

## About the Trainers

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## **Solution-Focused Treatment of Trauma: Brief, Effective, Compassionate Techniques**

The need for brief, practical techniques to effectively relieve painful and debilitating symptoms of post-traumatic stress has become increasingly prevalent in the everyday work of clinicians, counselors, clergy and humanitarian aid workers. Time and resources are ironically oftentimes most limited during and severe crises in which the victim's survival may depend on their ability to function in the aftermath. Solution-Focused Brief Therapy (SFBT) has been used to treat PTSD in various settings all over the world. The Solution-Focused approach provides a compassionate and effective alternative to traditional de-briefing and other therapies and can be tailored to address specific client needs, cultural norms, treatment settings.

This course will explore using the SFBT approach to help victims of gun violence and terrorist attacks.

## **About the Solution-Focused Brief Therapy (SFBT) Approach**

SFBT was originally developed by Steve de Shazer, Insoo Kim Berg, and their team at the Brief Family Therapy Center (BFTC), an urban clinic in Milwaukee, Wisconsin, in the mid-1980's. De Shazer, Berg, and their BFTC team spent thousands of hours observing therapy sessions, carefully noting any questions or behaviors on the part of therapist or client that reliably led to lasting positive outcomes. Since then, SFBT has become one of the most widely taught therapy

approaches in the world. In addition to treatment of PTSD, the Solution-Focused approach is being used in educational settings, business coaching, as well as in counseling, mental health, social service, addictions treatment settings in over 30 countries around the world.

The Solution-Focused Brief Therapy (SFBT) model is a short-term goal-focused evidence-based therapeutic approach that helps clients change and adapt to challenging life circumstances by constructing solutions rather than dwelling on problems. In the Solution-focused approach, the traditional order of the therapeutic process is essentially reversed by beginning by developing a description of what the client's life will be when the issue that brought them to therapy is gone or resolved and then working backwards to find the necessary resources within the context of the clients' real everyday life experiences.

Elements of the desired solution (*exceptions*) often are already present in the client's life or repertoire of possible behaviors and cognitions. In SFBT, exceptions form the basis for ongoing change. The therapist intervenes only to the extent necessary, with treatment often lasting for less than six sessions.

## **Compassion, Coping and Counterbalance**

The Solution-Focused approach to treatment of PTSD can be most efficiently summarized by the "3 C's:" Compassion, Coping, Counterbalance.

### **Compassion**

Clients suffering from PTSD rightfully expect their therapists to demonstrate compassion and caring during treatment. Furthermore, research has shown that the therapist being perceived as caring is a contributive factor to positive therapeutic outcome. Like any other therapeutic approach, the efficacy of the Solution-Focused model depends, at least on part, on the therapist's ability to effectively join with the client and communicate compassion.

Communicating compassion, caring and a desire to be sensitive to what the client has endured is a therapeutic necessity when working with trauma survivors.

How little or how much Solution-Focused treatment focuses on the details of the trauma necessarily depends on time constrictions, the client's specific goals, and whether the client finds describing the details of the trauma helpful in achieving relief from PTSD symptoms. Above all, it should be the client needs and desire that dictates how much time is spent focusing on the details of the trauma. Here is why:

Although it was historically assumed that talking about traumatic experiences would help relieve PTSD symptoms, research on the effects of traditional de-briefing protocols has shown

that it can have the opposite effect. While some survivors find comfort and relief in describing the details of their traumatic experience, talking extensively about the trauma can in some cases have the opposite effect, exacerbating PTSD symptomatology and increasing the risk of suicide. This is particularly true in situations in which the client is reluctant to disclose the details and does so under duress. (Insert reference.)

Not surprisingly, the goals that trauma survivors bring to the therapeutic endeavor vary according to circumstance, personality and the nature of the post-traumatic effects they are experiencing. However, as general guideline, SF therapists typically spend (at a minimum) at least as much time focusing on the client's current situation, immediate and future goals and best hopes as the details of the trauma.

