

CHAPTER
10

H. HOPE FOR FAMILIES

How will you know when we are done with therapy?

Since the first phone call and the first session, we have been talking about how we will know when therapy is done. When it is time for therapy to be done, everyone in the room knows it because it has been clear since the beginning what ‘done’ looks like. Sometimes therapy is done ‘for now’ and the family is invited to call if they want to in the future. Consolidating gains is a process that should happen in every session to highlight instances of success and positive movement. Our hope for clients lies in our confidence that they have the ability and expertise to build solutions in their own lives.

Solution-focused therapy begins with the end in mind. In every session we assess what will be helpful from that session. Goals change and life happens between sessions. It is important each time we meet to decide on today’s destination. In this final chapter, I’ll share a case example from beginning to end to provide a glimpse into the twists and turns a case can take. It is humbling to record and transcribe therapy sessions. I notice even more strengths and resources in my clients than I did in the actual meeting. I am grateful for the many families that have invited me to walk with them on their journey, and for those that have allowed me to record their voices. When I listen to my own words, I inevitably notice phrases that aren’t ideal, times I get off track, say too much, or don’t understand. I hope as you read my transcripts you can formulate how you might respond in a similar

situation. The transcripts in this book are compilations of cases, made-up scenarios, or modified to conceal identifying information.

CASE EXAMPLE: BEGINNING TO END TREATMENT OF AN AGGRESSIVE AND CARING BOY

Initial Meeting

Mrs. Baker, Joseph's mother, called because she was increasingly worried about her son's aggressive behavior. She asked to attend the first session by herself so she could give me background information. Mrs. Baker was single and raising Joseph by herself. She explained that she had divorced Joseph's father when he was a toddler because he was violent toward her and had been involved in drugs. They had had no contact with him for the last six years as his parental rights were terminated when he was convicted of murder and multiple counts of rape and kidnapping. At the time of therapy, he was serving a life sentence in prison. Mrs. Baker was worried that her son, age ten, was unable to control his aggression. She described destruction of property, aggression toward her, and aggression toward their dog, Charlie. Mrs. Baker was concerned about her lack of parenting skills. She said Joseph walked all over her and didn't obey her rules. She was abused as a child and as an adult, and did not want to parent as she had been parented. She said he was very sensitive, kind, and loving with her and was a big helper with the younger children at his daycare.

When asked about pre-treatment change she said things had gotten a little better since she made the appointment. They were both getting sleep, were less stressed, and his behavior was a little better. Mrs. Baker attributed the improvement to having more time together. She worked a night shift but was off work for an injury and in physical therapy. With the extra time, she felt like it would be a good time to start therapy. Since calling, they had enjoyed more time together and she described some sweet things he had done to help her convalesce.

THERAPIST: So he really has that compassionate, caring, loving side.

MOM: He's very sensitive and so, like, his feelings get hurt very easily and stuff. And the amazing thing is, I have compliments from people around me: "he's this wonderful kid," "he does this and that," and I'm like, "Will you come to my house, and see what the other side is like?"

THERAPIST: Okay, wow, so school and daycare, he gets all kinds of compliments?

MOM: For the most part. He did, um, he told me that he, like, tried hitting a kid at school after they, I don't know if they tried hitting him, I don't know who started what, but that was the first time I've known him to actually become aggressive at school that way. Normally it's ... while he's at school he's been called a tattler, a baby, um, I don't know. They pick on him as far as being stupid, and it bugs him, or it will bother him to any point. So instead of saying stuff at school, he comes home and that's where he blows up, so he holds it in.

THERAPIST: So he has the restraint at school, and then at home where he feels most comfortable and he knows he will always be loved, whoo, it comes out. Okay ... you know it's a real compliment to you that he knows how to conduct himself in public. He's not out of control in public. And then he comes home and he's in his comfortable spot and you get it all. And I understand that's very difficult. Um, but, boy, the fact that he can be behaved in public makes me think, "Oh good! Oh good!"

The fact that he was well behaved and not aggressive in most of his social contexts was a significant exception, and did make me very hopeful. Mom seemed quite surprised to be complimented for his good behavior.

MOM: But not all the time!

THERAPIST: Oh, I know, but he's not receiving school referrals for being aggressive, he's not being kicked out for safe school violations. You're not telling me any of that kind of thing. Right?

