill: When you hear anger, it sort of punches your buttons and you get
angry back.

**Adrian:** Oh, yeah.

**Bill:** Okay, so, one of the things is, if she’s angry at you, how would you like her… Because, I mean, people in families get angry at one another, right?

**Adrian:** Of course, she’s allowed to get angry at me.

**Bill:** So how would you like her to handle it a little differently than going and banging the drawers, that isn’t too big a leap for her? You know Pam.

*Bertolino Commentary:* The therapist sticks with small changes. If what is requested of Pamela is too big a leap for her it is unlikely to work.

**Adrian:** All I want is a little communication.

**Bill:** What would that look like? If you were me, and I was… and you had said something, and somehow, for some reason, it punched my button, and I got angry at you, how would you like me to handle it with you?

*Bertolino Commentary:* The therapist invites the father (Adrian) to role play to demonstrate how things might be handled differently between the father and Pamela.

**Adrian:** Are you her or are you me?

**Bill:** Yeah, no, I’m her.

**Adrian:** You’re her. Well, I’d punch your button by saying, “Where you going?”

**Bill:** And I’d get, “Oh, there they go again. There he goes again.”

**Adrian:** And you’re walking away from me and mumbling. Now you start banging. And I say, “Cut out that…”

**Bill:** Okay, now what would you like me to do instead of bang?

*Bertolino Commentary:* An important aspect of Solution-Oriented Therapy is asking what clients want instead of what they don’t want.

**Adrian:** Instead of banging, I would rather you just turn around and say, “I’m going, so-and-so.”
Bill: Well, but what if I didn’t want to tell you? What if I just get angry that you ask? How can I communicate to you that I was angry?

Adrian: Well…

Bill: Better than banging the drawers.

Adrian: That, I couldn’t say. And that I don’t know.

Bill: You have an idea? What would be better? It’s not perfect, right?

Adrian: I don’t know.

Bill: You’d rather she turned around and tell you where she’s going.

Judy: I know, maybe, “I’m going out and I’ll be back at such and such a time.”

Bill: Okay. What if she wasn’t willing to do that? What if I’m not willing to? Like, “I think you’re too much in my face and my life, it’s punched my buttons. I’m angry. You don’t want me to go bang drawers, but somehow you want me to communicate to you in a different way.” Just to communicate to you.

Adrian: That’s all I want is to communicate to me.

Bill: So would you rather I…

Adrian: Nothing else.

Bill: So would you rather I say, “Look, I really get angry when you ask me those things, or when you put pressure on me.”

Adrian: I’d probably turn around and say, “Well, where’s the pressure? Why are you getting angry when I’m…?”

Bill: “Because, you’re asking me where I am when I’m gone, and I hate that.”

Adrian: “But I still don’t see the pressure.”

Bill: “That feels like pressure to me. You don’t see it, but it feels like pressure to me.”

Adrian: See, now you’re communicating with me, she’s not. She doesn’t do that.

Bill: But that’s what I’m asking. That’s what I’m asking, is what you want a little more of? Even if she doesn’t like what you do, even if she
doesn’t go…

**Adrian:** Even if I don’t like what she does, I would rather have that, than the turning around, walking away, and mumbling under her breath—

**Bill:** Right.

**Adrian:**—and banging stuff around.

**Bill:** Okay. All right, good. So now I need to talk to Pam. All right, so, I see the tears. So the tears come when, what? We were talking about this stuff, and the tears come. What goes on inside you with that, or do just tears come? Or is there feelings that go along with it? Are you sad? Are you scared? You upset? What happens?

*Bertolino Commentary:* Pamela has been observing the role play between the therapist and her father. It appears to have evoked some emotion from her. The therapist is aware of Pamela’s tears and talks with her to get a better sense of what is going on with her.

**Pamela:** I’m …

**Adrian:** Am I lying?

**Bill:** No, no. I’m talking to Pam here, butt, out, butt out.

**Adrian:** Sorry.

**Bill:** Butt out, butt out, too much pressure for me. So you don’t know. The tears just start to come. So when I was just talking to your dad like that, you know, it’s like, “Hey, I don’t like it when you put pressure on me,” and he says, “Where’s the pressure?” I say, “I feel pressure. Whether you’re putting it on me or not, I feel it. I don’t want you to ask me those questions. I get mad.” Is that something you would ever say?