Similarly, trauma survivors have sometimes been subjected to computerized virtual exposure therapies requiring them to re-live the traumatic experience. In addition to subjecting survivors to a painful re-visiting of their traumatic experiences, de-briefing and exposure therapies can in some cases worsen PTSD symptoms. The Solution-Focused approach to PTSD treatment is a uniquely non-intrusive, compassionate and effective alternative.

## **Coping**

While clients who have endured trauma come to therapy with many different goals, most express a desire to find ways to cope with and gradually reduce PTSD symptoms. Asking what the client has found most helpful in getting through the time interval between the trauma and seeing the therapist for the first time typically reveals important coping mechanisms that otherwise might be overlooked.

Many survivors report that they are motivated to overcome the effects of PTSD primarily in order to be available to their loved ones; they find it helpful to focus on the people who are most important to them. Others report that praying, mindfulness meditation, focusing on simple present centered activities help them endure and ultimately shift their focus away from anxiety, flashbacks, nightmares, depression that often characterizes PTSD.

## **Counterbalance**

Solution-focused conversations focusing on clients' current goals and/or on developing future goals foster counterbalance by requiring the survivor to focus on the present and future (at least temporarily) rather than the past trauma. Formulating and carrying out small, specific, practical solution-focused goals is powerful way to begin to counterbalance trauma sequelae such as flashbacks, nightmares, anxiety. Answering even the most basic questions about what needs to happen in the next few hours evokes a mildly positive mind set pre-supposes survival, e.g. the client is going to be alive and sufficiently well to carry out the activities being discussed.

## **SFBT Tenets Applied to Trauma Treatment**

Several core tenets of the SFBT approach are especially applicable to treating PTSD. These include:

### ***Small steps can lead to large changes***

Oftentimes clients who present for treatment of PTSD are suffering from anxiety, depression, insomnia, flashbacks and nightmares. They are feeling (understandably) overwhelmed and exhausted and have difficulty summoning the energy to even contemplate major changes in their daily routines. Small changes, however are by definition a bit more accessible and they carry within the possibility for further change. As one client confided

“It took a little bit of effort to send a card to my friend, but it was a small thing so it was doable. Afterwards she telephoned me and asked if she could drop by for a visit. The next day she came over for coffee and she brought her puppy with her. I fell in love with that little dog and it turned out that there were still some from her litter available over at the local shelter waiting for adoption. I didn’t feel like going out, but I made myself do it because I wanted to see those puppies. And I came home with 2 of them! They are a lot of work. But they have changed my life for the better. I don’t have as much time to think about (the trauma). “

### **The solution is not necessarily directly related to the problem**

The above client subsequently observed that her 2 puppies were helpful in another, unanticipated way: “When I have a start to have a flashback, those little dogs start licking my face and hands. When they do this, it pulls me right back into the present. Nobody taught them to do that! They also get me out of the house, so I am not so isolated as I used to be. They are my little angels...”

### **No problem happens all the time; there are always exceptions which can be utilized**

A disabled military combat veteran complained that he experienced insomnia most nights with few exceptions. One of the exceptions occurred when he actively participated in basketball practice with a group of other veterans, all of whom were in wheel chairs like him. He began to experiment with additional physical exercise and subsequently found that his insomnia decreased in proportion to his participation in high energy activities that require focusing on the current moment.

### **If something is working, do more of it**

The above client began to attend more basketball practices and gradually added additional physical activities to his routine. He became physically stronger and more psychologically resilient while also widening his social circle.

### **If it is not working, do something different**

Most people, including trauma survivors, find it easier to define what they don't want to have continue than what they want to do differently. In such cases, the word, *instead* can prove very useful:

"I've attended countless Survivor groups and told my story over and over again and listened to other people's stories over and over again," one client confided, "but it still hurts like hell when I think about it. I'd rather not think about it, but it is hard to deliberately NOT think about something. And it seem like the more I think about it, the more it's on my mind." Her Solution-Focused therapist readily agreed that is IS difficult to deliberately not think about something. "What would you rather be doing *instead*?" she asked.