MOM: Yeah, he's pretty, you know, as far as following school rules and that kind of a thing; he's always been complimented on that part.

THERAPIST: So you want that kind of behavior to be more consistent at home as well.

MOM: Yes. (Heavy sigh)

Though I was encouraged by his good public behavior, it was very important for me to understand how hard it had been at home. Her sigh seemed to communicate volumes of relief that I understood not only that it had been hard, but with the violent paternal history that it felt like a high stakes endeavor to help her pre-teen boy to be kind and respectful at home.

THERAPIST: Yes. So, you want to have those same kinds of compliments at home... "You're doing a great job," "Thank you for that," "You're so kind," "I appreciate that."

MOM: Yeah. Helping him learn that he can be a helper at home, because he thinks that if he has to do some kind of work at home that I'm mean.

But I'm not mean. I had terrible parenting. I was hit and ridiculed and I promised I would never do that, but I don't know what to do instead. I need to learn some skills too.

THERAPIST: Wow, you've really ... you've made some very specific, very clear decisions. Even though you may not know how to do all the different things yet, it's a work in progress. You've made some decisions about what you don't want, and that's, boy, that's a huge thing.

MOM: (Nods.)

THERAPIST: That's huge.

MOM: I just know that I don't want him to; I don't want to be like my mother, or, just that, so much of a dysfunction that when he gets to be an adult that he's like where I'm at, trying to basically kind of learn how to function healthfully, instead of the dysfunction.

THERAPIST: And you want him to be a healthy adult.

At the end of this session, I complimented her on her motivation, her clarity about what was important in her parenting, and the ability to notice the times and contexts when Joseph was already behaving in the ways she described in her preferred future. I asked if we had talked about the right things. Mrs. Baker said yes, that she felt hopeful and hadn't thought about how his good behavior at school and daycare was perhaps a good sign that he could do the same things at home. I asked if the therapy felt like a good fit and if she wanted to schedule an appointment with her son. She replied, "Oh yes."

Session One Together

THERAPIST: So we'll talk for just a little bit, so I can get to know you and the important stuff about you and then we'll pick a game to play. So let me hear some things about you. So, do you know why you and your mom decided to come here? Why your mom, I'm guessing it was your mom that made the decision, right?

Pam's reflection on talking too much:

In 2004 I was attending the closing SFBTA plenary featuring Steve de Shazer, Insoo Kim Berg, Yvonne Dolan, and Eric McCollum. It was the first solution-focused conference I had been to and I was reeling in the who's who of SFBT. The group was entertaining questions from the audience. I asked about a client and I tried to sound like a skilled clinician. I think I went on about all the things I tried, how hard I was working, and so forth. Steve de Shazer cut me off and said, "You're contributing to the problem by talking too much. Fire yourself."

Whoa, harsh.

But I knew instantly he was right.

I said, "You're right," and I knew he was. I needed to stop being the expert; the client is the expert.

It was a tipping point conference for me. Steve died the next year. I am so thankful for that sage advice. I have tried to heed it.

Let's dissect this opening question. The first sentence is okay because it sets the agenda. It goes rapidly downhill from there. The second sentence would have been okay had I stopped talking and let them answer. There are so many parts it is difficult to know where to start in answering. People will usually answer the last question. The last question, a 'why' question, is an invitation for problem talk.

JOSEPH: So I won't start beating everything up when I got mad.

THERAPIST: Oh, okay.

MOM: What else?

JOSEPH: (Yelling) Mom, that's all you told me!

THERAPIST: So your mom wants you to have something else to do when you get mad or upset, not beat things up.

JOSEPH: Yeah, 'cause I kind of take it out on Charlie, or the door. Last time I actually punched my heel in the door. Now there's a big spot in it, so I covered it up.

THERAPIST: Oh.

JOSEPH: I already did that twice. One to a cupboard door, like a closet, right next to the door; now the door.

MOM: And he took a bat to the door.

JOSEPH: Oh, yeah. Yeah, it was the bat to the door. But the first time I put my heel, then I took the bat.

THERAPIST: Okay. So that's one of the things that you came for, so that that would be different. Some different ideas.

This was a helpful statement to turn toward the future and what they wanted.

