



H. HELLO

Tell me about your family. What is going well?

FIRST MEETINGS

The First Phone Call

Our first contact with clients is typically on the telephone, when parents call to make an inquiry about therapy or to schedule an appointment for their child. This is the first opportunity to convey who you are as a therapist and what the family can expect from therapy with you. It is at this time that the therapist or staff can convey a hopeful, collaborative stance. This first conversation establishes the parent as the expert in how therapy will proceed. An example of acknowledging their expertise is honoring parents' opinions about who should attend the first session.

PARENT: Who do you want for the first appointment? I don't know if I can get the older kids to come.

THERAPIST: The first appointment can work in a lot of different ways. I will get to know you and your family, your strengths and abilities, and learn your best hopes for therapy. I believe parents are the experts on their own families and an important part of treatment. You know your child better than I ever will. That being said, some parents prefer to

have an initial appointment to share information without their children present; other parents prefer to have the whole family come in and then decide where to go from there. At times, pre-teens and teenagers prefer to have some sessions without their parents present. Of course work, school schedules, and other obligations are important considerations too. So given all of that, how do you think we should start?

PARENT: Oh, okay, that's a relief. Um, I'll talk to my wife. We'll at least bring the two younger kids and see about the older ones. Is that okay?

THERAPIST: That will be great. Whoever comes are the right people to start with. I trust your decision on that.

Pre-Treatment Observation

Another effective way to communicate that the parents are the experts on their own family is to invite them to notice small signs of things that are going well so we can discuss strengths and resources in the first appointment.

THERAPIST: Between now and our first appointment, I'd like you to notice any small signs of things heading in the right direction; notice any little things you or the children do that are helpful, even a little bit.

PARENT: (Laughs) Oh, I thought we would just talk about how screwed up we are.

THERAPIST: (Laughs) I think you already have a lot of ideas and strengths that will end up being helpful.

An optimistic therapist, who believes in the abilities of her clients, children and parents, has a significant impact on treatment outcome. This hopeful expectation of change is a key ingredient to solution-focused therapy (de Shazer, 1985; Selekman, 1997). Solution-oriented pre-treatment invitations set the stage for therapy as a place that is interested in building on existing resources, focused on past and future successes, with a respectful, collaborative therapist.

- Between now and our first appointment, notice any encouraging signs of improvement.
- Between now and when we meet, I would like you to pick one thing in your family you definitely want to *keep* happening (de Shazer, 1985).
- In our first appointment, I'll ask each of you what is going well and what you appreciate about your family, so be on the lookout for those things.

- Notice what strengths and resources you already have that you think will be helpful in building solutions.
- Ask your child what helps, even a little bit.
- Talk with your wife/the other parent/teacher/relative about the above questions.

The First Appointment

In our time together today I want to get to know you and hear about the things you are good at. I want to learn how I can be most helpful to you and what will make this a good use of your time.

The tasks of the first session might be listed as follows:

- Create a safe space.
- Get to know the person/family.
- Learn about competencies, strengths, and resources.
- Learn about best hopes for therapy from each family member.
- Capitalize on pre-session change and exceptions (times when the problem didn't happen).
- Elicit a detailed description of their desired future through a Miracle Question or other future-focused inquiries, including what differences that future will mean to themselves and others.
- Identify where they want to be and where they are now relative to that goal, often through scaling.

Safe Space

Think of offices or businesses you frequent. What makes them feel comfortable? Why do you return to a car dealership? How would you decide on a new dentist or a preschool? What needs to happen in a parent-teacher conference for you to believe the teacher knows and respects your child? We have all been places where we do not feel welcome. I have been to mechanics that I wouldn't recommend to a friend. When my children were in high school I could tell if the teacher had a relationship with my children or if they were just a name on a roster. These clues help you make informed decisions about where you do business. Likewise, there are clues that inform our clients that they are welcomed and respected in our therapy practices. Table 2.1 describes a number of things I have considered in creating a welcoming environment for families. This is my list; your list might be different based on your office setting and clientele.

