

Instructor's Resource Manual
for

INTERVIEWING
FOR
SOLUTIONS

Third Edition

(test bank omitted here; available from publisher Thomson Brooks/Cole
with adoption of *Interviewing for Solutions* for classroom use)

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Introduction

Welcome to the exciting task of teaching learners how to build solutions with clients! The two of us were drawn to the fields of practice and teaching because we wanted to make a difference in the lives of our clients and learners. We believe that you share the same commitment. This commitment, even though it is essential and helpful, does not remove the daunting challenge which accompanies preparing the next generation of practitioners. Interviewing clients effectively is an art in itself, especially when the practitioners are committed to building solutions with clients that reflect what clients--not practitioners--want. Teaching these skills is no less an art. Therefore, we have prepared the exercises and activities described in this manual. We have found them useful in encouraging our learners to transform their motivation for the field into ever more effective interviewing skills. We hope that they will allow you and your learners, as well, to co-create those teachable moments that are so important to professional development.

This manual is designed to accompany the third edition of our book, *Interviewing for Solutions*. We have also developed a DVD with guided exercises that learners can complete at the book's companion website (www.thomsonedu.com/social_work/dejong). This learning package has been carefully organized to reflect the conceptual content, activities, and sequencing of material that we have found most useful in promoting learning in our courses and workshops.

GOALS

- To effectively teach the interviewing skills described in *Interviewing for Solutions*.
- To engage learners in discussion of the issues related to using these skills in professional practice.

These goals encompass more specific learning objectives. Learning objectives for each chapter in the text are identified in this manual.

OUR APPROACH

Believing is seeing.
Doing is knowing.

Between the two of us, we have taught practice courses and conducted workshops on solution-focused interviewing for many years. Those learning the skills have told us repeatedly that learning them well requires "learning how to think differently" when working with clients. We are not surprised to hear this because, as we explained in Chapters 1 and 2 of *Interviewing for Solutions*, we believe that solution building involves a paradigm shift. It is a shift away from seeing ourselves as "problem-solvers" who ask questions from a mindset which views clients as in need of our expert assessments and

interventions to viewing ourselves as “conversational artists” who ask solution-focused questions from a “not knowing” posture. This posture views clients as competent to figure out what it is they want to have different in their lives and how to go about making that happen.

Teaching in a way which invites learners to make this shift is a challenge. Learners can sooner distinguish the conceptual difference between problem solving and solution building than effectively conduct solution-focused interviews. They learn quickly how to ask miracle, exception, and coping questions, but find it more challenging to sustain conversations which help clients to expand their answers. When they become “stuck” in formulating the next solution-focused question, their tendency is to go back to something more familiar, asking problem-focused questions. Returning to past patterns is common because clients often do not respond initially to solution-focused questions with solution talk; instead, they fall silent, or say “I don’t know,” or give a problem-focused answer.

Experience has taught us that discovery-based learning is essential to making the shift to this new way of thinking about clients and interviewing. Consequently, in our classroom and workshop teaching, we have come to rely increasingly on observational and experiential activities, while keeping conceptual introductions to a minimum. (We prefer to assign reading before learners meet as a class because the reading further reduces the need for conceptual introductions.) Once learners have participated in a learning activity or observed a demonstration of an interview on the DVD or in class, they are motivated to raise and discuss important questions about clients and interviewing.

The contents of this manual reflect our belief about the need to teach for discovery-based learning. The manual includes several resources: classroom exercises with related discussion questions, information about individual exercises and the DVD produced to accompany the third edition of our learning package, role-play scenarios for practicing interviewing skills, and sample test items. These resources are organized according to the chapters in *Interviewing for Solutions*. Below, we have given more details about these resources.

INSTRUCTIONAL RESOURCES

Class Exercises

Each chapter begins with a section containing ideas for how to teach the content of the corresponding chapter in the text. Frequently, we suggest you begin with an exercise which is intended to be conducted with your class as a group. These exercises require learners to put the ideas and skills described in the text into practice. In addition, here we include questions to be used for discussion after the exercises are completed. We have found that learners raise certain questions consistently. We include our suggestions for how to respond to these. Our suggestions are motivated by the conviction that there are

many ways in which instructors can reinforce learning by modeling a solution-focused approach with learners in discussions.

At times, we suggest that you give a mini-lecture which reviews key points from a chapter in the text. When we do this, we also suggest related discussion questions for learners to work with as a group.

Although we have conducted each of these exercises at one time or another, we do not necessarily recommend that you do all of them with each group of learners. Select those which best fit your objectives and time frame.

Learners should read the appropriate chapter in the text before doing the class exercises.

The DVD and Individual Exercises

Learners have told us that viewing demonstrations of interviews are very helpful in learning the interviewing skills. Consequently, there is a DVD that accompanies this third edition of our materials that includes 22 clips from six different interviews along with brief teaching comments by ourselves. The clips are sequenced according to the presentation of skills and types of solution-building conversations presented in the book. While these 22 clips were originally shot for the second edition, they have now been rendered into DVD format with a set of guided exercises built into the DVD. Consequently, the DVD offers clips in two formats. The first is a section of “Uninterrupted Clips” in which all 22 clips are available for viewing straight through. We suggest that specific clips be assigned along with related reading in the book as a way of first introducing learners to various solution-focused skills.

The second format is a set of “Guided Exercises” which learners can use on an individual basis to improve their skills outside of a class or workshop setting once they have a beginning familiarity with the skills. In this section of the DVD, learners work more intensively with selected clips from the original 22 clips. The guided exercises involve inviting the learner into the recorded interviews through a set of pre-programmed stops and requests for their interviewing questions and responses. More specifically, for a given clip, the recorded interview plays part way until the client has shared some information and then the DVD automatically pauses with instructions to the learner to write out what she or he would have responded and asked next were the learner the interviewer. Once the learner has decided on a response, the learner resumes the clip and listens to what the interviewer on the clip responded and asked. The clip then pauses again and instructs the learner to compare and write down which response and next question – the learner’s or the interviewer’s on the clip – was more useful from a solution-focused point of view. These guided exercises require learners to listen, absorb client perceptions and language, and formulate responses and next questions “in the moment” much as they would in actual interviews. The requests for comparisons between their responses and next questions and those of the interviewers

on the clips encourage the type of solution-focused thinking required of practitioners who wish to build solutions with clients. Learners can record their responses to the DVD's guided exercises at the companion website for *Interviewing for Solutions* (www.thomsonedu.com/social_work/dejong) and e-mail them to the instructor. Or, if preferred, learners can record their answers on a sheet of paper and then submit them to the instructor.

The guided exercises are designed to accompany specific chapters in the book and to be completed after reading given chapters and before doing related role-plays.

Role-Play Exercises

Learning the interviewing skills and becoming persuaded of their usefulness requires practicing them. As with other skills, believing is seeing and doing is knowing. In our experience, the most effective way in which to help learners develop the skills is to structure opportunities for them to practice. In this manual, we provide the instructional resources for accomplishing this purpose. Throughout the manual there are instructions for assigning role-play exercises to learners so that they can practice the skills in realistic interviewing situations. Several role-plays are offered for chapters in the text which introduce new skills. As you will see, the role-plays have a cumulative character; as learners move from practicing with one set to the next, they use skills learned previously plus the additional skills that the next set is intended to teach. In order to facilitate your use of the scenarios, we next describe how we think they can be used most productively.

Structuring interviewing practice

We know of three ways in which to do this. The first is to create laboratory sessions to go along with a lecture/discussion session. Peter De Jong teaches interviewing skills using this format. He teaches a one-semester course in interviewing in which students meet one hour per week for a lecture/discussion session and two hours twice per week in laboratory sessions. He uses the lecture/discussion session to do class exercises, raise questions for discussion, and give brief quizzes on assigned reading. The lab sessions are devoted to practicing the skills using the role-play scenarios. Students alternate playing clients and acting as interviewers. The interviews are taped through a one-way mirror (the mirror is useful but not essential). After each role-play, the tape is played back so that students and the lab instructor can give the interviewer feedback about the usefulness of the interview. While all the students in the course meet together for the lecture/discussion session, this larger group is divided into lab groups of 5 to 7 students who meet with a lab instructor and lab assistant. The lab assistants are students who previously took the course and showed the ability to give useful feedback to interviewers. The lab instructors are Peter, program graduates, or advanced students who have previously acted as lab assistants. (The use of graduates and students as instructors and lab assistants is consistent with the strengths-based philosophy of the program in which Peter teaches and

builds a sense of ownership and loyalty to the program among students. Students who act in these capacities also say it further sharpens their interviewing skills.)

A second way to structure practice sessions is to assign the scenarios to students for completion outside of class. The instructor assigns students to learning pairs or practice groups of 3 or 4 students. As in the lab format, students alternate playing clients and being the interviewer. An advantage of a small group over pairs is that those not interviewing can act as observers and additional sources of post-interview feedback; the additional students also make it possible to practice interviewing in situations involving pairs of clients such as couples, friends, and co-workers, and those involving families. Students can tape their interviews and feedback sessions. These can be submitted periodically to the class instructor so that each student's interviewing progress can be monitored. More experienced students can assist the instructor in reviewing the tapes.

There are variations which fall between these first two formats. For example, a program may have an interviewing lab with taping equipment that learning pairs or groups sign-up to use at their convenience. In this case, there are no lab instructors available to students or their availability is limited to a few sessions per term as the budget allows. Or, one student who has previously taken the course may be assigned as a mentor to each practice group which meets outside of class.

A third way to structure practicing the skills is to use class time to do interviews using the scenarios. Here, the instructor puts learners into pairs or small groups, assigns them their parts as interviewer, client, or observer, and gives necessary instructions. These instructions include time limits for interviewing and giving feedback to interviewers. Learners then break out into adjacent rooms for practice or spread out as much as possible in the space available. Once an interview and feedback to interviewers is completed, the whole group can reconvene for large group discussion of the practice session. Thereafter, the instructor can introduce another scenario with learners assigned alternate parts (of interviewer, interviewee, and observer) so all get an opportunity to participate in the different activities. This third format is especially useful when one is teaching a course or workshop in large blocks of time.

Guidelines for giving feedback to interviewers

Once a practice interview is completed, the focus in a lab or learning group should shift to giving feedback to the interviewer. We believe that the relationship between observers and the interviewer should be guided by the same assumptions as that between a solution-focused interviewer and a client. Just like clients, lab interviewers should be assumed to be competent to promote their own learning. In our experience, their learning is best promoted when observers focus mainly on their successes or what they did in the interview that was useful, and only secondarily on what they did that was not helpful. When interviewers or observers wish to discuss something which seemed like a "mistake,"

the group should turn to the person who played the client and asks what could have been done instead. The group may also collectively brainstorm what else could have been done in the interview to make it even more effective.

We think it is important to emphasize that all feedback given should be specific and concrete. For example, it is not very useful to an interviewer for an observer to say: "You did a good job with goal formulation." It is more useful to say: "Asking the client, 'what do you want different by the end of our meeting today?' seemed useful because she was given the chance to say she wanted to find a way 'not to criticize her son.'" As another example, do not say: "You gave the client great compliments." Say instead: "When you asked the client, 'what do your children notice that tells them that you love them?' she brightened up and was able to tell you about the times she reads books to them and takes them to the park."

Because practice is important for discovery-based learning to occur, Peter's grading system reflects this reality. Fifty percent of the final grade he assigns in his course is based on a grade for lab performance, while 30% is based on quizzes on the text and 20% on a 6-8 page paper in which learners reflect on the interviewing process and evaluate their development as interviewers.

A Note on Instructor Preparation

We assume that if you are teaching a course or conducting workshops about interviewing skills, you probably have had first-hand experience in interviewing clients. As with any set of skills, ones interviewing skills can get rusty through disuse which, in turn, can erode enthusiasm and capacity for teaching them. Therefore, we are great believers in instructors continuing to see clients and practicing the skills they teach. There are several ways to do this. One is to maintain a part-time practice. Another is to volunteer at an agency in your community. Peter has discovered that doing workshops in the community also leads to interviewing opportunities. Besides sometimes seeing agency clients during workshops, he also gets invited to see clients jointly with agency personnel as a follow-up to workshops. He also gets some practice when he acts as a lab instructor; he puts himself in the interviewing rotation right along with his students.

Sample Test Questions

We offer true or false and multiple choice items for each chapter. Peter has structured these into his teaching by assigning learners given chapters of the text for the dates on which he plans to do the class activities for those chapters. He gives a brief quiz at the beginning of the class hour as a way to ensure that students have done the assigned reading. We also offer essay questions. The questions are included in Appendix B at the end of this manual.

Chapters 1 & 2: From Problem Solving to Solution Building: Solution Building: The Basics

Teaching Tip: These two chapters are brief and can be taught as a unit.

LEARNING OBJECTIVES

1. To recognize the difference between problem-solving and solution-building interviewing questions.
2. To recognize the implicit assumptions of problem solving and solution building regarding how best to help clients.
3. To understand the origins of the problem-solving model.
4. To understand the way in which solution-focused interviewing procedures were developed.
5. To understand the stages of solution building and how they differ from those of problem solving.

CLASS EXERCISES

Exercise #1: Assumptions

Purpose: To explore the assumptions behind problem-focused and solution-focused questions.

Time: 30 minutes

Directions:

Ask for two volunteers to read the dialogues from Chapters 1 and 2 in the text in front of the class. At least one must be a woman.

1. Instruct other learners to listen carefully to the interviewer's questions and ask themselves:
What assumptions about clients are these questions based on?
What assumptions about "how to be helpful" stand behind these questions?
2. Instruct them to write down their observations.
3. Volunteers read the dialogue between Rosie and students from Chapter 1.

4. Class discussion. Ask the class for their observations about the two sets of assumptions. (They will likely make several similar observations to those given in Chapter 1.)
5. Have volunteers read the dialogue from Chapter 2; the other learners write down their observations.
6. Class discussion. Once the students have made their observations about the assumptions behind solution-focused questions, ask the volunteer who read Rosie's part:
 - What was it like to be asked problem-focused questions?*
 - Did you feel like the interviewer was following you?*
 - Was Rosie gaining insight into her own problems?*
 - What was it like to be asked solution-focused questions?*
 - Did you feel like the interviewer was following you?*
 - Was Rosie gaining insight into her own problems?*
 Then ask the volunteer who read the students' and Cheryl's parts:
 - Was there any difference for you in asking problem-focused and solution-focused questions?*
 - When did you feel like you were connecting with Rosie?*

Tip: In the discussions associated with this exercise and those that follow, the primary goal is for learners to express their observations and the instructor to help learners clarify and expand these in a solution-focused manner. As an instructor, you should refrain from altering or evaluating learners' observations. From time to time, you may wish to offer observations of your own, but do so sparingly.

Exercise #2: Problem Talk versus Solution Talk

Purpose: To explore the differences between problem-focused and solution-focused interviewing. (Source of this exercise is Steve de Shazer, Brief Family Therapy Center, Milwaukee, WI)

Time: 40 minutes

Directions:

1. Have learners number off 1, 2, and 3. Make these assignments: 1s are clients, 2s are interviewers, and 3s are observers.
2. For 10 minutes, 1 tells 2 about something that was a problem for him or her this past week. 2's task is to get as much detail as possible about the problem so that 2 can make an assessment of how serious the problem is.

3. For the next 10 minutes, 1 tells 2 about something that went well this past week. 2's task is to get as much detail as possible about what went well and how it happened, that is, who did what to make the good event happen.
4. 3s' task is to observe the two interactions and write down what is different between the two interactions.
5. Begin the exercise. Give 2-minute warnings at 8 minutes for each part.

Reconvene the class for discussion.

Ask the observers:

What similarities and differences did you observe between the two conversations?

What did you hear or see that told you that?

Ask clients:

What was it like to be asked the problem-assessment questions?

What was it like to be asked about something which went well?

Which types of questions were easier to answer? Which were more difficult?

Did your reaction to the interviewer vary based on types of questions asked?

Ask interviewers:

What was it like to ask problem-assessment questions?

What was it like to ask about something which went well?

Did you notice anything different about the client depending on the questions asked?

INDIVIDUAL EXERCISES

There are no role-plays designed to accompany these chapters. However, there are two individual exercises that you can assign to learners to complete outside of class which begin to get learners observing and interviewing. They are designed to reinforce the strengths-based assumption that people bring resources to problems and new challenges in their lives.

Below and throughout this manual, the purpose and directions for learners for each individual exercise are given. You can reproduce these in hard copy and distribute them to learners as you deem useful. Alternately, some of the individual exercises could be done in class if you prefer.

Exercise #3: Strengths-focused Interviews

Purpose: To begin practicing asking about strengths.

Directions to Learners: Find two people and interview them individually. Ask each about how she or he has solved problems in the past. Get as many details as you can about any inner strengths and outer resources each used to solve or reduce their problems. Write down your findings below.

Individual # 1:

Inner Strengths:

Outer Resources:

Individual # 2:

Inner Strengths:

Outer Resources:

Exercise #4: Interviewing a Classmate for Strengths

Purpose: To practice asking about strengths.

Directions to Learners: Pair up with someone else in your class and set a time to meet outside class. Each of you is to ask the other about what he or she has done in the past, or inherited, or learned from books and others, or figured out for himself or herself that will make him or her a good interviewer. Each of you should get a copy of those strengths about yourself that your interviewer has uncovered and written down. At the end of the course, you can return to your lists with your partner and talk about which strengths indeed proved useful and what new interviewing strengths you developed through the course.

Potential Strengths as an Interviewer:

Chapter 3: Skills for Not Knowing

LEARNING OBJECTIVES

For learners:

1. To understand the posture of “not knowing.”
2. To identify, understand, and increase proficiency in the use of several basic interviewing skills.
3. To understand how basic interviewing skills are used in solution-focused interviewing.

CLASS EXERCISES

Assign and quiz learners on Chapter 3 before doing these class exercises. Also assign viewing Clip 1 from the DVD (uninterrupted format) as a demonstration of several of the interviewing skills discussed in Chapter 3. Although this manual is developed on the assumption that learners can view demonstrations on the DVD on their own, we recommend that you also show Clip 1 in class and lead learners through an observation exercise and discussion (Exercise 5) so that they have clearer idea of what to look for when observing later clips.

Exercise #5: In-class Observation of DVD Clip

Purpose: To observe the interviewing skills that are foundational to the posture of “not knowing.”

Time: 45 minutes

Directions:

1. Tell learners that you are going to play Clip 1 (6 minutes) which demonstrates interviewing skills that are foundational to the posture of not knowing. Before playing the clip, give them contextual information: agency setting, interviewer’s title and role, how the client came to the interviewer, and what the interviewer knew about the client before the interview began. This contextual information should be similar in type and extent to the information which interviewers will receive later in their own role-play practice sessions.

- Instruct learners to write down everything that the interviewer does that is useful and anything else that could have been done to be even more helpful. Then play the 6-minute clip pausing every 2 minutes for discussion. At each pause, ask the learners:

What did the interviewer do that was useful?

Tip: Work from the participants' observations about useful skills. Make a point of identifying, clarifying, and asking for examples of the skills for not knowing discussed in the text. Allow learners lots of opportunities for their observations. Ask: "What else?" "What else did you notice?" Ask the additional questions given below because they put the learners' focus on those skills most important for establishing a not-knowing posture with clients.

Who and what are important to this client?

What are the key words of the client?

What did the interviewer do to pick up on/explore these words?

What did the client do in response?

What did the interviewer do to make sure that she understood the client? (Note the frequent use of paraphrasing, summarizing, and complimenting of strengths and successes.)

What else did the interviewer do to explore the client's frame of reference?

What was the client's response to the interviewer?

What seemed helpful in producing trust between client and interviewer?

What did the interviewer do to stay focused on understanding what the client might want?

Exercise #6: Rule of Summary

Purpose: To develop the capacity for non-evaluative listening. (Source: Carl Rogers, *On Becoming a Person*, Houghton Mifflin, 1961, pp. 329-337.)

Time: 30 minutes

Directions:

- Before class, prepare a list of two or three statements on which learners are likely to hold a diversity of opinion--the stronger the differences the better. Examples: "The practice of physician-assisted suicide is immoral and should be a criminal act." "Parents should have the right to strike their children if there is a good reason." "A

woman should not be allowed to return to a physically abusive husband, even if she wants to." "Women should not be allowed to use abortion as a birth control method." "The drinking age should be lowered to 18 years old." Write your chosen topics on the board.

2. Tell learners to pair off for this exercise. Indicate that it works best when each member of a pair disagrees about a topic chosen for discussion but , barring that, to pick a topic that they feel strongly about. (If there is an odd number, you can participate or one learning group can have 3 participants.)
3. Instruct learners:
 - a. Carry on a discussion of your topic following this rule: One person begins (1s) and states his or her view. The other (2s) listens, not interrupting or saying anything at all. When the first person finishes, the other must briefly restate the ideas and feelings of the first person to his or her satisfaction before going on and stating his or her own view. After the second person speaks, the first restates the ideas and feelings of the second person to her or his satisfaction before proceeding, and so forth.
 - b. Carry on the discussion for 10 minutes, always proceeding according to the rule. (Give a 2-minute warning before stopping the interaction.)
4. Discussion. Raise the following questions:

Were you able to follow the rule? Was it difficult? If so, explain.

What did you notice that happens to the interaction when you proceed according to this rule?

What did you notice happening to your strongly-held views?

5. Learners often make these observations:
 - a. The rule forces one to listen more carefully.
 - b. It often prompts one to revise ones own views by achieving the frame of reference of the other.
 - c. "Emotionality" or "intensity" in the discussion lessens--because participants experience "being heard."
 - d. Differences in views which remain are less pronounced and more rational.

In summary, the rule blocks the natural tendency *to evaluate* the views of the others and, therefore, produces better communication.

Tip: Using this exercise is important because by doing it learners quickly realize the value of summarizing and paraphrasing. These are the first skills which they need to begin conducting practice interviews outside of class and those which they can draw on when they “get stuck.” As beginning interviewers quickly learn: “When in doubt about what to do next--summarize.”

INDIVIDUAL EXERCISES

(May be reproduced and distributed to learners in hard copy.)

Exercise #7: Noticing Useful Skills

Purpose: To pick out and reflect on the skills that are useful in solution building.

Directions to Learners: Read over the dialogue printed below and complete the tasks described after the dialogue. In this dialogue, the client is a 19 year old woman whose two children are in foster care and who has left an abusive man.

Your tasks: First, in the space left after each statement by the interviewer, write in the name of the skill or skills that the interviewer used. Use the terms for the skills identified in Chapter 3 and list as many skills as you can for each statement by the interviewer.

Interviewer: Okay. And did I hear you correctly that you got out of that relationship?

Client: Yes I did.

Interviewer: Wow! I wonder how you did that.

Client: It was hard to do but...

Interviewer: I'm sure that it wasn't easy.

Client: No it wasn't.

Interviewer: So how did you do it?

Client: I just stayed away.

Interviewer: You just stayed away from him? That's all?

Client: Uh-huh.

Interviewer: He didn't want to end the relationship?

Client: No, and I got a restraining order put on him.

Interviewer: You did? Was it helpful?

Client: For a while it was, but he just kept coming back.

Interviewer: So, he didn't want to break up?

Client: Right.

Interviewer: But you knew this was best for you?

Client: Right. He was threatening me, threatening to kill me and ...

Interviewer: Wow.

Client: And every time he sees me he jumped on me.

Interviewer: He jumped on you, right. Even after you broke up?

Client: Right.

Interviewer: So that's when most women sort of become weak and they take him back. How come you didn't?

Client: A couple of times I did because I was scared [of him]. And the more I kept going back to him it got worse and worse. And then he ended up hurting my son.

Interviewer: Oh! Is that what did it?

Client: That's what caused me to get my kids taken.

Interviewer: Right, I see. So, your children have been taken away because of what happened with him.

Client: Right.

Interviewer: So, how...was that helpful to break up with him or was it not helpful to break up with him?

Client: (in a stronger voice) Yeah, it was helpful. Because I feel that another man don't have no right putting his hand on nobody else's child.

Interviewer: Right.

Client: And that child, you know, I feel that if that child didn't do nothing to him he ain't got no business putting his hand on him.

Interviewer: Wow. You are very clear about that?

Client: Yes. He broke my baby's leg!

Interviewer: Uh-huh. Right. But some women, even though he did that, some women either got scared of him or, you know, somehow think that he's gonna change so they would take him back.

Client: No. My kids come first, though.

Interviewer: For you?

Client: Right... My kids come first...

Interviewer: Really?

Client: ...and I shouldn't have to keep taking that abuse. And my kids don't have to take it.

Interviewer: How did you know this? That your kids "didn't have to take it" and you shouldn't "have to take it?" How did you know this?

Client: Because if I had stayed with him it would have ended up worse than what it was. Either me or my kids would have been somewhere dead or...
Interviewer: Wow.

Client: It wasn't worth it.

Interviewer: Really? So, I mean, you knew it, you were very clear about this -- that this is not worth it? No man is worth it.

Client: Right, it wasn't. You know it wasn't worth it -- beat up, walking around with black eyes and my kids screaming and hollering, seeing their mother be beat on -- it wasn't worth it.

Your tasks (continued): Next, go back over what the interviewer said again, what types of questions does the interviewer tend to use? Why these, do you think?

Which types of questions does the interviewer not use? Why not, do you think?

Do you think this was a useful dialogue for the client? If so, what tells you that?

Assuming you think this was a useful dialogue, what did the client do to help make it so?

Exercise #8: Getting Details about Possibilities

Purpose: To practice formulating questions to get details about hopeful possibilities.

Directions to Learners: Statements from two different clients are given below. For each statement formulate six to eight possible follow-up questions which would begin to get details about any hints of possibility in what the client is saying. Remember to use "Wh and How questions" and to incorporate the client's key words.