MOM: (Nodding) I mean, we've tried some, but our communication; like if he's having a bad day or something, I'll ask him, "Well, what's going on?" "I don't want to talk about it." And, it's like a shut down.

JOSEPH: It's because I don't want to talk about it.

THERAPIST: Oh, okay.

JOSEPH: (Yelling) because I want to talk about it when I feel like talking about it.

MOM: Sometimes it ends up at 11:00 at night when we're supposed to be in bed, and so...

THERAPIST: And, then ding! You're ready to talk about it!

MOM: Yeah.

THERAPIST: So it has to be timing that works for both of you. So, those are your mom's reasons for wanting the two of you to come; what do you think will be helpful? What do you want to have different, or change?

JOSEPH: Well, my mom was thinking about handling friends, but, *no*. I don't want that.

MOM: Yes, dealing with kids picking on him; bullying him.

THERAPIST: Okay, so that's another idea you have. So dealing with friends is a Mom idea.

JOSEPH: Really, all I really want to come here is to like, I don't know. To like, probably, talk about my dog, and probably how I could help him.

THERAPIST: Oh, okay.

JOSEPH: Because I don't really do a lot of stuff to help him; I just give him treats and sometimes do his water and that.

MOM: He wants to have Charlie love him, but he scares him and he won't come to him. 'Cause he'll take a stick and he'll tease him with the stick.

JOSEPH: Hit him.

MOM: Or like his sword, or that kind of a thing.

JOSEPH: Mom, I don't do that with swords anymore.

MOM: Well, it's the stick, and so it's like, he either fears away from him, or he starts to become aggressive.

THERAPIST: I see. So you don't want to hurt Charlie. You want to be able to help him.

JOSEPH: I just want him to be okay.

THERAPIST: Okay, great. (To Mom) Would that be an okay thing for you to work on too?

MOM: Mm. (Nodding)

THERAPIST: With him? So how should I write that one?

It is important to use his exact words. When a grown-up documents something a child says, I think it communicates that it is very important information.

JOSEPH: Be helpful to Charlie.

THERAPIST: Okay.

JOSEPH: His nickname is Char-Char. (Laughing)

THERAPIST: Char-Char. Okay.

JOSEPH: People call me DJ for Daring Joseph, or maybe Dumb Joseph.

MOM: It could be PJ.

JOSEPH: (Takes off shoe and pretends to hit Mom.)

MOM: Hey! (Startled, pulls away from him)

JOSEPH: What? It was a pat. Peter is my actual first name, which I don't like!

MOM: Well, when you're eighteen or older, then you can change it.

JOSEPH: I don't want to do that, Mom.

I didn't comment on his threatening behavior or the self-deprecation, 'Dumb Joseph,' but I tucked these facts away, knowing they would be available later in solution building. For now I was focused on co-constructing our goal.

THERAPIST: So what else do you think would be helpful about coming here? From your ideas?

JOSEPH: I know one of Mom's is helping me pick up.

MOM: Being responsible?

JOSEPH: MOM!

THERAPIST: Explain how you mean it.

JOSEPH: Well, my room is a mess. And I always leave everything out. But that's *not* one of my ideas; it's one of Mom's.

THERAPIST: Oh, that's a Mom idea, too.

JOSEPH: Yeah, but I do have one idea.

THERAPIST: What?

JOSEPH: Umm, my one idea is actually I would like help to make more friends.

MOM: He has more like, the acquaintance versus, you know, friend friends. He's always trying to fit in with everybody. Like, be accepted by everyone, versus realizing that not everyone is going to end up being your friend.

THERAPIST: So you would like to make more friends?

JOSEPH: (Nods.)

THERAPIST: Okay. All right. So, you both said something about friends, and you both said something about being nice. So, being nice to Charlie, and being nice to doors. So, things and animals. Are those good things to start with?

JOSEPH: I actually really like animals. I want to be a vet or a rescuer when I grow up.

THERAPIST: Oh, that would be an important job.

JOSEPH: Yeah, because if I became a rescue animal person, that thing, I don't know what they're called, I would go to China and help out the pandas, because pandas are one of my favorite animals.

THERAPIST: Mm.

JOSEPH: But dogs are my very, very favorite.

THERAPIST: Really? That's cool.