TABLE 2.1 WELCOMING CLIENTS

FIRST CONTACT	<ul style="list-style-type: none"> ■ Current, clear information on website, phone messages, fliers, and advertisements ■ Prompt responses to messages and inquiries ■ Courteous, friendly, respectful, <i>client is the expert</i> phone interactions
HEADING TO THE APPOINTMENT	<ul style="list-style-type: none"> ■ Clear directions to the office ■ Appropriate signage ■ Clean, neat parking lot, adequate parking ■ Safe entrance; shoveled snow, steps and ramps with railings in good repair ■ Handicap accessible
IN THE DOOR	<ul style="list-style-type: none"> ■ Pleasant greeting ■ HIPAA-compliant (no confidential information can be viewed or heard) ■ Needed paperwork is available with necessary instructions ■ Restrooms are neat and clean ■ Comfortable waiting room with adequate seating ■ Easy-to-clean toys are available and regularly sanitized ■ Trash receptacles are available to patrons ■ Helpful, friendly staff ■ Staff are friendly and respectful with each other (clients can tell if the workers like working there) ■ Drinking fountain or water cooler ■ Available hand sanitizer
HELLO	<ul style="list-style-type: none"> ■ Greet each family member by name ■ Bend or lean down so you are eye-to-eye with children ■ Keep an arm's length away from children and adults, respect their space ■ Speak directly to children ■ Respect the decision of those who choose not to answer, look at, or talk to you

Get to Know the Child and Family

The information gathered during the first appointment is quite standard: names, ages, school attendance, and parent information. I usually draw a genogram, asking all the names and ages, including pets. Then I show them the picture and joke, *this is your family portrait; squares are for boys, circles are*

TABLE 2.2 INQUIRIES

TELL ME ABOUT THE PROBLEM-TYPE INQUIRIES	TELL ME WHAT YOU ARE GOOD AT-TYPE INQUIRIES
Elicit details about the problem and deficits	Elicit competence and prepare a foundation for solution building
Client is flawed	Client is a competent person who has strengths and resources
Therapist is the expert at fixing family	Parent is the expert on family
Adults know better than children	Child is expert on self
Client is a passive recipient, especially the child who may be sitting mute as the adults discuss the problems	Client is an active participant. Parents, children, and therapist co-create solutions

for girls. Thank you, that will help me remember the important people and pets in your family. This is important information to adults but it may not be all that relevant to children, so I quickly move into finding out about what is important to them. The questions and invitations in the first minutes of an initial therapy session sets the tone for the course of therapy (De Jong & Berg, 2013).

Because people are used to answering questions with problem descriptions, seemingly innocuous questions (*what brings you here, how can I be*

TABLE 2.3 COMPETENCY QUESTIONS

TO CHILD	TO PARENT	REGARDING OTHERS
What are you good at?	What do you admire about your son?	What would your teacher say you are good at?
What is your favorite toy?	How is he helpful?	Who knows you best?
What do you like to do?	How is he a good brother?	What does your dog like about you?
What makes you a good pet owner?	What is he best at?	What would your friend say?
How did you get so good at that?	What is going well in – your own life?	If grandpa were here, what would he say he likes doing with you?
What are you best at in school?	– your parenting?	Who best notices your good parenting?
What makes you a good friend?	– your home?	Who else sees strengths in your family?
Who knows you are a good friend?	– at school?	What compliments does her teacher have?
What hard things have you done?	What do you like to do in your free time?	
What are you proud of?	What has she done this week that you're proud of?	
What are your parents good at?	What challenges have you overcome?	

helpful, tell me about yourself) are often answered with descriptions of *what's wrong with me*.

To guide the conversation in a 'what's right with you' direction, ask questions specifically about strengths and competencies (Berg & Steiner 2003).