The first client speaks of her struggle with drugs:

And it's like what am I really gonna do? You know, and I think that the first time I realized I had to make a change was when I stopped doing drugs and I was still going to the tavern and around other people and I realized that if I didn't stop doing that I was going to end up back getting high. So once I changed that and stopped going to the tavern and started going back to the Heavy Hitters (treatment program), everything started to change. You know, like they tell you, "it's a process." Everything is not going to happen at once, like I had thought. You know it is not all going to happen at once and I found out it is a lot of pain to change.

My questions:

The second client is a foster mother talking about one of her foster children. This client's talk is more challenging in which to find hints of possibility, but do your best to find any such hints and then formulate questions for details about them.

Sometimes, like last week, for a while he can be more cooperative, but um, he, likes to play the Ninja stuff, you know that Power Ranger, you know kicking and hitting. He watched that apparently at his mom's a lot and he brought that over here. We don't allow any of that and so just the other day it was on a commercial of a video that I bought, or rented, and as soon as he saw it, started seeing that, I saw him up there. He took, picked up a stick and swung it like this and then he puts a stance where his arms are apart and his legs are apart and his whole body shakes like he was gonna be taking them all on. (laugh) You know, so I think that's very aggressive stuff that he watched and still holds onto a lot of that. He can't have any stick. I had to take the sword away from the Bible Man because as soon as he gets something in his hands, that becomes, he becomes that type of person. So um, even the cape, you know. He's getting better with the cape, but I mean, anytime he wants to watch the Bible Man now I say, "Nope, you're not watching that!" cuz it just starts it all up again.

He can be ... , but it's almost like he's accepting us then when he's not around his parents for a while And like the last time he started calling us mom and dad, not directly to our face, but he'll say like, "Where's Mom?" and, "I'm going with Dad," or something like that. And then the last time he saw his parents he says, "I call my mom 'Mom.' I don't call you 'Mom.'" I said, "That's okay." So it just, there's always the, I think he's betraying his mom if he likes us too much or you know, that's what I

feel, that um, he thinks that he's not doing good for his mom if he gets too close to us, I guess. I don't know.

My questions:

Exercise #9: Listen, Absorb, and Formulate

Purpose: To practice solution-building listening and the formulation of solution-focused responses and questions.

Directions to Learners: Often those new to solution-focused interviewing find it challenging to listen in a solution-building way because they tend to listen for and think about the client's problems in order to assess how serious the problems are. In solution building, on the other hand, instead of first of all listening for and absorbing problem information as the client speaks, the interviewer attempts to absorb information related to the building blocks of solutions: who and what are important to the client, what the client might want, details of a miracle picture, exceptions, strengths, and resources. Once heard and absorbed, this information is used to formulate the next question so that, in solution building, we say the next question is formulated from the client's last answer instead of from the interviewer's (expert) frame of reference.

To begin your practice of the type of listening, absorbing, and formulating used in solution building, go to the "Guided Exercises" section of the DVD and click on Clip 1. You will soon notice that there are automatic stops built into the clip. The clip will stop first after Melissa has told Kristin a bit about her concern and an instruction will appear asking you to write out what your response and (or) next question to Melissa would be were you doing the interview. After you write out your response and next question, you can click "resume playback" and the DVD will play the response and next question of the interviewer (Kristin). The DVD will then automatically stop and another instruction will appear asking you to write out a comparison of your response and next question to Kristin's focusing on which you think is more useful in a solution-focused way. Make this comparison in three or four sentences. You can then resume playback and the DVD will automatically stop again after Melissa has said more about her situation and the same instruction will appear asking for your response and (or) next question. Once you resume and hear Kristin's response you again will be asked to write a comparison. The guided exercise will proceed similarly to the end of the clip making approximately 5 such pairs of stops. To complete the exercise, you can go to

the companion website and open a window to write out your responses and next questions along with the comparisons and then e-mail them to your instructor, or your instructor may request that you write them out in hard copy and hand them in.

In completing this exercise as you listen to Melissa, we suggest you listen for and even jot down her key words for who and what are important to her and what she might want. When the DVD stops you can then incorporate these words into your paraphrases, compliments, and next questions. As this process of listening, absorbing, and formulating responses and next questions is the heart of solution-focused interviewing, completing this exercise for each new interviewing situation introduced in the book will be valuable practice in preparation for your own interviews. As you will see, there are several clips on the DVD that have been rendered into this guided-exercise format.

Note to Instructors: We think "Listen, Absorb, and Formulate" is effective even when learners have previously viewed the clip they are working with; in fact, they may want to return to given clips several times if they are having difficulties with certain interviewing situations.

ROLE-PLAY EXERCISES

Begin assigning the role-play exercises (hereafter designated RPs) for practice sessions. RPs 1--12 are scenarios involving clients in voluntary situations; that is, clients who have chosen to see a practitioner. They are intended to be assigned first and assigned as soon as learners have read Chapter 3 of the text and completed the related class and individual exercises. They can continue to be assigned as learners read Chapter 4. In doing these RPs, learners are to practice the skills described in Chapter 3. Each should act as the interviewer in 2 or 3 of these scenarios.

Frequently, learners are anxious about beginning to practice interviewing skills. However, they are motivated to learn because they recognize the importance and usefulness of these skills for professional effectiveness. It is important for them to begin practicing a few skills and build from there. In these first scenarios with clients who have chosen to see a practitioner, we instruct learners:

- 1) to listen for and get details about who and what are important to the client,
- 2) to notice and explore the client's key words for what is important to him or her,
- 3) to summarize and paraphrase frequently,
- 4) to compliment client strengths and successes, and

- 5) to end the interview with an attempt to paraphrase what the client seems to want different and offer to meet again with him or her to work more on that (the offer to meet again is hypothetical as there is not a follow-up interview to these interviews with clients in voluntary situations). These interviews last from 5 -12 minutes.

The lower numbered RPs in this set involves concerns more familiar to 18-25 year-old learners. If that is the age range of those you are instructing, consider assigning lower-numbered RPs first. In our experience, learners develop confidence more quickly when they begin interviewing around concerns more familiar to them.

Because this is the point at which you first assign role-plays, it will be necessary to explain their structure, the structure of out-of-class practice sessions, and the guidelines for processing practice interviews. You can do this yourself in class or, if you have labs with instructors, much of it can be left to lab instructors.

The Structure of the Role-plays

Explain that RPs have the following parts:

1. **Agency:** the setting for the interview, for example, a counseling center, a hospital, a school, etc.
2. **Interviewer:** type of practitioner and the practitioner's role
3. **Client:** indicates how the client got to the practitioner, for example, self referred, referred by a friend, mandated by the courts, and so forth; also indicates what the practitioner knows about the client at the point of their first session
4. **Role-play Development:** Contains information about the client's concerns, current circumstances, family and significant others, possible goals, emotions, and attitude at the time of the interview.

[You can produce multiple copies of role-play developments for distribution to role-players, or you (or lab instructors) can brief role-players about their contents as necessary. Peter prefers briefing role-players over distributing this information because briefing saves paper and minimizes the role-play developments getting into circulation among all learners. Briefing can be done in lab before each interview, or during or at the end of the class period preceding given role-plays. Regardless of which way you choose to do it, *the contents of the role-play developments are shared only with those who are to play given roles, not with interviewers or observers.*]

(There are several sources for the RPs. Many come from the internship experiences of previous students. Peter asks graduating seniors to submit scenarios before leaving the program. Some come from the students of Professor Bert Thomas, an emeritus

professor of social work from Michigan State University and former professor of Peter's. Others are based on cases seen at BFTC by Insoo and her colleagues. In all cases, names and identifying information have been altered to protect the confidentiality of real clients.)

Structure of Practice Sessions

Explain that, whether done in labs or independent learning pairs or groups, practice sessions have the same structure. The session begins with an interview. (Those learners playing roles for a given session are either briefed on the RP developments by their lab instructors or by yourself in class.) After each interview, feedback is given to the interviewer about what the interviewer did that was useful (called "keeps" by Peter's students) and what else could have been done or done differently ("workons"). The first person to give feedback should be the person playing the client. Thereafter, other learners can offer their feedback as observers. If the role-play has been taped, the tape can be played and anyone present may ask for the tape to be paused at any point and raise a question or offer additional feedback. The interviewer writes down a list of keeps and workons which can be reviewed before the next time she or he does an interview. This list can be used to chart progress in interviewing skills over the term and incorporated into any writing assigned to learners about their development as professional interviewers.

The focus of post-interview processing is giving feedback to the interviewer about his or her effectiveness. Frequently, however, learners raise questions about the agency context represented in different role-plays. They may ask about agency procedures or what the law requires. If you use a lab format with your learners, lab instructors can handle most of these questions. If you use a format of independent learning pairs or groups in or outside of class, set aside some class time to discuss any such questions which might arise out of the practice sessions. Or, because you know which RPs will be done during upcoming practice sessions, you can brief interviewers about agency context before their interviews.

Guidelines for Processing

Explain to learners that feedback which will be useful to interviewers has some important characteristics. First, it is descriptive rather than evaluative. It is more useful to an interviewer to say "you gave several compliments to the client about the different ways she demonstrates caring for her children," than to say "you are a really nice person when you interview." Second, useful feedback is specific, not general. It is useful to observe: "your summary noting how important getting a job was to the client seemed to help the client turn toward goal formulation." It is less useful to say, "you give useful summaries." Third, as explained earlier, useful feedback focuses more on what the interviewer did that was useful and less on what the interviewer did wrong. You might wish to explain other characteristics of useful feedback; however, we have found that mentioning these three is sufficient.

Explain to learners that when they observe others interviewing and role-playing, they should listen carefully and write down record feedback observations which they can express later once the interview is completed.

Tip: Learners appreciate having a list of the skills on which they will be evaluated and for which they are observing when others interview. These are included on a form included in Appendix C containing Solution-Building Tools. Peter uses this form (called Interviewer Skills Rating Form) to give a mid- and end-of-semester evaluation to each learner. Although learners beginning their practice interviewing should focus mainly on the few critical skills described earlier, they will make use of additional skills. For the first set of role-play exercises we have been describing, learners will begin making use of the first 30 skills on the form.

The same appendix contains the tools: Helpful Language Skills, Question Lead-Ins, and Complimenting. As learners progress through their practice sessions, remind them to review these frequently.

Chapter 4: Getting Started: How to Pay Attention to What the Client Wants

Tip: You may wish to teach this chapter and the next as a unit because they both focus on co-constructing with clients what they want different.

LEARNING OBJECTIVES

For learners:

1. To become familiar with the interviewing activities in the beginning stages of the solution-building process.
2. To understand how interviewers explore clients' problems and what clients have tried in order to solve them.
3. To understand how interviewers can help clients make the transition from problem talk to exploring what clients want different in their lives.
4. To understand the types of different interviewing situations encountered when working with clients on what they might want.
5. To understand alternative ways of responding to clients depending on what they want and whether they see themselves as part of a solution.
6. To understand that client motivation and cooperation is based on clients and practitioners co-constructing common definitions of problems and solutions.

CLASS EXERCISES

Exercise #10: Generating Problem-Free Talk

Purpose: To increase the capacity to respond to client concerns in ways that generates problem-free talk. (Source: Peter Dreghorn, Effective Learning Advisor at the Crichton University Campus, Glasgow and Paisley University, Dumfries, Scotland)

Directions: Divide learners into groups of 5 by numbering off 1 through 5. 1's are clients, 2's through 4's are interviewers and 5's are observers. 1's talk about a problem, complaining about how miserable it makes life, how no one cares, and how hard he or she has tried with no useful results. 1's are encouraged to exaggerate their concerns and emotions. Interviewers take turns (one response to the client per turn), attempting to reframe the problem talk into its solution building implications, egs. "So you wish things were different between you and ..." "So what's important to you is . . ." "So what you would like to see happen is ..." Observers pay attention for those interviewer

statements that are most useful for inviting and stimulating solution talk by the client. Have learners work at this for 15 minutes or until the client agrees on small steps to take forward. If clients agree on small steps, have them summarize these to the interviewers and conclude the interaction by instructing each interviewer and the observer to take turns and give one compliment each to the client.

Discussion:

Ask observers:

What did you notice that was useful for stimulating solution talk?

Ask clients:

What was your experience? Did you feel listened to?

As interviewers:

What did you learn?

Exercise #11: Assumptions About Clients in Involuntary Situations

Purpose: To explore the assumptions behind problem-focused and solution- building approaches to working with clients in involuntary situations. (Source: Karen Westbrooks, Department of Educational Leadership, Western Kentucky University)

Time: 30 minutes

Directions:

Ask for two volunteers to read dialogues from the text in front of the class.

1. Instruct other learners to observe carefully what is going on between the client and practitioner.
2. Instruct volunteers to read the dialogue between the social worker and Beth from Chapter 4 in its entirety. Then have them read it again, this time calling "time outs" periodically and asking for the observations of the class? Ask:

What is the social worker trying to accomplish?

What is Beth's reaction?

Ask the "social worker":

What is like for you to interview this way?

Do you feel like you are connecting with Beth? What tells you that?

Ask "Beth":

Do you feel like the interviewer is following you?

Is Beth gaining insight into her own solutions?

Ask the class:

What assumptions does the social worker seem to be making about her client?

How does Beth react to these assumptions? Are they useful assumptions?

3. Next, instruct volunteers to read the dialogue between Insoo and Beth from Chapter 4 in its entirety. Then have them read the dialogue again, stopping the dialogue periodically for discussion. Ask parallel questions to those you asked about the previous dialogue.

Tip: The discussion in Exercise #11 will likely revolve around issues of client cooperation and motivation to change. Remind learners that solution building is based on many years of first-hand observation of client-worker interactions in which many of the clients were seeing a practitioner involuntarily. Those observations indicate that the most useful way for an interviewer to build a cooperative, working relationship with clients is to focus on co-constructing what clients want different. In this important respect, interviewing clients who have chosen to see a practitioner and those who have been pressured to is the same.

Learners may bring up questions about client resistance in this discussion. In preparation, you may find it useful to read S. de Shazer's article, "The Death of Resistance," which is referenced in the text.

Exercise #12: The Family Heirloom

Purpose: To explore what motivates people to build a cooperative working relationship.

Time: 25 minutes

Instructions:

1. Ask for a volunteer. Tell the volunteer that he is Mr./Ms. Smith who is a prominent member of the community and has a valuable heirloom valued at \$350,000. Hold up a water glass or better yet bring something which is antique-looking and hold it up for all to see. Indicate that this rare heirloom has been handed down for several

generations in Mr. Smith's family and it is very important to Mr. Smith. Recently, the local newspaper did a story on the Smith family--its rich heritage and contributions to the community--and included a picture of the heirloom and gave its estimated value. Many charity organizations (egs. arts council, YMCA summer camp for handicapped children, local homeless shelter, hospice) who need money because of budget cuts by their funding sources noticed the story. One at a time, representatives of these organizations come to visit Mr. Smith to persuade him to donate the heirloom to the visitor's charity.

2. Tell the class that they are the representatives of these charity organizations. Anyone can volunteer. Volunteers can try various approaches to persuading Mr. Smith to make the donation. Allow the group to experiment with different approaches. Periodically take a timeout asking Mr. Smith to scale how close he is to making the donation. Unpack the scale numbers.
3. When Mr. Smith agrees to make the donation stop the exercise.

Ask Mr. Smith:

Of all the different agencies, how come you decided to donate to ___?

How was this person different than the others?

What did the agency representative do that was most helpful in your decision to agree to give up the heirloom?

Ask everyone:

What does this exercise tell us about people and what motivates them to cooperate?

What are the implications of this exercise for working with clients, especially clients seeing a practitioner involuntarily?

4. Connect the findings from the exercise to the topic of client motivation. If learners have not already made the connections, point out that when we interview clients pressured or mandated to see us, we are asking for something (client information and participation) which clients are reluctant to give up. Paying attention to what is important to clients in their situations and what they might want different is the first step in their becoming motivated to make changes. Clients' motivation, then, is not fixed; its level can change based on how interviewers interact with them.

INDIVIDUAL EXERCISE

No new exercises. However, one possibility is to assign learners to each find a partner from class and do Exercise #10 outside of class. The two of them can alternate between being the complaining client and the interviewer who reframes the concerns into solution-building talk.

Chapter 5: How to Amplify What Clients Want: The “Miracle Question”

Tip: Assign watching Clip 2 on the DVD (uninterrupted format) as a demonstration of asking the miracle question. Instruct learners to keep a list of what they observe that is useful and what they think could have been done differently. Have learners view the clip and read Chapter 5 before doing the class exercises.

LEARNING OBJECTIVES

For learners:

1. To understand the characteristics of well-formed goals.
2. To increase proficiency in the use of skills for co-constructing well-formed goals in voluntary and involuntary interviewing situations.

CLASS EXERCISES

Exercise #13: The Miracle Question

Purpose: To introduce a useful question for helping clients amplify what they want different. (Source of this exercise is Clay Graybeal, Professor of Social Work, University of New England, Biddeford, ME)

Time: 25 minutes

Instructions:

1. Have learners number off into 1s and 2s. Make these assignments: 1s are clients and 2s are interviewers.
2. For 5 minutes, the 1s tell the 2s about something that has been a problem for them in the recent past. 2s task is to listen and ask for details about the problem.
3. Instruct learners to stop when 5 minutes have elapsed. Then you state that you have a question that you are going to ask of all the 1s with regard to their problem. Ask the miracle question, directing it to the 1s.

Tip: This is good opportunity to model how to ask the miracle question. Be sure to ask it deliberately and dramatically so that the 1s can process their experiences through its various parts.

4. Instruct the 2s to listen to the 1s describe what things will be like after the miracle happens. Tell them to ask as many questions as they can to get details about the miracle. Allow 5 to 7 minutes.
5. Discussion.

Ask the 1s:

What happened for you when you were asked the miracle question?

What else?

Ask everyone:

What else happens when the miracle question is introduced into the conversation?

Exercise #14: Presence vs. Absence

Purpose: To illustrate one of the characteristics of well-formed goals. (Source of this exercise is Steve de Shazer, Brief Family Therapy Center, Milwaukee, WI)

Time: 10 minutes

Directions:

1. Instruct learners to put down their pencils, close their eyes, take a deep breath, hold it for 5 seconds, and then slowly let it out and relax. Repeat once more, instructing them to take another deep breath, hold it, slowly let it out, and relax even more.
2. Continue with: "With your eyes still closed, focus your power of mental concentration on the chair on which you are sitting and *imagine that it is not there.*" Tell them with deliberate pacing and a confident tone: "The chair is not there." "You do not feel the pressure of your body against the chair." "It is not there." "Work at it." "Keep it away." "Do not let it return." After 2 minutes of this have them "stop."
3. Next, instruct them to keep their eyes closed and to take a deep breath, hold it, and release it, thereby clearing their minds and relaxing once again. This time say: "Imagine that the chair you are sitting in is a fine, luxurious, richly textured, amazingly comfortable, leather chair." Say deliberately: "Allow yourself to experience how comfortable the chair is." "Feel how soft and supportive it is."

"Experience how your body becomes more and more comfortable as you sit in this chair." "Relax." "Enjoy."

4. Ask them to "stop" and open their eyes. When their attention has returned to you, ask: "Which of these is easier for you to do?" Most will say the second is.

Indicate that it is the same with clients; well formed goals are the presence of . . . , not the absence of Therefore, when interviewing clients and hearing them say that what they want is "not to be depressed" or "not to fight with their kids" or "not to drink," interviewers must get accustomed to asking: "So, when that's not happening anymore, what will be there instead?" "What else?"

Exercise #15: Connections

Purpose: To encourage careful listening and staying within the client's frame of reference. To practice key skills in the not-knowing posture including that of formulating the next question from the client's previous answer. To practice getting a useful answer to the miracle question.

Time: 45 minutes

Directions:

1. Have participants number off 1 through 5. In each group of 5, 1's are the clients; 2's, 3's, and 4's are the interviewers; and 5's the observers. Clients can role-play a client or talk about something which has been a problem for them in the recent past. Observers pay attention for what questions get asked that are useful. Interviewers take turns asking one question at a time. Their questions must be related to the client's previous answer and incorporate the client's key words. Instruct interviewers to spend about 5-10 minutes working up to the miracle question and 15 to 20 minutes co-constructing the miracle picture.

Tip: Consider projecting an overhead slide (or distribute a handout) containing the miracle question and some sample, useful follow-up questions which participants can consult during the conversation. You can use the tools in the Appendix (Goal-Formulation Protocol and Questions for Developing Well-Formed Goals) as a source for the sample questions. Such an aid can speed the process of introducing learners to the questions and increase their sense of competency. However, if you use such an aid, be sure not to overwhelm the participants with too many questions. Emphasize that in their miracle-question conversation, the critical skill is to formulate the next question from the client's last answer.

2. Next, instruct the interviewers and the observer to each give one compliment to the client.
3. Discussion.

Ask the observers:

What did you notice that was useful? What else?

(Consider asking one observer at a time and then moving on to the next observer; do the same with clients and interviewers.)

Ask the clients:

What did you notice?

Did it feel like you had three interviewers or one?

Ask the interviewers:

What did you learn?

What did your clients do that helped you to conduct an effective interview? What else?

INDIVIDUAL EXERCISE

Exercise #16: Listen, Absorb, and Formulate

Purpose: To practice solution-building listening and formulating solution-focused, follow-up questions to the miracle question.

Directions to Learners: This is the same exercise as one you completed earlier using Clip 1 in the Guided Exercises section of the DVD. To complete this exercise, again go to the Guided Exercises section of the DVD and this time select Clip 2 where Kristin asks Melissa the miracle question. Play the clip noting Melissa's key words for what will be different after the miracle happens. When the DVD automatically stops after Melissa has talked a bit about her miracle picture, write down your response and (or) next question as instructed at the companion website. Resume playback and listen to what Kristen responded to Melissa and asked next. When the DVD stops, write out your statement of comparison in 3 or 4 sentences that indicates whether you think your response and next question was more or less useful from a solution-focused point of view than that of Kristen. Continue on this way through the clip.

Note: the most frustrating and difficult cases to both practitioners and clients are those in which the goals are not clear. If goals are not becoming clear, ask: "How will you

know when the problem is solved?" "How do you know that this problem can be solved?" "What do you want to have different?" "What else?" "What else?"

Tip: Have learners e-mail you their answers to this exercise so you can check over how carefully and well they are completing it. Their responses will give you a good idea of how well they are learning the co-construction process.

ROLE-PLAY EXERCISES

Once learners each have completed two role-plays which involve practicing basic skills and getting started with clients in voluntary situations, they can move on to practicing goal formulation skills. Below, we describe a strategy for practicing goal-formulation with clients seeing a practitioner voluntarily and doing a follow-up session. Although Chapter 4 introduced some basic ideas for working with clients in involuntary situations, we suggest that you wait to have your learners do role-plays involving involuntary situations until after they have read Chapter 9 which expands on Chapter 4.

Past learners have told us it is very different to be asked solution-focused questions about something which is real to them than to ask the questions as an interviewer. When asked the questions, they say: "The questions really made me think about my situation." When asking the questions, they say: "At first they seem awkward because I'm not used to asking them." In order for learners to experience being interviewed in a solution-building way, we recommend that they begin goal formulation interviews around a "personal concern." A personal concern is something which is real to the learner playing the client but not something which is highly charged. Commonly chosen concerns are issues with roommates, co-workers, employers, or significant others. Another advantage of using this strategy to teach goal formulation is that participants can do a follow-up interview with their learning partners later in the term.

Goal formulation interviews are the most difficult for those new to solution building. Consequently, we have prepared a Goal Formulation Protocol as a guide for interviewers. Copies of this protocol are in the appendix of Solution-Building Tools in this manual. The protocol may be reproduced as necessary. The appendix also contains a copy of another tool, Questions for Developing Well-Formed Goals. This second tool reduces much of the content of Chapter 5 in the text to key interviewing questions and tips. Learners can review this tool before interviewing and use it to read the miracle question in their interviews until they learn it accurately. Notice that the Goal Formulation Protocol is not limited to goal formulation work. Beginning with the flip side of the protocol, "Moving toward a Solution," it anticipates later stages of solution building by raising questions about clients moving from possibilities to reality and structuring an ending into the protocol. These elements have been included in the protocol to give some sense of closure

to these interviews and to set the stage for later follow-up interviews which incorporate skills discussed in later chapters of the text.

Instructions for Goal-Formulation Interviews:

1. Tell learners that they each must think of a personal concern which they can be interviewed about. Give some examples of such concerns. Indicate that each of them will be paired with another learner two times. In the first set of pairs, one member will be the interviewer and the other the client who tells about a personal concern. In the second set, interviewer and client roles are reversed but with different persons.
2. Distribute hard copies of the Goal Formulation Protocol from Appendix C of this manual to learners. Indicate that when they are interviewers they are to complete each part of the protocol. The interviewer may write notes on the protocol as the interview progresses--the best notes are the client's key words and phrases. Instruct everyone to listen carefully as you review the parts of this protocol as everyone will get an opportunity to act as an interviewer.
3. Carefully review the parts of the protocol and give these instructions to interviewers:

Re: "ROLE CLARIFICATION": Introduce yourselves, indicate your role (for this exercise, "I'm here to listen and see if I can be of use.") Instruct them to interview for 25-30 minutes and then take a 10 minute break to formulate some feedback for the client.

Re: "PROBLEM DESCRIPTION": Follow the questions on the protocol. Limit problem description to 6-8 minutes. Make sure that you figure out *how the problem described is a problem for the client*. (Often clients describe their problem as something which someone else is doing that makes them uncomfortable, angry, depressed, etc. When that happens, interviewers should ask: "So when _____ does that, how does that create a problem for you?" Doing this brings the focus back on the client and paves the way for goal formulation work.)

Re: "What have you tried?" Listen for strengths and successes here, even small ones. Then compliment and ask clients to amplify. Perhaps you can compliment clients for "thinking hard about their problems," "making efforts," "for "caring about others--their children, partners, neighbors," etc.

Re: "GOAL FORMULATION": Ask the questions as they are laid out on the protocol. With the miracle question, read it slowly and with expression exactly as its given on the crib sheet, Questions for Developing Well-Formed Goals.