JOSEPH: I'm kind of getting used to all the animals. The only animal I don't really like is snakes.

THERAPIST: So what are some of the things that you would need to have, like skills? How about if we go over to the table here, and I'm going to get out a game, and as we play it, you can come up with ideas of the things you would need to be able to do, to be good to animals.

JOSEPH: I am smart.

THERAPIST: So, you've already got that one, huh? Cool. Well, let's pick a game.

We played Jenga, a cooperative block stacking game; with each turn I asked them to say something about themselves. I learned more about animals he loved and attributes of their pets, video games they played together, and details about school and friends. On my turns I told about my pets and hobbies. I spent many of my turns complimenting Joseph and his mother. *I don't know how to play that video game, you sound like an expert on it. I can see that you guys have fun together. You like being together and you can laugh. You notice good things like complimenting each other on good moves in the game. You are good turn-takers.*

When the blocks crashed down we all laughed. I asked them to line up ten blocks each, thinking I would have them scale their current score toward their preferred future. Joseph had other ideas, which, thankfully, I followed because they were far better.

JOSEPH: Hold on. Ta daa!

THERAPIST: Wow! Look at that! That's pretty cool.

JOSEPH: I love building things.

THERAPIST: Okay, you leave them in that shape. That's a cool shape. Okay, in order to have that shape like that, what if you took out these two bottom ones? What would happen?

JOSEPH: Kablop!

THERAPIST: Kablop! Okay. So you have how many on the bottom?

JOSEPH: Hold on. (He very carefully removes one block from the bottom of his structure and places it on top)

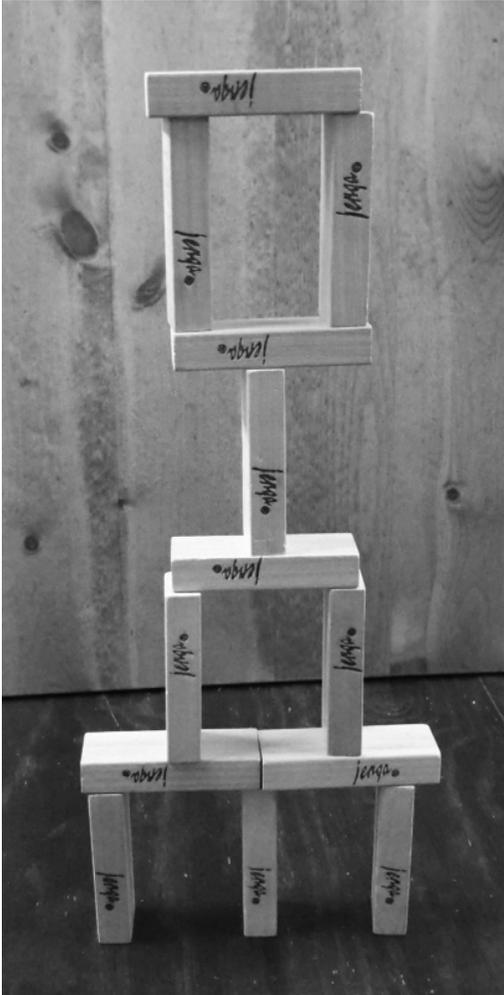


Figure 10.1 Building Together

THERAPIST: Okay, look at you! You are very careful about how you made that change. Wow! Look at you! Okay, so you have three underneath that are the strong, important parts of your structure. It almost looks like a person. And if you were to think of the three things that are the strongest, most important things about you, what would those three things be?

This is a good example of utilization; using what happens in the session to the benefit of the future. I commented on an instance of the future already

happening (careful/gentle behavior) and I had him give personal attributes to the blocks in the structure.

JOSEPH: I'm smart, I'm talented, and I like to build things.

THERAPIST: What was the third one?

JOSEPH: Like to build.

THERAPIST: So, strong, smart, and like to build. Right?

MOM: Strong, er, I mean, smart, talented and likes to build.

JOSEPH: I'm really talented.

THERAPIST: Talented was the middle one? Oh, excuse me. So being strong, talented, and liking to build.

JOSEPH: No, it's smart, talented.

THERAPIST: Smart. I keep making you strong. (Laughter) Well, you're strong, too. Smart, talented, likes to build.

JOSEPH: (Nods head.)

