

Integrating Play Therapy Techniques Into Solution-Focused Brief Therapy

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Solution-focused brief therapy is a recognized therapeutic approach proven effective in time-limited circumstances. This article describes the solution-focused process and presents a framework for integrating the expressive play therapy techniques of art, sandtray, and puppets into the solution-focused model. Three case studies are used to demonstrate this process.

Keywords: solution-focused, play therapy, sandtray, puppets, art

The solution-building approach was pioneered with the work of Steve de Shazer (1985, 1988, 1991, 1994). In solution-focused brief therapy (SFBT), the client is seen as competent and in charge, able to visualize desired changes and build on the positive aspects of what the client is already doing (DeJong & Berg, 1998). Trebing (2000) described two reasons why a solution-focused approach was relevant: "There are so many children to reach and so few child therapists to go around . . . because children's character structure is more flexible, their personalities are more resilient, and their outlook is more positive" (p. 144). Shapiro (1994) observed that the goal of short-term therapy is to enable children to use their internal resources for growth and development within their own environment.

SFBT is relevant for working with children whose cognitive ability is sufficient to comprehend and appreciate the concepts integral to the solution-focused process. In a study by DeJong and Berg (1998), it was reported that 78% of children 12 years old and younger and 89% of children 13–18 years of age made progress toward achieving their goals through this process. DeJong and Berg (2002) described success with children as young

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as 5 years old when making language adjustments for the children's developmental age. Considering the cognitive requirements for this model, the solution-focused approach is probably not appropriate for children younger than kindergarten age.

Berg and Steiner (2003) noted that the children's nonverbal, playful, and creative habits support successful therapy based on the SFBT model. Selekmán (2005) presented a model that combined the best elements of modified traditional play and art therapy techniques with a solution-oriented approach when working with children. In a study by Perkins (2006) of clients receiving treatment in an urban child and adolescent mental health clinic over 14 months, the therapeutic success with children when using a solution-focused approach was statistically significant. She affirmed that the high satisfaction level among children and parents using this approach was "not surprising given its emphasis on early treatment, encouragement and increasing the sense of hopefulness in the client" (Perkins, 2006, p. 223). Corcoran and Stephenson (2000) found a significant improvement between pretest and posttest scores on the Conners' Parent Rating Scale and positive improvements on the Feelings, Attitudes, and Behavior Scale for Children when using the solution-focused approach. Working with adolescents using the SFBT approach, Paylo (2005) found that this process empowered families to find solutions in the future while drawing on their own expertise and strengths to promote the desired change.

In SFBT, the therapist uses a variety of techniques to help the client experience positive behaviors or solutions that establish the groundwork for new thinking. The structure of SFBT has several important elements that are designed to elicit positive behaviors. (Refer to the Appendix for a list of the steps in the solution-focused process that are described in this model.) SFBT calls for creating hypothetical goals that include desired behaviors as a way to help clients see what is possible for them (Sklare, 2005). These goals need to be concrete and focused on the positive expression of a behavior rather than the absence of a negative behavior and on some specific behavior that the client has a desire to experience.

Establishing and articulating goals is important because this provides the foundation for the entire solution-focused process. According to Sklare (2005), identification of a clear goal is the best predictor of effective counseling outcomes. Problems with succeeding steps in the process are usually traced to an ill-defined goal. A child's goal might be the desire for parents to come back together after a divorce. The therapist has to redirect the child by asking the child what has happened since the divorce and eliciting how the divorce has affected the child. Then the therapist turns the child's answer into a positive behavioral goal. "If you weren't so sad, what would you be doing differently?"

In SFBT, the miracle question is used to help the child visualize a picture of reaching these goals. The child is asked to imagine that while sleeping a miracle takes place and the problem that he or she is experiencing has disappeared. The therapist asks relationship questions to help clarify what the miracle looks like, what is different, and what others would notice that would indicate that a miracle has occurred. Children often wish for a miracle that is impossible to obtain, such as the return of a loved one who has died. Although it is important to affirm and validate the child's wish, the miracle question is related to the goal of what the child would be doing differently when he or she is feeling better or less sad. Relationship questions help the child to express how other people might respond to these positive changes in behavior. The purpose is to affirm the child's visualization of these new behaviors.

Another important element in SFBT is the idea of an exception. Exceptions are past occasions when the child has experienced a "little bit" of the miracle. It is important to explore at least two or three exceptions to subtly remind the child that past success can be repeated in the present and into the future.