"There are so many things I would rather be doing," the client responded, "gardening, reading, visiting a friend, cooking, going for a run in the park. I used to do these things..." "I wonder if it might be helpful to try one of these *instead* activities you just identified if you find your mind going in a direction you don't like?" the therapist asked. "It probably would," answered the client. The following week, she had engaged in some of the *instead* activities whenever she began to feel overwhelmed by painful past memories. She also subsequently began to explore Mindfulness Meditation. There are many different ways to mitigate PTSD, however many involve present-centered activities that seem to re-train the brain to concentrate on the moment rather than painful past experiences.

### **If it's not broken, don't fix it**

SFBT Treatment for PTSD is definitely not a rigid, "one size fits all" approach. What is helpful for one client may have exactly the opposite effect on another. The SF approach assumes that clients are experts on their own life experience and when asked in a meaningful way, can readily discern what has and has not been helpful up to now and subsequently develop informed plans about they might do in order to best move forward. SF therapists ask their clients directly rather relying solely on educated guesses regarding what will be most helpful for each particular person for relieving PTSD symptoms and moving forward with life in a meaningful and satisfying way. An added advantage to this approach is that clients are more likely to embrace and carry out treatment plans which they have actively participated in developing. (Insert reference). Rather than prescribing specific behaviors following a traumatic experience, a SF therapist might suggest something like "At the end of the day, take a moment to reflect on the parts of the day that were a little more bearable or even perhaps a bit more ok

or even enjoyable than others. Try to figure out what you were doing during those times that you perhaps might want to repeat in the coming days.”

### ***The language requirements for solution development are different than those needed to describe a problem***

Some clients who suffer from PTSD, when asked what will need to happen in therapy in order for it to be helpful, will identify that they need to talk about the trauma in detail. Respecting that the client knows best what they are likely to find helpful, SF therapists typically respond by saying something like this, “How will you know afterwards that it has been helpful? “Typically, clients answer “I will feel less alone,” or “I won’t think about it as much,” or “I will not feel so ashamed.” At this point, the SF therapist might ask, “So what will you ultimately want to be feeling or focusing on *instead* of (alone or ashamed) ? I ask this so that I can keep that in mind as I listen to your story?” This sort of SF question gently shifts the conversation to include aspects of the client’s preferred future solutions in the conversation while also preserving space to include any details of the past trauma that the clients’ needs or wants to discuss in order to move forward.

### ***The future is both created and negotiable***

As any trauma survivor can tell you, we can’t change the past. But we can find meaningful ways to navigate the future. Many survivors of trauma understandably find themselves grieving the loss of the future they once anticipated. Perhaps they have lost one or more loved ones as a result of the traumatic experience that brought them to therapy, or they may have been left with a permanent physical disability such as the loss of a limb, a brain injury or other physical effects. Other times, the loss may be psychological e.g. survivors have lost the ability to view the future in the relatively fearless way they once did. For SF therapists, clients’ grief is not a problem to be solved, but rather a process to be respected and supported in whatever ways is most helpful in order to clear a path for the client to gradually move forward in the direction of a rewarding and meaningful future.

The concept of the future is often a relative term for trauma survivors. Client who present with PTSD often express that they feel overwhelmed (either by what has recently happened to them or the sequelae of past traumatic experiences) and struggling to navigate their immediate life situation. For someone experiencing acute PTSD compounded by grief, the future may at least initially, feel dramatically foreshortened. Some traumatized clients can, at least initially, conceptualize the future solely in terms of getting through the immediate next few hours, days or weeks. Others, particularly those who have directly experienced horrific traumatic experiences, understandably struggle initially to imagine how they might subsequently go on with life, and find it more helpful, at least initially, to focus on the pragmatics of daily existence.

As one survivor confided, “I can’t change what happened to me, but I *can* decide to not let it stop me from leaving the house, from caring for my children, from continuing to go to work to put food on the table for my family.” SF therapists help traumatized clients identify and explore the positive meaning of decisions to carry on with everyday life activities by, among other things by communicating implicit appreciation of the courage such behavior requires by asking questions such as, “Where did you find the strength to do the things you did this past week?” Clients typically initially respond, “I don’t know,” and then after a few seconds of thoughtful silence, variously answer, “I love my family *so much*,” or “I refuse to let that #X! stop me from living my life,” or “I have to trust in God,” or “I’m doing it for (deceased loved ones); they would want me to go on.” Such responses and the behaviors associated with them reflect both the initial negotiation and ultimate creation of a tenable future.