I wear hearing aids, so I often don't hear exactly what people say. I use it to therapeutic advantage by having people repeat themselves, explaining that I really want to understand what they say and I ask for their help in that. In this case, I had my own word stuck in my head.

THERAPIST: So, with those three strengths, what does that give you?

JOSEPH: That gives me, um, here (pointing at the middle line): that gives me a chance to build some more stuff up.

THERAPIST: Okay.

JOSEPH: These two are animals; I like to take care of animals. Except snakes. I'm not really a snake person. And that, I always try and make friends.

THERAPIST: Okay (nodding), by being smart, talented, and liking to build things, you're able to take care of animals and have friends.

JOSEPH: Yeah, but these three have to help me build another line to get something up.

THERAPIST: You're right. So once those are all in place, then what does that help you?

JOSEPH: That gives me the line, um, love. (Giggle) I love my mom. I love Charlie. I love my cats. I love my bird.

THERAPIST: Yeah!

JOSEPH: And all of these give me this line and what I would have up here is the tower of my body.

THERAPIST: Wow.

JOSEPH: If I could borrow two more from you, is that okay?

THERAPIST: Absolutely.

We spent the rest of the session talking about friends, animals, and their relationship. I'll include a snippet from each of those conversations.

MOM: (Regarding Charlie) It's the whole thing of where he's, you know, there's times when he's aggravating him, and it scares him so then he won't come to him. Like, if he has the stick in his hand, he won't go near him.

THERAPIST: Oh. Why do you think Charlie might be afraid if he sees that?

JOSEPH: Um, because he thinks I'm going to whack him in the butt. So sometimes I say, 'It's okay, Charlie' and he actually comes.

THERAPIST: Oh wow, how else can you let Charlie know "it's okay" and you're not going to frighten him or hurt him?

JOSEPH: I already know what I'm going to do when I go home.

THERAPIST: What?

JOSEPH: I always say, "Hi Charlie" when I get home and I always hug him.

THERAPIST: Saying "Hi" and hugging, that's a good one. How else?

I often have parents act as scribe for their children's good ideas. This way they are involved and they have a list to take home. It also allows the child to stay in control of his solutions. I might say: *As he comes up with his good ideas, would you mind writing them down so he will have a good list? If you have some Mom ideas, we will let him decide if they go on his list.* Children generally love having this control. Our next list was on relational ideas.

THERAPIST: You know when we were talking earlier and you took off your shoe and pretended to hit Mom?

JOSEPH: Yeah, but I wasn't going to hit her.

THERAPIST: His shoe was really close to you and you jumped back. When Joseph did that, what did you think?

MOM: It startled me. It was threatening.

He made the connection that Charlie felt scared of him when he waved a stick too close to him and Mom felt scared when he swung his shoe at her face. We continued to talk about how he could disagree with Mom and get her attention in good ways. I complimented him on being so helpful while his mom was off work and in physical therapy, and wondered if that was something she liked and wanted to have continue. She said yes. So we talked about ways they could work together like they did on the game.

In the midst of talking about friendship ideas, the tower he was building fell down, which I let be useful in the conversation.

JOSEPH: Timber! (Blocks fall) It's okay.

THERAPIST: And when something unfortunate happens, like when things go 'timber' with a friend, how do you treat it just like that 'timber' (pointing to blocks) where you smiled and said "It's okay"?

Joseph had several ideas about managing disappointing things with friends. The question was abstract but he understood it and it took us to a whole new layer of possible friend interactions. He ended up with three lists of his ideas to take home. I asked if we had talked about the right things and what they liked about our time together. I always ask if we should schedule another appointment and they decided that we should reschedule.

THERAPIST: So, during these next two weeks, up until your birthday and for a couple days after your birthday, can the two of you notice, you can even make a list of the things that you notice, that are kind . . .

JOSEPH: Gentle.

THERAPIST: Gentle, yeah, that was the word I was thinking. Kind and gentle towards people and animals; because you're so into animals, you must be sending some kind and gentle messages that you didn't think of today.

THERAPIST: Okay, so will you notice the things you do that are nice and gentle and kind to people and animals?

JOSEPH: Sure.

THERAPIST: Okay. That'd be awesome.

JOSEPH: Mommy, where's my list?

