

HOT TIPS

by Insoo Kim Berg

Making Ordinary Extra -Ordinary - "How Do You Cope?"

Many observers of my therapy sessions are surprised at how many times I use the word, "Wow" within a matter of an hour. One even counted and reported to me that I used the same word 25 times in a single session! I was amazed myself. Of course I was not aware of this until people began making a joke out of it, not that I felt offended.

When you listen to the client's account of how they came close to just "cover my head with a blanket and just stay in bed all day," but at the last minute, they somehow muster up their energy and decide to get out of bed, it is amazing. Imagine how difficult and daunting it must be to force oneself to get out of bed when there seems no reason whatsoever to do so. For most of us, it is something we do simply without much thoughts because we have always done it and there is no reason to stay in bed after getting a good night's rest. It is difficult to imagine for someone like myself - high energy, love to work, and thriving on the feeling of getting things done to stay in bed without being deadly sick.

The contrast is awesome and inspires us to imagine how difficult a life must be when one dreads to get up and face the day because it feels like you are doomed before you

Some people even compared my style as similar to "pit bull." Imagine that! But I'm quite proud of this comparison, not in viciousness but in not giving up on client and the tenacity to hang in there until I find some strengths, resources, and exceptions to build on, in most situations.

Many people believe that because the basic premise of SFBT is so simple, it should be easy to do. They are surprised to find that a therapist must work very hard just to hang in there and not give up on clients as hopeless. This is especially true if the therapist does not believe that client has the resources and ability to solve their problems on their own.

Where does my tenacity and ability to hang in there like a pit bull with a bone? It is because of the belief in people, that is, this absolute belief in people that if they have survived this far in their lives, they surely know how to go a little further. Most clients have abilities but they do not believe they do. Therefore, if you do not see it, it is easy to become discouraged.

In order to work with people, we all begin with certain assumptions and belief about what we believe about them. Unfortunately I believe many practitioners are not clear about their belief. But certain kinds of belief about people brought you to this field. Whether we admit it or not, these belief is spilled over in our interactions with clients in many subtle and not so subtle manner.

Of course when you begin with this conviction, you see it everywhere, and of course, then seeing it reinforces the belief even further, and so on.

Useful Language Use

Since language is the only tool we have in working with people, regardless of what kind of job we do in our daily work, it seems it is important that we have some simple, yet effective tools to keep in our pocket and pull them out easily when we need them. Aside from the usual Solution-Focused Therapy tools that it is known for, one of the most useful language tool is one that beings with:

"You must have a good reason to . . ."

For example, when you feel your own lecturing and urge to educate without being invited by the client welling up inside of you, even though they are all with good intentions, instead slow down and catch yourself before you utter the usual preachy word and begin with a sentence that starts with . . . "You must a good reason to . . ." (drink too much, lose your temper, slap your child, wanting to kill yourself) and listen carefully to the client's answers.

My experience is that some very bright and perceptive clients will catch on and immediately begin to either burst out laughing or say things like, "Not really, but I do

drink a lot," and then explain what he or she must do to correct the situation. Of course this makes our job easy since we just need to follow up with . . . "What have you been thinking about doing, for a starter . . . ?"

Some clients who have been hearing a great deal of "preaching" about what he or she ought to do, automatically begins to defend himself by listing all the "good reasons (or

Therefore, working with children requires us to adopt the same assumptions and posture of "not-knowing" as working with adults do. A deep respect for the natural way a child functions, and to find solutions that fit with the way a child naturally operates.

Playing is very natural to all children. Through playing, children learn to make sense of the world around them, and they certainly do not engage in long discussions about what went wrong or what makes things right. They just do it. Children's playing tells us what they are good at, what competencies they already have, and how they use their curiosity to arrive at a solution-building process. And children communicate through playing. Therefore, working with children requires us to be open to communicating with children through playing. It means intensely observing and listening for what they say they need to make their lives a little bit better.

Unlike traditional play therapy which uses children's playing, drawing pictures, story telling, games, to diagnose, uncover, and encourage regression as a treatment process, SFBT views joining with children's playing as a ways to communicate and to experiment to find out what works for them.

A colleague of mine, Therese Steiner, a child psychiatrist who lives near Zurich, Switzerland, tells the following case example:

A 7-year-

those abilities. Even so, we would say, working with children also requires special ability to network with other professionals, such as teachers, nurses, social workers, and other health care professionals who have profound influence on a child. As we do when working with adults, we also believe that the emphasis of the therapy should be on the real life of a child in his or her social environment, not on the intense relationship between the therapist and a child. Even though working with children takes longer than it does with adults, it still is very brief, compared with traditional therapy.

We think this is the most respectful way to work with the child is to encourage a sense of control over what happens to him or her, and to encourage making choices. An audiotape, titled [Children's Solutions Work](#), is a conversation between Therese Steiner and Insoo Kim Berg about working with children. It is available through BFTC. Also their forthcoming [book](#), under the same title, will be published in December, 2002, by Norton.

How does SFBT work with grief issues?

Many students and beginners express concern about how SFBT addresses the issue of grief. These kind of concerns are understandable for beginner's since SFBT emphasizes the shaping of the client's future instead of looking backward to what traumas clients have

So I asked her how helpful her coming to these sessions had been and she replied, "nothing is different." "How long have you been coming?" "Since around thanksgiving time and still nothing is different." Then she lowered her head and didn't say anything. So I asked her, "I understand that you son has been visiting you." She explained in a halting, barely audible voice that she wanted to go away but he visited her and she was scared. So, what do you do when he visits you? I turn up the TV, stereo, so that I don't have to listen to his talking. What does he say? I don't know because I am scared. I urged her to drinker her coffee while its still warm but she didn't move, or reply, she only stared into the space.

Every time Marilee talked about her son, her tears flowed and I had to hand her tissues to wipe m e l h (s)4 (t)(ee t)124 (s)4(S)1 (o l)2 ()]TJ T*o(es)4 (a)9.9 (b,7 (el)(up t)1)2 (s)3.9 (,(f)-88)-3 (

in which the presenting complaint maybe something other than loss of a loved one: The content of the complaint changes but the process of how to listen to the client remains the same. We listen very carefully for clues about the client's "frame of reference" and how she or he views the problems and respect what he or he may want the outcome to be. In Marilee's situation, her fear of her son's presence was real and therefore, this is accepted as such and we worked with this thinking.

Follow up sessions Marilee showed up again in two weeks, right on time, still looking the same, and no visible or reported changes, for three more times. She did not follow my suggestion to only talk to her son in his old bedroom because she was too scared. So, I realized that it was not a good suggestion and decided to focus on changing the meaning of her son's visit. So, we continued the same theme of what her son might want to tell her through these visits - that he also wants to say good-bye to his mother, that he wants her to be happy with her life, that he also misses her. Each time Dante's name was mentioned, Marilee wept profusely, adding bits and pieces of information about what their relationship was like. She added that he was a loving child, her favorite, and she had lots of hope for his future and how much she wished that she could have said good-bye to him. Her conversation has never changed from her two or three words sentence, and there was no adjectives she e w1hree (M)-3 (c(v)14 (6ew)16 (m)-3 (uc)4 (h s)14 (hei)6 (d)10 1 (an)9.9