Re: "MOVING TOWARD A SOLUTION": Ask the questions as written. Get details from clients by following up on their words and building the next question from the client's last answer.

Re: "ENDING": Take a break and, out of the presence of the client, formulate some feedback for the client. Write down the feedback. Give compliments (using the information you received during the interview) and a suggestion (see options on the protocol). Deliver the feedback slowly and carefully observing the client's reactions.

Ask if there are questions about the protocol or how to use it? Remind learners to use and follow the protocol throughout the interview and to read all parts of the miracle question when they ask it.

4. Indicate that after the interview is completed, including the feedback given to the client, learners should process the interview. As always, the processing should begin with the observations of the client about what the interviewer did that was useful and what else could have been done. Remind learners to be specific and descriptive in their feedback, always pointing to what happened or was said that leads them to make the observations they do. Interviewers should write down their keeps and workons so they have a record of these.

Tell learners that once the processing around the interviewer's work is completed they should focus on the client's reactions by discussing what it was like to be asked solution-focused questions: Were they helpful? How so? Were they easy to answer? Did it feel like the interviewer was listening? And so forth.

5. Indicate that interviewers will do a follow-up interview in 1 to 2 weeks with their clients to find out what is going better.
6. Indicate that interviews around personal concerns will not be taped so as to maintain confidentiality of the client's concerns. (If you or learners wish to tape, you could consider having the clients sign a consent to tape agreement and make it clear that the tape will be erased immediately after the processing of the interview is completed.)

Tip: If you use the strategy of teaching goal formulation around personal concerns, it is best to have learners do a follow-up interview using a protocol which we have prepared for that purpose. The follow-up interview gives some sense of closure to the experience and offers learners a preview of concepts and procedures that they will study in Chapters 6-8 in the text. Assign the follow-up interviews before moving on to the scenarios for goal-formulation practice with clients in involuntary situations.

Instructions for Follow-up Interviews:

1. Distribute hard copies of the Protocol for Follow-Up Sessions from Appendix C of this manual to learners. Briefly explain each part of the protocol. Give some special attention to explaining the “What’s better?” beginning. Tell learners that the idea is to explore for anything that might be better and to get as many details as possible about those things and how they happened--especially if the client might have had some hand in making the better things happen. Go over the 1-10 scaling of progress and the ending. Then ask if there are any questions. (Usually there are very few because the protocol makes sense given what interviewers have done in the goal-formulation interview.) Indicate that the content of this protocol incorporates in brief some interviewing skills that will be addressed in more detail later in the text. Or, you can assign Chapter 8 before they get to the follow-up interviews.
2. Remind learners that follow-up interviews require that they work with the same learning partners that they practiced goal formulation with. (You might want to have the second group of pairs do their interviews first just for the sake of variety. This especially makes sense if you are using a lab format because that way the same learners do not always go first but periodically have a chance to observe others before doing their interviews.)
3. Remind learners to process for keeps and workons after completing their interviews. They should keep a record of these for later reference.

Tip: Should you prefer to use role-plays instead of personal concerns, you can write your own, or have students compose some, or take unused scenarios from the earlier set in this manual about voluntary situations and add some hypothetical goal-formulation information to their role-play developments.

Chapter 6: Exploring for Exceptions: Building on Client Strengths and Successes

Tip: Assign watching Clip 3 on the DVD (uninterrupted format) as a demonstration of asking for client successes related to the client's goals. Instruct learners to keep a list of what they observe that is useful and what they think could have been done differently. Have learners view the clip and read Chapter 6 before doing the class exercises.

LEARNING OBJECTIVES

For learners:

1. To understand the concepts of random exceptions, deliberate exceptions, and their relationship to clients' strengths and successes.
2. To increase proficiency in the use of skills for punctuating, exploring, and complimenting client exceptions.
3. To understand the nature of scaling questions and their many applications.
4. To increase proficiency in asking scaling questions.
5. To understand the inter-relationships of clients' goals, random and deliberate exceptions, pre-session change, confidence, and motivation in the process of co-constructing solutions (i.e. building toward a "difference that makes a difference" for clients).

CLASS EXERCISES

Exercise #17: Amplifying Exceptions and Complimenting

Purpose: To practice the co-construction of client successes and strengths. (Source: Evan George, Chris Iveson, & Harvey Ratner, *Brief Therapy Practice*, London, England)

Time: 45 minutes

Directions:

1. Instruct learners to form groups of 4 . Have each group form a circle with the person with the shiniest shoes (or largest feet) acting as the client and the person directly opposite as the interviewer. Instruct the clients to think of something which was a recent success with another person (a family member, friend, or co-worker). A success here means something they did which they believe was useful

or worthwhile. The exercise has several parts and further directions are given with each part.

2. **Part 1:** The interviewer's job is to *get details about the success*, that is, what the person did (tell interviewers to try lots of questions; there is no way you can damage this client!). The other two persons are observers. Instruct them that their job is to pay attention for and write down: 1) the strengths and resources of the person presenting the success, and 2) questions that the interviewer asks that are useful. Allow 7 minutes.
3. **Part 2:** Change interviewers to the person to the left of the first interviewer. Instruct the new interviewers to get *details about the useful qualities* of the client; that is, what it is about the client that contributed to the success and what the client did to make it happen. She or he also is to ask about the *history of these qualities*, that is, how long the client has had them and in what other past successes they have played a role. The two observers continue to record strengths and resources, and useful questions. Allow 7 minutes.
4. **Part 3:** Change interviewers to the person opposite the second interviewer. The new interviewers are to ask questions to *amplify the useful quality (ies)*, asking about what it is about this quality that is so helpful. They should also ask the client to suppose that the quality played a bigger role in his or her life, what difference that would make and with whom. Observers continue paying attention for the same things as before. Allow 7 minutes.
5. **Part 4:** Instruct observers/interviewers to talk to each other about the strengths and resources of the person presenting the success that they observed with the clients listening. Allow 4 minutes.
6. **Part 5:** Instruct each of the interviewers/observers to give a compliment. The compliment must be genuine in that it is based on information gained through the interview, and it must be unconditional so that the client leaves the exercise "on fire" to do more of the same.
7. Discussion.

Ask the observers:

What did you notice that was useful? What else? (Consider asking one observer at a time and then moving on to the next observer; do the same with clients and interviewers.)

What did you see that told you that _____ was useful?

Ask the clients:

What did you notice?

Did you feel listened to?

Ask the interviewers:

What did you learn?

What did your clients do that helped you to conduct an effective interview? What else?

INDIVIDUAL EXERCISE

Exercise #18: Listen, Absorb, and Formulate

Purpose: To practice solution-building listening and formulating solution-focused questions related to moving toward a solution and getting details about exceptions.

Directions to Learners: To complete this exercise go to the Guided Exercises section of the DVD and select Clip 3 where Kristin asks Melissa about what it will take to make a part of the miracle happen. As you listen to Melissa jot down her key words. Follow the directions on the DVD each time it automatically stops. Write out your responses and (or) next questions, and your statements of comparison at the companion website.

ROLE-PLAY EXERCISES

Completing the role-play exercises described for Chapters 4 and 5 takes considerable time. If you assign them as suggested, each learner will do 2 interviews: a goal formulation around a personal concern and a follow-up with the same client. Continue these role-plays while having students read Chapters 6 and 7 in the text and doing the class exercises associated with those chapters. Learners will get an opportunity to practice exception questioning in their follow-up interviews and with the RPs designed for Chapter 8.

Chapter 7: Formulating Feedback for Clients

LEARNING OBJECTIVES

For learners:

1. To understand that the purpose of end-of-session feedback to clients which is enhancing the solutions they are building.
2. To understand the structural components of feedback to clients.
3. To understand how information obtained during a solution-building interview is used to form end-of-session feedback, including the bottom line of compliments only, compliments and an observational suggestion, and compliments and a behavioral suggestion.
4. To become familiar with common messages used in end-of-session feedback.
5. To increase proficiency in forming and delivering feedback to clients.

Tip: The most difficult part of end-of-session feedback for learners to decide on in a case is the bottom line of compliments and no suggestions, an observational suggestion, or a behavioral suggestion. That decision is based on whether, at the point when the practitioner takes a break in the interview to formulate feedback, clients want something, whether goals are well-formed, whether there are exceptions, and whether exceptions are deliberate or random. Since it has been some time since learners read about this topic in Chapter 3, you may wish to revisit it at this point. You can do so by conducting the class discussion described in Exercise #19. The discussion is a good introduction to the activities of Exercise #20.

CLASS EXERCISE

Exercise #19: Discussion of Resistance and what Clients Might Want

Purpose: To review the thinking which leads to the bottom line in end-of-session feedback to clients.

Time: 15 minutes

Directions:

1. Invite learners to discuss the concept of client resistance. Ask:

Do you think clients resist making needed changes?

Can you give me examples of client resistance?

What causes it?

What can practitioners do about it?

Who is mainly responsible for it?

Learners often have lots to say about this, so stay "not knowing," asking them for examples of resistance and what practitioners can do about it.

2. Then ask:

What is the view of resistance in solution-building work?

Expect learners to recall from Chapter 3 (Beth's case) that apparent resistance signals that the interviewer and client have not yet joined around co-constructing what the client wants differently; that is, they have not yet found a way to cooperate. Consider returning to Beth's case. Ask:

At first, when meeting with the social worker, would you say that Beth was resisting?

What did Insoo do to respond differently?

What happened to their relationship?

3. Point out that in formulating the bottom line in feedback (just as in interviewing), the practitioner should not confront or challenge clients' perceptions. Instead, the practitioner should reflect on whether a client wants something, how well-formed goals are, whether there are exceptions or not, and whether exceptions are deliberate or random. Indicate that in some circumstances compliments only are given, in others compliments and an observational suggestion are offered, and in still others compliments and a behavioral suggestion. Read an example of each from the tool called Common Messages which is printed in the appendices of the text and this manual.

INDIVIDUAL EXERCISE

Exercise #20: Forming End-of-Session Feedback for Melissa

Purpose: To practice the skills necessary to develop solution-building feedback for clients.

Directions to Learners: Now that you have worked through Clips 1-3 of the video carefully, use the feedback guidelines printed in Chapter 7 to formulate compliments, bridge, and a suggestion for Melissa. (Note: You may wish to go back to the DVD and watch Clips 1-3 again in their uninterrupted format before formulating the feedback.) Write all three components of the feedback below just as if you were speaking to Melissa. Incorporate Melissa's words into your feedback, especially her words for what she wants different and her successes so far. Also give your reasoning for the feedback using the ideas discussed in Chapter 7. Then compare your reasoning to that of Kristin and Peter's by playing Clip 4 from the "Uninterrupted Clips" section of the DVD. After that, compare your feedback to theirs by playing Clip 5. What's different between the two messages, what's the same?

Your feedback for Melissa:

Compliments:

Bridge:

Suggestion:

Your reasoning:

What's different? What's the same?

Write out the three parts of your message and your comparison to Kristin's feedback at the companion website. You can then e-mail these to your instructor.

Tip: This is a good point to do two other things with your learners. First, review the Summary Guidelines in Chapter 7 for formulating and delivering feedback to clients. Indicate that they should try to follow these guidelines as they practice finishing their role-play interviews with feedback to clients. Second, review the Protocol for Formulating Feedback to Clients and the tool Common Messages with learners. These tools are included in the text and this manual. Reinforce that the messages are organized according to various possibilities around whether clients want something, have well-formed goals, have exceptions, and whether exceptions are deliberate or random. By now, from their reading and their interviewing practice, learners should have a beginning understanding of these points. Indicate that they can incorporate their increased knowledge of how to formulate end-of-session feedback into their practice sessions.

ROLE-PLAY EXERCISES

Learners continue the goal-formulation and follow-up interviews with clients in voluntary situations.

Chapter 8: Later Sessions: Finding, Amplifying, and Measuring Client Progress

Tip: Assign watching Clips 6 and 7 on the DVD (uninterrupted format) as a demonstration of EARS. Instruct learners to keep a list of what they observe that is useful and what they think could have been done differently. Have learners view the clips and read Chapter 8 before doing the class exercises.

LEARNING OBJECTIVES

For learners:

1. To understand the purpose of all later solution-building sessions with clients.
2. To practice the use of skills indicated by the acronym EARS.
3. To understand how to use solution-building skills to respond to clients who say nothing is better and who have experienced setbacks or relapses.

CLASS EXERCISE

Exercise #21: Connections: Practicing EARS

Purpose: To encourage careful listening and staying within the client's frames of reference. To practice key skills in the not-knowing posture which include formulating the next question from the client's previous answer. To practice getting useful answers in a "what's-better?" conversation.

Time: 45 minutes

Directions:

1. Have participants number off 1 through 5. In each group of 5, 1's are the clients; 2's, 3's, and 4's are the interviewers; and 5's the observers. Clients can role-play a client or talk about something they have been working on in their own lives; it is okay for clients to have made progress or to have experienced a relapse. Observers pay attention for what questions get asked that are useful. Interviewers take turns asking one question at a time, their questions must be related to the client's previous answer and incorporate the client's key words. Spend 20 minutes co-constructing what is better by doing each component of EARS.

Tip: Consider whether it might be useful to prepare an overhead slide or handout containing sample questions for this conversation and make it available to participants. To prepare the sample questions, you can consult the tools in the Appendix (Protocol for Follow-up Sessions and Exception-Finding Questions). Be sure not to overwhelm participants with too many questions, and to emphasize the importance of connecting the next question to the client's last answer and to get details about anything that is better.

2. Next, instruct the interviewers and the observer to each give one compliment to the client.
3. Discussion.

Ask the observers:

What did you notice that was useful? What else? (Consider asking one observer at a time and then moving on to the next observer; do the same with clients and interviewers.)

Ask the clients:

What did you notice?

Did it feel like you had three interviewers or one?

Did you feel listened to?

Ask the interviewers:

What did you learn?

What did your clients do that helped you to conduct an effective interview? What else?

INDIVIDUAL EXERCISES

Exercise #22: Listen, Absorb, and Formulate: EARS

Purpose: To practice EARS.

Directions to Learners: To complete this exercise go to the Guided Exercises section of the DVD and select Clip 6 where Kristin asks Melissa about "what's better?" As you listen to Melissa jot down her key words. Follow the directions on the DVD each time it automatically stops. Write out your responses and (or) next questions, and your statements of comparison at the companion website and e-mail them to your instructor.

Exercise #23: Listen, Absorb, and Formulate: Scaling Progress

Purpose: To practice scaling progress.

Directions to Learners: This time play Clip 7 from the Guide Exercises section of the DVD. Listen and absorb what Melissa says and follow directions on the DVD each time it automatically stops. Formulate a useful response and (or) follow-up question for more details about her progress and next steps. Write out these along with your statements of comparison at the companion website and e-mail them to your instructor.

Exercise #24: Forming End-of-Session Feedback for Melissa (second session)

Purpose: To practice the skills necessary to develop solution-building feedback for clients.

Directions to Learners: Using the guidelines and ideas from Chapters 7 and 8, formulate compliments, bridge, and a suggestion for Melissa based on the information from Kristin's second/later session with Melissa (Uninterrupted Clips 6 & 7) and incorporating Melissa's words for what she wants and her progress so far. Write out the three parts of your message at the companion website just as if you were giving the feedback to Melissa and then compare your feedback to Kristin's which is printed at the website. You can then e-mail your end-of-session feedback and statement of comparison to your instructor.

Tip: After learners have read this chapter, they frequently begin raising questions about solution building and termination. Indicate that the same scaling question used to measure progress can be used to get the clients' perceptions about what will have to be in place before termination of services can occur. This procedure, discussed in Chapter 8 of the text, again makes clients the expert on their own situations and reinforces the process of constructing well-formed goals.

ROLE-PLAY EXERCISES

RPs 13-18 are designed to give learners an opportunity to practice doing EARS, as well as practicing what to do with clients when nothing is better. Each of these role-plays involves a situation wherein the client is returning for a second session. In these role-plays, learners get practice using exception, scaling, and coping questions, as well as practice in formulating end-of-session feedback.

Learners can use either the Protocol for Follow-up Sessions or the Protocol for Later Sessions to conduct these interviews. As with our other protocols, these are intended to function as "training wheels" which structure the interview so that learners get the experience of asking (and being asked when they play clients) solution-focused questions

in a meaningful sequence. Review the protocol you decide to use with the learners and make the role-play assignments. Expect to have learners tell you that these interviews are fun to do and easier to conduct than the goal-formulation interviews.

(Note: If your learners have done the follow-up interviews to the goal formulation interviews, you might decide it is not necessary for them to do these role-plays.)

Chapter 9: Interviewing Clients in Involuntary Situations: Children, Dyads, and the Mandated

Tip: By this point, learner's have read about and practiced all the basic skills and types of solution focused conversations. This chapter extends their application to three interviewing situations where they will encounter clients seeing a practitioner under involuntary circumstances. Make choices about which class and individual exercises to do; there are several to choose from and it is doubtful that you will be able to do them all.

Assign watching Uninterrupted Clips 15, 13, and 8 on the DVD as demonstrations of getting started with a child, dyad, and a client mandated into services. Instruct learners to keep a list of what they observe that is useful and what they think could have been done differently. Have learners view the clips and read Chapter 9 before doing the class exercises. We have included three class exercises (Exercises 25--27) involving the learners together paying attention for "what's useful" in getting started in an involuntary situation because past learners have told us this sort of situation is especially challenging and observing and brainstorming as a group is useful to them.

LEARNING OBJECTIVES

For learners:

1. To understand the application of solution building to clients pressured and/or legally mandated to see a practitioner.
2. To practice using solution-building skills with clients in involuntary situations.

CLASS EXERCISES

Exercise #25: In-class DVD Observation

Purpose: To observe "what's useful" in getting started with a client seeing a practitioner involuntarily.

Time: 45 minutes

Directions:

1. Tell learners that you are going to play Uninterrupted Clip 8 (4 minutes) and part of Uninterrupted Clip 9 (4 minutes) which demonstrate interviewing skills useful for getting started in an involuntary situation. Before playing the DVD, give contextual information: agency setting, interviewer's title and role, how the client came to the interviewer, and what the interviewer knew about the client before the interview began. This contextual information should be similar in

type and extent to the information which interviewers will receive later in their own practice sessions with clients who are in involuntary situations.

2. Instruct learners to jot down everything that the interviewer (Peter) does that is useful and anything else that could have been done to be even more helpful. Then play the clips pausing every 2 minutes or so for discussion. At each pause, ask the learners:

What did the interviewer do that was useful?

Tip: By this time in their development, expect learners to have all sorts of observations. Allow plenty of opportunity for their observations. Ask: "What else?" "What else did you notice?" Ask the additional questions given below because they put the learners' focus on those skills most important for establishing a not-knowing posture with clients in involuntary situations.

Who and what are important to this client (Tim)?

What are the key words of the client?

What did the interviewer do to pick up on/explore these words?

What did the client do in response?

What did the interviewer do to make sure that he was understanding the client? (Note the frequent use of role clarification, getting the client's understandings, paraphrasing, summarizing, relationship questions, complimenting of strengths and successes, etc)

What else did the interviewer do to explore client's frame of reference?

What were the client's reactions to the interviewer?

What seemed helpful in producing trust between client and interviewer?

What did the interviewer do to stay focused on understanding what the client might want?

Exercise #26: Interviewing a Dyad

Purpose: To collectively explore what's useful in conjoint interviewing.

Time: 50 minutes

Directions:

1. Appoint three observers and divide the rest of the class into two groups. Tell one group that they will collectively play a child and the other a parent in an interview involving a parent and child. You will be the interviewer. The observers will pay attention for what is done that is useful and serve as a resource to brainstorm what might be useful to ask next when you take periodic "timeouts." Ask the class to define the concerns of the parent, attitude and concerns of the child about being there, interview setting, and so forth. Record these on the board or overhead so they are visible reminders to the groups as they collectively play the roles. You begin the interview modeling the way to get started with a dyad. We suggest you begin with the child and focus on what the child is good at. Then balance this out with some attention to the parent and work toward what each might want.
2. Every five minutes or so call a "time out" and process how the interview is going for the child and the parent. Ask your observers for their observations and what they suggest might be useful to ask next. Proceed this way for 30 minutes.
3. Take a short break and meet with your observers and formulate feedback and then deliver it to the parent and child.
4. Discussion. Ask questions to process what was done that was useful. Ask for input from the perspective of the child, the parent, and the outside observers. Be sure to share your point of view as the interviewer.

Exercise #27: Responding to "Attitude" and Hostility with the Language of Change

Purpose: To practice what is useful with a client who starts out with "an attitude."

Time: 50 minutes

Directions:

1. Divide learners into 6 groups. Each group takes a section of the dialogue printed below (make and distribute copies to learners) which is from a transcript between a foster care worker and a client (Mary) whose 2 children have been removed from her care because of neglect. The responses of the worker have been removed. Each

group is to assume that they collectively are the worker and formulate some useful questions based on the ideas and guidelines for interviewing clients in involuntary situations presented in Chapter 9 of the book. Give the groups 15 minutes to formulate questions.

2. After each group formulates its questions, one member of the class can play Mary and a representative of each group can try its questions out on Mary. Have Mary and the group representative read the appropriate section of dialogue and then continue on with the group representative asking questions and Mary responding in role. See where the conversation goes. When they are finished have Mary remain and let the next group representative ask questions. Everyone not role-playing observes for what is useful. Time for this part is about 20 minutes.
3. Discussion. Have everyone share their observations about what seems to have been most useful in dealing with Mary's skepticism about the "system" and services. Be sure to ask the person playing Mary about what made the most difference to her.

USING THE LANGUAGE OF CHANGE

Case Information: The following is a transcript of a dialogue between a foster care worker and a client (Mary) whose 2 children have been removed from her care because of neglect. Mary's 12 year-old son had been picked up by the police breaking windows at midnight and when they brought him home Mary was not there. Protective Services removed both her children and placed them in foster care.

In the dialogue, the responses of the worker have been removed. *Assuming you were the worker, how might you respond?* Fill in the spaces for the worker with solution-focused responses and questions.

Group 1

W: The court assigned me to come and see you. I tried to call you and couldn't reach you, so I came out to your home. Do you have time to talk now, or do you want me to come back another time?

M: Oh, there's no good time. Come in now. Did you bring any police with you or anything, or any protective service workers?

W: No. No I didn't. Just me. And all I'm here to talk about is what you might care to do with this situation. So, I'm not here representing the police. I'm here as a foster care worker.

M: I've had a million workers already; I've had a million of them. You're just another one. I've had so many social workers. I've played all your games. My kids have been in foster care before. I've played all games. I'm not going to play all those petty little ol' kiss-my-butt games anymore. I've had it. I've just had it.

W: Uh-huh.

(Insert your solution-focused responses and questions)

Group 2

M: I don't think there is anything you can do anyway. They always say, "Oh your problem is Ms. Monroe this and it's that." What are you going to do? Do you think that's going to change me? Just sitting here and talking? What can you do? Nobody else has been able to do anything. Do you think you can do something different? I don't think so.

W: Uh huh.

(Insert solution-focused responses and questions)

Group 3

M: The system has ruined my life. This protective services worker. She came in here and she took my kids away. She took away my livelihood. They say I have to have an apartment. I have to have food. How can I do that? They took away my ADC. I don't have a Medicaid card. I can't get any help with my back. I owe money to the hospital. I can't go back to the doctors because I owe money. I can't, I don't have a Medicaid card. What am I supposed to do? Ruined my life! It just ruined my life. The system always ruins everybody's life.

W: (Insert solution-focused responses and questions)

Group 4

M: What I need, I need money. They tell me I have to get a new apartment, but take away my money. Take away my Medicaid. I have back problems and take away my Medicaid. I had one worker once who gave me money. Now that was a good worker. But you're not here to give me money. That's what I need. I need money.

W: (Insert solution-focused responses and questions)

Group 5

M: The system does not help. The system destroys. That's what I teach my kids. Two things I teach them. I teach them that the system does not help; it is out to destroy them ... and, that they need to survive. They need to do whatever they need to do to survive. I'm teaching them to be survivors.

W: (Insert solution-focused responses and questions)

Group 6

M: I just kind of go about my business. I eventually get my kids back. They've always come back before. I'll get them back. They're my kids. Oh. Before I played all those games. All those games that they made me play. But, I'm not going to do it anymore. They say that I have a drinking problem, so I got hooked up with this program and I had to pee in this cup all the time. I'm not peeing into anybody's cup anymore. That's over and done with. Uh-uh.

W: Uh-huh. (Insert solution-focused responses and questions)

Observers record useful questions:

Exercise #28: Scaling Your (Learner's) Progress as an Interviewer

Purpose: To reflect on how far you (learners) have come and what are the next steps.

Time: 15 minutes

Directions:

1. Interview your learners about their progress so far as interviewers. Ask them: Suppose that 0 equals where you were at on your interviewing effectiveness when this class began and 10 equals being the most effective interviewer you can ever imagine yourself becoming. What number are you at right now? _____. And so forth. Ask the questions printed below.
2. What number are you at right now? _____
3. What are you doing in your interviews that tells you that you are at a ____ (number you gave)?

4. What else tells you are at a _____ ?
5. Suppose you were one number higher, what would you be doing differently?
6. Suppose you were one number higher, what would your role-play clients notice you doing differently?
7. Suppose you were three numbers higher, what would be happening that would tell you, "Wow, have I improved!!"
8. What will it take for you to move up one number? What else?
9. Who could be most helpful to you in moving up one number? What could they do that would be useful to you? What would it take for that to happen?
10. What could be done differently in this class that would be useful in your efforts to move up the scale?

INDIVIDUAL EXERCISES

Exercise #29: Listen, Absorb, and Formulate: Scaling with a Child

Purpose: To practice interviewing a child.

Directions to Learners: To complete this exercise go to the Guided Exercises section of the DVD and select Clip 15 where Insoo gets started working with the child named Sam. Follow the directions on the DVD each time it automatically stops. Write out your responses and (or) next questions, and your statements of comparison at the companion website and e-mail them to your instructor.