The SFBT technique of scaling is an attempt to objectively demonstrate the achievement of goals to provide clients with a measure of their success. The child is asked to rate success on a scale of 1 to 10, with 1 meaning "no success" and 10 meaning "complete success" in achieving one's goal. The therapist affirms the response and asks why the number is what it is and why it is not any lower. Again, this process subtly challenges the child to view life in more positive terms.

The final step in SFBT is to reinforce the child's efforts to this point, remind the child of any past success, and look for ways to move up to the next higher number on his or her scale. The therapist prepares a "solution message" to give to the child to take as a reminder of the session and provide opportunity for growth. This message is important as a visual representation of the SFBT process and becomes the basis for the next session.

This article presents a framework for integrating the expressive play therapy techniques of art, sandtray, and puppets into the SFBT model. Three case studies that describe the integration of expressive play therapy techniques into the SFBT model are included.

GOAL SETTING

The first and most important step in the SFBT process is establishing clear and concrete goals that fit the individual needs of the child or

adolescent. The child's goals are simply stated as getting along better with a peer, doing homework, or feeling better about being with a stepparent. The goal must be concrete, positive in nature, and clearly behavioral. The important thing is that the child wants this goal to happen. The therapist and child work together to set goals and to find ways to achieve them (Haley, 2000).

It is crucial that goals be relevant, meaningful, and specific to the child's situation. The more concrete, behavioral, and measurable the goal, the more potential there is for making progress toward solutions (DeJong & Berg, 2002). For example, a child who has a history of abuse may have feelings of guilt and worthlessness. The goal becomes specific things the child would be doing that would be a sign that life is better and more hopeful. A child with a disability might wish to cope more effectively. The goal then is what the child might be doing that would be evidence of coping more effectively. If a child is angry, the goal is what the child would be doing differently if the anger were not present. An adolescent wanting to be respected is asked what would be a sign to an observer of being respected. Other questions asked in this important stage are "What brings you here today?" "What has to happen so you won't have to come and see me anymore?" "What would you like to be doing that would be a sign that things for you were better?" "If there was something we could work on together that would help you feel different, what would that be?" "If you were not _____, what would you be doing instead?" Expressive play therapy techniques are an important aid in establishing these goals.

My technique of the "wows and hows" uses statements that begin with the words *wow* and *how*. They are designed to affirm children's positive conclusions about their lives in spite of what has happened to them—the "wow"—and of asking them how they knew their behavior was the right thing to do under these circumstances—the "how." This helps them to discover their own capabilities and feel encouraged to use these skills in the future. Examples of this technique are "Wow, you were able to control your anger that time and stay calm. I wonder how you knew to do that?" "Wow, you did your homework that day. I wonder how you did that? There have been so many times you didn't do your homework. What was different that time?"

Using Art

The use of art-based therapy is a valid therapeutic modality (Kossak, 2006) and is beneficial when working with children (Malchiodi, 2005). Art is an excellent tool for helping children make a picture of what is going on

in their lives right now and what they would be doing that would indicate that things were better. The therapist begins the session by saying, "Draw a picture of what you would like to talk about." "Draw a picture of what is going on right now." "Draw a picture of something you would like to change."

Ten-year-old Marty was having a problem with anger. He had recently had an incident at the tennis court where he got very angry at a call against him; subsequently, he slammed his racket on the ground and got into an argument with his coach. Marty's inability to control his emotions was jeopardizing his play. He first drew a picture of his anger that he described as a lightning bolt. He then drew a picture of being calm; he described it as a slow-moving river. Marty was asked what he would be doing differently on the tennis court if he were calm. Behaving calmly became the goal for the session. In goal setting, it is important to help the child have a clear picture of the goal that includes as many details as possible. If the child can visualize the goal, it becomes more probable that the goal can be reached.

Using the Sandtray

When using the sandtray, it is important to permit the child to first make a sandtray of a world. This activity helps with rapport and immediately engages the child in the process. Therapist and child then work toward setting a goal for the session. The therapist instructs the child, "Using the miniatures, make a sandtray of your world right now." "How would you like to make this world a little bit better?" "Make a sandtray of what you would like to be different in your world." "Now, show me in the sandtray what you would be doing differently in this world." This new behavior becomes the goal.

Jamie is 9 years old. He was referred because of issues at home. When asked what would be better for him at home, he talked about having a clean room. He used the sandtray to show what a clean room would look like. He included what he would be doing if his room was clean. Being able to do this activity became the goal for the session.