THERAPIST: Oh, it's over on the table. Do you want to go get it and actually grab your mom's purse and stuff, too?

JOSEPH: That's what I actually usually do. I usually always get my mom's purse.

THERAPIST: That's a kind and helpful thing right there!

Session Two—Two Weeks Later

Every session after the initial visit, I ask some version of the question "What is better, even a little bit, since last we met?" to elicit conversation about positive change. Insoo Kim Berg developed the acronym E.A.R.S. as a solution-focused interviewing tool:

Elicit—Ask about positive change.

Amplify—Ask for details about positive change.

Reinforce—Make sure the client notices and values positive change.

Start Again—Go back to the beginning and focus on client-generated change.

(Berg, 1994, pp. 150–152)

THERAPIST: (Elicit) What is better, even a little bit?

MOM: He has been nicer to Charlie.

THERAPIST: (Amplify) Really, how?

MOM: Um, I haven't seen him chasing him with a stick or his sword.

THERAPIST: (Reinforce) Okay, this is great. (Amplify) What have you been doing instead?

JOSEPH: I hug him and feed him sometimes, and one time he just came up to me.

THERAPIST: (Reinforce) Wow, let me write those down. Hug, feed, and he just came up to you. Wow.

THERAPIST: (Amplify) How come he just came up to you?

JOSEPH: (Shrug.)

THERAPIST: (Amplify) I mean if Charlie was here and could tell us why he decided to come up to you, what would he say?

MOM: I think he would say he felt safe.

JOSEPH: He likes when I feed him.

THERAPIST: (Amplify) And when he feels safe and is getting fed, what difference do you think that makes for him?

MOM: Maybe he will trust you; you can build trust up.

THERAPIST: (Amplify) Sure. What do you think, Joseph?

JOSEPH: Maybe he likes me better.

THERAPIST: (Reinforce) Oh, that's wonderful. He likes you more. (Start Again) What else have you noticed over the last two weeks?

We created a ladder using masking tape to scale animal relations, friend relations, and their mom-and-son relationship. They chose to write in many different colors and made a color key to identify what each color meant. Joseph thought he was at a 6 and Mom thought he was at a 4. He said *MOM, I'm higher than that!* I asked them to write on the tape all the things that put him as high as a 4 in Mom's mind and a 6 in his mind. They wrote on different sides of the tape ladder and hid their ideas from each other. Then we played a guessing game to see how many of the good things they mentioned matched. This is a great way to encourage independent thinking,

good listening, and give information to each about what is important to the other. I asked Joseph to predict which things he would do during the next two weeks and put a mark by them on the tape.

Session Three—Two Weeks Later

I asked *what is better, even a little bit?* and *what is important for us to talk about today?* He was mad that he had to come because it meant he would be late for scouts, which was very important to him. In his frustration, he stabbed the car seat with a pen and caused it to rip. They were arguing about him having to earn money to help with the repair. Mom said she didn't want him to "stuff his feelings" and it was fine to express them, but not okay to destroy things. I said that missing something so important seemed like a very good reason to be mad. I wondered how he could be mad *and* have his reaction to the situation be okay. They talked about things that helped in the past and generated a couple of new ideas. I learned all the ways that scouts was important to him and that it was a significant source of support for mom and son. I was curious what badges he already had earned and marveled at what a hard worker he was. We ended early. I complimented him on being so honest and telling me that missing scouts was upsetting, as well as his new and old ideas for managing strong feelings. I complimented Mom on her firm and fair response to the damage to the car upholstery and her healthy response in accepting Joseph's different emotions while setting limits on behavior.

Session Four—Two Weeks Later

When I asked about change, they both said things were worse because Mom had started back to work. She worked at a factory on night shift because the pay differential was better and she needed the money. She worked that shift before her injury, so I assumed they had already found ways of coping with this challenging schedule. Mrs. Baker had arranged for Joseph's care and all of his needs masterfully. Joseph slept at his scoutmaster's house on the evenings she worked and went to school with his friend. After school he went to the homework club at school and then Mom picked him up. They had dinner together and during the last week argued almost every night before she took him back to the scoutmaster's house. The word *almost* is a clue to me to ask about exceptions when somehow, something other than the problem happened. I asked what they did on the non-argue night. They played a game. I complimented them on many things, including:

- making the big transition back to the regular schedule
- how creative Mom was in providing care for her son, and
- how amazing it was that they had that one game night.

