For Students Only

by Insoo Kim Berg

As increasing number of academic programs teach Solution-Focused Brief Therapy, we are increasingly asked by students to assist them in their learning about the approach and in their assignments for writing about it's "founders" and personal information. All such requests from students, of course, they needed to finish the paper yesterday. We are not normally available to students "yesterday" even though it is very urgent for them and we would like them to succeed in earning good grades.

Therefore we collected most frequently asked questions from students in this column and try to answer them as best as we can. Their questions can range from how "many siblings did you have in your family" and "what grade school did you attend" to "how can you "treat" people with a diagnosis of schizophrenia or chronic alcohol and drug addiction" with this approach and every problems in between. For additional information you may be looking for, I suggest that you look at short columns posted in this website under the heading of "some recent thoughts" by Steve de Shazer and "Hot tips" by Insoo Kim Berg.

This is not a comprehensive list but hopefully it will be time saving device for me as well as for students who are desperately trying to find answers to personal information that are not available anywhere.

Insoo Kim Berg: Biographical Information

Born and educated in Korean, I came to America to study in 1957 and one thing led to another and this has become my home now. Because of many chemistry course I have taken in my undergraduate education in pharmacy, I got a fairly well paying job as a research assistant for a stomach cancer research project at a local medical school. It was very exciting work, thinking how I might contribute to the discovery of cure for stomach cancer and I was very tempted to stay in the medical research field, but I knew my heart

was in working with people. This new discovery about myself, combined with many twists and turns of events I eventually ended up finishing post-graduate study in family therapy in Chicago in early '70's when the family therapy was a very exciting field.

I remember one of the many requirements for graduation from this two-year training program was that we all had to carry at least one family therapy case in continuous treatment for a year. This was extremely difficult since most families do not stay in treatment that long. Somebody in the family is bound to question of having to go to another session as a family and of course it was thought that 'family therapy" meant that every member of the family must stay in treatment for a year. It was thought that this was an indication of a therapist ability to stay engaged with families. Fortunately they did not specify that "one-year" treatment had to be a weekly event. Another requirement was that we had to conduct a live client session in Chicago in front of the class and supervisors. And I lived and worked in Milwaukee, 95 miles from Chicago. Somehow I convinced one family to drive down to Chicago (two hour drive in good traffic condition) fro my benefit and they did! So, I met both of these unreasonable requirements, and they allowed me to graduate!

Even though I had this certificate from a respected program, I began to question how much these family therapy models I learned was really helping the families who came to me for help. These primarily working class families were in a great deal of pain and they were not interested in gaining insight but wished for the pain to go away, and quickly, too, not to wait for weeks, months, even a year.

I began to search for something more practical, realistic, and could relieve their sufferings immediately. Then I came across the writings of Jay Haley, which knocked me over and I was hooked. I commuted to Palo Alto, CA for a couple of years and I remember once jumping into a taxicab as John Weakland was heading out to the airport to catch a flight after conducting a workshop in Chicago. He was shocked at first to see me climbing into his cab but gracious enough to consult with my cases all the way to O'Hare airport without charging me any money. When one is desperate to learn, one does some out of ordinary things and of course I was so fortunate to have learned at the feet of a wise master. He became one of my mentors

and frequently teased me about my “docile, passive, submissive Asian woman façade. I consider him one of my greatest friend and a teacher.

The Milwaukee Group was a ragtag band of six from various backgrounds, including a family practice physician with a ponytail, and we even had an electrical engineer who was studying artificial intelligence who often participated in the team. In the beginning we did no have money to sign a many years’ lease on an office, so we started seeing clients in our living room and our dining room table became our office table. There we

Steve de Shazer

Steve is co-founder and senior research associate at the BFTC (founded in 1978) in Milwaukee, Wisconsin and is co-developer of the solution-focused brief therapy. He is the author of five books: Patterns of Brief Family therapy (Guilford, 1982); Keys to Solution in Brief Therapy (Norton, 1985); Clues: Investigating Solutions in Brief Therapy (Norton, 1988); Putting Difference to Work (Norton, 1991); and Words were Originally Magic (Norton, 1994). All of these have been translated in various languages.