Using Puppets

Puppets are one of the most useful tools in working with children because they are naturally attractive and fun; they lend themselves to a variety of theoretical approaches of play therapy (Reynolds & Stanley, 2001). Behavior and learning problems that require counseling are often

the result of underlying issues that involve changes in the home or school locations, divorce, loss, major illness, or abuse (Thompson, Rudolph, & Henderson, 2004). Prior awareness of these issues enables the counselor to be an active participant in the puppet play. Many young children struggle to discuss their difficulties. At the same time, these same children find it easier to act out what they cannot verbalize. Puppets serve to help those children express what they have difficulty verbalizing. This is especially helpful in the first step of goal setting in the SFBT process. Puppets facilitate role playing in therapy sessions and are particularly effective with elementary-age children; the child practices new skills with the counselor and receives ongoing feedback regarding progress (Knell, 1994).

Eight-year-old Mary was referred by her teacher to a children's therapist because she was acting withdrawn in school. Her mother reported that she was increasingly uncooperative and aggressive at home. The therapist was aware that her parents were divorced. Mary was given a hand puppet made of two pieces of neutral-colored material stitched together (Blackwell, 1997). She was asked to use markers to draw a face on her puppet that represented how she was feeling at that time. She drew a sad face. Talking to the therapist through her puppet, Mary indicated that she was sad because she and her mother had to move into a new house. The therapist asked Mary's puppet what she would be doing if she was no longer sad. Mary described doing fun things with her mother like going to the park as they used to do before her mother was divorced and had to work more. Mary talked about how she would act differently when doing these fun things. These new behaviors became the goal for the session.

THE MIRACLE QUESTION

The miracle question helps children transition to experiencing what life would be like if the problem that brought them to therapy were magically solved. This step is not intended to minimize the multiple and complicated problems that children can experience. The child has identified a goal; the miracle question helps the child to visualize how life would be different if the goal was achieved "even a little." The therapist engages the child:

If a miracle happened tonight while you were asleep and you woke up tomorrow and the problem that brought you here today was solved by magic, what would be the first small thing you would notice that told you this miracle has happened?

Relationship questions help to clarify and expand the miracle. "What would you be doing differently now that the miracle has taken place?" "How would your mother or teacher respond differently to you?" "Picture yourself next week, next month; how will you recognize the signs that a

miracle has indeed taken place, that things are different, even better?” It is important to provide as much detail as possible to the miracle. Again, the more one can visualize what these positive feelings and new behaviors look like, the more likely it is that the change can take place. Berg (2005) observed the importance of experiencing the state of the miracle as well as the usefulness of the relationship questions.

Using Art

To facilitate the miracle question, the therapist states, “Let’s draw a picture of your miracle. It can be a big miracle or a little miracle; it’s up to you.” “Draw a picture of what would be a miracle for you; even if only a little bit.” Marty drew a picture of himself playing tennis in what he described as a “tough match.” He drew the scoreboard and the two players. The score had him behind, but the picture showed what he described as himself calmly playing the game. They talked about what his coach would do differently because Marty was playing more under control.

Using the Sandtray

Jamie made a sandtray of his miracle. His miracle was the clean room with all his toys where he wanted them. Because his room was clean, he could spend the day playing. His mother would compliment him on his clean room. He liked it when his mother gave him compliments. The miniatures he used in the miracle sandtray were less dark and scary and spread out in the tray rather than constricted as they were in the goal-related sandtray.

Using Puppets

Puppets are used to play out the miracle; the therapist uses a magician puppet who waves a magic wand to make the miracle happen. Puppets are also used to act out examples of when some of the miracle is achieved. The wizard puppet asked Mary the miracle question of her going to sleep, waking in the morning, and discovering her sadness has disappeared. The wizard puppet waved a magic wand to make the miracle happen. When Mary wakes up, she is at home with her mom and she is happy. The wizard puppet asks her what she would be doing differently that showed she was happy. Mary said she would wake up and be thinking about the fun things

she was going to do that day like going to the park or the mall or playing with her friends. When asked the relationship question about what her mother would notice that would indicate that something was different, Mary said she would smile at her mother when she came in to wake her up. When asked how her mother would respond to this, Mary answered that her mother would smile back and give her a hug, and they would go down together to the kitchen for breakfast. Mary and her mother would eat breakfast and make their plans for the day. Mary would then get dressed and make her bed without being asked. She would even clean her room. She smiled and said her mother would really be surprised.