## **Solution-Focused Joining Techniques for Enhancing Positive Therapeutic Outcome**

Positive therapeutic outcome research indicates that clients are most likely to experience beneficial results from therapy if they experience their therapist as demonstrating positive feelings towards them as well. This is perhaps most especially true with traumatized clients who may understandably struggle with issues of trust following painful life experiences in which they were physically and/or emotionally harmed by other people or catastrophic events.

The SFBT approach provides several innovative language-based techniques (Lutz, 20??) that are ideally suited for working with clients suffering from PTSD, particularly those who present with intense feelings of anger, distrust, fearfulness, or are reluctant participants in court mandated treatment. The following SF techniques for fostering positive therapeutic alliance are particularly well-suited for clients suffering from PTSD:

### **“For You” Statements**

“For you” statements, e.g. “*This must be very difficult **for you**,*” “*I can’t even begin to imagine how hard this must be for you*” simultaneously serve to communicate that the therapist is trying to compassionately understand the situation from the client’s perspective.

### **“VIP” Questions**

Asking questions about a client’s significant others or VIP’s (Lutz 20??) aka “very important people,” can serve as a gentle, non-threatening way to begin to develop a relationship without unnecessarily triggering painful traumatic memories. VIP’s can be a powerful resource for clients suffering from PTSD because in many instances, they constitute a reason to go on with life. Furthermore, inviting a traumatized client to imagine the immediate future from the perspective of a caring loved one (or more distance future) can be an invaluable for identifying and initiating the crucial first small steps towards recovery.

Clients suffering from PTSD oftentimes find it easier to respond to therapeutic questions from the perspective of their significant others, e.g. very important people or VIP's in their life. For example, a teacher who witnessed and survived a school shooting that killed several of her students and colleagues found it almost impossible to imagine how she might forge on with life after what she had experienced until her therapist gently asked her to conceptualize what her husband and pre-school children would notice her doing and saying as she took her first steps towards healing. For example:

Therapist: "What do you think your husband and pre-school children would first notice you doing or saying that might suggest to him that you had managed to move even a little bit in the direction of healing from this (trauma)?"

Client: "I don't know. I suppose the first thing might be for them to see me get through an hour without crying and maybe if I read a bedtime story to my kids."

### **VIP Questions Following Traumatic Loss**

VIP questions can, of course, sometimes be intensely emotionally loaded in situations involving the traumatic loss of one of the client's significant others. Nevertheless, even in situations involving traumatic loss, VIP questions can sometimes help client to identifying tenable and in some cases poignantly meaningful ways to initially conceptualize and subsequently navigate the immediate future. In the following example, a mother who witnessed the violent death of her son who was caught in the crossfire between two neighborhood criminal street gangs:

Client: "I just don't know how to go on. Even though I saw him die, I somehow can't accept that he's really gone. I keep expecting him to walk through the door. (She is sobbing).

Therapist: Of course. I can't even imagine how difficult this must be for you....(HJands the client a tissue.)

Client: You really can't. No one can, unless maybe they went through something like this themselves, something I would never ever wish on anyone.

Therapist: OF course not.

Client: Sometimes I find myself wishing they had shot me instead or that I had died when he did. But he wouldn't have wanted that.

Therapist: He wouldn't have wanted that. He would have wanted you to go on?

Client: He would want me to go on.



Therapist: So do you feel that you need to go on in part for him?

Client: I do. Even though I don't want to right now. I need to. And if I'm honest, it's not just for him. It's also for his sister and his little brother. They are really hurting right now, too.

Therapist: Of course, they must be. And it must be really hard for you to see them hurting.

Client: It is. And it was all so senseless, all for no reason. HE died for NO REASON. He wasn't even in a gang. He just got caught in the cross fire.

Therapist: I don't even have words for how hard I imagine this must be for you and your family.