Exercise #30: Listen, Absorb, and Formulate: Conjoint Interviewing

Purpose: To practice getting started and beginning formulating goals with a dyad.

Directions to Learners: To complete this exercise go to the Guided Exercises section of the DVD and select Clip 13 where Insoo begins work with Alex and his mother. Follow the directions on the DVD each time it automatically stops. Write out your responses and (or) next questions, and your statements of comparison at the companion website and e-mail them to your instructor. For more practice with a dyad, complete the Guided Exercise for Clip 14.

Exercise #31: Listen, Absorb, and Formulate with a Client Mandated into Services

Purpose: To practice getting started with a client in a mandated situation, getting the client's understandings, co-constructing competence and cooperation, and getting the client's understandings of the mandating agent's expectations.

Directions to Learners: Do this exercise using one or all of the Guided Exercises for Clips 8, 9, and 10 as assigned by your instructor. These three clips involve the lines of questioning which are especially useful with clients mandated into services and which you would use consistently right from the beginning in such interviewing situations, so they are worth careful practice. Write out your responses and (or) next questions, and your statements of comparison at the companion website and e-mail them to your instructor.

Exercise #32: Forming End-of-Session Feedback for Alex and his mother, and Tim

Purpose: To practice the skills necessary to develop solution-building feedback for clients.

Directions to Learners: Using the guidelines and ideas from Chapters 7 and 9, formulate compliments, bridge, and a suggestion for Alex and his mother after listening again to Uninterrupted Clips 13 and 14. Write out the three parts of your message at the companion website just as if you were giving the feedback to Alex and his mother and then compare your feedback to Insoo's which is printed at the website. You can then e-mail your end-of-session feedback and your statement of comparison to your instructor.

Do the same for Tim after watching Uninterrupted Clips 8 through 12 again; Peter's end-of-session feedback for Tim is printed at the website. E-mail your feedback and statement of comparison to your instructor.

Tip: Use your discretion regarding how many of the Guided Exercise clips to assign. Peter usually assigns one for each type of interviewing situation and insists that learners do the exercise thoroughly in preparation for their own interviews.

ROLE-PLAY EXERCISES

We suggest you have your learners practice the role-plays for involuntary situations and then those for working with dyads. We have found that this is a more natural progression because learners can carry what they learn about responding to the wariness and skepticism of some clients in involuntary situations into interviews with dyads where very often one of the two persons is involuntarily present at the interview. Once learners have

a sense of how to work with clients in involuntary situations, they are better able to add the extra dimensions of working with dyads; namely, balancing the interaction and working toward a common goal with two persons present. We suggest that each learner do two interviews involving clients in involuntary situations and two with dyads. RPs 19-30 are scenarios involving clients in involuntary situations; they progress from less to more demanding with regard to the degree of skepticism of the clients. RPs 31-42 are dyad role-plays, again moving from less to more demanding. There are not role-plays involving children because children have not been available to us as role-players. The closest these materials come to offering that practice is that some of the dyad scenarios include an older child or adolescent.

Here are some instructions for preparing students to do the interviewing of clients in involuntary situations:

1. Make copies and distribute the Protocol for Interviewing Clients in Involuntary Situations as printed in Appendix C of this manual. Review the parts of the protocol noting how it varies from that for clients in voluntary situations. The beginning of the protocol is somewhat different from that for clients in voluntary situations; it includes additional questions which are often helpful in beginning co-construct cooperation in an involuntary situation. Once a client indicates something about what he or she wants, the protocol becomes the same as that for voluntary situations. Appendix C also contains a set of Questions for Use with Clients in Involuntary Situations. Make copies and distribute this tool too because it contains additional questions which can be woven into these interviews depending on how the conversation develops. Point out that the purpose of the interview is the same as with clients in involuntary situations--finding a way to cooperate with the client by co-constructing what the client wants different.
2. Follow the same format as you used earlier to make interviewer/client assignments, distribute role-play developments, conduct the interviews, and process them.

There is no separate protocol for use with dyads. We decided not to include one because it would essentially be a combination of those for voluntary and involuntary situations. It is also a good opportunity for interviewers to try their hand at interviewing without a protocol.

Chapter 10: Interviewing in Crisis Situations

Tip: Assign watching Uninterrupted Clips 18 and 19 on the DVD as a demonstration of getting started with a client in crisis. Instruct learners to keep a list of what they observe that is useful and what they think could have been done differently. Have learners view the clips and read Chapter 10 before doing the class exercises.

LEARNING OBJECTIVES

For learners:

1. To understand that a solution-building approach to crisis cases is a straightforward adaptation of the approach used with all cases.
2. To understand the forms and use of coping questions and scaling questions in such cases.
3. To understand how a solution-building approach incorporates the gathering of problem-assessment information in crisis cases.
4. To increase proficiency in the use of skills indicated by the acronym EARS.
5. To increase proficiency in the use of skills used to respond to clients who experience crises, setbacks, relapses, and no progress.

CLASS EXERCISE

Exercise #33: Interviewing a Client in a Crisis Situation

Purpose: To collectively explore and practice what's useful in crisis interviewing.

Time: 45 minutes

Directions:

1. Appoint five observers and have the remainder of the group function as an interviewer. Select either one member of the class (selected and briefed about a crisis role beforehand) or a role-player from outside the class (eg. an actor or former student or colleague) and have that person play a client in crisis. Select someone who can carry off the role in a believable fashion and stay in character despite the class taking several timeouts for discussion. Describe the setting and what is known about the client to the class. Have the class collectively interview the client, using the skills and ideas described in Chapter 10. Throughout, the observers pay attention for what was done that is useful.

2. Begin the interview. Periodically call timeouts checking in with the interviewers and client and brainstorming with the interviewers and observers about what else to do that might be useful. Continue with episodes of interviewing and timeouts for brainstorming for 30 minutes. During the timeouts, also check with the client about his or her reactions to what the interviewers are asking.
3. Have the observers and interviewers take a few minutes to formulate end-of-session feedback for client. One representative of the interviewers gives the feedback.
4. Discussion. Get the points of view of the observers, client, and interviewers about what was useful for working with a client in crisis.

INDIVIDUAL EXERCISES

Exercise #34: Listen, Absorb, and Formulate with a Client in Crisis

Purpose: To practice interviewing a client in a crisis situation.

Directions to Learners: Do this exercise using one or all of the Guided Exercises for Clips 18, 19, 20, and 21 as assigned by your instructor. These four clips involve the lines of questioning which are especially useful with clients in crisis situations. Write out your responses and (or) next questions, and your statements of comparison at the companion website and e-mail them to your instructor.

Exercise #35: Forming End-of-Session Feedback for Karen

Purpose: To practice the skills necessary to develop solution-building feedback for a crisis client.

Directions to Learners: Using the guidelines and ideas from Chapters 7 and 10, formulate compliments, bridge, and a suggestion for Karen after listening again to Uninterrupted Clips 18-21. Write out the three parts of your message at the companion website just as if you were giving the feedback to Karen and then compare your feedback to Insoo's which is printed at the website. You can then e-mail your end-of-session feedback and your statement of comparison to your instructor.

ROLE-PLAY EXERCISES

There are six scenarios for practice with clients in crisis situations (RPs 43-48). Learners can use the Protocol for Crisis Interviewing in their practice sessions. They will soon recognize its similarity to those for Follow-Up Sessions and Later Sessions; however, there is a difference in that these latter two protocols are set up for later sessions and the one for crisis interviewing is for a first session. As with the other protocols, it is important to have multiple copies. Learners should prepare feedback for their role-play clients and process the interviews once completed. We suggest that learners each do one of these interviews.

Chapters 11, 12, & 13: Outcomes; Professional Values and Human Diversity; Agency, Group, and Community Practice

LEARNING OBJECTIVES

For learners:

1. To become familiar with outcome data about the interviewing procedures used in solution building.
2. To understand how measurements of outcome can be an integral part of the solution-building process.
3. To understand how solution-building with clients enhances meeting the value commitments of the helping professions.
4. To understand how solution-building with clients uniquely meets and enhances the goals of diversity-competent practice.
5. To become familiar with outcome data about the use of solution-building with diverse populations.
6. To understand how solution-building practice can be integrated into problem-focused agencies and more solution-focused settings.
7. To become familiar with how solution-focused practices can be incorporated into group and organizational practice.

CLASS EXERCISE

Tip: The remaining chapters in the text do not introduce new skills, they address topics related to incorporating solution building into professional practice and the theoretical implications of the skills. Consequently, this content may be addressed through class discussion. Below, we suggest you do that with your learners in a way which mirrors the basic attitude toward clients in solution building.

Exercise #36: Creating Discourse in the Classroom

(conduct separately for Chapters 11, 12, 13)

Purpose: To address the content in these chapters and reaffirm the competency of learners to take charge of their own learning. (Source: Gale Miller, Professor of Sociology, Marquette University, Milwaukee, WI)

Time: 45 minutes

Directions:

1. Assign learners to read given chapters before the class periods in which they will be discussed.
2. For the first 10 minutes of class have learners individually write down what the chapter was about; that is, the key points. Have them do this without consulting their texts so that the key points are formulated in their own words.
3. Ask them what they wrote; paraphrase each point on the board or a flip chart. As learners are giving their point, explore them--explore the key words and ask: "What does this mean?"
4. Finish with a 5 minute summary adding your own observations.

Tip: Expect that learners will make all or nearly all the key points you would have made had you lectured on the same content.

ROLE-PLAY EXERCISES

Continue assigning the RP exercises for dyad and crisis interviewing.

Chapter 14: Applications

LEARNING OBJECTIVES

For learners:

1. To become familiar with developing program applications of solution-focused practices at different practice levels; namely, individual, group, and organization practice.
2. To learn from the program originators themselves: a) what originally motivated them to rebuild their programs along solution-focused lines, b) how they did it, c) the solution-focused practices they now employ, d) sample case examples, e) what difference the change to solution focused practices has made for clients, practitioners, supervisors, and administrators, and f) their outcome data collected so far.

CLASS EXERCISE

Exercise #37: Creating Discourse in the Classroom

Purpose: To address the content in this chapter and reaffirm the competency of learners to take charge of their own learning.

Time: 45 minutes

Directions: See Exercise 36 for directions.

Chapter 15: Theoretical Implications

LEARNING OBJECTIVES

For learners:

1. To recognize that client meanings and definitions can and do shift in interaction with others.
2. To understand how the solution-building approach encourages clients to construct meanings which lead to the development of solutions.
3. To understand the main tenet of social constructionism, its consistency with a solution-building approach, and its tension with the assumptions of a scientifically-based, problem-solving approach to working with clients.
4. To recognize the effectiveness of solution building as a single approach for a wide range of client problems.
5. To understand that clients' capacity to shift their perceptions and definitions of reality represents perhaps their great strength in building solutions to their problems.

CLASS EXERCISE

Exercise #38: Creating Discourse in the Classroom

Purpose: To address the content in this chapter and reaffirm the competency of learners to take charge of their own learning.

Time: 45 minutes

Directions: See Exercise 36 for directions.

INDIVIDUAL EXERCISE

Exercise #39: Shifting Perceptions and Definitions or, Is Co-construction Real?

Purpose: To document the reality of shifting perceptions and definitions by clients in solution-building conversations. This is a research exercise.

Time: 30 minutes

Directions to Learners:

1. Prior to the day of the class discussion, your instructor will assign different members of the class to the following cases from the book and DVD: the Williams family, Melissa, Tim, Sam, Alex and Nancy, and Karen. This takes time to do carefully so your instructor likely will be assigning one case to one class member. Review the dialogues related to the case assigned to you, observing for shifts in perception and definition similar to what the authors did for Ah Yan in Chapter 15 of the book. Shifts may occur in problem definition (as with Ah Yan), in miracle picture, in competencies, in exceptions, or any area of solution building. Write down the area in which the shifts occur (problem, miracle picture, etc) and the key words and phrases which indicate the shift. Shifts can be major or minor and can occur in more than one area. Record as many areas and shifts for your case as you can.
2. Class discussion. In class, you will be asked for your examples of shifts in your assigned case. Be ready to answer these questions posed by your instructor:

In which areas did the client assigned to you make the greatest shifts?

What did the interviewer do to participate in co-constructing the shifts?

Is the capacity to make such shifts primarily a strength or weakness of clients?

Tip: In the class discussion, expect learners to tell you that--whether a strength or weakness--it's simply the nature of human beings who interact through language to make such shifts.

What did you learn from this exercise that will make you a more effective interviewer?

ROLE-PLAY EXERCISES

Learners likely have completed their practice with the scenarios involving crisis cases. If additional time is available for practice, learners can return to practicing those interviewing situations that are most challenging for them. As an instructor, you may wish to add your own role play scenarios, either scenarios created by yourself or former students who create them based on the types of cases they have encountered in their field experiences.

Putting it All Together

We hope that, by now, it is clear how much emphasis we place on the collaborative nature of interviewing. For too long, the field has viewed “helping interviews” as something professionals *do* to help clients. We believe that such a view is fostered by the language we have used in the field. Historically, we have called ourselves the “helping professions.” Obviously, a “helper” implies the existence of a “helpee” or someone who needs help. This language encourages us to believe that we are experts trained to help clients find solutions to their difficulties. It is only a short step from there to viewing ourselves as *doing something to* clients which will make the difference for them.

We have discovered that when we ask our clients not-knowing questions, and then listen very respectfully and carefully to what they tell us without reading between the lines, they somehow emerge having built their own solutions. How does this happen? It is increasingly dawning on us that the answer lies in the process of conversing with clients. For example, a mother says that she is “ready to pull her hair out” because her 15-year-old daughter repeatedly runs away from home. By questioning her in a solution-focused manner and listening to and seeking clarification of her answers, the same mother is able to figure out that her daughter does not run away every time that she is upset. After more questions, especially about the *when* and *how* of those times when the daughter was upset and did not run away, the mother’s self perception begins to shift from that of a helpless mother to one who is capable 75 percent of the time. This is the process in which the client and practitioner co-create a different reality about the mother’s competence. Equally important, in this process, the practitioner’s perception of the mother’s competence shifts right along with that of the mother.

In the preface, we wrote that effectively conducting solution-building interviews requires mastering and integrating many procedures. In this section, we include one last individual exercise for putting all the skills together.

INDIVIDUAL EXERCISE

(May be reproduced and distributed to learners in hard copy.)

Exercise #40: Using the Language of Change

Purpose: To draw on all acquired skills to purposively move an interview in a solution-building direction.

Directions to Learners: The following is a transcript of a dialogue between a client (C) and her practitioner (P). What would you do differently if you were to talk to this client? Fill in the spaces (right after the points at which the original practitioner said “Uh Huh” or “Yup”) with solution-building responses and leads which might be helpful in moving the conversation in a solution-building direction.

C: I wanted to be grown and I was going with the wrong people doing stuff and by the time I was 17, that was the first time I had ever tried cocaine ...

P: Uh-huh.

(Possible solution-building responses and leads):

C: By the time I was 18, I was really doing it but I had to stop because I was pregnant with Dilisha and by the time I had her by 19 or 20 . . . I started experimenting with it again and by the time I was 22 or 23, I was smoking it. So, I had to take an honest look at how long I had actually been doing drugs cause I was in denial about how many times I had been doing drugs because it's been a while and it's time for me to stop.

P: Uh-huh . . .

(Possible solution-building responses and leads):

C: You know it's time for me to stop . . . while I still have a chance to do something.

P: You have a chance to do a lot.

C: Uh-huh, it's like I say, so much has changed and I had a problem with that ... change. I had a fear of it, like you all gotta be crazy. I don't want to stop doing this because if I stop doing this, what am I gonna do?

P: Uh-huh . . .

(Possible solution-building responses and leads):

C: And it's like what am I really gonna do? You know, and I think that the first time I realized I had to make a change was when I stopped doing drugs and I was still going to the tavern and around other people and I realized that if I didn't stop doing that I was going to end up back getting high. So once I changed that and stopped going to the tavern and started going back to the Heavy Hitters (treatment program), everything started to change. You know, like they tell you, "it's a process." Everything is not going to happen at once, like I had thought. You know it is not all going to happen at once and I found out it is a lot of pain to change.

P: Right.

(Possible solution-building responses and leads):

C: You know . . . to let go of stuff . . . to let go of people . . . to let go of things that you used to do. So, it's a process. You find yourself listening and you go back to pick it up.

P: Uh-huh . . .

(Possible solution-building responses and leads):

C: So I understand. I had to learn, I look back now . . . the first time I was in treatment was in '95. Yeah, in '95.

P: Where was that?

C: St. Anthony's. Well actually, I had started to commit suicide.

P: Really?

C: Yeah, and I spent like 23 days at the County Mental Hospital and they diagnosed me with a cocaine problem and I was like, I thought they was out of their minds. I was like I didn't know . . . I didn't know. I didn't have the slightest idea.

P: Really?

C: I didn't have no idea about nothing I was just dumb to everything. I was just doing it. To fit in and doing it to fit in . . . that created a habit.

P: Uh-huh.

(Possible solution-building responses and leads):

C: You know, a real bad habit.

P: Yeah, I suppose so . . .

C: A real bad habit. So, you know I look at all that stuff.

P: I think you've been through a lot . . .

C: Yeah, I have. And I put people around me through a lot.. You know I had a thing like . . . don't nobody care about me. I didn't care about myself.

P: Right.

C: And you know I thought I ain't hurting nobody so why everybody be in my business and worry about what I'm doing? But that wasn't true because there were people who actually loved me for me and I didn't understand.

P: Yup.

(Possible solution-building responses and leads):

C: I thought everybody was against me. I really did . . . and its like now when you make changes in your life you can see the people that care, like you and Sheila.

P: Yup.

(Possible solution-building responses and leads):

C: You know, you can just see.

- P: Isn't it amazing how many people are really out there who are just full of love and energy and want to help you . . . and you never see those people 'til you need them?
- C: Aw! that was, that was the killing part about it because I didn't know these kind of people existed.
- P: Uh-huh.

(Possible solution-building responses and leads):

- C: I thought that only happened when you were old and you got love because you had so many years of wisdom . . . and they always say "Baby , you know you really don't need to be doing that." That's what old people be saying.

* * * *

(Client talks about admiring women like T who get their GED or college education)

- C: And when I started coming around and started seein' women who was in the depth of drug addiction, real deep into drugs, prostitution, and stealing and all that stuff and you see them . . . and they manage to stay off drugs five years and longer, and you see the kind of things that they done accomplished and be like, "Damn, maybe I can do that too!" . . . but you have to stick with the ones that's doing what you want to do.
- P: Look how far you've come in the last year! We are sitting here . . .
- C: Year . . . (reports how a year ago she was out on the street, arrested for prostitution, doing anything for drugs, etc). I had a lot of things against me then and to look at it one year latter. . . you are right . . . the positive side one year later . . . I've been clean for five months . . . I have my own apartment, my own telephone . . .
- P: (Both client and practitioner are laughing.)
- C: I'm getting ready to graduate from the first stage of a day-treatment program, I have learned a lot of things about myself.
- P: Great, great, you are doing well.

(Possible solution-building responses and leads):

C: Well, there is one thing I am trying to figure out . . . should I graduate with this class or not?

P: What do you mean by that?

C: (with sigh) I don't know . . . because . . . it's like we gotta write this autobiography.

P: Um-hum.

C: . . . and its like I haven't wrote my autobiography . . . and it's just like doing a fourth step . . . but I haven't told you about the 12 steps yet, have I . . .

P: No, but I know about it . . .

C: Yeah, it's like actually writing your autobiography is like starting on the fourth step and it means you gotta get rid of all that old stuff deep inside of you that keeps you sick.

P: Um-hum.

(Possible solution-building responses and leads):

C: ...and I remember before I had a hard time with my autobiography, it took me six months and I ended up taping it instead of writing it but you get the most effect I guess from writing it ...

P: Um-hum.

C: . . . cause you actually see the stuff . . . your whole life on paper . . . and you know, just sometimes there are parts of your life that you are not proud of . . . but that's when you got to ask God to forgive you for that part of your life. I mean like I look at my son . . . I can't deal with him. My 16-year old son . . . I love him . . . you know?

P: Uh-huh.

(Possible solution-building responses and leads):

(Client goes on to talk about her children and the difficulty with the 16-year old as well as saying she went to a school banquet for him last night, where he got his “letter” to put on the school jacket he got for Christmas.)

P: See how you had to learn how to trust that people change?

C: Yea, you know what? I’m glad you said that . . . that’s a key factor . . . I forgot . . . so many times I went into treatment and I could never stay clean for longer than 60 days . . . and my children . . . I thought they were like . . . little children . . . they grew up with me using drugs and stuff and I stopped taking care of them when they were like about 6 or 7 years old . . . that’s when I really zoomed in with the drugs and stuff and I didn’t have time for them . . . yeah . . . I’m glad you said that . . . cause so many times they done seen me and I think the worst time is to see your mother go a whole year and a half and you really think things is gonna happen now because, you know, we getting to be with her, she’s doing stuff, things is gonna be all right now . . . then to have your mother do an about face and go back . . . I’m glad you said that because that’s one subject she bring up a lot . . . you know, Sharon, what is gonna be different this time?

P: Uh-huh.

(Possible solution-building responses and leads):

C: You know that’s basically the same question that a lot of counselors ask you . . . What are you gonna do different this time? . . . you know . . . and this time what I see different is that I learned how to stay clean when I stayed in that residential treatment for those 8 months and I managed to stay clean for almost a year and a half . . . I learned to stay clean but I had never dealt with inside issues . . . that I’ve had as a child . . . you know . . . with my mother and my being molested by my uncles . . . you know it’s the secrets that you have . . . the things that you went through life. . . and you never told nobody . . . you have any intentions of going forward in you gotta get rid of those secrets because secrets--those are the things that will take you right back to drugs.

P: Right . . .

(Possible solution-building responses and leads):

C: So, I’m dealing with that this time. I’m taking a honest look at myself because I didn’t think I had no faults.

P: (Laughs with client)

C: I learned it was a cover up of all the pain . . . being in a lot of pain . . . you don't know how to tell nobody . . . you don't know how to deal with it

End-of-session feedback:

Compliments:

Bridge:

Suggestion:

Impressions of the Course

INDIVIDUAL EXERCISE

Exercise #41: Learners' Impressions of the Course

Purpose: For learners to reflect on their impressions of the course.

Directions to Learners: Give answers to the questions below. Your instructor may ask you to do this in preparation for a final class discussion or submit your written answers as part of a course evaluation.

1. *What three useful things stand out about this course?*
2. *If you were to describe this course to your fellow students, co-workers, or supervisors, what words would you use?*
3. *What do you find yourself doing differently in other areas of your life, even a little bit, since you have taken this course? What else?*
4. *What would your closest friend (family member, partner, best friend, employer, neighbor, parent or child, supervisor, etc.) say that you are doing differently since you have taken this course?*
5. *What do you like about these changes?*
6. *What will you keep doing because it works?*
7. *What do you need to work on to become an even more effective interviewer?*
8. *On a scale where 0 equals least useful course I've had and 10 most useful, where would you rate this course? ____*
9. *What makes this course a ____ (number you gave it)? What else?*
10. *Suppose it was one or two numbers higher, what would be happening that would tell you it was more even useful to you? What else?*

Tip: Written feedback from your learners about the effectiveness of the course as taught can be useful to you and affirming of your learners. Consider requesting this information at the end of the term using a solution-focused format. Here are some questions that you may find useful:

- On a scale of 1 to 10, where 1 equals “the least useful imaginable” and 10 “the most helpful imaginable,” what number would you give to this course regarding how helpful it has been in increasing your ability to interview clients effectively? (number on the scale)
- What tells you this course has been a _____ (number you gave)?
- What else?
- What is the most important thing for the instructor to remember to continue doing to keep the course at a _____ (number you gave in #1)
- What else is important to remember to continue to do?
- What would have to be different in the course for you to have given it one number higher on the scale?
- What would have to be different for you to have given it two numbers higher?
- What teaching activities would you suggest the instructor eliminate because they are not helpful?
- What are you planning as your next learning step?
- Is there something that your instructors (program, school, institution, agency, etc.) can do to be helpful in this?
- Any other comments you would like to make about the usefulness of this course:

Thank you very much for your feedback.

Appendix A: Role-Play Scenarios

RP #1

Voluntary Situation (female)

Agency: Counseling center at a high school

Interviewer: School counselor

Client: A high school girl who came into the counseling office to ask a question. She comes back when the counselor is free.

Role-play Development: The girl wants to know if there is anything she can do to stop some boys in her class from talking about her. One weekend a bunch of girls and boys who were friends went to the beach for a weekend night to camp. That night one of the boys tried to have sex with her. She really didn't even want to be in the same tent as the boys in the first place but, since they were friends, she thought it would be no big deal. But when he started to feel her body, she froze and did not know what to do. Now everyone in her school knows because the boy and his friends went around and "bragged" saying that he had sex with her. She says nothing happened as far as she can remember; they did do some drinking that night. She is very angry at him and his friends for saying things like they did, as well as hurt, guilty, and ashamed about the entire incident. She is also worried about how others will now look at her ("easy" and a "slut"). She comes in to talk about what she can do, knowing that she is not that type of person.

RP #2

Voluntary Situation (female or male)

Agency: College counseling center

Interviewer: A counselor

Client: A walk-in client

Role-play Development: A single, white female student (or male) at the college. She is 21 years old and a junior. She comes from a very conservative family in which the parents are very old fashioned and set in their ways. She has recently told her parents that the guy she has been dating is African American. Her parents are very upset and hurt by this. They have just sent a letter telling her how disappointed they are in her and how they definitely don't approve of her seeing this guy. She respects her parents but feels that she has to start making her own choices and living her own life. She is upset and hurt by her parents reaction, scared of what will come in the future, and guilty about going against her parents wishes. She is insistent on knowing what she should do!