**Pamela:** I don’t know.

**Bill:** That’s a tough one, huh? That’s a big leap. All right.

So what do you think could be an alternative to somehow speak back to the pressure, and not go bang things around? What’s a better alternative for you? Is that a good alternative for you?

**Pamela:** Yeah.
Bill: To go on and bang things?

Pamela: No.

Bill: What do you think a way that would work better for you? Not what they want.

Pamela: Leave me alone for a while. Let me have five, ten minutes.

**Bertolino Commentary:** Pamela asserts that a solution for her would be to be left alone for a short period of time as opposed to banging on things. This is an example of a clear action she can take.

Bill: Okay. Great. All right.

So instead of going and banging things, she wants, at that point, to have some time by herself. If she said that to you, or to you, “I need five, ten minutes”—instead of walking away and mumbling and banging—it wouldn’t be what you wanted, you’d rather her tell you where she’s going, but would that be better?

Adrian: I would be happy with that.

**Bertolino Commentary:** An agreement with Pamela’s father about her having a few minutes alone is reached.

Bill: That would be better.

Adrian: I would be happy with that.

Bill: That’d be a step in the right direction.

Adrian: Because that’s a communication thing.

Bill: That’s communication rather than mumbling and walking away.

Adrian: Rather than commu-

Judy: But the only thing is, is it a lie, or is it the truth?

Bill: What do you mean? What do you mean?

Judy: When she’s going to come back in five or ten minutes to tell us…

Bill: Five or ten minutes. Maybe she’d come back, maybe she wouldn’t, but right now, she needs five or ten minutes.

Judy: But I mean will she tell us a lie, or will she tell us the truth?

Bill: That is, will she come back and tell you where she’s going?
Judy: Yeah. Will she tell us—

Bill: In five or ten minutes, will she come back and say I’m not ready to talk yet, or…?

Judy:—what we want to hear.

Adrian: Will she tell us what we want to hear, or will she tell us the truth?

Bill: You mean after the five or ten minutes?

Adrian: Yes. Oh, yeah.

Judy: See, we find her telling us things that she thinks we want to hear.

Bill: Like you’ve said, she may be afraid you’ll disapprove.

Judy: No.

Bill: You’ll be upset, you won’t want her to do it.

Judy: Right.

Bill: So either she won’t talk to you, or won’t tell you, or she’ll tell you something that she thinks you want to hear, which isn’t really what she’s going to do, or whatever it may be.

Yeah, I don’t know about that. That’s a different question. That’s a slightly different question. And it doesn’t sound like we’re going to solve that one tonight.

I’m just saying, can we make one step towards communication? One step, just to change the old pattern. Just to turn back, instead of mumbling, instead of going and slamming drawers, saying, “That’s pressure. I don’t want to talk. Give me five or ten minutes.”

Bertolino Commentary: It is not uncommon for one or more family members to question whether or not a plan will work, whether or not what people agree to do in sessions will be followed through on, and so on. These are reasonable concerns. At the same time, it is important that family members stick to the plan that is in place and see what happens. In this case, the first rule of order is for Pamela to be given a few minutes to herself. What will happen after that time is unknown. The therapist addresses the “what ifs” by sticking to the agreed-upon part of the plan as a starting point.
Adrian: That’s fine. It’s communicating to me.

Bill: That’s a step in the right direction.

Adrian: It’s a step in the right direction.

Bill: It still doesn’t handle telling you everything that she’s doing.

Adrian: It’s not telling me anything, but it’s communicating to me. It’s telling me something.

Bill: And you’d prefer that rather the walking away, mumbling, slamming drawers.

Adrian: Slamming drawers, banging her fist against the walls and…

Bill: That’d be better.

Judy: Oh, yeah.

Bill: That’d be better. And that’s what I’m talking about. I think you said, it’s been going on for a long time. These habits have developed over a long time between all three of you, really.

And sometimes, there are some differences. Like going to the wake. Wow, that’s great. And you had to be nice if you appreciated that about one another when he’s cleaned the floor. It’d be nice if you appreciated when she’s gotten ready for the wake on her own, or done something, gotten herself up on her own. It’s nice when families appreciate one another.

And that’d be nicer to put a little more of that in, rather than the criticism. That’s always nice for families.

But all I’m saying is, one little change you could do, is just... They want you to tell them where you’re going. Maybe you don’t want to tell them that at this moment. But they definitely would like to hear, especially between the two of you, when this typically happens, this kind of back-and-forth thing, “I not going to talk to you now, I need five or ten minutes. I’m going away. I’m going to go think. I’m going to go to the other room,” or, “I need five or ten minutes, back off,” yeah?