Because of his early years of training in classical music, he branched out into jazz, playing tenor saxophone with a band and traveled a great deal. He studied fine art and was thought to be a budding talent but gave up on it because he realized that he could not make a living painting nudes. Having been trained by Jesuit priests, he was heavily into philosophy and still reads philosophy, particularly the work of Wittgenstein. Even now, he becomes quite animated when someone brings up the subject of constructivism and social constructionist thinking. Most of all, however, Steve is known as the "man with Ackam's razor" for his insistence on minimalistic views and practices.

Watching Steve's session is shocking to many students who were taught to make eye contact and show an "empathetic looks" on their faces when tal

sites. He lectures to Wittgenstein philosophers on how philosophy can have a practical uses in everyday life.
For more information on Steve's papers, see his CV under Steve de Shazer at this site.

How to Present Solution-Focused Brief Therapy model to your fellow students?

You may select an assignment of introducing the core concept of SFBT to your class. Here are some suggestions and guides for thinking about how to present the model in a unique way so that you can catch the attention of fellow students and your instructor.

- Experiential Approach – Exercises and videotape example
- Case presentation
- Didactic approach

Experiential Approach

You may decide to use an experiential way to present the model to your class and the following is a suggestion for you to consider. Of course you are encouraged to improvise and adapt this suggestion to make your presentation your own.

1. Since you are not likely to get much time for your presentation, select a one or two key concepts and techniques that are fundamental to the model. Examples might be: exception, scaling question, coping question, and miracle question which is more complicated to present in short time you might have. MQ also requires most skills to make it work successfully work with clients, even though it is a very powerful tool.

2. Explain what exception is: that is, when a problem would

normally have happened but somehow they did not. Expanding the time when problem would normally occur but did not was the first discovery that led to the development of SFBT as it is today.

Instruction:

Have the group pair up with each other and one of the pair is the person who needs help, and the other is the person who is to help. The pair is to have a usual conversation about the problem and the helper is to listen attentively to the problem. This goes on for about 5-10 min. depending on how much time you have.

Now the same two people stay together, in the same roles as before, and with same problem. The only thing that changes is the questions the helper asks. This goes on for 5-10 min. using the following outline of the questions the helper will ask the person who needs help.

Put the following question on the overhead you prepared ahead. Ask the group to follow through with the questions and answers as listed, with lots of follow-up questions about the exceptions, using the usual Wh questions (What, when, who, where, how).

Exception Finding Questions

1. Tell me about the times when this problem we have been talking about is just a little bit better, or the problem is gone, even for a short time.

2. What is different for you during those times?

3. What would your best friend say how s/he could tell that the problems is not as severe or you do not have the problem without you letting him or her know about this?

4. Have the participants report to the large group what their experience has been like between the first 5-10 min. and the second 5-10 min. Ask those who played client first; which

conversation did they find more helpful, the first or the second conversation. What was their reaction to the helper during the first and second conversations?

5. Now ask the helpers the same question. What was the difference for the helpers during the first and second conversations? How was your feeling toward the person you were helping different between the first and second conversation?

6. Explain that this difference between the first and second conversation is expanded many times more intensely when the clients talk about much more about their real life problem they face and they are desperate enough to seek help. Explain to the class this is the difference that can make a real difference for the client.

Scaling Question

This is one of the most versatile questions that helps us to collaborates with clients. This scaling question allow us to listen to the client's own assessment of his/her perception, understanding of the difficulty, the seriousness of the problem, client motivation, hopefulness, progresses made toward their goal, and host of other things.

By asking clients to step out of themselves and be an observant of their situations and objectively assess the situation from various angles, we learn how the client views things that are important to them as well as what they might need to do to achieve what their desired state of helpfulness.

Instruction:

You can ask the larger group of the class the following questions and have them answer to themselves if they are reluctant to voice their own personal thoughts to following scaling questions.

Didactic Presentation

I believe this will be the most difficult way to introduce the model; not because it cannot be done, but because such approach immediately elicits comparison model the students maybe familiar with and this can lead to a great deal of time spent on “debate” over one model vs. another. Therefore, unless you are very confident of your own understanding of the model, I would generally not recommend this approach, even though academic programs value the didactic approach to explain and make comparisons. It is the function of academic programs to introduce such rigor into the didactic discussion, but clinical practice is generally so complex and complicated to be reduced to theoretical issues.

Doing therapy is more of an art than a science.

Any questions? Any comments? I would love to hear from you. Please write to me about what other kind of information would be useful to you.