RP #3

Voluntary Situation

(female)

Agency: Gilda's Club, a cancer support center

Interviewer: Bachelor Intern

Client: A 57 year old woman, Sally, who has been a volunteer at Gilda's Club for 3 years. She is very involved in the club. Sally is famous for the homemade cookies she brings in weekly, and also volunteers as the instructor for the Tuesday morning art class.

Role Play Development: Sally comes to Gilda's on Thursday morning to bring by some cookies she had baked the night before. She seems distracted and is obviously worried about something. You happen to be in the kitchen, a very common gathering place at Gilda's Club, getting a cup of coffee when she comes in to drop off the cookies. Seeing her concern, you ask what is wrong. Sally tells you that she just found out her husband has been diagnosed with Multiple Myeloma, a type of blood cancer. This particular type of cancer is not curable, which Sally already knows. She has considerable knowledge of cancer from being around Gilda's Club regularly. Sally's husband, Rick, is 65 years old and is also an active financial donor at Gilda's Club. Sally is afraid that at this point in his life there is not a lot that can be done for her husband's condition. They just received this information 2 days ago and Rick has been uncommunicative and depressed since hearing the diagnosis. He says he does not want to talk about it. Sally wonders how they are going to deal with his illness and feels very alone in her fear and sadness. She looks to you to provide some comfort.

RP #4

Voluntary Situation (female)

Agency: A high school

Interviewer: You are a school counselor who has received, in person, three requests from a female student for an appointment. All three appointments have been broken by her. When she comes to your door to request her fourth appointment, you have an hour to spare and invite her to talk.

Client: A high-school senior

Role-play Development: You are pregnant and only you and your doctor know this. You are frantic but you are having a really hard time confiding in anyone about this. You have heard that the school counselor is a very understanding person, but you are embarrassed and scared. You have been promiscuous, so you don't know who the father is. You are feeling guilty about your entire sex-life, particularly about your promiscuity. You come from a very religious family which believes sexual intercourse outside of marriage is immoral. A lot of your behavior, particularly your sexual behavior, has been rebellious in nature. Now you're in deep trouble and have no idea how to deal with it.

RP #5

Voluntary Situation

(male or female)

Agency: Probate Court

Interviewer: Social worker who works in post-adoption services

Client: 16-year-old boy, adopted at the age of 3 months, is requesting information about his birth parents. Note: social worker may not release identifying information of birth parents (i.e., name, last known address, telephone numbers, etc) to a minor. The only way for identifying information to be released (short of a court order in emergency situations) is that the correct paperwork be filed with the state and that the persons involved all be over the age of 18. Social worker is able to share non-identifying information with minors (i.e., medical history, physical profile, circumstances surrounding the birth, reason for release, anything that cannot be used to identify the birth parents) .

Role-play Development: Client is very unhappy in his adoptive home. He feels his adoptive parents are too strict and that they never really loved him. He has always felt second best because shortly after he was placed in the home, his adoptive mother was able to conceive (after more than 7 years of "trying") and a son was born when the client was 14 months old. This son is very different from the client. Biological son is outgoing, while client is introverted. Biological son is into sports while client is very clumsy and enjoys theater. In every way, biological son resembles biological parents, while client feels very different from them. Client is very curious about the circumstances surrounding his release for adoption. He knows little of his biological heritage, including the age of his biological parents at the time of his birth. Client has bright red hair and he is curious whether anyone else in the family has red hair. He wonders why he was placed for adoption.

Client is very demanding about his need to know identifying information. Finding out that there are roadblocks to getting this information makes him angrier. Client begins to "calm down" if and when social worker is able to communicate that she or he understands how important the concerns of the client are to the client.

RP #6

Voluntary Situation (female)

Agency: Community mental health center

Interviewer: A mental health professional

Client: The client (Mary) is a 40-year-old woman. She is a mother of two children, ages 13 and 15, a wife of a successful businessman and a caregiver to her mother-in-law. Mary reluctantly called the social worker who was referred by a friend. Mary's children, husband, and mother-in-law are unaware of the appointment. She has arrived for her appointment 20 minutes early.

Role-play Development: Mary is eager to speak with the counselor. She hopes to begin the session early indicating that she must arrive home before her family. Mary is the primary caregiver for her mother-in-law who has Alzheimer's disease. Her husband refuses to place his mother in a nursing home and is unwilling to help with her care giving or utilize outside resources. Mary has cared for her mother-in-law for three years now and is beginning to resent her husband and mother-in-law for the pressure they place on her. She rarely spends time her children, husband, and friends due to the care-giving demands. She feels socially isolated. In addition, Mary would like to update her teacher's certification and return to work now that her children are grown. Her husband will not hear of the idea claiming that his income supports the family nicely and it is her duty as woman and wife to remain in her care giving role. Recently, the mother-in-law has developed period of anger becoming verbally abusive to Mary and sometimes hitting her. This is the final straw! Mary feels trapped and depressed. She is fearful of confronting her husband and neglecting her mother-in-law's needs but realizes she can no longer go on living this way. She hopes the counselor will tell her what to do.

RP #7

Voluntary Situation (female)

Agency: College counseling center

Interviewer: A counselor

Client: A college senior named Ruth has called in to say that she needed an appointment immediately to talk about a personal catastrophe that has recently occurred in her life.

Role-play Development: Ruth's sister, a college freshman is attending the same college as Ruth, and has recently taken an overdose of drugs and is just regaining consciousness from being in a coma for two days. Her physical condition is improving and, on regaining her strength, she will be admitted to a psychiatric hospital.

Initially, Ruth feels extremely embarrassed for being at the counseling center because she feels places like this are only for mentally disturbed people. She is very hesitant to speak of her sister and her suicide attempt. She doesn't understand how anyone in her family could ever do such a horrible thing as attempting to kill herself. Verbally she expresses anger, resentment, and lack of acceptance regarding her sister's suicide attempt which she describes as "disgracing the family." She blames the school for putting too much pressure on her sister, her sister's friends for "not being there for her for her," and the extended family for not supplying sufficient love or acceptance toward family members, least of all, her sister.

However, Ruth also is feeling guilty and scared that maybe she was the foremost cause for her sister's demise. Ruth has been a "golden child" in that she has always done everything right in life including school, social life, and jobs. Her sister, on the other hand, has failed to match anything that Ruth has done. Ruth wonders if somehow she has failed as a "good" sister, not giving enough of her time and herself (just like other members of her family) to her sister. She wonders if she might be part of the reason her sister seems to be giving up on life.

RP #8

Voluntary Situation

(female)

Agency: Community Health Center

Interviewer: Social Worker

Client: A 31 yr. old pregnant woman who has chosen to participate in case management with you throughout her pregnancy.

Role Play Development: The client recently emigrated from Mexico with her boyfriend; she does not have any other familial connections here. She came to the U.S. because her boyfriend was coming and she wanted "to be with him." She and her boyfriend found jobs working at a factory. When her boyfriend found out that she was pregnant he "kicked" her out. She now shares a very small apartment with a woman whom she pays rent to. Presently her "life is stable" as she has a job and a place to stay. However, she came seeking services because she has not been sleeping well. When asked about this condition further, the client says that she is "very lonely." She does not know anyone here besides her boyfriend and she does not believe that things can be worked out with him as he was "so angry" about the pregnancy. Her roommate "seems nice" but she does not see her often because their schedules do not match up. She also perceives that the roommate does not like her, as she acts as if she is not there. In Mexico she was close to family and had many friends from her community, especially her church where she was very involved. Moving back to Mexico is not an option; she does not have the money and she is ashamed about the pregnancy. However, she "doesn't have anyone" here. The client is so sad during the interview that she is close to tears.

RP #9

Voluntary Situation (female)

Agency: A crisis intervention center

Interviewer: A counselor

Client: A 23 year old woman has just found out that her roommate is a lesbian. She drops into the center to talk to someone.

Role-play Development: The woman who formerly suspected her roommate might be a lesbian (no dates with men, having developed a very close and affectionate relationship with another woman) is now certain of it. Her roommate told her three days ago that she is not attracted to men but is attracted to this other woman and, indeed, the relationship between the two of them is getting "more physical." Her roommate seemed nonchalant in telling her this, but said no more.

The woman is very nervous and confused. She doesn't want anyone to know about this visit. She does not know how to handle this situation and has become very uncomfortable around her roommate; she wonders if her roommate looks at her in a "sexual way." She feels trapped because she wants to remain friends with her roommate but does not know how to handle the homosexuality. She is looking for an answer from the counselor.

RP #10

Voluntary Situation

(male or female)

Agency: Family and children's service agency

Interviewer: Social worker

Client: A man (or woman) who phoned for an appointment, telling the receptionist that he was very worried and needed to talk with somebody. An appointment was offered for next week, but he asked if it could be sooner. The receptionist used one of the emergency times that you had for the next day.

Role-play Development: Client is a single parent (due to spouse's recent death) with 3 children ages 3-6. He works, but can barely afford a babysitter much less household help. He must deal with all household chores except those few items that the babysitter is able to take care of. He is feeling very pressured and feels that life is drab and frustrating.

The kids are boisterous and full of energy. They like to go to places such as the store and the laundromat, but they are perpetually doing things that annoy the client, and he feels irritated at first and then angry. At home at night, they are noisy, argumentative, and difficult to put to bed. The client's anger has been gradually building up, and the other day he almost hit one of the children. This scared him and directly led to the phone call to the agency. He picked the phone number out of the yellow pages.

Since the phone call, the client has been having second thoughts about the appointment. He begins to see the agency as protective of children and possibly judgmental of him. Even so, he thinks he'd better check it out. He approaches the interview feeling wary, suspicious, and ashamed of the impulses to harm the kids. At first, he sticks to safe subjects such as his boring job and how the kids are having trouble in school, etc. ... until the interviewer begins to affirm his struggles and to notice what is important to him.

RP #11

Voluntary Situation

(male or female)

Agency: A family service agency

Interviewer: A social worker

Client: A married person who finds his (or her) spouse's behavior upsetting. This is what he told the receptionist when he telephoned for this appointment, the initial interview. There was a week's lapse of time between the telephone call and this interview. The interviewee is 15 minutes late for the appointment.

Role-play Development: Spouse has gotten into heavy use of alcohol. Spouse drinks over a pint of bourbon every evening. Client has several concerns: health of spouse, expense, lessening extent of closeness of intimacy in the relationship including a drastic reduction in sexual activity. Client finds it hard to talk about the situation to anyone, including the social worker. He is ashamed of what he interprets as weakness in his spouse. He tends to blame himself for the situation but cannot see clearly how he could be to blame. He feels guilty but also angry at his spouse and frustrated that his attempts to change her have failed. He is beginning to feel cut-off from friends and relatives because his spouse does not want to go out and ". . . is, frankly, becoming an embarrassment." He also thinks that sharing the situation with the social worker might constitute betrayal; he did not tell his spouse that he was seeking help. The closer it gets to the time of the appointment the more confused he gets as to whether he is doing the right thing. Preoccupation leads to his making a wrong turn and getting lost while driving to the agency; hence, his lateness.

RP #12

Voluntary Situation (female)

Agency: A high school

Interviewer: You are a school counselor who has been working in this high school for four years and have established a reputation for being very understanding and helpful to students. You have noticed a female student who has stuck her head in your door several times to say "Hi!" and then gone on her way. Just prior to this interview she lingered momentarily after her "Hi!" and you responded with: "Would you like to come in and talk?" She blushed and nodded her head, "No." But she came back the next day looking very embarrassed and said, "Yes, I do want to talk". You have a one-half hour before your next appointment and you invite her in.

Client: A student

Role-play Development: The student's parents have become very distant from each other and, during the last few months, the father has become overly affectionate toward the student -- patting her on the backside frequently, fondling her breasts, kissing her in a sexual way. The student saw a television program on incest recently and has become very upset at her father's behavior. She is feeling frightened about it, but she is loathe to talk with anybody about it. The TV program also made it clear to her that divulging her experiences was dangerous to her father's future. She has always loved her father a lot, so she is very torn about discussing this situation with anybody. Still, there is a persistent "small voice" that tells her that she must do something about this situation before it goes any further. She approaches the counselor with embarrassment and anxiety. She doesn't know if the counselor is going to "tell on her". She feels guilty for "telling on" her father, yet she very much needs to know how to deal with this situation before it gets completely out of hand.

RP #13

Later Session (female or male)

Agency: A community activity center for children during after-school hours

Interviewer: Activity worker

Client: A woman (or man) who comes to pick-up her 11-year-old daughter (Stacy) after work. It is two weeks after a first conversation between these two about Stacy. The mother had mentioned that Stacy has been becoming more "uppity" with a "know it all attitude" which has led to fights between the two of them. The mother said that Stacy is "mouthy and tells me off," yet can also be quite "sweet" and very helpful around the house when they get along. The activity worker confirmed this impression saying Stacy is helpful to other children, especially those younger than her; however, she can also be "cruel and sharp" at times, especially to children who are less quick and bright than she is. Both had agreed that Stacy was basically a good child who needed a little help and direction in bringing out her good side more. They both agreed to pay more attention to when Stacy's helpful, sweet side was showing and bring that to her attention.

Role-play Development: The mother is happy that the activity worker has a few minutes to talk to her. Things are much better. The mother decided to quit reprimanding Stacy about her attitude and focusing on when Stacy was helpful. She has been complimenting Stacy and the results have been impressive--fewer fights, more smiles, more time together, etc. She has also drawn Stacy out about how she is helpful at the activity center; Stacy says she enjoys being at the center and helping out. The mother asks the activity worker what she has noticed, hoping to compare notes.

RP #14

Later Session (male or female)

Agency: A family services agency

Interviewer: A family services worker

Client: A client who is back for his second visit. Last week the client made it clear that he wanted help in handling a partner who is verbally abusive: "No matter what I do, my partner always puts me down, saying ugly things about me." The interviewee wanted an answer in the first session about what he should do--stay or leave the relationship--and the interviewer suggested that the interviewee "... think about what was happening in the relationship that he would like to see continue to happen."

Role-play Development: The client is really into complaining about the partner: "My partner never has anything good to say about me--she says I'm fat and she doesn't want to get near me." (Be creative here, but keep the focus on how mean and nasty the partner is.)

If asked about exceptions, struggle to find and admit to any. Say: "I don't know." "What should I do? She is so mean to me." "She never gives me any credit for the things I do" (such as picking-up around the house, or holding a job, or taking care of the kids). The client also says that the partner drinks--not getting drunk, but drinks several beers a night--and thinks that maybe the partner should see a counselor. The client periodically puts pressure on the interviewer for an answer to the problem.

If the interviewer stays with it and asks for exceptions/better times in terms of small differences, the client thinks that there may have been once in the past year which was a little better. The client and the partner had gone away for a four-day vacation (e.g. up north to a lake, or to Chicago to see the Cubs) and the partner seemed more relaxed. If asked who did what to make it happen, the client first says that the partner drank less, was more relaxed, and criticized less. But, with questioning, the client admits that the partner's different mood also relaxed the client who also started to be more positive, talkative, and complimentary.

RP #15

Later Session (female)

Agency: A family services agency

Interviewer: A family services worker

Client: A client who is back for her third visit. She obtained a job two weeks ago as a cashier at one of the stores in a large supermarket chain. Getting a job had been her main goal. She is a 30 year old divorcee who has two children ages 5 and 7 years.

Role-play Development: The client has never held a full-time job; she is very nervous about how she will do. For the past two weeks she has been in training, learning the skills necessary to operate a scanner, cash register, and learning all of the store and employee procedures. The past two weeks have been overwhelming. The pressures of a new job and meeting new people have been compounded by the client's constant worrying about her children. They have always been cared for by the client until the last two weeks. The 5 year-old goes to preschool and then a neighborhood woman picks up the child as well as meeting the other child when that child returns from school. The children make it tougher on the client because they say they do not like their sitter and cry in the morning before going to school. The client wants to keep the job, but does not know how much more of this she can take.

If asked if there are "better times," there really are not. The kids are on her mind constantly and she wakes up several times a night, only falling back to sleep after 45 minutes or thereabouts. If asked how she is coping, she thinks hard and says that she does have a friend she talks to. Her friend had a similar experience five years ago and stayed with it keeping her own job. Her friend tells her that the kids will get used to the change; the client is not so sure, but talking to the friend helps. The talking reminds her that things could improve "... maybe .. if only I can hang in there." Possible next steps in coping include talking more to her friend, talking to the children about what they do not like about the sitter, talking to her employer about available daycare at the store, etc. (be creative, but remember there is no simple solution at this point--the client remains stressed but could get a little more hopeful with useful questioning by the interviewer).

RP #16

Later Session (female or male)

Agency: Community mental health center

Interviewer: Mental health professional

Client: A single parent in her (or his) mid-30s back for her third visit. The mother is currently taking medications for depression. She and her 13 year old daughter were referred by a nearby psychiatric hospital after the daughter (Sherry) had attempted suicide by taking an overdose of her mother's medication for depression. In the first two sessions, the mother and daughter were of a similar mind: the mother had insisted that it was the influence of bad friends that caused Sherry to go downhill and Sherry said she now realized that she would not advance in life if she "hung out with the same friends." Both scaled their confidence high that Sherry had "learned her lesson" and would not repeat the suicide attempt. The family was complimented on their many coping strategies and their commitment to improve their life together. They were asked to "keep track of what each was doing to get along just that much better."

Role-play Development: In this session, the mother comes alone. She is very discouraged and sure that Sherry's latest "provocation" will deepen her depression. She is very skeptical of Sherry's motivation to succeed academically and "go on to college." They got into a fight this past week about Sherry not doing enough homework because she talks to her friends on the phone "for hours each evening." Sherry got mad and walked out of the house and stayed out until 1 a.m. The mother was angry at her disobedience and frantic that she might get hurt--"she's only 13."

If the interviewer persists in exploring for what's better, the mother does admit later that Sherry went to school everyday this past week, a vast improvement: "She usually misses at least one day, sometimes two or three." Despite her discouragement, the mother was able to compliment Sherry for this gain and Sherry gave her a cool "thanks" in reply.

RP #17

Later Session (male or female)

Agency: Community hospital with a contract with the Municipal Court to provide substance abuse treatment for cases of DWI (Driving While Under the Influence).

Interviewer: Substance abuse counselor

Client: A client who is back for his (or her) second visit. He had been spotted by the highway patrol driving erratically. He was stopped and given a breathalyzer which he failed. He was automatically referred for services while his case is pending. In the first session he did not seem to want anything different in his life insisting that he was not drunk and the test was unfair. The counselor had complimented him for keeping the appointment, especially because he felt it was unfair.

Role-play Development: The client returns still saying that he was not “falling down drunk” when stopped and that the police should catch the “real criminals.” He says if his case and seeing a counselor gets out around the office, his reputation will be hurt. He is in management in a large insurance business. He says he never had a criminal record, has always paid his taxes, served his country in the army, and does not appreciate being treated as a criminal.

If the interviewer persists in asking for what is better, he eventually mentions that he had an encouraging conversation with his wife. He has been fearful that he would lose his marriage because of work demands and not spending time with her. She has made it clear that she thinks their marriage is “on the rocks” and there has been little intimacy the last year. This past week she said maybe it was a good thing he got stopped; she thinks he has been drinking more and withdrawing from people because of work demands. The fact she noticed his frustration and talked to him about it gives him a little hope that things could still be different in their relationship. He is open to working on goals around his marriage, much less so around his drinking. He says, “No way am I an alcoholic.”

RP #18

Later Session

(female)

Agency: A family services agency with an in-home program

Interviewer: A social worker who visits "Lisa's" home for the second time

Client: Lisa is a 28-year-old, single parent with 4 small children, all under 8 years old. She has recently separated from her husband of 8 years. They had a long history of domestic violence and her former husband (drug addicted) had forced Lisa into prostitution to support his habit. She has been to jail 3 times for 30 or fewer days over the past 5 years for check forgery and prostitution. Protective Service workers also think she may have used drugs with her husband, but they cannot prove it. Lisa says the 8 years with her husband were not all bad, "there were good times and I loved him." Her former husband served 3 years in prison on drug charges. While in prison, Lisa went to work for her aunt selling real estate. She did well and moved into her current house which she is buying. When her husband came out of prison 6 months ago, they got back together even though her family disapproved and cut off their relationship with her saying "he's no good." When he started using drugs again, he started pressuring Lisa for money and physically abusing her. She separated from him and got a restraining order. Protective Services is not persuaded that Lisa will keep her husband away and feels his presence increases the chances that she will return to her former behaviors making the home unfit for the children. The first meeting with the social worker was spent talking about Lisa's history. The worker learned that Lisa's goal is to keep her children. The second meeting takes place 4 days later at the beginning of the next week.

Role-play Development: Lisa's singular goal is to keep her children. To that end she has been attending a drug treatment program, a domestic violence group, and a parenting group. All have been helpful and give her additional ideas about how to manage her life and family responsibilities. She says that she wants to feel like her "old self," that is, the way she felt before she met her husband-- "more independent." If asked about what is better, Lisa tells the worker about what happened this past weekend when her husband showed up and demanded money so he could buy marijuana and alcohol. She refused. This was really different for her because this was the first time she "flat out said no" to him. She gives lots of details about how she did it--thinking about her children, remembering what other women in the domestic violence group did to stay strong, etc.

RP #19

Involuntary Situation (female)

Agency: Community Medical Clinic with maternal support services.

Interviewer: Social worker who is fluent in Spanish

Client: Juanita is an undocumented Latina immigrant who has been referred to the social worker by a doctor concerned about the patient's home environment. She speaks only Spanish and is 8 months pregnant. You made a home visit 4 days ago to observe the living conditions of the client. You noticed many dangers. Juanita is living with her brother and boyfriend in a basement with no windows and no ventilation. Loose wires hang from the ceiling and the stove is giving off the smell of gas. The only source of heat is a portable space heater, extremely hot to the touch. The one room basement does have a small bathroom with toilet and shower. You set up an appointment to meet with Juanita to discuss her living situation. You know there is extreme urgency in the situation in that, when the child is born, you must report the situation to Children's Protective Services who likely would not let Juanita take her infant home to live under those conditions. Since visiting Juanita's home you have familiarized yourself with available shelters and transitional housing programs in the community but you want to find out what she wants to do in the situation before you start suggesting solutions to her.

Role Play Development: Juanita is visibly frightened, curled up in her chair in a defensive position. She wishes she had not let the social worker see her living situation. She does not want her illegal housing situation to be dealt with legally (i.e. a petition for landlord to make needed changes according to the city's housing code) because she fears deportation. She will not reveal this fear unless the social worker explores what she wants and Juanita comes to trust that the worker has her interests at heart. If asked what she wants and the miracle question, she says she wants to stay where she is living. She loves her boyfriend and her brother is a support to both of them. They spend time seeing friends together and talking with one another. She wonders if maybe they could move to one of the other apartments in the house. She wants to stay because these apartments are less expensive than others she has heard about and that way she and her brother can send more money home to their family in Mexico. She has no interest in a shelter or any option separating her from her boyfriend and brother. If the interviewer pressures the client with the urgency of the situation the client closes up immediately.

RP #20

Involuntary Situation (female)

Agency: Retirement home

Interviewer: Social worker at the retirement home whose role is to work with clients and their families as needed.

Client: 92 year old woman. Grandchildren of resident requested that the social worker meet with their grandmother because she is a regular viewer of cable TV Home Shopping Network. Not only does she watch the show regularly, she makes frequent purchases. Of late, there have been several times where she has overdrawn her checking account. Her charge cards have also reached their maximum and resident is paying only the minimum required payment each month, subsequently acquiring a substantial interest penalty. Also, resident is on the mailing list for a number of charitable organizations. Each month she saves all their requests for money. When she receives her Social Security check, she cashes it in total, and receives the entire amount in \$20 bills. She then mails each organization a \$20 bill. Resident's grandchildren are threatening to go to court to be appointed conservator of her estate.

Role-play Development: Resident is very angry that the social worker is coming to visit. She feels that the social worker is meddling in "family matters" and wishes that the social worker would spend her time instead with people who really "need help".

During the past 6 months, resident has spent over \$15,000 on purchases from the TV show. She watches the show constantly, including the midnight to 7:00 a.m. showing. She seldom sleeps at night, catching only occasional "catnaps". She lavishly gives these gifts to her grandchildren, great grandchildren, other retirement home residents, and sometimes even the staff. She has spent her entire Social Security check on charitable contributions. Resident is quite upset that social worker knows about this "family problem". She is even more upset that her grandchildren are considering petitioning to become conservators of her estate. She suspects that they are worried that they will not get their inheritance and adds that it would "serve them right" after all she has done for them. She sees no harm in her spending, and believes that the bank has made several errors in their bookkeeping of her checkbook.

Resident enjoys the excitement of making purchases, talking with the sales representatives when she calls to make an order, going to her mailbox at the retirement home and seeing it overflowing with mail addressed to her, finding packages at her door,

and being able to give nice gifts to others, etc. Resident is able to acknowledge that all of this makes her feel important, appreciated, noticed, and loved. She is also able to articulate how all of this might be harmful to her but only after the social worker is able to communicate her understanding of how important this activity is in her life. Resident has also made some successful, albeit sporadic, efforts to control her spending (i.e., turning off the TV, throwing mail away without reading the enclosed plea for money, praying, going to the chapel, talking with the nurses). Again, resident will only talk about her struggles to control spending after she senses that the social worker understands how important all of this is to her. Client is able to make goals around wanting to feel important, feel loved and appreciated, and feel useful to others.

RP #21

Involuntary Situation (female or male)

Agency: Mental health agency

Interviewer: Case manager whose role is to work with clients in achieving independent living skills.

Client: A thirty-one-year-old female (or male) diagnosed with schizophrenia. She has been asked by the case manager to come in for an appointment because of the condition of her room in the house she shares. Case manager has been told by the client's landlord that if the conditions do not improve, she will be evicted. Client arrives twenty minutes late because she overslept.