Would you be willing to try that as an experiment?

**Bertolino Commentary:** The therapist collapses what has been discussed during the session about conflict in communication within the home. He
also underscores the point that there have been exceptions to the problem pattern. The therapist then invites the family to try an experiment, which is very different way of talking about doing a task.

Pamela: Mm-hmm.

Bill: Okay. Now, at that point, you can’t be saying, “Now, why won’t you tell me? Why won’t you communicate more?”

Adrian: No, no.

Bill: For now, you got to accept that.

Adrian: But for now, I will accept that.

Bill: It’s a step in the right direction. I don’t know if this happens between the two of you, but same thing.

Judy: Well, a lot of times I just walk away.

Bill: You just…

Judy: Unless I get really angry. But I mean, if I don’t get angry, I’ll just…

Bill: But most the time, it’s the two of…

Judy: Because I know what she’s like, and I just try to handle it and back off.

Bill: Right.

Judy: Though I know there is times I don’t do that.

Bill: I know, yeah, okay.

Judy: It depends on what situation is there.

Bill: Again, not everybody’s perfect and everything.

Judy: No.

Bill: And they’d like you to tell them a little more beforehand, what your plans are for the next day, whatever it may be, and call if you’re going to be later than one thirty on Friday nights, or whatever.

Judy: Yeah.

Bill: There may be other times on the weeknights, I don’t know about
that. Or, maybe you don’t go out…

Adrian: Well, that’s usually a lot later she stays out, that’s usually on a Friday night.

Judy: Friday nights…

Bill: Yeah, but if it’s out of the routine, they want to have a call.

And you know, they of course want to know where you’re going, but that’s a different story, so…

Pamela: I’m going to call and we say, “I’m on my way home right now.”

Bill: Sure, that kind of thing. Yeah, that kind of thing, all right? So even if it wakes them up, they prefer to know. Because you’re going to be awake worrying anyway, maybe.

All right. So those little changes, I guess that’s what I’m saying is, if it’s been this many years as a habit, starting to make those little changes, and also starting to notice when things go a little better. That’s always good. And starting to notice when she takes initiative on her own. I think she’s doing it in a lot of areas that I probably haven’t even heard about. And so…

Bertolino Commentary: The therapist reiterates what was said earlier—that it is important to focus on making little changes as well as noticing when things go a little better. The aim is not for the situation to be perfect, just better than it is now.

Adrian: Yeah, she has, and we do tell her, lately.

Bill: Yeah.

Judy: But you know, knowing that we were coming here…

Adrian: In the last year, whatever…

Bill: Yeah.

Judy: This week, we have been excellent.

Bill: May have changed things. Oh, you’ve been in a model family.

Bill: It’s like you floss more before you go to the dentist, is that it?

Adrian: Pretty close to it.
Bill: Well, okay, we’re making it an appointment every week for you three until the habits change.

Judy: [unintelligible] tonight when I came in the door, she says, “Oh Mom, hi, how was your day?” Put her arms around me and walked me to her bedroom.

Bill: Okay, all right. You have an imaginary appointment with me every week, and you’d better be on your best behaviors from now on and that’s great.

Judy: In fact, I’ve even commented to her, to him, the changes that I’ve seen all week, and I says, “I know she knows that we’re coming here.”

Adrian: It’s been at least a week, a little more than a week.

Bill: That’s great. That’s great. Oh, I love it. I love it. It shows that things can change.

Bertolino Commentary: The therapist shows excitement about changes that have taken place over the past week. In the literature on Solution-Focused and Solution-Oriented Therapies this is referred to as “pre-session change.” It has to do with changes that clients make between the time they set an appointment for therapy and the time they actually have the appointment.

Adrian: See, there’s a motive behind it.

Bill: Well, that’s great. I like…

Adrian: She seems to forget when that happens.

Bill: That’s good. That’s good. I like that motivation. That’s a good motivation. But what it says to me is that things can change. That’s what it says to me.

Judy: Oh, I’m sure they could.

Bill: But every one of you are capable of doing some slightly different things to make things go a little better.

Judy: No.

Bill: So if you want my assessment, I’ve gone around with my little stethoscope. There’s a good heartbeat in this family, there’s a lot of love, and there’s potential to change. You’ve changed some, and if you
take it a little at a time, and take some steps, I think you’re heading in the right direction.