Developmental Questions/Observations

Relying on our child development knowledge is important for therapy, as it provides ways to recognize abilities and offer compliments to children and parents. As clinicians, we can pose questions, make observations, and have a general respectful curiosity about all domains of a child's development. Talking with the child *and* the parent is another prerequisite for a collaborative, respectful therapeutic relationship.

Age/Developmental Questions/Observations

Developmental Domains

- Physical
- Social
- Emotional
- Cognitive
- Relational

- Tell me about your missing teeth.
- What can you do now in 2nd grade that you couldn't do in 1st grade?
- What has your daughter learned lately that impresses you?
- How soon can you get your driving learner's permit?
- You are learning a lot of cursive writing.
- Your son is good at sorting and organizing.
- I can tell you like to be active.

The importance of observation cannot be overstated. If a child enters your office carrying a stuffed animal or a toy, it is a fair assumption that it has some significance. Do not assume much else, however. It is important to let the child or the parent define the significance and details.

THERAPIST: I see you brought something with you. (Pause, pointing at stuffed rabbit)

CHILD: (Silence, pulls stuffed animal closer to her.)

PARENT: That is June Bunny, she goes everywhere with us.

THERAPIST: (Keeping physical distance) Oh, June Bunny, it's nice to meet you; maybe I'll get to know you some day. (To child) I'm so glad you brought June Bunny with you. You may bring anything you want to when you come here.

In this interaction the therapist commented on the toy but did not call it a stuffed rabbit or Peter Cottontail or anything else. She let the parent offer the name and define its significance. Other times observations are based on what the child is doing or wearing. By commenting and being curious we are asking permission to enter the child's world and only entering as we are invited. This way of interacting is like knocking on the door but not barging in.

- I see you have a Spider-Man shirt on. . . . Do you like Spider-Man?
- I noticed you were playing something on your iPad in the waiting room. Do you have some favorites?
- (Noticing book) What book are you reading?
- (Seeing parent and child playing with game in waiting room) What other games do you guys play together?
- (Playing with Legos in waiting room) Would you like to bring those in with you?

Toys in Get-to-Know-You Conversations

Oftentimes, children think that therapy will be a place for the grown-ups to talk about all the bad things they are doing or how naughty/damaged/messed up/sick the child is. Parents may be worried about being judged and found inadequate in their parenting role and may be nervous about taking their child to therapy. As discussed in the previous chapter, children are more talkative when they engage in play activities. They are also more talkative when they are discussing the things they like to do. In my twenty-plus years of therapy with children and families, I have found that combining a playful activity and talking about strengths and abilities sets a powerful expectation that therapy is a place that is helpful and fun (even when it is hard). In SFPT children get a voice, and the adults and children talk (verbally and nonverbally) about what is important to them and what is hoped for in their family.

I often use a magnetic whiteboard and colorful magnets in my *get to know you* conversations. The portable board is a little bigger than a ruler and is a conversational tool that works well with children and adults. I will describe

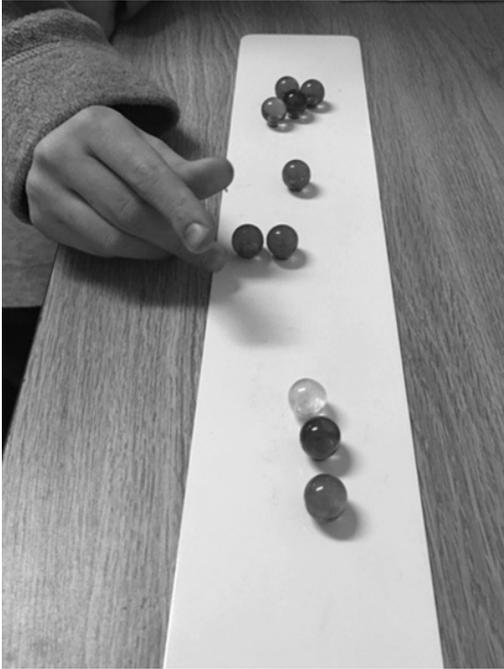


Figure 2.1 The Scaling Board

its use as a scaling tool in Chapter 5. In this application it is a kinesthetic conversation-starter that allows clinicians to set an immediate playful tone while gathering important information.