EXCEPTIONS

Exceptions, the third step in the SFBT process, are little pieces of the miracle or times in the past that the problem that brought the child to therapy did not occur. It is also used to describe past occasions when the child experienced some of the goal. As clients recall the instances in their lives when the problem did not exist, they discover the details of how they avoided the problem, which provides a road map for solutions, success, and empowerment (Sklare, 2005). Children very often do not know how to appreciate the success they have had in the past. Individuals tend to minimize or dismiss the importance of their perceptions where a measure of success was achieved (DeJong & Berg, 2002). Whatever the goal is, they will give someone else the credit. “My mother made me.” “The teacher told me I had to do it.” An effective response is to remind them that they do not always do what their mother or teacher says. “What was different about those times?” With this positive self-awareness, the child begins to identify and access an internal locus of control and thus begins to take responsibility for his or her own behavior in the future.

Using Art

“Let’s draw a picture of a time when you had a little piece of the miracle.” Again, Marty was asked to draw pictures of times when he was calm. The therapist suggested that Marty remember similar occasions when he did not get angry and processed with him what was different. The therapist asked Marty how he managed to remain calm on those occasions. He was then challenged to plan what additional behaviors he could use in the future when he felt angry to help him remain calm. Marty was able to see that he does have control over his emotions.

Using the Sandtray

“Let’s use the sandtray to show me a time when you had just a little bit of the miracle.” Jamie made a sandtray to show how his world was when things were going well at home. The therapist then asked him to make a sandtray of his world at school. The therapist knew that sometimes Jamie felt pressured to do well at home and at school. The sandtray gave Jamie the opportunity to experience times when he felt happy and good about himself.

Using Puppets

The therapist provided Mary with the opportunity to identify exceptions or instances of success in having some of her miracle occur. Mary described how happy she was when her mother took her to the park before her parents got divorced. She remembered that afterward when her mother asked her to help with the laundry she did so willingly and even cleaned up her own room. The therapist made a point to compliment her and asked how she knew to clean her room without being asked. She said it made her happy when her mother was happy. The therapist affirmed her response.

SCALING

As part of scaling, clients are shown a strip of paper with 10 faces with numbers from 1 to 10. This is a pictorial technique I adapted to elicit levels of feeling in children. The faces range from one that looks extremely angry to one that looks extremely happy. This exercise is a visual representation of the scaling question “On a scale of 1 to 10 with 1 being the worst and 10 the best where were you on the day the miracle occurred?” Scaling is an activity that sets the tone for the client’s new learning process that is active, spontaneous, relaxed, participatory, and fun (Zalter & Fiske, 2005). Once the child has identified a number on the scale, the therapist might ask, “Wow! How is it a [the number identified on the scale] and not a [one number lower]?” “Wow, how did you know that was better?” “Now, what do you have to do to get to a [one number higher]?”

Using Art

Marty drew a picture of himself at a 6 on his scale. The therapist used the “wows and hows” questions to process his picture. Marty was then

asked to draw a picture of a 7. Marty and the therapist talked about what was different and what new skills Marty used to move higher on his scale. The therapist and Marty noted any obstacles to the scaling improvement. The client can then draw a picture of any potential obstacles and possible solutions.

Using the Sandtray

Jamie circled the number 7. He used the sandtray to describe what a 7 looked like. Jamie and the therapist discussed what made it this number and what Jamie would be doing differently at the higher number on the scale.

Using Puppets

Mary's puppet was asked to take a marker and circle the face on the scaling sheet that represented her estimate of where she was on the scale related to achieving her miracle. She circled the face at number 7. Using behavioral examples, Mary's puppet was asked to explain the reason for her rating. She said that she would be cleaning her room without being asked. Using her puppet, Mary described what she would be doing at the next level up and what her mother would be doing. She responded that she would be doing her homework with her mother and then her mother would read her favorite story with her before she went to bed.

SOLUTION MESSAGE

The solution message is the final step in the SFBT process. This is a concrete written summary of the session that the child can take home as a visual representation of the child's efforts toward finding a solution. This message is written in the child's presence with the child's participation. The solution message has three parts: the credits, the bridge, and the solution task. The credits are a series of compliments and affirmations about the child and the efforts the child has expressed in participating in the play therapy session. The child is given credit for taking part in the process; being vulnerable in sharing what is happening in his or her life; and for achieving past success as expressed in the exceptions. The therapist provides a written list of all these positive attributes for the child. The bridge is the connection between the credits and the solution task. The therapist

indicates in the bridge the commitment and willingness of the child to work on the goal. The solution task is simply asking the child to aim for the next number on the scale. The solution task can also be to pick a “miracle day” and remember what is different about that day. The child is asked to report on the task in the next session.

Using Art

The therapist wrote out on construction paper the elements of the solution message for Marty. This message noted Marty’s courage in sharing about his anger and his creativity in talking about things he could do to remain calm when playing tennis and at other times.