Sessions Five–Ten, One-Month Intervals

Mrs. Baker and Joseph said they liked coming to therapy to check in and play and that it kept them on track. They were able to identify something they wanted to work on for each appointment or had some difficulty to report on, in which case we discussed how they made it through. The play activities included building train tracks and talking about what was *on track* in their lives, stacking blocks, building Lego creations, playing darts, rehearsing the preferred future, and playing a board game together. The turn-taking that happens in games provides a format for conversation (tell me something on each turn). During this time, they added to their success lists; Joseph continued to excel in scouts and was respectful at school, after-school club, and with the scoutmaster's family. There were arguments in session and at home which provided opportunities to practice disagreeing in ways that Mom found respectful, and allowed Joseph to voice his frustrations about their lack of time together because of her *stupid job*. Chores were a constant source of frustration. One entire session was used to build solutions around chores. Joseph picked three chores that he didn't hate quite as much and Mom picked three that were especially helpful. All of these tasks were written on slips of paper and placed in a jar and he drew one chore per day. In addition to the varying daily chore, Mom said he had to make his own lunch every day and scoop Charlie poop once a week. They liked the jar activity, so we made a reward jar at the next session. They identified ten things each that they liked to do together that took thirty minutes or less. Mom wrote her ideas on green slips of paper and Joseph wrote his on blue slips of paper. All of these relational activities were placed in a jar and they drew one out (alternating colors) every night that homework and chores were done. I complimented them on what a great relationship they had and congratulated Mom on her clarity about what was important in her parenting. She had one additional appointment by herself where we discussed what was working with her parenting and what additional skills she was interested in learning.

Session Eleven—One Month Later, Final Session

Success Interview

Mrs. Baker said she thought they would try it on their own for a while after this session. I complimented her on recognizing what was best for them. I asked about their plans over the next months, we looked back over my session notes, read all the compliments I had written down, and discussed their creative solutions. I gave them each a microphone and interviewed them about what had been helpful in therapy. I asked individual and relational questions. *There are people in our studio audience who want to be good to animals and figure out how to do that. I understand you are experts in this area. What tips do you have? What successes are you most proud of? What was the biggest challenge you overcame? How did you do that? Where and when did you learn to do that? What are you proud of in your mom/son? Who in your life knows about this good work? What difference do these changes make? What have you learned in scouts that helps in your life?* I asked Joseph to speak for Charlie and asked him what good things were happening with his humans in his home.

CONCLUDING THERAPY

For Joseph and his mother the expert interview was a playful, complimentary way to conclude therapy. Complimenting good work, coping abilities, discoveries, and creativity is important in every session. Each appointment may be the last one if the family says ‘no’ when I ask if they want to reschedule. Sometimes families are done with therapy *for now* and are invited to call back in the future if they decide they want to. All credit for success is paid to the clients. The therapist should remain tangential, even invisible in their clients’ lives (Ratner et al., 2012). From the first phone call the clients have been considered the experts on their own lives and solutions. I have found a number of activities useful in reinforcing this expert position as we conclude therapy.

Collage, Painting, or Drawing

Cut out pictures from magazines, or draw, or paint, a success mural. Each family member can contribute their ideas. The perspectives of others can also be sought, such as *what your pet would thank you for, what your teacher would say.*

Dramatic Performance

Telling the success story through puppets, dancing the solutions you built, acting out the most successful day, or rehearsing the next accomplishment through Future Play are just a few ideas children have taught me. The activity itself does not hold any value unless it is meaningful for the child. As in all steps of therapy, we follow our clients in what they find useful.

As we bring this book to its end, I hope not that you will do therapy in the way I do it, but that these ideas have spurred your own creativity. I enjoy the playful side of solution-focused play therapy. Therapy, however, is not a play date. Play should always follow client needs and desires, and ultimately serve the preferred future. In the end, if we can increase our noticing and following skills and use play as a conversational tool, we will be better therapists. As I bid farewell, my hope is that you have been inspired by the ideas co-created by the families with whom I have worked. I hope they have given you an enhanced view of the capabilities of your own clients. Finally, I thank you for the professional commitment you have to children and families, and wish you the best in your remarkable work.

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