Get-to-Know-You Game

All participants select magnets and tell something about themselves for each magnet, then place it anywhere on the board. Clinicians and families can play multiple rounds to tell strengths, resources, hobbies, skills, favorite activities, and more. This allows the clinician to get to know the people before the problem.

This transcript is the first five minutes of a family session with Janice and her two children.

THERAPIST: Look at this, it's a magnet, huh? So you can take this board and tell me as many things about you that you can think of, and when you tell something, you can take a bead and put it on your board.

BOY: Bad, bad, bad, bad, bad, that's all. I don't know.

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I don't comment on his *bad, bad, bad*, self-assessment because I want to get to know the competent boy.

THERAPIST: Like you already told me, you can get points for this, because you already told me you were six.

BOY: Mm hmm.

THERAPIST: Right? Okay, so you can put that you're six, and this can be (a magnet) for telling me you were six. And you (to girl) told me that you were three, so you can pick a color and put it on.

THERAPIST: Now you tell me something about Luis.

MOM: Um, he loves to build with Legos.

THERAPIST: Build with Legos!

BOY: Really! I have little ones.

THERAPIST: You're good at that? Okay. Now tell something about Mary.

MOM: Loves to play with things that are not toys.

MOM AND BOY: (Laugh.)

THERAPIST: Oh, that could be fun. What kinds of things?

MOM: (Laughs) She likes the hot pads, and the towels, and the washcloths, and...

THERAPIST: Ah.

MOM: Cleaning supplies...

BOY: Yuck.

THERAPIST: I think non-toy things can be the most fun sometimes (smiles and nods as writing). Well, did you think of another thing for you?

BOY: I'm a monkey.

THERAPIST: A monkey? What does that mean?

BOY: It means I like to climb.

THERAPIST: Do ya? What do you like to climb on?

BOY: Uh. Rock climbing. No, no, with the ropes.

THERAPIST: And, what else do you like to do?

BOY: Mm. Um, play with my friends.

THERAPIST: Say that again.

BOY: Play with my friends.

THERAPIST: Play with friends. Ah, that's cool. How about you, Mary?

BOY: She has boring stuff.

MOM: Ah, what do you like to do, sweetheart?

GIRL: Um, play baby.

BOY: Ppppppppppppppppppppt.

THERAPIST: And what's your favorite thing about Mary?

BOY: That she tackles me!

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THERAPIST: She tackles you, and that's fun?

GIRL: I got one.

THERAPIST: What's your favorite thing about your brother? About Luis?

GIRL: Uh, I hit him and rock him.

THERAPIST: You said... What was that?

BOY: She likes to beat me up.

GIRL: Yeah.

THERAPIST: Yeah? So you like to play tackle too?

BOY: Tackle! Yeeaaaach! (Tackles sister and they both giggle)

GIRL: Yeah.

THERAPIST: Like that, huh?

THERAPIST: What's your favorite thing to do as a family, Janice?

BOY: Go to the rocket ship.

MOM: I...

BOY: Like to have M&M time.

MOM: I like especially our bedtime routine and reading stories together, and a little more extravagant, we go hiking.

THERAPIST: Wow. (Writing)

THERAPIST: Okay, let's see. Tell me something you are good at.

BOY: Building Legos.

THERAPIST: Mm. Okay, you can definitely have one for that. You told me that earlier. I'm glad that you said that one again.

BOY: Mm hm. No.

THERAPIST: Okay, what about you?

BOY: I'm gonna knock these off.

(Therapist shifts board to girl, not commenting on boy's statement.)

GIRL: My mom helps me build Legos.