Bertolino Commentary: The therapist moves to end the session on a positive note by extending a message of hope.

Adrian: There’s water over there if you want water.

Bill: All right, so, that’s about all I have to say. Any other questions, or things that I didn’t ask about I should have asked about? I mean, we don’t have too much time, but just high points, anything that was pretty crucial that I didn’t ask about, or you didn’t get a chance to tell me?

Judy: Just, well, we’re always saying her, with a little more appreciation of the things her dad does for her, you know.

Bill: Right, you’d…

Judy: Because, he doesn’t have to get up every morning

Bill: You’d like to hear a little more of that back, too.

Judy: Yeah.

Bill: Again, a little more communication. But that positive communication would be even nicer.

Judy: Well, you know, even, he’ll ask for her to get a can of pop. Sometimes she just doesn’t want to do it for him.

Bill: Right.

Adrian: I’ve told her, “Tell me.”

Bill: Yeah.

Adrian: “Tell me.”

Bill: You like more communication, even if she doesn’t do it.

Adrian: Right.

Bill: You like more, obviously…

Adrian: Right. I never hear her tell me, “I don’t want to do it.”

Bill: Than just not do it.

Adrian: No. Than to get up, mumble, cuss and go down and get me
the pop, and bang the doors and bang the can and bang stuff around.

**Bill:** Oh, so, you’d rather… Absolutely.

**Adrian:** I’d rather have her say, “I don’t want to do it.”

**Bill:** “I don’t want to do it.”

**Adrian:** Yeah.

**Bill:** Even though you’d prefer she did it, even though it would be nice if she were grateful.

**Adrian:** Who doesn’t like to be waited on?

**Bill:** Right, sure, right. But you would prefer her to just stand up a little more and say, “No.”

**Adrian:** Oh, if that’s how she feels, yeah.

**Bill:** “No, I don’t want to talk.”

**Adrian:** Yes.

**Bill:** “No, I don’t want to get the can of pop for you.”

**Adrian:** Yes.

**Bill:** And she said she’d be willing to practice a little on the, “No, I don’t want to talk right now.”

**Adrian:** And I’ve told her that, I don’t know how many times, “Just tell me no.”

**Bill:** Right, but again, that’s pressure.

**Adrian:** “Don’t just walk away. Don’t bang.”

**Bill:** That’s pressure for her. That’s pressure for her.

**Adrian:** “Just tell me no.”

**Bill:** She’s going to learn to say no to the pressure, right, first. And then she’s going to practice on that, and maybe she’ll expand it out to other areas.

**Bertolino Commentary:** In some situations, particularly with clients who have experienced long-standing concerns, there are repeated returns to problem-talk, even after plans have been discussed. The therapist
allows the conversation to revert to a point, then restates what Pamela is going to work on.

Judy: But I just feel that a little more appreciation for the things that he does for her.

Bill: Yeah, sure. You would like more of that, and maybe that you do. It sounds like you do a lot of things as well.

Adrian: We all do our share. She does her share—

Bill: Sure.

Adrian: —when she’s pushed into it.

Judy: Yeah, when she wants to do it.

Bill: Oh, when she’s motivated, when she’s pushed to do it, sometimes on her own. Yeah, okay.

Judy: But sometimes we go away for the weekend and then she’s left home alone and...

Bill: Yeah.

Judy: And she has the wash to do, and she’s got to clean up and that. But I know these are things that she leaves to the very last minute. And we can’t get the...

Pamela: I only do them... I only do them on Saturday.

Judy: And the wash does not get done like that.

Pamela: Yes, it does.

Bill: No, you have to... It takes a little time.

Judy: Yeah, it takes...

Bill: It takes a little time, but she may leave it until the last minute...

Judy: And she does get it done.

Bill: She does get it done. Okay.

Judy: Right.

Bill: Typically, she gets it done.

Judy: She does get things done, though.
Bill: All right. Now, just because we’re pretty much out of time, I just want to ask all three of you this question. How was this conversation for you? Was it what you expected? How did it feel? Was it okay? Just a few quick impressions. I know it will maybe take you a little while to sort it out, but…

_Bertolino Commentary:_ The practice of checking in with clients about their experiences in the session is very important. Although the therapist will not see this family again, he has an interest in what worked for each person.

Adrian: All I can say is, it’s okay. I mean I had no idea of what to expect. I’ve never been to anything like this before. I’ve never…

Bill: You did fine.