Role-play Development: Client arrives very anxious, because she is late for her appointment. She is very nervous about losing her house. She knows that it is a mess and her landlord keeps telling her it is a fire hazard. She loves to buy things and has a very difficult time getting rid of things she no longer has a need for. Even if she does not use them they still have a lot of value to her. Even though she has the whole house to share with only one other person, she stores everything she owns in her little bedroom. She even keeps her food in there, because she doesn't trust her roommate. She thinks her roommate is weird because she has a mental illness. She knows she needs to clean her room in order to keep her house, but she just cannot seem to get it organized. She does not have room to store everything she owns, but she does not want to get rid of anything either.

If miracle question is asked, client responds by saying that she wants her room to be clean and she wants to be able to stay in the house she is currently living in. She is willing to try to get it organized, but does not want to throw anything away. There is a slight possibility that she will get rid of some things, but she struggles to know what or where to begin.

If asked what it will take to make these changes, she mentions that perhaps taking her medications and talking more with her case manager might help. Both seem to help her think more clearly and that helps a little with organization.

RP #22

Mandated Situation

(female or male)

Agency: Half-way house for prisoners

Interviewer: Case worker for prisoners living in the half-way house. All of the residents are still committed to a state prison but have been placed in the community on a trial basis. All must see the worker regularly and fulfill a work requirement. The case worker's role is to help the residents stay out of prison.

Client: Resident arrived at the house yesterday and is seeing the case worker for the first time today. Resident is 23 years old and was committed to prison a year ago for possession of narcotics. At that time she (or he) was a resident of a large city about 80 miles away from the city where the half-way house is located. Resident's parents still live in the large city. Resident's year in prison was uneventful, according to the prison record. Resident has a high school education and a work history of mostly short-term and part-time jobs, none of them requiring much skill. Resident is required to find a job in order to stay at the half-way house.

Role-play Development: Client is resentful at being placed in a city where she has no friends or relatives. The city is small relative to her home town and she views it as a "hick" town. She knows that she has to find a job and is not looking forward to working at menial jobs that she anticipates she will find. She has hated every job that she's ever had and turned to selling drugs as a preferable means of making money.

Client approaches social worker with cynicism, suspicion, and fear. She resists any efforts the social worker might make at problem-solving. She is hesitant to "open up" to the social worker as she perceives social workers as not being on her side but on the prison's side. If she senses that the worker is genuinely interested in what she hopes for and wants in her life, client will talk about her aspirations to go to college (she did well in high school, especially in the sciences) and perhaps even go on to some sort of career in medicine. In order to do this, client knows that she will have to enroll in college and is willing to do this, even though the work requirement in the half-way house takes precedence over going to college (that is, the client must work...if client wants to attend classes as well, that is fine but it cannot substitute for working). Client is very motivated to attend college classes part-time and is confident of her abilities to do well in college.

RP #23

Involuntary Situation

(male or female)

Agency: Saint Luke's Heartside Clinic (medical clinic for the homeless)

Interviewer: Medical social worker whose role is to address emotional and interpersonal concerns related to clients' medical needs and to share information about community resources. Worker calls client into office.

Client: Twenty-five-year old male (or female) who is a person of color who has never been to this clinic. He was referred by a doctor who volunteers at a neighborhood shelter and indicated to the social worker that the client has AIDS. The client has been waiting for about 1/2 hour because clients are seen on first come-first serve basis.

Role-play Development: Client is very angry and states that he has been discriminated against by the agency because he had to wait so long to be seen.

Client has been referred to have blood tests done to check T-cell count. Client has AIDS, but does not talk about this until he is sure he can trust worker. Client is gay, but if worker questions client on this, client will refuse to discuss anymore. Instead client becomes angry, yells about discrimination, and threatens to leave unless he gets more respect.

Client has a lot of anger and denial about his illness. He is scared of what lies ahead of him, yet has refused any medication for his AIDS-related conditions. Client does not have any family around, and has very few friends.

Client does not like the miracle question--"miracles do not happen to me." He is really frightened at what lies ahead and struggles with goal formulation. If anything, he thinks some medicine and talking to a professional AIDS counselor might help.

RP #24

Involuntary Situation (female)

Agency: Retirement village

Interviewer: Case worker whose role is to help clients meet their personal, interpersonal, and other needs. The case worker comes to the client's room.

Client: 85 year old woman, resident of the retirement village. Resident has lived at retirement village for approximately 15 years. She has lived in the least restrictive part of the home, having her own room and the freedom to come and go as she wishes. Case worker has been asked to visit the resident to talk about her being moved to the next restrictive level of care, supportive care, because of late the resident has had problems with being incontinent. She has been seen around the village with urine-soaked and/or stained clothing. Other residents have noticed this and have complained about her odor as well. The retirement village has a policy that when people are unable to keep themselves clean, they must move to supportive care.

Role-play Development: Except for meals, which are eaten communally in the dining room, the resident is able to take care of all of her own needs, including cleaning her room, doing laundry, bathing, etc. She also is still able to drive her own car. On Monday, Wednesday, and Friday mornings, she volunteers in the on-site day care center for employee's children. Resident is very aware of her problem of incontinence and is very embarrassed by it. She has tried to hide the problem by wearing several pairs of underwear but then finds that she is spending a great deal of time doing laundry. Resident absolutely does not want to move to supportive care because of her perception that she will have no privacy, no independence, and that her friends will no longer visit her. She wishes that the social worker would just leave her alone.

Resident is able to present clear goals related to being as independent as possible. Although she will not acknowledge this readily, client does have a possible solution to her incontinence problem. Client has considered wearing "Depends" but is too embarrassed to ask the nurses for them or to purchase them herself in the store. Client might generate this idea if she senses that the social worker sees her as more than just "an old lady".

RP #25

Involuntary Situation

(male or female)

Agency: A school

Interviewer: A school psychologist

Client: Daniel, age 13, diagnosed with ADHD (attention deficit disorder with hyper activity) has been referred to you because his teacher has been having problems with him lately in class. These difficulties vary from acting out and picking fights to despondency and withdrawal. His (or her) father is a recovering alcoholic of 1 1/2 years and you've heard from Daniel's teacher that he may have started drinking again. Reviewing his case history, you find that when his father was drinking 2 years ago, Daniel was removed from his home by Children's Protective Services. He has since returned home.

Role-play Development: You're frustrated with school. You just don't "get it" and your grades are plummeting; You start the interview with a lot of "attitude" about how dumb school is and how you hate your teacher because she's "mean to you."

If the interviewer is non-judgmental and tries to figure out what is important to you, you become more willing to talk about what is going on at home. Your dad is a recovering alcoholic of 1 1/2 years but has started drinking again. Two years ago when he drank, he started beating you and was mentally and verbally abusive as well. He also hit your mom when he drank.

You're scared that if Dad keeps drinking, he might start hitting you and mom again. You're also scared that if you say he's drinking again, you will be responsible for splitting up the family again; you love your mom and dad and there are good times like visiting your cousins and going to hockey games with dad.

You want to stay at home and want dad to stop drinking. If asked the miracle question, you say that dad would stop drinking, that you would calm down and be happier, and your mom would smile again. You are not sure how this could happen... maybe by talking to your mom about it, or to dad, or maybe by the teacher or counselor helping out.

RP #26

Mandated Situation

(female or male)

Agency: Community mental health agency

Interviewer: Psychologist (expected to stay in contact with the client's probation officer)

Client: Thirty-eight-year old woman (or man) who is court-ordered into counseling because she was apprehended for "driving while under the influence" of alcohol. This is her first offense and she was given counseling and 50 hours of community service as an alternative to jail. She is well-dressed and clearly wealthy.

Role-play Development: The client is snobbish and insists that she has been unfairly charged. She says the results of the breathalyzer test are "trumped-up." Her husband is a prominent criminal lawyer who won a major case two months ago that left police investigators embarrassed because they mishandled evidence. They stopped her on a Saturday night when she was on the way home from some friends' home, probably because they recognized the large, silver Mercedes Benz she was driving which belonged to her husband. Everyone knows about that car because there was a story in the local paper about her husband after he won the big case and the paper ran a color picture of him standing next to the car. She admits to a couple of drinks at the party, but she was not drunk.

Client will not budge on this story or her belief that "I definitely do not have a drinking problem, so you can save your psychological techniques for someone who does." All she wants is to get the court out of her life. When asked about what will be different when this is solved, she says that she will not have to talk to the psychologist or the probation officer and the court will be out of her life. If asked what that will take, she is not sure. After several "I don't know's", she says maybe her husband can prove that she is being harassed by the police, or she should just not get into any more trouble with the police, or she should keep coming to see the psychologist until the probation officer is satisfied, or maybe she will have to promise that she will not have more than one drink per-day until this is all over. She feels this latter idea is something she could do easily because she does not have a drinking problem.

RP #27

Involuntary Situation (female or male)

Agency: Residential treatment facility for adolescents

Interviewer: Counselor at the facility whose role is to help residents adjust to the facility and eventually make changes so that they can be returned to the community.

Client: A 15-year-old girl has just been sent to this residential facility. She ran away from home for the third time and her parents do not think that they can handle her anymore. She was planning on living on the street when she ran away. However, she had been caught shoplifting and now her social services worker is suggesting that she live in a secure residential treatment unit for at least 6 months. The client also has skipped school many times during the last year, drinks excessively with friends, and has been very difficult to live with. This is the initial interview.

Role-play Development: In the beginning of the interview, the client portrays a tough attitude; she does not think that she needs to talk to a counselor.

Client has had a difficult time living with her parent for the last two years. She was adopted as an infant and thinks that her adoptive parents are "from the Stone Age." She hates the rules and restrictions they place on her. She begins the interview by placing the blame for all her problems on other people. It is her parents' fault that she rebels at home, and it is her teachers' fault at school that she is forced to skip. She has a difficult time focusing the conversation on herself.

At first the client states that she does not want to be home or at the secure treatment unit. However, later she begins to realize that she needs to take responsibility for her actions. If questioned respectfully, she admits that she would like to go home, but she realizes that she has a drinking problem to work on, and that she has been disrespectful to people in authority over her. She admits that she is scared about the future. She also has some questions as to what life in the residential unit will be like.

When the miracle question is asked, the client first states that she would be on her own. But later she realizes that this would be impossible for her at this time. Therefore, she states that she would like to be home. Her miracle picture includes less fighting between her and her parents, and them trusting her more.

RP #28

Mandated Situation

(male)

Agency: Community mental health agency (CMH)

Interviewer: A mental health professional who works with clients on their personal and interpersonal concerns.

Client: A 25 year old male arrested for beating his wife. A neighbor called the police upon hearing the wife's cries for help. Client fought with police. He was booked for assault and resisting arrest. The wife brought charges against him. The judge put him on probation for a year provided that he get help from the CMH agency. If he does not follow through with treatment, he goes to jail. He has a history of previous assaults but none of them this serious. This information was secured from the judge's office, which called to make an appointment for the client.

Role-play Development: Client comes on hostile and defensive to the practitioner. He blames the beating his wife received as "well-deserved" because she crossed him after a very difficult day at work. Client had a difference with his boss. Client was very angry at boss but did not express his anger. By the time he arrived home, he was "boiling". His wife should have seen this but she didn't, according to the client. When the wife "crossed" him, he beat her severely.

If the interviewer stays non-judgmental, the client calms down. He may even suggest that now that he has had some time to cool down, he feels some remorse at beating his wife rather than working things through with his boss. Client is able to identify a cycle that occurs when he is ready to "boil". In fact, there are many times that he becomes angry at work but does not express it, comes home and his wife "crosses" him, but he does not beat her (i.e. exception times). Client is receptive to exploring these times when he does not beat his wife (he takes a walk, works in the yard, lifts weights in the basement, etc. . . . whatever the role-player wants to develop). With the right questions from the interviewer, he will get into some goal formulation about doing something about his temper thus getting the court off his back.

RP #29

Involuntary Situation (female or male)

Agency: Hospice

Interviewer: Social worker

Client: Terminally ill woman dying of AIDS (or man), age 23, whose physicians anticipate will live less than 3 months. Role of social worker is to determine any non-medical needs the patient has. Worker has also been informed by the physician that the woman has a long history with the Department of Social Services, having spent most of her adolescence in and out of foster care because of physical and sexual abuse in her biological family. Physician believes that one of the tasks this woman must face before she dies is to come to terms with the abuse she suffered in her family, particularly at the hands of her brothers. He has all but insisted that she see a social worker at hospice. Client is not happy to meet with social worker as "social workers have often made my life more miserable than it needed to be."

Role-play Development: Woman is dying of AIDS. She has recently completed college, earning a BA degree in English literature and being awarded a full scholarship to graduate school. During the last semester of her senior year, client became very ill, eventually leading to a diagnosis of AIDS. At this point, she is not planning on attending graduate school. She would like to remain in her own apartment for as long as possible, and has several very good friends who are aware of her illness and ready to care for her. Client has no desire to confront her family about the abuse she experienced. She has been estranged from them since the age of 15. Although she occasionally sees them on holidays, relationships are strained. Client is proud of her academic and social achievements during college and feels that part of her success here has been due to the fact that she intentionally isolated herself from her family and their "pathology." She sees no need to introduce additional strain into her life at this time. Rather she would like to focus her remaining time on "dying well" with her close friends. Client is willing to talk with social worker about her ideas of "dying well" but is angry, resentful, and hostile toward the social worker if the social worker focuses too long on the abuse issues.

RP #30

Involuntary Situation (female)

Agency: Safe House for battered women (women and dependent children can stay here for up to one month while they make decisions and plans for their lives)

Interviewer: Counselor whose role it is to meet regularly with residents to help them develop goals for their futures; client participation in this counseling is required to stay at the safe house.

Client: 32 year old woman admitted to safe house 4 days ago. She came to safe house after being discharged from an acute care hospital where she went after being beaten by her boyfriend. She has lived with him for 4 years. Client was admitted to hospital with a broken jaw and concussion. Client was in the hospital for 2 days and then discharged to safe house. Today counselor and client are meeting for the first time.

Role-play Development: Client is ambivalent about whether she should return to boyfriend. When he is not drunk, he is a kind and considerate man. Financially, he provides well for client and her 4-year-old daughter. He has been a high school teacher for over 10 years and has consistently received positive evaluations from students, parents, and co-workers for his teaching. Client knows boyfriend has a hot temper and in retrospect reports how she provoked the attack with her nagging about getting the lawn mowed. Client is concerned however because this last incident of abuse was so severe. While he has been abusive in the past (once every 3 or 4 months), this was the worst attack. Additionally, after the abuse, he left the house. It was her daughter who called 911 for an ambulance. Client says that boyfriend has never lost his patience with her daughter (not his child) but is now wondering if he might even do that. If so, that for sure would make her leave him. On the other hand, boyfriend is extremely repentant at this time, more so than he has ever been before. He has even gone to see a counselor, something he has never done. Client sees this as a very hopeful sign. She really does love this man. She recognizes that in financial ways she is dependent on him, but is clear that her commitment to him goes well beyond whatever financial needs are present. Client has a college education. She graduated with a degree in biology and has worked as a laboratory technician. She quit this work after meeting boyfriend and while she was pregnant. One of the reasons she was so attracted to boyfriend is because he was very accepting of her and her pregnancy, and so willing to provide for them.

Client's miracle revolves around wanting to make a decision about whether or not she should stay with her boyfriend....if a miracle happened, she would know whether or not she should stay with boyfriend.

RP #31

Dyad (parent and child)

Agency: Community mental health center

Interviewer: Family counselor

Clients: Mother and adolescent daughter. Daughter is 15 years old and 5 months pregnant. Mother called requesting counseling so that daughter "will make good decisions concerning her pregnancy".

Role-play Development: Family is past the shock of the pregnancy and now wants to make plans for the birth of the child. Mother hopes that daughter will make an adoption plan for the child. She thinks her daughter is too young to be a parent, and that parenting will ruin her chances for college, career, and marriage. Mother also feels that if daughter parents this child, it will set a "bad example" for the other children in the family. Finally, mother is concerned that she is the one who will end up raising the baby.

Daughter is unwilling to consider adoption. She feels that the baby will "hate her forever" if she makes an adoption plan. She believes that she will never be able to forget about the baby and that she will always be worried about whether the child is in a "good" home. Also, she believes that if she keeps the baby, she and the father of the child will marry when they graduate from high school. If she were to place the baby for adoption, she feels that the relationship with the father will end.

The mother and daughter essentially "lock horns" at every point regarding a plan for this child. Neither really understands what is important to the other and there is a great deal of blaming and arguing about the pregnancy. However, when asked to think about how they would like their lives to be different, both are able to be concrete about their "miracle". Mother's miracle picture is that her daughter would place the child for adoption so that the daughter can get on with her life (be a "carefree teenager") and the child (grandchild) would have a stable family in which to grow. Daughter's miracle has to do with never getting pregnant in the first place so that she wouldn't have to think about all of this and she could just go back to being a "normal" teenager.

RP #32

Dyad (college roommates)

Agency: College counseling center

Interviewer: Counselor

Clients: One roommate calls and requests an appointment for self and roommate.

Role-play Development: The roommate who called (Ann) has been increasingly concerned about her roommate (Beth). Ann and Beth have been roommates for two years. They have a two-bedroom apartment. About three months ago, Beth started bringing men home to sleep with her. She rarely slept with the same one twice. The night before Ann called for an appointment, Beth slept with two men. This convinced Ann that Beth needed help.

Ann is concerned about Beth's promiscuity. She fears that she will contract some sort of sexually-transmitted disease. She is also fearful of the strange men that Beth brings home, many of whom Beth does not know well. Ann finds herself worrying about Beth a great deal for these reasons. Beth tends to minimize Ann's concern but will acknowledge that she, too, is concerned about her own promiscuity if she senses that the posture of the social worker is non-judgmental and non-patronizing. If the counselor starts to "preach" about diseases or strangers, Beth shuts down. If the counselor is sincere about understanding how Beth's promiscuity is helpful to her, Beth will talk about how it reduces her loneliness and isolation and takes her mind off the future and all of its unknowns.

RP #33

Dyad (boyfriend and girlfriend)

Agency: Crisis intervention center

Interviewer: Social worker

Clients: Boyfriend and girlfriend. Boyfriend called and requested appointment because his girlfriend is pregnant. Boyfriend would like social worker to tell his girlfriend all the reasons why she should not have this baby.

Role-play Development: Boyfriend is very aggressive. He states that he realizes his responsibility in this situation but he is unwilling to marry his girlfriend because his parents will cut off his college funds. He is angry at girlfriend for not understanding and frightened about what will happen to their relationship, which he very much wants to continue.

Girlfriend is quiet, scared, and hurt. She believes that the social worker will be on the boyfriend's side because the agency gives abortion referrals. She is uncertain about what she wants to do about this pregnancy and does not know how to make a decision that she can live with.

RP #34

Dyad (adult child and parent)

Agency: Hospice

Interviewer: Counselor

Clients: Son (age 32) and his father (age 64). The mother (age 63) is near death. The son is concerned about his father, who "does not seem to be dealing with all the important issues". The wife has been ill for about 15 years. Her husband has assumed primary responsibility for her care during this time. Although he has done an adequate job of caring for his wife, during the past 4 months when his wife has been "actively dying" it has been more difficult for him to both care for his wife and keep up the house. The son would like the social worker to convince his father about the need for a nursing home placement for mother/wife.

Role-play Development: The son is concerned because the home is very cluttered, dusty, and disorganized. He often sees dirty dishes in the sink and moldy food in the refrigerator. Although the husband acknowledges these concerns, he is quick to point out that he still serves his wife nutritious food on clean dishes. He continues to care for his wife, making sure that she has her medications on time, is kept clean and bathed, and has a clean bed. He just cannot keep up with the day-to-day things of running a household. If a nursing home placement were to happen, the son believes, his father would not have so many responsibilities. He would be able to keep his home neat and tidy and still have plenty of time to spend with his wife at the nursing home. Neither the father nor his wife wants a nursing home placement. Both feel comfortable with the level of care that the husband is able to provide. The son feels that they have been isolated for so long that they are really "out of touch" with how the rest of the world lives. He feels that a nursing home placement would bring them out of this isolation, relieve his father of some of his responsibilities, and give him a "break". This would also give the father more time to spend talking with his son about things "that matter". Father, on the other hand, wants to do all that he can for his wife for as long as he can because of his love for her. He does not mean to make light of his son's concerns but he also feels strongly about what he wants to do during these last few months with his wife.

RP #35

Dyad (husband and wife)

Agency: Community mental health center

Interviewer: Marital therapist

Clients: Husband and wife, married for 3 years. Husband made appointment because he is concerned about wife's shoplifting behavior.

Role-play Development: Husband recently became aware that his wife has been shoplifting at the local mall. Stolen items include clothing, books, pens and other stationery items, CD's, make-up, and so forth. Husband became suspicious when wife suddenly acquired lots of new clothes but no charges were made against their charge cards or in their check book. Because wife had shoplifted extensively as an adolescent (and told husband about it during their dating years), husband became concerned that wife was shoplifting again. After watching her closely for several weeks, husband became convinced that wife was shoplifting again when she came home with over \$200 in books. When confronted, wife was tearful and apologetic. She acknowledged that she had been doing this for over a year, but it had really escalated during the past several months. She felt helpless to stop it. She usually made at least three "mall runs" per week, coming home with anywhere from \$50 to \$300 in goods. She was never caught because she selected stores that were not into high security technology and because she does not "look like a thief". Both husband and wife are very concerned about this as they fear that one of these days, the wife will be arrested.

The husband is self-employed as a software engineer and consultant to small businesses. He has a solid business which he has worked hard to develop through working many hours and often being "on the road". The wife is a mechanical engineer who also is doing well in her work and is well-respected by her co-workers.

Regarding what each wants, the wife would like to see the relationship, wife would like to not give into the impulse to shoplift and the husband would like not to worry about wife being out shoplifting. Both of them have done a great deal of thinking about why wife has this need to shoplift. Wife also spent time in therapy as an adolescent trying to figure this problem out. So far no answers have emerged. Wife does know, however, that there are times when she does not give into the impulse of shoplifting. Taking a walk, calling a friend, staying busy at work (feel free to make up your own!) are things that are sometimes useful in overcoming the desire to shoplift. She also would like to do more activities as a couple.

RP #36

Dyad (parent and adolescent)

Agency: Family and child services agency

Interviewer: Social worker

Clients: Parent and adolescent. Parent calls and asks to talk to someone. Parent has concerns about the middle child (age 14). Adolescent is all of a sudden doing behavior that is out of character for him or her (i.e., skipping school, feigning illness, being obnoxious and belligerent, not obeying curfew, etc.). The adolescent's teacher has also called with concerns about the same kinds of behavior at school. This prompted the parent to call the agency.

Role-play Development: Parent is able to give a lot of description about what the adolescent is doing that is problematic. Adolescent is usually quiet during this tirade but gives lots of non-verbal signals that he or she disagrees with what the parent is saying. When given the chance to respond to parent, adolescent doesn't have much to say except that the parent just "doesn't understand."

Regarding goals, parent would like the child to be more a part of the family (i.e., being polite, respectful, talkative at dinner, eager to go to school, etc). Parent does not see initially what he or she might want or need to do so that change can occur. Adolescent would like to have his or her "own space" in the family. Adolescent believes that parents do not see him or her as an individual but rather as "one of the kids". If asked, the adolescent says that parents could demonstrate that they see adolescent as an individual by recognizing what he or she is good at (i.e., music) rather than what he or she can't do like the rest of the children (i.e., sports), by respecting his or her need for privacy (i.e., knock before coming into bedroom), by respecting his or her friends who also like music, etc. If this were to happen, adolescent would feel more like being a part of the family at times.

RP #37

Dyad

(two adult roommates, male or female)

Agency: Housing project for the homeless

Interviewer: Case manager

Clients: Two of the residents, ages 21 and 43. These residents have shared a room in the residence for the past two months and are not getting along. Last evening, a fight broke out between the two, resulting in cuts and bruises for both and the destruction of several pieces of furniture in their room. This kind of behavior is grounds for terminating residency at the facility. Case manager is meeting with the two residents to determine what should happen next.

Role-play Development: Older resident does not like the music that his roommate plays. He does not like his "attitude" or the fact that he steals his cigarettes. He has spoken to his roommate several times about the music and the cigarettes. Usually the roommate is willing to lower the volume and replace stolen cigarettes but not this time. This time, the younger resident when confronted by the roommate, became angry and verbally abusive. He is fed up with the older resident telling him what to do and how to live his life. He feels that the older resident is trying to be his parent and that he is a lousy example of one. He says that the older resident "sermonizes" him on what to do, but that he never listens to his own advice. Older resident frequently visits prostitutes on the street and recently found out that he is HIV positive. Additionally, older resident's living habits are "lousy". Younger resident describes him as a "slob", i.e., he showers infrequently even though showers are available in the residence, washes his clothes infrequently even though laundry facilities are available, and does not clean up after himself in the bathroom.

The older resident wants to continue living in this project, especially now that he has just learned that he is HIV positive. He has no where else to go, and the three months that he has lived here have been good for him, i.e., no drugs or alcohol, getting his GED certificate, etc. Younger resident also wants to stay. Although he finds the rules restrictive and misses his friends, what keeps him here is that he has been drug free for the two months that he has been here. Both clients talk about their respective goal (or miracle) as being one of being able to stay at the residence for a period of time yet. If asked, both are able to make some beginning statements about what has to occur for this to happen.

RP #38

Dyad (college roommates)

Agency: College counseling center

Interviewer: Counselor

Clients: One roommate calls and requests an appointment for self and roommate.

Role-play Development: The roommate who called is very concerned about the other. The second roommate has been using the internet to make contacts with men at other universities around the country. They talk about their interests and she has gotten into ongoing conversations with four or five. The first roommate is really scared because the other has made a "date" for early summer after exams to see a man in Kentucky and go camping with him. Both are hikers. The first roommate has visions of her friend being assaulted and even killed out in the wilderness. As a result, she can no longer concentrate in class, is losing sleep, and is getting into nasty arguments with the second roommate. She wants her roommate to cancel the date and quit "playing with fire" by getting off the net.