I appreciate your talking with me today. You are a fine young man who is trying to play tennis and be calm and relaxed even when you might miss a point or even lose the match. This takes a lot of courage and confidence in your self. Therefore, because you are courageous and committed to staying calm, I want you to aim for an 8 on your scale. Perhaps at your next match you might say to yourself that today will be an 8 day, no matter what.

Listed were the illustrations of when Marty had previously experienced some of this calm. Marty and the therapist each drew a picture of what that match might look like. Marty was asked to remember what happens and report at the next session.

Using the Sandtray

The therapist also wrote a message for Jamie that included the same three parts and the same goal to move up one number on his scale. Then the therapist said, “Let’s make a sandtray together of what we did today. Now, let’s make a sandtray of what a miracle day might look like.” Jamie was asked to remember what happened during the next week so he could make a report at the next session. On a piece of construction paper, the therapist listed Jamie’s attributes: that he was cooperative, quick thinking, and willing to play in the sandtray and talk about his goal. The therapist asked Jamie to draw a picture of a target. The therapist drew an 8½ on the target and said, “Aim for it and we’ll talk about it next time.”

Using Puppets

Mary’s puppet was praised and encouraged for talking about her feelings about her mother and for her willingness to role-play her miracle

with the puppets. The therapist's puppet complimented Mary for her success in achieving some of her miracle as indicated by the exceptions. This was particularly the case in how she cleaned her room without being asked and how important it was to Mary that her mother be happy, too. Mary's task was to pay attention to her feelings and notice the things she does at home and at school that will help her move up one number on her scale of happy faces. Together, the therapist and Mary wrote out her solution message. This message included Mary's attributes of being cooperative, helpful to her mother, and a desire to do well in school. The message also affirmed Mary for knowing that cleaning her room helped her mother. The therapist wrote a big 8 at the bottom of the piece of construction paper and asked Mary to notice when she was having a day like that. They would talk about it at the next session.

FOLLOW-UP SESSIONS

Subsequent sessions begin with remembering the goal as stated previously. The key is to ascertain what is different or better for the child since the last session. Relationship questions that describe who noticed this change help to provide detail as to what is different or better for the child. Scaling is used to establish a baseline of progress and what needs to happen to move to the next highest number on the scale. The miracle question is repeated if the therapist determines this step will be helpful. Using art enables the child to draw what is better or different. The sandtray is used for the same purpose. Puppets enable the child and therapist to role-play what has happened since the last session and what the child can do to move up the scale. As described earlier, a solution message is given to the child that establishes the groundwork for the next session.

CONCLUSION

SFBT is relevant for working with young children. Expressive play therapy techniques are effective in facilitating this process. Adjustments need to be made according to the child's developmental level. Relationship questions for the miracle need to be basic to help children visualize what they would be doing, saying, or feeling when the miracle occurs. Exceptions are a difficult concept to explain to young children, who remain focused in the present. Through consultation with significant others, the therapist is made aware of previous times when the child experienced some of his or her miracle and then acts out these incidents with the puppets as a way of

modeling this concept. Special effort is made to use the child's cognitive level and language in helping describe what the miracle might look like. It is important that the behavioral goals the child chooses be understood clearly and measurable so that a degree of success is achieved. Solution-focused play therapy note taking (see the Appendix) is an outline for the therapist to use in the solution-focused session.

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Appendix

Solution-Focused Play Therapy Note Taking

Client: _____ Date: _____

CLIENT GOAL

- What brings you here today?
- What could we talk about that would make you happier?
- If things were better, what would you be doing?

MIRACLE QUESTION

- If a miracle happened tonight and you woke up tomorrow and your problem was solved, what would be the first sign that the miracle has occurred?
- What would you be doing differently?
- What else would be different after the miracle?

RELATIONSHIP QUESTION

- Who would notice the change in you?
- What would they notice?
- How would they respond to you?
- How would you then respond to them?
(Repeat entire sequence three or four times.)

EXCEPTIONS/PIECES OF THE MIRACLE

- When has this miracle already happened, even a little?
- How were you able to make this happen?
(Remember the “wow’s” and “how’s”.)

SCALING

1 2 3 4 5 6 7 8 9 10

- On a scale of “1” to “10,” with “1” being the worst and “10” being the best, where would you rate yourself today?

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- How did you get to a “#” day [Insert the number from the scale here]?
- When you move one number higher, what will you see yourself doing?

MARK THE OBSTACLES

UNFINISHED BUSINESS

- Is there anything else we need to discuss?

SOLUTION MESSAGE

- Credits (3): To exhibit current success
- Bridge: To connect their goal and your task
- Task: Notice the actions and observations in moving up the scale 10%.