Adrian: And I don’t know what’s what, so, I…

Bill: Okay. But so it was okay?

Adrian: It’s okay. I didn’t know what to expect.

Bill: Okay? Not life changing, but…

Adrian: Yeah, you know.

Bill: Don’t know what to expect, but it was okay. Was it comfortable for you?

Adrian: Yeah.

Bill: Okay, easy for you to just talk about this stuff?

Adrian: Sure, it does.

Bill: How about you, Pam?

Pamela: Same.

Bill: It was okay? Yeah?

Pamela: Feel the same, yeah. Interesting though.

Bill: Yeah, interesting, huh? You know, you talked more than I thought you would have, given what your folks said about you. Did that surprise you? Or is that about the amount you usually talk, or…?

Pamela: Sometimes yes, sometimes no.
Bill: Because I was afraid that some of the questions I was going to be asking were going to be, I’m putting pressure on you. I’m putting you on the spot, or whatever. And you didn’t seem to react too much like that to me. So that was pretty comfortable, the questions I asked and the way that we talked here?

Pamela: Yeah.

Bill: Okay. You seemed pretty comfortable with it. All right, good. How about you, Judy?

Judy: Oh, it felt comfortable here. It was getting somebody else’s opinion out of the family.

Bill: Yeah, outside is nice to get—

Judy: Which I think is great.

Bill:—a different view of things.

Judy: A different view of the way things are. Pam does communicate with other people real well.

Bill: Uh-huh.

Judy: If we’re in a crowd or out someplace, or with relatives, or something, she does speak out.

Bill: Sometimes she’s just…

Judy: Yeah, she does talk, yeah.

Bill: Mm-hmm.

Judy: But you know, and I says, “There she is, talking away.”

Bill: Not at home.

Judy: But we can’t get her to say anything at home.

Bill: Yeah, not at home.

Judy: But no, I think the…

Bill: Yeah, well, I think you can. People develop these habits, so that may be one of the things that these little changes can start to lead you into different habits.

Bertolino Commentary: The therapist offers encouragement that things
can be different at home. And by describing what has been happening at home as “habit” it allows room for change.

Judy: Yeah. But getting your view of things and seeing our view, and is good help.

Bill: Is this the first time you’ve participated in anything like this too?

Judy: Yes.

Bill: Yeah? All three of you. Well, that was very courageous of you to come and to do that, because you don’t know me. It’s an unknown situation. You don’t know what’s going to happen.

Bertolino Commentary: The therapist compliments the family, which hopefully will further encourage them.

Adrian: We were hoping for some type of solution.

Bill: Well, I think that you’re moving towards that, and I think you can continue on. There are folks here that will be willing to do that. And if you’ll be on your best behavior every time you know you got an appointment, what the heck, we’re making one for you every week. That’ll be great.

Judy: Mm-hmm.

Adrian: Every week?

Bill: No, every week, once a month, once you get it down, once a month.

Adrian: I’m trying.

Judy: Well, she has gone before to what…a psychiatrist?

Bill: Yeah, right, but it’s the first time the three of you…

Adrian: Group therapy, you know.

Judy: Bu, yeah. Well, it was… No, one-on-one.

Pamela: One-on-one.

Judy: One-on-one. But the thing was, we never found out what went on. I mean, naturally we…

Bill: So it didn’t really make that much of a difference for you.
Judy: So it didn’t make…and we didn’t see any changes there.
Bill: No big changes at home, yeah.
Judy: I mean, she was…
Adrian: No changes.
Bill: No changes.
Judy: She was what? Seventeen, eighteen, twenty-one or something like that?
Bill: Yeah, it was a while ago.
Judy: It was quite a while ago.
Bill: Well, I think this kind of thing could be helpful—just to get together, come to a meeting of the minds, get another point of view about things and get some things talked about between the three of you and maybe start shifting those habits that you’ve developed as a family. I think that’d be nice. I recommend it.
Judy: That’s what we’d like.
Adrian: Maybe we get Pamela to start talking to us a little bit, huh?
Bill: Maybe. She’ll say no first, though.
Adrian: That’s fine. But that’s saying something.
Bill: But that’s going to be… I think that’s great.
Judy: Yeah.
Bill: Okay.
Adrian: Rather than run around.
Bill: So let’s stop this at this point, and I really appreciate you all coming in. Thank you.
Judy: Well, thank you for your time.
Adrian: Thank you.
Bill: Yeah, all right.
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