The second roommate thinks the first borders on hysterical. She says she can take care of herself and she will make the decisions about her own life. She complains that she feels like she is living with a parent: "I might as well have my mother as a roommate." Her miracle is for her roommate to back off and focus more on her own life.

RP #39

Dyad

Agency: Outpatient General Pediatrics Clinic

Interviewer: Medical Social Worker

Client: A 14 year old boy, Keith, is brought in by his mother to see the doctor for "anger problems," and is asked to see the medical social worker with his mother after he had yelled "I hate you" to the examining doctor and refused to answer the doctor's questions. The boy's older brother is currently in a boy's home for troubled youth and the mother is trying to keep Keith out of a home. However, he constantly gets in trouble in school, openly disregards his mom and step-dad's rules, and set fires in the home.

Role Play Development: Keith sits slumped in a corner chair of the examining room and is hostile to everything that the practitioner says. Mother wants advice about what to do with him (possibly counseling) as well as help in convincing him to go. When asked any question he responds with a very angry "I don't care" and "This is stupid, I need to leave RIGHT NOW!" When asked why he so angry, the boy responds with an angry "I don't know." He eventually tells the practitioner that he hates his step-dad and that kids at school are "idiots." He also claims that "I'm not takin' no meds."

As the interview continues, the boy is becoming more and more agitated, saying he wants to get back to school because his mother and step-dad are strict about keeping up his grades. The boy opens up begins to open up if the practitioner talks about what interests and is important to him. However, he soon becomes agitated once again if the practitioner moves off these topics.

Keith shares that he doesn't want to be medicated because he saw the adverse effects it had on his brother's behavior. When asked about the counselor he has seen in the past, Keith says that he was "okay" but says, with disdain, "he's a shrink!" Keith is having a very hard time controlling his anger and dealing with the many people with whom he does not get along. He begins to respond slightly and hesitantly to questions about what he enjoys (sports, convertible cars, video games) and what activities help him to become less enraged (playing video games, being around his uncle who is "cool" and drives a convertible, reading science fiction books, surfing the net in his room). He shares that he is responsible for his younger 7 year-old sister (she says that he takes good care of her), and that he enjoys reading (his mother says that he is very smart).

RP #40

Dyad (husband and wife)

Agency: Outpatient substance abuse counseling center

Interviewer: Substance abuse counselor

Clients: Husband and wife. Husband made the appointment for his wife who he says has a "drinking problem".

Role-play Development: Husband is angry and concerned about his wife's drinking, which of late has become excessive. Husband says that wife begins drinking when she gets home from work (3:30 p.m.) and by 8:00 p.m. is in a "drunken stupor". Often times, dinner will not be ready on time because she is drinking. Dinners are rushed because the kids have places they need to go after dinner and wife is unable to organize dinner and clean-up efficiently because she has been drinking.

Wife is a paraprofessional in the school system, working in a 3rd grade class. She is highly respected for her patient and loving work with children, her creative ideas, and her reliability and consistency in the classroom. Wife acknowledges that she drinks when she comes home but it is only to unwind...it helps her be more relaxed when her three children arrive home from school (ages 7, 9, 11), when her husband arrives home from work, as she tries to prepare dinner and chauffeur the kids where they need to go, and as she tries to catch up on the housework. Wife says if she does not drink, she is very uptight about all that needs to get done and she and her husband often argue because they have different ideas about how to organize their home life. When she is relaxed with a drink, these things don't bother her as much. Wife is only willing to acknowledge that perhaps she is concerned about her drinking if her husband acknowledges that the way he behaves has something to do with her need to relax by drinking.

If miracle question is asked, wife responds by wanting to have a household that runs smoothly from the time everyone comes home from school in the afternoon until the time everyone is in bed. Husband wants a wife who is not an alcoholic. This would make life less stressful for him and be better for the family. Husband might be willing to support wife's perceptions of why she drinks and even acknowledge what he might do differently (i.e., come home a bit earlier to help with picking children up from various practices, starting dinner, helping with homework after dinner) if he senses the counselor is not taking sides but serious about finding out what might be done differently to strengthen the husband/wife relationship and improve life for everyone in the home.

RP #41

Dyad (parent and child)

Agency: Community mental health center

Interviewer: Family counselor

Clients: Mother (35 years old, divorced) and son (12 years old). The mother called the counselor because they were fighting and the son was threatening to hurt his mother. The mother says she is an anxious person and her son carries a diagnosis of ADHD (attention deficit disorder with hyperactivity). The mother told the receptionist that she and her son both have been prescribed medication but they don't take it regularly.

Role-play Development: The mother is at her wit's end. She does not know what to do with her son. She says he is always disobedient. If he is in the apartment alone (while she is at work) he creates havoc and it is a struggle to get him to clean up. It is also difficult to get him to do his other chores around the apartment, like taking out the trash and doing dishes. It is also difficult to get him into and out of bed. He often gets up at 3 a.m. and wakes her up because he cannot sleep. Then she doesn't get the sleep she needs and is tired all day. She also has a problem getting him to go to school, so he ends up missing a lot of school. She does not know much about how to set limits on her son's behaviors. If asked the miracle question her first response is that her son would be gone and she wouldn't have to deal with him anymore. If the counselor shows acceptance of this and explores it, she says that she would like not to argue all the time and that her son would obey her and things would be calmer around the apartment. She then also says that she really does love her son a lot.

The son is in grade five and doing poorly. He was just diagnosed with a learning disorder on top of the ADHD. His school is working on finding a special education class for him but so far has been unsuccessful. At first he does not look directly at the counselor and barely answers her or his questions. If he feels that the counselor is really understanding about the situation and doesn't always take his mother's side he becomes more willing to talk. If asked the miracle question he first says that his mother would be dead and he could do whatever he wanted. After awhile he admits that he really doesn't want his mother to die. He likes to spend time with his mom (playing games and going places) and he doesn't like it when she isn't at home when he gets home from school. He wants to have less "yelling and screaming" but doesn't want to take his medicine or do his chores. He would rather watch TV or play outside. If he feels listened to and feels his mother is willing to try harder, he becomes more willing to cooperate and work on defining what needs to be different for things to get better between he and his mother.

RP #42

Dyad (parent and adolescent)

Agency: Family services agency

Interviewer: Family counselor

Clients: Mother and teenage son. Mother calls in and says that her 16 year old son has come to her with a personal problem that she feels she cannot handle alone.

Role-play Development: Son has confided to mother that he is sexually attracted to males. Mother is blown away by this. She cannot bring herself to talk with her friends about this and consequently feels very alone, embarrassed, guilty, and scared. She has decided to seek professional help but finds it very difficult to even bring up the subject with the counselor. The son does not want to discuss this and will not raise the subject. He comes with his mother because he is concerned about her well-being and because he is upset at seeing her so upset.

What both parties would like to get out of the meeting with the counselor is some sense of what to do next and how better to live with this situation. Both mother and son have been through very difficult situations before (i.e., the death of husband/father and son/brother three years ago in an automobile accident, another child in the family (age 11) who is profoundly mentally impaired, and a fire 1 1/2 years ago which destroyed their home of some 20 years). The mother and son have become very close through all of this, love each other very much, have a strong faith in God, and some very close friends who have sustained them through other difficult situations.

RP #43

Crisis Situation (female or male)

Agency: A family services agency

Interviewer: A family services worker available for emergencies

Client: A female (or male) client who is a step-mother. She asked for an appointment immediately because she says she is about "to lose it and someone will get hurt."

Role-play Development: The client is stepmother to a 6-year-old boy named Jason, from her husband's first marriage. She and her husband have two young children (2 and 4 years) and she is a homemaker. Jason lived with his mother who was drug addicted, neglectful of him, and eventually abandoned him. Jason came to live with his father two years ago and has been a very difficult child to raise and to love. Not only does he hoard food and hide it in his room, but he is aggressive toward his step-sibs. Worst of all, he throws up his meals all over the house and then does not let his step-mother know. Apparently, he has no problems in school, even after lunchtime. This makes the client believe that Jason is doing these things deliberately and only at home. Jason's father, Tom, works long hours in construction and often travels out of town to job sites during the week. Medication was tried with no positive results and the parents decided against any more medication.

The client is very angry and struggles against strong impulses to hit Jason. She describes how she would like "to take him over her knee and really spank the evil out of him." She sees him as deliberately wicked and she knows her anger and frustration are to the breaking point. If asked about what holds her back, she talks about how she was raised as a religious person who believes beating a child is not the appropriate way to raise him. Still, she is overwhelmed with repulsion and anger toward Jason. When she feels these strong emotions she also feels guilty: "After all, a person who loves God should love a small and helpless child like Jason." The client resents the burden of taking care of such a difficult child, is angry with her husband for not being helpful in this. She also feels guilty about her anger.

If the interviewer explores for exceptions, the client comes to realize that there are exceptions to Jason's throwing up, usually when she feels more loving toward Jason.

RP #44

Crisis Situation

(female)

Agency: Hospital emergency room

Interviewer: Crisis counselor

Client: An 17-year-old, high school senior who walks in looking for help; she said she did not know where else to go to get help. She is disheveled, shaking, and very upset, but has no apparent physical injuries. It is midnight.

Role-play Development: The client is shaking and has trouble being coherent at first. She had been to a weekend party earlier this evening where there was lots of drinking and pot smoking, as she expected there would be. She got high on a mixture of marijuana and alcohol and some of the boys started to molest her. Even though she resisted their sexual advances, she reports that several of them took her to an upstairs bedroom and threw her on the bed, feeling her breasts and other private parts. She cried and begged them to leave her alone but they did not listen to her. She does not know exactly how many boys were in the bedroom but guesses there were 4 or 5. They took turns lying on top of her simulating intercourse and threatening to penetrate her; some ejaculated in her face and mouth. Because of the loud music at the party, she thought that others at the party did not hear her screams for help and nobody came to her rescue. She is very shaken.

She went to the hospital because she knew from her health education class that the emergency services there included crisis counseling. She knew she did not want to go home and she does not want the hospital to call home because she thinks "my mother would kill me for getting into trouble and would say that I asked for it." She was supposed to be grounded this evening because she had skipped school two times last week.

RP #45

Crisis Situation

(female)

Agency: Community mental health center

Interviewer: Mental health worker

Client: A 47-year-old woman named Dorothy brought in by two family members, Dorothy's brother and sister. She can barely walk and the family members say she is "falling apart" because her 19 year-old daughter who has an infant is dying of AIDS. They also say that they know of nothing special that precipitated today's crisis.

Role-play Development: Dorothy's eyes are downcast, her voice is almost inaudible, and she is shaking and near tears. Her present demeanor has persisted for weeks and her crying spells have gotten worse the last couple of days, but she does not know why. She says she has been miserable for weeks, indeed for the last four months since she heard Karen, her beloved daughter, has developed the disease. Dorothy can only talk about how unfair life is-- a beautiful daughter who contracts the AIDS virus from a "no good" man who got her pregnant and then deserted her. Karen, an excellent student, had just begun college and seemed to have a bright future. Dorothy is really overwhelmed and deeply involved in problem talk. She will only respond--and then only reluctantly--to coping questions about the smallest things such as how she managed to get up this morning, get herself dressed, get herself from one moment to the next, and call her brother and sister for help.

RP #46

Crisis Situation

(male or female)

Agency: Teen advisory center

Interviewer: Counselor

Client: A 16 year old male (or female) referred by the school counselor because the student has been contemplating suicide. The student had written a letter and it was found by a teacher under a desk. In the note was an apology to the family and friends and a list of possessions and who should receive them.

Role-play Development: The student is withdrawn and offers nothing at first. Does not trust the counselor and still is seriously contemplating suicide as a way to make the pain he feels go away. The student does well academically and in sports but neither gives him any satisfaction anymore. He feels a lot of pressure from his father to start looking at colleges and apply for scholarships. The father is a doctor and graduated valedictorian. He wants his son to follow in his footsteps. The mother, very prominent in the community and also a doctor, wants the same thing. The student wants to become an artist but his parents think art is useless and have told him so. The student has contemplated suicide before, but no one knows this. He is feeling even more lonely and estranged because he sees more and more how determined his parents are in their wishes for him. Right now things look hopeless. The client will not respond at all unless the interviewer ties in to what is important to him.

RP #47

Crisis Situation

(male or female)

Agency: Community agency serving persons who are chronically mentally ill

Interviewer: Case manager

Client: A 45-year-old, male (or female) client who is currently hospitalized in an acute care hospital for a suicide attempt. Suicide was attempted by a combination of medication overdose, alcohol abuse, and wrist slitting.

Role-play Development: The client is not happy to see the case manager. He is sullen and withdrawn, with sporadic bursts of anger when the case manager asks too many questions or appears too empathic. The client is not happy that the attempt failed. He is already talking about the "next time" and how he will do things differently and more violently so that he will be successful in dying. He does not want to go back to his apartment as it is the landlord that found him unconscious and called 911. He would really like to be left alone. He is experiencing and has experienced tremendous emotional pain. His mental illness involves hallucinations and delusions, including but not limited to believing that aliens are shooting him with lasers and Satan lives in his pancreas. He has no family and the nature of his illness is such that it is difficult for him to make and sustain friendships. He has occasionally been able to hold a part-time job but it has been at least 4 months since his last job.

If the interviewer persists in exploring when the pain is a little bit less, he is able to acknowledge that his illness is easier to manage when he regularly takes his medication and when he is not living alone. However, as he so badly wishes to end his life, it is very difficult for him to acknowledge this.

Client is able to talk about his goals of wanting to have a friend, have at least a part-time job, and staying on his medication. However he does not have much hope that this will ever come to pass. He finds that he copes by reading the Bible aloud, as this keeps Satan away from him.

RP #48

Crisis Situation

(female)

Agency: Domestic violence shelter

Interviewer: Counselor

Client: A 28-year-old woman named Sherry who has two children, ages 7 and 4 years. She was admitted into the shelter today. She has several bruises on her shoulders and face.

Role-play Development: Sherry has been married for 8 years to Bob who is a carpenter and works for a construction company. Bob has a tendency to drink too much and smokes marijuana periodically, especially when there are financial stresses, when he is having difficulties with his boss, and on weekends.

Bob has been violent toward Sherry on and off during their marriage, especially when he has been drinking. He has become more violent lately because he is under more pressure to pay off the debt they have accumulated over the years. Bob and Sherry's dream was to buy their own house ever since they've been married but his boss just lost a big contract to his competitor and, therefore, will be laying off many workers including Bob. Yesterday, Bob came home drunk and started to pick a fight with Sherry. Sherry, recognizing that "a fight never makes anything better," decided to take the children and move to her mother's home temporarily. As she was about to leave the house, Bob grabbed her and shoved her against the door. When Sherry protested, he became even angrier and dragged her into the bedroom and pushed down on the bed and tried to force himself on her. The children started to cry and begged Bob to stop hurting their mother. Bob became even more angry and hit Sherry around the shoulders and in the face.

Sherry, very upset, could not sleep all night. The next day she called the shelter, made an appointment, and left with the children.

She is very nervous about being at the shelter; she is afraid of what Bob will do when he finds out. She starts out talking about whether she has made a mistake in coming. On the other hand, her children mean everything and she wants them to be safe.

Appendix B: Sample Test Questions

(Appendix B omitted here; Instructor's Manual with Test Bank available through the publisher, Thomson Brooks/Cole with the adoption of De Jong & Berg, *Interviewing for Solutions* 3^e for classroom use)

Appendix C: Solution-Building Tools

INTERVIEWER SKILLS RATING FORM

Student: _____

Date: _____

SKILLS

Impressive--Keep--Workon

Getting Started

Introductions and role clarification _____

Warmth/ability to put clients at ease _____

Use of client's name _____

Maintaining eye contact _____

Confidence & composure _____

Use of appropriate non-verbals by interviewer _____

Addressing client confidentiality _____

Asking @ client activities, interests, & related strengths _____

Asking @ how the client came into services _____

Asking for client's understanding of the "concern/problem" _____

Exploring what client has found helpful so far _____

Skills for "Not Knowing"

Listening to who & what are important to client _____

Affirming client perceptions _____

Echoing client's key words _____

Getting details with "wh & how" questions _____

Not using "why" questions _____

Asking open questions _____

Using closed questions only to set up an open question _____

Paraphrasing _____

Summarizing _____

Use of silence _____

Remaining open and non-judgmental _____

Maintaining not-knowing posture i.e. avoiding assumptions
& offering advice _____

Awareness of client non-verbals _____

Direct complimenting _____

Indirect complimenting _____

Using natural empathy _____

Normalizing _____

Returning the focus to the client _____

Noticing hints of possibility _____

Exploring and amplifying client meanings (through
"suppose," "how helpful," & "difference" questions) _____

Using relationship questions _____

Amplifying solution talk by connecting to &
building on client words & perceptions _____

(continued)

SKILLS

Impressive--Keep--Workon

Listening for & Amplifying What the Client Wants

- Noticing and punctuating what the client wants different
- Getting details about what the client wants different
- Asking the miracle question deliberately and completely
- Asking for concrete, behavioral description of preferred future
- Asking for presence versus absence
- Using relationship questions to amplify preferred future
- Going for beginning & small steps
- Asking what parts of the miracle can happen i.e. what's realistic
- Affirming that solutions require "hard work"
- Exploring significance of preferred future w/ suppose questions
- Scaling how far along client is to the miracle picture

End-of-Session Feedback to Clients

- Formulating feedback based on client goals & exceptions
- Accurate use of observational & behavioral suggestions
- Using compliments
- Offering feedback to client authentically

Exceptions, Follow-up Sessions, & Scaling

- Noticing hints of exceptions
- Punctuating and getting details about exceptions
- Exploring & punctuating client's role in making exceptions happen
- Noticing and amplifying client strengths & resources
- Use of scaling in exploring "what's better"

Involuntary Situations

- Getting client's understanding of the situation
- Affirming client's perceptions of the situation
- Respectfully exploring pressuring agent's expectations
- Respectfully sharing context information

Dyadic Situations

- Maintaining balance
- Building toward a common goal
- Using scaling to negotiate impasses
- Clarifying ground rules for the session as necessary

Crisis Situations

- Use of natural empathy
- Exploring what's been helpful so far
- Use of coping questions

Feedback to & from Other Learners

- Ability to give useful feedback to others
- Capacity to receive useful feedback from others

(continued)

HELPFUL LANGUAGE SKILLS

Language is a powerful tool and the way it is used in solution building reflects many years of paying attention for the words and phrases which seem to best promote solution building by clients. With this in mind, we want to point out that the following words and phrases are especially useful. As you study and practice your part as a practitioner in solution-building conversations, return to this guide often and check whether you are making frequent use of these skills.

- **·Suppose, (pause) ...**
This is a good word to help clients begin to imagine an alternative future to a problematic situation without promising that their preferred future will occur. Since it takes considerable effort for clients to set aside the intrusion of problem-focused thoughts, it is good practice to use pauses to help clients make the transition to thinking about alternatives to problems.
eg. "Suppose your daughter were respectful of you, (pause)... what would she notice you doing differently with her?"
- **·Instead**
It is quite normal for clients to not know what they want when they first meet with a practitioner. The process of sorting this out usually begins by talking about what they do not want. Therefore, be prepared to repeatedly help clients to define what they want by building from what they find troublesome. The word "instead" is very useful.
eg. "What would you do instead of 'screaming at the kids'?"
- **·"When," not "if"**
"When" encourages a future focus and creates more hope that a different life could happen. "If" retains the future focus, but introduces more doubt.
eg. "When you smile at him and talk to him in a normal voice, what will be different around your house?"
- **·"How come?"**
This question is less confrontational than "why" and asks: "What were you thinking?"
eg. "How come you decided to run away from home?"
- **·Using silence and responding to "I don't know"**
The questions we ask clients are difficult and require thought; they often fall silent or say "I don't know." When that happens in your interviews, we suggest:
 - (first) sitting back, looking expectantly at the client, and waiting for an answer,
 - saying: "I am asking you some tough questions" and wait some more,
 - saying: "Suppose you knew the answer" or "If you were to guess, what would you say?"
 - using relationship questions, eg. "What would your teacher say that she sees that tells her that you no longer have this problem?"
 - reviewing how the case came to you; that is, looking at who is the "real client" in this case, that is, the person who wants something different; then proceed to relationship questions built around the "real client": eg. "What do you suppose the judge wants to see different as a result of our talking."

(continued)

- **Difference questions**

Clients make changes when they notice something is different in their lives; the difference gives them ideas about what they can do to bring on further changes. Therefore, expect to use the word “different” frequently in your questions.

egs. “What will you notice different about your husband that will let you know that a miracle has happened and his problems related to his drinking are solved?”

“How will you know that it is really different this time?”

“What difference would that make in your relationship with him?”

- **Tentative language**

Tentative language is a consensus building language; it invites and allows space for the listener to offer perceptions and ideas on the topic.

egs. “I wonder what will happen when . . .” “Could it be that . . .” “Perhaps . . .”

“Is it possible that . . .”

- **So...**

A very useful word to employ in order to break in on clients who are “non-stop, problem talkers” who “control” the session with such talk. Once clients have some time to express their difficulties and reactions, use “so” followed by a paraphrase or empathic statement and then move on to solution-focused questions. Solution building depends on purposeful questioning by the practitioner; the use of “so” signals to the client that a topic change is coming and gives the practitioner a device to redirect the conversation in a more useful direction.

eg. “So, I can see that you have been through a lot; (pause) ... when things start to go better, what will be different?”

- **Wow!!!**

We have been amazed to discover that not all languages, in comparison to English, have the equivalent of this word. Insoo is well known for her frequent use of this word to convey to the client her admiration, curiosity, support, and reinforcement of their successful solutions in interviews. With changes in intonation, emphasis on different words, and various nonverbal cues, a practitioner can convey a great deal to a client. We suggest that you practice many different ways of using this very unique English word.

- **Words or Phrases to Avoid**

Why?

“Why” is often heard as an accusation or challenging word that implies the client made a mistake; it often encourages defensiveness on the part of the client. Do not ask: “Why did you run away?”

“You want to _____, don’t you?”

Such questions reflect the practitioner’s frame of reference and thereby minimize the importance of what the client wants different. Do not ask: “You want to get a job don’t you?”

“Yes, but...”

If you find yourself using this phrase, it is a pretty good indication that you are about to engage in a debate with your client. We often can influence a client’s way of thinking, but we cannot win a debate or an argument. If you find yourself saying these words, it is a pretty good clue that you need to do something different. Get in the habit of catching yourself in time and experiment with some other phrase. A good beginning would be asking: “So what has to be different as a result of our meeting today for you to say our time together was worthwhile?” Using one of the “question lead-ins” which follow might also prove useful.

QUESTION LEAD-INS

Sometimes the most difficult aspect of trying out a new concept is getting started. This tool lists a few of the lead-ins used in solution-focused questioning.

Make use of Who, What, When, Where, and How. Again, avoid the word “why” because of the negative or hostile tone it can convey.

Lead-in possibilities:

- How will things be different?
- What will you notice about...
- Perhaps...
- I am not certain, do you suppose....
- Suppose...
- It seems....
- Is it possible?.
- How do you want your life to be different?
- What will you do instead?
- How did you do that?
- How did you figure out how to do that?
- What else?
- What did you notice.
- What did your colleagues, supervisors, family, boss notice ?.
- Tell me the reason (instead of why?)
- Did you notice?
- What would it take?
- What would you change?
- What small change would you make?
- So . . .

(continued)

- How will you know?
- When things are different . . .
- How would that be helpful?
- What tells you that you are better?
- What is better?
- Tell me about. . .
- How can I be helpful?
- What would be helpful?
- What have you heard?
- Anything else. . .
- How do you know?

COMPLIMENTING

Purpose: For clients to notice what they do that is good for themselves.

Direct Compliments: A statement with a positive attribute or a positive reaction to a client's statement.

Examples: I like the way you dress her; That's good; That's great!; WOW!

Rule of Thumb: Use such statements sparingly, but use positive reactions frequently; both are better when they reflect the client's values.

Indirect Compliments: A question that implies something positive.

Type #1: When asking questions, use the same words that clients use when they describe a desired outcome.

Examples: How have you "managed" to make "the household so calm?"
What other times have you used your "small mouth?"

Type #2: Imply compliments "through" relationships.

Examples: What do you suppose the social worker noticed when you talked to her that lets her know you are making progress with your treatment?

The principal says all the teachers have noticed some big improvements. What would you guess they've noticed about you?

Note: Because the worker is not the source of compliments these can be easier for the client to respond to.

Type #3: Imply that the client knows he or she is doing what is good for him or her.

Examples: Instead of saying "that's good," ask, "How did you decide that was good for you?" or "How did you know that would help with your son?" or "How did you figure out that it will work?"

Rule of Thumb: Type #3 is most effective because the client discovers his own resource.

Note: Often, clients respond by telling you how they know what is right for them, i.e., what their values are (rather than the worker imposing values). Also, this frequently initiates self-compliments, which follow.

Self Compliments: A statement made by the client saying they do what is good for themselves.

Examples: · I decided to quit using cocaine because I got smart.

I decided that since I was going to school, anyway, I might as well do some work.

(continued)

Rule of Thumb: React to the client statement with curiosity. Self-compliments can be an early sign of progress. Later in treatment, a contact dominated by self-compliments indicates the client is near termination.

Using Client Reactions:

Reminder: Your goals are for clients to notice positive changes and not for them to accept compliments.

Acceptance: Some clients accept compliments easily. Frequently these are the clients who also give compliments which the therapist should appreciate though not necessarily accept, especially if the therapist is being given credit for the client's positive changes.

Downplay/Rejection:

Some clients reject or downplay compliments, saying in effect, that it is "nothing much." In this case, therapists may preface compliments like this, "You may find this hard to believe, but in my experience of working with your kind of situation..."

Rule of Thumb: Always use your professional intuition and common sense judgment to guide you in your use of compliments.