THERAPIST: Really! Oh that's fun.

BOY: (Arranging beads into smile) Make them super happy!

THERAPIST: Okay. You've got a nice circle there. Okay.

GIRL: Yeah.

THERAPIST: What else are you good at?

BOY: Mm. Building Legos!

THERAPIST: Mm, building Legos; that's extra good, huh? Well, tell us a new thing.

BOY: Uh, running.

MOM: (Smiles, nods.)

THERAPIST: Oh!

BOY: 'Cause I was in track once.

THERAPIST: Ooh! Okay, well, here, you haven't had a turn in a little while.

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Tell us something about each of them that you admire; something you're proud of in your kids.

MOM: Mm. Luis helps me a lot; just today he got the mail for us.

BOY: Me, me, me.

THERAPIST: Mm. Okay.

MOM: And Mary is very affectionate; she loves her kisses and hugs.

THERAPIST: Aww.

MOM: And to be held.

THERAPIST: That's nice.

In the above transcript I gathered a lot of information. The questions and responses were a co-constructive process that De Jong and Berg (2013) call listen, select, and build.

1. Listen and watch for personal and family interests, skills, and resources.
2. Select those items to comment on and be curious about.
3. Build on client's description of interests, competencies, and solutions.
4. Tuck them away as resources to be drawn on throughout therapy.

What did we learn in those five minutes of conversation? The boy likes Legos a lot, he likes climbing, hiking, and physical play with his sister. He has friends and likes to play with them. The girl likes to cuddle, play baby, and pretend with kitchen things. She likes physical play with her brother and Legos with Brother and Mom. The mom notices and appreciates the little helpful and affectionate things her children do, she likes to hike as a family and has a regular bedtime routine with the children that is enjoyable. I observed that the children are good turn-takers, that Mom listens to her children, and lets them respond for themselves. I saw affectionate smiles, hugs, tackles, and cuddles. They laughed together and were all able to identify things they enjoyed about their family and themselves.

Had I followed the *bad, bad, bad* comment I would not have learned about all of these competencies. When we start talking about the family's best hopes, we will have this foundational understanding that they have many strengths, are creative, and competent.

In the above example, I chose to gather bits of information about which I may later elicit details. Another approach is to immediately follow with a question that elicits details about the competency.

THERAPIST: What are you good at?

BOY: I don't know.

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Children and adults respond with *I don't know* quite frequently. When this happens, experiment with staying silent and consider that they might just need to think about their answer and *I don't know* is simply filler like *umm, let me think*. Remaining silent demonstrates respect and patience for their thinking process. It is interesting how often people will continue to speak and answer the question, usually within a few seconds.

THERAPIST: (Stays silent, treating the response as *umm, let me think*.)

BOY: Building Legos.

THERAPIST: Really, what do you build with Legos?

BOY: Houses and stuff.

THERAPIST: You can build a house? How do you do that?

BOY: Well Legos click together and so you just start putting them together to build a wall, then another wall. I make the walls and then I put on the roof.

THERAPIST: How do you decide how big the walls are?

BOY: If I want people inside I look how tall it has to be; then I just do it.

THERAPIST: You are good at Legos. What else are you good at?

There are many ways to involve a play activity in this initial information gathering.

- Build a tower together; for each block you add, tell one thing about yourself.
- String beads on a pipe cleaner, then tell one thing about you for each bead.
- Draw a picture of things you appreciate about your family.
- Move the abacus beads and tell ten things about yourself.
- Parents, children, and therapist all take turns talking about interests, their grade in school, how old they are, pet ownership, favorite hobbies, what you appreciate about each family member. The therapist can modify this in many ways to gather needed information.
- Write or draw something you like about each family member, including yourself.

These first few minutes of therapy consist of problem-free talk to show interest in the family and learn about their interests and skills. Though it may last only five or ten minutes, it lays a foundation and reveals potential resources for contracting and solution building, which are the next steps in the therapy process.

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