Sample Dialogue: Strengths Exploration through Complimenting:

Insoo: And did I hear you correctly that you got out of that (abusive) relationship?

Client: Yes I did.

Insoo: (*indirectly complimenting a possible success*) Wow! I wonder how you did that.

Client: It was hard to do but...

Insoo: (*affirming client's perception*) I'm sure that it wasn't easy. So how did you do it?

Client: I just stayed away.

Insoo: You just stayed away from him? That's all?

Client: Uh huh.

Insoo: He didn't want to end the relationship?

Client: No, and I got a restraining order put on him.

Insoo: You did? Was it helpful?

Client: For a while it was, but he just kept coming back.

Insoo: So, he didn't want to break up? (*trusting client expertise and affirming it*) But you knew this was best for you?

(continued)

Client: Right. He was threatening me, threatening to kill me and...

Insoo: *(acknowledging the severity of the situation)* Wow.

Client: And every time he sees me he jumped on me.

Insoo: He jumped on you, right. Even after you broke up?

Client: Right.

Insoo: *(indirectly complimenting)* So that's when most women sort of become weak and they take him back. How come you didn't?

Client: A couple of times I did because I was scared [of him]. And the more I kept going back to him it got worse and worse. And then he ended up hurting my son.

Insoo: Oh! Is that what did it?

Client: That's what caused me to get my kids taken.

Insoo: Right, I see. So, your children have been taken away because of what happened with him.

Client: Right.

Insoo: *(asking for the client's definition of the situation)* So, how...was that helpful to break up with him or was it not helpful to break up with him?

Client: *(in a stronger voice)* Yeah, it was helpful. Because I feel that another man don't have no right putting his hand on nobody else's child.

Insoo: *(respecting and affirming the client's definition)* Right. Wow! You are very clear about that?

Client: Yes. He broke my baby's leg!

Insoo: *(complimenting strengths)* Uh-huh. Right. But some women, even though he did that, some women either got scared of him or, you know, somehow think that he's gonna change so they would take him back.

Client: No. My kids come first, though.

Insoo: For you?

Client: Right... My kids come first... It wasn't worth it.

Insoo: Really? *(genuinely impressed and complimenting)* Wow, you are very clear about this, "it wasn't worth it" So, I'm amazed by this. *(continuing to foster the construction of a sense of competence)* How did you do this? I mean he was threatening you ...

Client: I just stayed away from him, you know. I was scared of him but, you know, my father always told me 'be strong' and that's what I did....

(Berg & De Jong, 1996, pp. 379-380)

GOAL-FORMULATION PROTOCOL

ROLE CLARIFICATION

(Working with a team; team may interrupt with a question; break, then feedback.)

PROBLEM DESCRIPTION

How can I help?

How is this problem for you? (Get problem description; if more than one, which is most important to work on first?)

What have you tried? (Was it helpful?)

GOAL FORMULATION

What would have to be different as a result of our meeting today for you to say that our talking was worthwhile?

MIRACLE QUESTION (Once asked, focus on *what will be different* when the miracle happens.)

Regarding client: What will you notice that's different? (What will be the first thing that you notice? What else?)

Regarding significant others: Who else will notice when the miracle happens?

What will he or she notice that is different about you? What else?

When he or she notices that, what will he or she do differently? What else?

When he or she does that, what will be different for you?

(continued)

MOVING TOWARD A SOLUTION (Use when client can answer the miracle question.)

Suppose you were to pretend that the miracle happened, what would be the first small thing you would do?

How might that be helpful?

Or: What's it going to take for a part of the miracle to happen?

Is that something which could happen? If so, what makes you think so?

ENDING

1. If the client is concrete and detailed in answer to the miracle question, give compliments and suggest: "In the next week, pick one day and pretend that the miracle has happened and look for what difference it makes."
2. If the client is *not* concrete and detailed in answer to the miracle question, give compliments and suggest: "Think about what's happening in your life that tells you that this problem can be solved. And I'll do some thinking too."

(If a second session is a possibility, you can ask the client to meet with you again to continue working on the problem.)

QUESTIONS FOR DEVELOPING WELL-FORMED GOALS

To the interviewer: When using these questions, remember that you most want to explore for the client's perception of *what will be different* when either the miracle happens or the problem is solved. Also remember that developing well-formed goals is hard work for clients. Be patient and persistent in asking the interview questions.

THE MIRACLE QUESTION

Suppose that, while you are sleeping tonight, a miracle happens. The miracle is that the problem which brought you here today is solved. Only you don't know that it is solved because you are asleep. What difference will you notice tomorrow morning that will tell you that a miracle has happened? What else will you notice?

AMPLIFYING AROUND THE CHARACTERISTICS OF WELL-FORMED GOALS

Small

Wow! That sounds like a big miracle. What is the first small thing you would notice that would tell you that things were different?

What else would tell you that things were better?

Concrete, Behavioral, Specific

You say that the miracle is that you'd feel better. When you feel better, what might others notice different about you that would tell them that you feel better?

What might you do different when you feel better? What else?

Start of Something Different/Better

You say that the miracle is that you'd weigh 50 pounds less. OK, what will be different in your life when you lose that first pound? What else?

Presence of Something Different/Better

You say that, when the miracle happens, you'll fight less with the kids. What will you be doing *instead*?

AMPLIFYING AROUND PERCEPTIONS OF SIGNIFICANT OTHERS

When the miracle happens, what differences will your husband (children, best friend, co-workers, teachers, etc.) notice around your house? What differences will your husband notice about you? What else will they notice that's different?

AMPLIFYING AROUND THE CLIENT'S SYSTEM OF RELATIONSHIPS

When your husband (children, best friend, co-workers, teachers, etc.) notice ____ (the difference that the client mentions in answering the previous question), what will your husband do differently? What else? And when he does that, what will you do? How will things be different around your house?

(continued)

TIPS

If clients say "I don't know," say:

Suppose you did know, what would you say?

Or, go to relationship questions, for example: Suppose I were to ask your husband (children, best friend, etc.), what would he (they) say?

If clients struggle with the questions or say they are tough, agree with them and say:

I'm asking you some tough questions; take your time.

If clients cannot work with the miracle question, work with questions phrased along the lines of "when the problem is solved."

When clients get unrealistic ("I'd win the lottery!"), just agree with them by saying:

That would be nice wouldn't it.

If they persist, ask: What do you think the chances are of that happening?

Or, ask: What tells you that _____ could happen in your life?

When clients give you a concrete piece of the miracle picture or potential solution (for example, "When the miracle happens, I guess I'd be taking more walks"), be sure to build by asking, for example:

What's different for you when you take more walks? (and continue to build from that answer)

Part of respecting the client's perceptions is to respect the words that they use for their perceptions and adopt them in your interview questions. Thus, the preceding question picks up on the client's reference to taking more walks.

VERY IMPORTANT: If, despite your best efforts, clients are unable to work with the miracle question or define how things will be different when the problem is solved, ask:

How do you know this problem can be solved?

GOAL FORMULATION IN LATER SESSIONS

Work from the scaling question about progress:

On a scale of 0 to 10, where 0 is where you were at when we began working together, and 10 means that the problem is solved (or the miracle happens), where are you at today?

OK, so you're at a 5. What is happening in your life that tells you that you are a 5?

So when you move up just a bit, say from 5 to 6, what will be different in your life that will tell you that you are a 6? What else? What will be different when you move on to a 7?

Thereafter, amplify just as you would for the miracle question, for example, around significant others. For example, when you move up to a 6, what will your best friend notice that will tell her or him that you are doing just that much better? What else?

PROTOCOL FOR FOLLOW-UP SESSIONS

EXPLORING FOR PROGRESS/EXCEPTIONS

What's better? Are there any times (or days) when things go better?

If yes, when are those times? What is different about them that tells you things are going better?
Where do they happen? Who's involved?

And, how do those times happen? What do you do differently to make them happen? What else? If I were to ask _____ (others involved in the better time) who does what to make it happen, what would they say?

If nothing is better, how are you *coping*? How are you making it with things not getting better? How come things are not worse, that is, what are you doing so that things don't get worse?

SCALING PROGRESS (or COPING)

If 10 means that the problem is solved, and 0 means as bad as this problem has ever been, where would you say things are at right now?

(If the number the client gives makes sense, acknowledge that; if not, ask: what tells you that things are at a _____.)

(continued)

ONGOING GOAL FORMULATION

Suppose things moved up one number, what would be different that would tell you that things are just that much better?

What would _____ (a significant other) notice different about you that would tell her or him that things were just that much better? What else?

What would it take for that to happen?

How about if things were two or three numbers higher, what would be different that would tell you that things were that much better? What else? What would it take for those things to happen? What else?

ENDING

Summarize what the client is doing that is useful. Compliment the client for strengths and successes. Suggest that the client continue to do what works and pay attention to what else s/he may be doing that is useful but s/he may not yet have noticed.

PROTOCOL FOR FORMULATING FEEDBACK TO CLIENTS

FINDING THE BOTTOM LINE

Does the client want something? What is it?

Is there a well-formed goal? What is it?

Are there exceptions? What are they?

If yes, are they deliberate or random exceptions?

THE FEEDBACK

Compliments

Bridging Statement

Suggestion(s) (Based on the client meanings co-constructed in the interview.)

COMMON MESSAGES
(END-OF-SESSION FEEDBACK)

WHEN CLIENTS DO NOT PERCEIVE A PROBLEM AND DO NOT WANT ANYTHING

Here is an example of a message to a client sent for services by his probation officer (from Berg and Miller, 1992, p. 99):

Curtis, we are very impressed that you are here today even though this is not your idea. You certainly had the option of taking the easy way out by not coming. . . . It has not been easy for you to be here today; having to give up your personal time, talking about things you really don't want to talk about, having to take the bus, and so on. . . .

I realize that you are an independent minded person who does not want to be told what to do and I agree with you that you should be left alone. But you also realize that doing what you are told will help you get these people out of your life and you will be left alone sooner. Therefore, I would like to meet with you again to figure out further what will be good for you to do. So let's meet next week at the same time.

WHEN CLIENTS PERCEIVE A PROBLEM BUT NOT A ROLE FOR THEMSELVES IN A SOLUTION

1. Client cannot identify exceptions and does not have a goal

Pay attention to what's happening in your life that tells you that this problem can be solved.

Or, since the client does not have well-formed goals, use the formula first-session task (de Shazer, 1985, p. 137):

Between now and next time we meet, we (I) would like you to observe, so that you can describe to us (me) next time, what happens in your (pick one: family, life, marriage, relationship) that you want to continue to have happen.

2. Client can identify exceptions

Between now and the next time we meet, pay attention to those times which are better, especially what is different about them and how they happen--that is, who does what to make them happen. Next time I'd like you to describe them to me in detail.

Or, a variation of the same observation suggestion when the client says that the exceptions are due to someone else doing something different:

Alice, pay attention for those times when your boss is more reasonable and open. Besides paying attention to what's different about those times, pay attention to what he might notice you doing that helps him to be more polite, reasonable, and open toward you. Keep track of those things and come back and tell me what's better.

(continued)

A final variation adds the element of prediction:

Alice I agree with you; there clearly seem to be days when your boss is more reasonable and open and days when he is not. So, between now and the next time that we meet, I suggest the following: Each night before you go to bed, predict whether or not tomorrow will be a day when he acts more reasonable and open and polite to you. Then, at the end of the day before you make your prediction for the next day, think about whether or not your prediction for that day came true. Account for any differences between your prediction and the way the day went and keep track of your observations so that you can come back and tell me about them. (de Shazer, 1988, pp. 179-183)

WHEN CLIENTS WANT SOMETHING AND SEE THEMSELVES AS PART OF A SOLUTION

1. Client has a clear miracle picture but cannot identify exceptions

Between now and the next time we meet, pick one day and pretend the miracle. Go ahead and live that day as if the miracle has happened--just like you described it to me. Then come back next time and tell me what's better.

2. Client seems highly motivated but does not have well-formed goals and cannot identify exceptions

We are so impressed with how hard you have worked on _____ (the client's concern) and with how clearly you can describe to us the things you have tried so far to make things better. We can see why you would be discouraged and frustrated right now. We also agree with you that this is a "very stubborn" (client's words) problem.

Because this is such a "stubborn" problem, we suggest that, between now and next time we meet, when _____ (the client's concern) happens, that "you do something different ...no matter how strange or weird or off-the-wall what you do might seem. The only important thing is that whatever you decide to do, you need to do something different." (de Shazer, 1985, p. 123)

3. Client has well-formed goals and deliberate exceptions of her or his doing

Ralph, I am impressed with you in several ways: First, how much you want to make things go better between you and your children. Second, that there are already several better times happening like (give examples). And third, that you can describe to me so clearly and in such detail what you do to do your part in making those times happen, things like ____ (give examples). With all that you are doing, I can see why you say things are at a 5 already.

I agree that these are the things to do to have the kind of relationship with your children that you want to have. So, between now and when we meet again, I suggest that you continue to do what works. Also, pay attention to what else you might be doing, but haven't noticed yet, that makes things better, and come back and tell me about them.

OTHER USEFUL MESSAGES

When a client wants to overcome a compulsion

Pay attention for those times when you overcome the urge to (overeat, drink, hit your child, use pornography, get panicky, etc.). Pay attention for what's different about those times, especially what it is that you do to overcome the urge to _____. (de Shazer, 1985, p. 132)

(continued)

When there are competing views of a solution.

There are two possible situations here. In the first situation, individuals have different views, for example, if parents disagree about how to handle a child who steals, you might say:

We are impressed by how much both of you want to help your son “not to steal.” The team is also impressed by what different ideas the two of you have about how to help your child through this difficult time. We can see that you were brought-up in different families and learned different ways to do things (the parents had said they could see their different family backgrounds at work in their conflicting views).

The team is split on which way to go--one-half feels like you ought to go with John’s ideas and the other half feels like Mary’s might work best. Therefore, we suggest that each morning, right after you get up, you flip a coin. Heads means that Mary is in charge and you do things her way with Billy while John stays in the background. Tails means John is in charge that day. And also--on those days when each of you is not busy being in charge--pay careful attention to what the other does with Billy that is useful or makes a difference so that you can report it to us when we meet again.

In the second, an individual is aware of more than one option and cannot decide which is best; for example, if a client is struggling with the decision whether to leave her boyfriend, Bill, you might say:

I am unsure about whether it would be best for you to “stay with Bill or leave him and begin a new life” (her words). I agree that this is a tough decision and figuring it out is going to take more hard work. As you continue to work on it, I suggest that each night before you go to bed, you flip a coin.

If it comes up heads, live the next day as much as possible as though Bill is no longer a part of your life. Don't contact him and start to take the first steps toward the things you said you would do differently if you were on your own, such as spending more time with you friends and family and so forth. If it comes up tails, live the next day as though he is still a part of your life--all those things you described to me about what that means for you. Then, as you do these things, keep paying attention to what's happening that tells you that you are becoming more clear about whether to leave him or stay in the relationship. Remember, though, that usually a person cannot be 100% sure. And then come back and tell me what's better.

PROTOCOL FOR FIRST SESSIONS

Client Name(s): _____ **Date:** _____

Client Concern/History: (How can I help? What tells you that ___ is a problem? What have you tried? Was it helpful?)

Goal Formulation: (What do you want different as a result of coming here? Dialogue around the miracle question.)

Exceptions: (Are there times when the problem does not happen or is less serious? When? How does that happen? Are there times that are a little like the miracle picture you describe?)

Scaling:

Pre-session change:

Willingness to work:

Confidence:

(continurd)

Compliments:

Bridge:

Suggestion(s):

Next Time:

PROTOCOL FOR LATER SESSIONS

Name: _____

Date: _____

What's better?

Elicit: (What's happening that's better?)

Amplify: (How does that happen? What do you do to make that happen? Is that new for you? Now that you are doing _____, what do you notice different between you and _____ (significant other)? What's different at your house?)

Reinforce/Compliment: (Not everyone could have said or done _____. So you're the kind of person who is/does/believes _____?)

Start Again: (What else is better?)

Doing More: (What will it take to do _____ again? To do it more often?)

If nothing is better: (How are you coping? How do you make it? How come things aren't even worse?)

Scaling Progress:

Current level:

Next level(s): [When you move from _____ (number for current level) to _____ (one number up the scale), what will be different? Who will be first to notice? When s/he notices, what will s/he do differently? What would it take to pretend a _____ (one number up the scale) has happened?]

Termination: (What number do you need to be at to not see me any more? What will be different then?)

(continued)

Compliments:

Bridge:

Suggestion(s):

Next time:

EXCEPTION-FINDING QUESTIONS

To the interviewer: When exploring for exceptions be aware that such questions can be phrased to ask for the client's perceptions of exceptions (individual questions) and the client's perception of what significant others might notice (relationship questions). Examples of each are included below.

EXCEPTIONS RELATED TO THE MIRACLE

1. Elicit

So when the miracle happens, you and your husband will be talking more about what your day was like and hugging more. Are there times already which are like that miracle, even a little bit?

If your husband was here and I were to ask him the same question, what do you think he would say?

2. Amplify

When was the last time you and your husband talked more and hugged more? Tell me more about that time. What was it like? What did you talk about? What did you say? What did he say? When he said that, what did you do? What did he do then? How was that for you? What else was different about that time?

If he were here, what else might he say about that time?

3. Reinforce

4. **Non-verbally:** Lean forward, raise eyebrows, take notes: (do what you naturally do when someone tells you something important.)

5. **Verbally:** Show interest. (Was this new for you and him? Did it surprise you that this happened?) And compliment. (Seems like that might have been difficult for you to do, given everything that's happened in the relationship. Was it difficult?)

6. Explore how the exception happened

What do you suppose you did to make that happen?

If your husband was here and I asked him, what do you suppose he would say you did that helped him to tell you more about his day?

Use compliments: Where did you get the idea to do it that way? That seems to make a lot of sense. Have you always been able to come up with ideas about what to do in difficult situations like this?

7. Project exceptions into the future

On a scale of 1 to 10, where 1 means no chance and 10 means every chance, what are the chances that a time like that (the exception) will happen again in the next week (month, sometime in the future)? What will it take for that to happen?

What will it take for that to happen more often in the future?

(continued)

Who has to do what to make that happen again?

What is the most important thing for you to remember to do to make sure that ____ (the exception) has the best chance of happening again? What's the next most important thing to remember?

What do you think your husband would say the chances are that this (the exception) will happen again? What would he say you could do to increase the chances of that happening? Suppose you decided to do that, what do you think he would do? Suppose he did that, how would things be different for you... around your house... in your relationship with him?

EXCEPTIONS RELATED TO THE PROBLEM

If the client cannot define a miracle and relates to you only in terms of problem talk, phrase your questions in terms of the *problem* instead of the miracle. Example:

Can you think of a time in the past day (week, month, year) when you and your husband fought less or not at all?

Then proceed with the five steps given for exceptions related to the miracle.

WHAT'S BETTER?

You can begin all later sessions with this exception-exploration question. Be sure to follow all five steps given above and to use both individual and relationship questions.

Always ask "What else is better?" after you finish exploring an exception.

COPING QUESTIONS

In rare cases, the client cannot identify any exceptions and seems overwhelmed. You can ask coping questions to uncover what the client is doing to make it in such difficult circumstances:

I'm amazed. With all that's been happening, I don't know how you make it. How do you do it? How do you get from one minute to the next?

If a client describes a longstanding depression and one discouraging event after another, you might say:

I can see that you have many reasons to feel depressed; there have been so many things that haven't worked out the way you wished. I'm wondering how you have managed to keep going? How have you been able to get up each morning and face another day?

If the client says she has to keep going for her kids, you might say:

Is that how you do it? You think about your kids and how much they need you? You must care a lot about them. Tell me more about what you do to take care of them.

PROTOCOL FOR INTERVIEWING CLIENTS IN INVOLUNTARY SITUATIONS

ROLE CLARIFICATION

(Introduce yourself, describe your role briefly, and describe structure of session: taking a break etc.)

PROBLEM DESCRIPTION AND ATTEMPTS AT SOLUTION (Throughout, pay attention for clues about what the client might want, and what he or she might be able and willing to do.)

What is your understanding of why we are talking today? (Be prepared to share what you know about the case.)

What have you done about this situation so far?

What have thought about trying but haven't done yet? How might that be helpful?

GOAL FORMULATION

What does _____ (pressuring person or mandating agent) think you need to do differently? (Use these questions when the client starts out negatively and seems to be unmotivated.)

Suppose you were to decide to do that, what would be different between you and _____ (pressuring person or agent)? (Continue with: what would be different between you and _____ [significant others]?)

Is that something you could do?

What at a minimum would you say that you have to do differently?

When was the last time you did that? Suppose you were to decide to do it again, what would be the first small step you would take?

MIRACLE QUESTION (Once asked, focus on *what will be different* when the miracle happens.)

Regarding client: What will you notice that's different? (What will be the first thing that you notice? What else?)

(continued)

Regarding significant others: Who else will notice when the miracle happens?

What will she or he notice that is different about you? What else?

When she or he notices that, what will she or he do differently? What else?

When she or he does that, what will be different for you?

MOVING TOWARD A SOLUTION (Use when the client can answer the miracle question.)

Suppose you were to pretend that the miracle happened, what would be the first small thing you would do? How might that be helpful?

Or: What's it going to take for a part of the miracle to happen? Is that something which could happen? If so, what makes you think so?

Or: On a scale from 0 to 10 where 0 equals the worst the problem has been and 10 equals the miracle you described, how close are you to the miracle right now? What tells you it is that number? Suppose it was one number higher, what would be different? What would it take for that to happen? And so forth.

ENDING

1. If the client is concrete and detailed in answer to the miracle question, give compliments and suggest: "In the next week, pick one day and pretend that the miracle has happened and look for what difference it makes."
2. If the client is *not* concrete and detailed in answer to the miracle question, give compliments and suggest: "Think about what's happening in your life that tells you that this problem can be solved. And I'll do some thinking too."

(If a second session is a possibility, you can ask the client to meet with you again to continue working on the problem.)

QUESTIONS FOR USE WITH CLIENTS IN INVOLUNTARY SITUATIONS

1. Whose idea was it that you need to come here?
What is your understanding of why you are here?
2. What makes _____ (pressuring person or mandating agent) think that you need to come here?
What does _____ think you need to do differently?
What does _____ think is the reason you have this problem?
3. What would _____ say that, at a minimum, you have to do differently?
What do you have to do to convince _____ that you don't need to come here?
4. When was the last time that you did this (i.e. whatever the client said _____ needs to be different)?
What was different in your life then?
How did you manage to do that?
What do you think _____ (significant other) would say he or she noticed different about you then?
5. Suppose you were to decide to do that again, what would be the first step you would have to take to make it happen?
How confident are you that you could do that again?
What would it take to raise your confidence a bit?
What would _____ (significant other) say the chances are that you will do this again?
6. Suppose you were to decide to do this, what would be different between you and (significant other)?
What would be different between you and _____ (pressuring person or mandating agent)?
7. Suppose you were to decide to do it, what other differences would that make in your life?
What would be going on in your life that is not going on now?
8. How will you know when you have done enough?
Who will be the first to notice when you make those changes?
When _____ notices the changes, what will he or she do differently from what he or she does now? And, when he or she does that, how will that be for you?

PROTOCOL FOR CRISIS INTERVIEWING

ROLE CLARIFICATION

(There may be times when you would not start this way but be prepared to state your name and what you do in this setting.)

Say: I glad you came here today. I think you are in the right place. What kind of help do you need first?

Go slowly; accept and affirm client's perceptions.

CURRENT COPING EFFORTS (Assume competency.)

Find and compliment strengths, say: I'm glad you called, or I'm glad you made it here. I wonder how you did that.

What else are you doing to take care of yourself in this situation? (Get details: what, when, where, who, and how)

What else has been helpful to you?

Could it be worse than it is? How come it is not worse? (Notice and compliment strengths.)

Who (and what) do you think would be most helpful to you at this time?

What about them (and that) would be so helpful to you?

SCALING COPING PROGRESS

Suppose 10 means equals coping as well as you could possibly imagine, and 0 means not coping at all, where would you say you are at right now? _____

(If the number is 2 or above, be amazed/compliment and ask how s/he got all the way up to that number. If it is 1, ask about the first small coping steps. If it is 0 or below, ask what s/he is doing to prevent it from sliding further. Get details of coping thoughts and behaviors.)

(continued)

GOAL FORMULATION: CO-CONSTRUCTING THE NEXT STEP

Suppose things moved up one number on the scale, what would be different that would tell you that you were coping just that much better? (Ask for small signs of improvement.)

What would _____ (significant other) notice different about you that would tell her or him that you were coping better? What else?

What would it take for that to happen?

Suppose things moved up 2 or 3 numbers on the same scale. What would be different that would tell you that you were coping that much better? What else? What would it take to make those things happen? What else? (Or, if the client is becoming more hopeful, ask the miracle question around "coping as well as anyone could imagine, considering what you have been through.")

What is the single most important thing for you to remember to continue coping with this situation?

ENDING

Summarize what the client is doing that is useful for herself or himself. Be sure to point out small details using the clients own words. Compliment the client for his or her strengths and successes. Suggest that the client continue to do what works and pay attention to what else she or he may be doing that is useful for coping.

USEFUL COPING QUESTIONS

- How did you manage to get out of bed this morning?
 - Was it difficult for you?
 - What else was helpful so that you could do it?
- How long has it been since you last ate?
 - How has that been helpful to you?
 - How do you get yourself to eat?
- When is the last time that you got some sleep?
 - Has it made a difference?
 - With all you've been through, how do you manage to get to sleep?
- What has been helpful that got you through so far?
- What do you think we can do that would be most helpful?
- Have you been in this situation before?
 - What did you do to get through it then?
 - What was the most helpful to you?
 - Who helped you the most then?
 - How did you know that _____ would be helpful?
 - What did you do to get _____ to help you?
 - What did _____ do that was so helpful to you? What else?
 - What would it take for _____ to help you again? What else?
 - When you get that help again, what difference will it make for you this time?