Client: There are no words. (Pause). But I have to go on for my kids.

Therapist: And for (deceased son)?

Client: Yes, he would want me to....

Therapist: So, if we were to imagine he's up in heaven looking down, watching over you and his little brother and sister, what do you think he would want to see you doing?

Client: Probably just carrying on. I mean he knows we are missing him and that nothing ever going to be the same without him being her with us, but he would want us to keep on keeping on .

Therapist: What will tell him that you're doing that? Has any of it started, even a little bit?

Client: Well, we've been surrounded by family and friends all week, but now that the funeral is over everyone is gone and it's just me and my 2 kids.

Therapist: So what will you be doing, or maybe you are already doing now that everyone has left that would tell him that you are making an effort to carry on.

Client: Coming here is one thing, I guess. The Employee Assistance people at work sent me.

Therapist: And you came. Getting here probably took some effort.

Client: It did.

Therapist: What else, even a little thing, could be a sign that you are carrying on?

Client: We all made it to church yesterday.

Therapist: So that, too, was a sign.

Client: (nods).

Therapist: What do you think might be the next small sign?

Client: I don't know.

Therapist: Maybe it would help to imagine what ----- would say?

Client: I don't know,(pause). he'd probably say "go back to work."

Therapist: Is that something you feel ready to do?

Client: I don't have no choice. We need the money to pay the rent and keep food on the table. The family brought a lot of covered dishes with them, but they are going to be gone in a couple days.

Therapist: So you are going back to work because to help you family. Is that something that -----  
---would see as you "carrying on" in the way he would hope.

Client: Yes, it is.

Therapist: What does it mean to you to imaginethat he would approve of what you are doing?

Client: It means a lot. I mean, it still hurts like hell that he's gong. I am sure it always well, but going to work is something I an do for my family.

Therapist: Where do you get your strength?

Client: Same place I always got it from: God. And also from my kids because I love them and I am not the kind of mother who slacks off when they need me. I'm the kind of mother who takes care of her kids.

Therapist: You're the good kind of mother.

Client: I hope so.

Therapist: And -----would be proud of that.

Client: I think he would. I hope he would.

Therapist: Nods. So going back to work is a big thing. What are some of the little things that go with that, that your kids might see you doing that would be a sign that you are carrying on in the way that is right for you and your family?

Client: They would see me taking an interest in their school work, in making sure their uniforms are ready for the next day, things like that.

Therapist: And how will they react when they see you doing those things?

Client: At their age, I think they pretty much take things like that for granted, but I suppose on some level they will find it reassuring.

Therapist: And their brother would want them to feel reassured.

Client: Yes, he would.

Therapist: So even though it's hard, you are obviously on the right track with this. I am very impressed with how determined you are.

Client: Thanks. Yes, I am.

## **SF Goal Development Questions**

Well-formulated SF goals are by nature client-centered, derived from client's unique needs in the context of their immediate life circumstances. During a first session, trauma survivors often confide that their most pressing need is to get through first few hours and days of the trauma aftermath. Many find it helpful at this time to make a short list of high priority tasks such as caring for loved ones, pets, notifying employers if they will be missing work, arranging for basic household needs such as food, laundry, etc .

While trauma survivors often express a wish to restore or at least replicate various aspects of the life they led before the traumatic event, most find their world view and life perspective permanently altered. The elasticity of the SF approach makes it possible to simultaneously include more than one goal, e.g. "the desire to continue to function as a good parent, the desire to carry on at work, the goal of sleeping through the night, etc. Trauma survivors goals typically involve finding effective ways to coping and manage everyday responsibilities while diminishing the proportion of space trauma sequelae (flashbacks, nightmares, anxiety, depression) occupy in their life.

There are many ways to support clients in Solution-Focused formulating goals. One way to help a trauma survivor to identify a goal is to ask, "*What would need to happen as a result of coming here today in order for you (or the loved one who convinced you to come ) to be able to honestly say afterwards that it had been useful to come?*"

In the beginning not surprisingly, the client's goal may be comparatively short term. For example:

Therapist: *What would need to happen as a result of coming here today in order for you (or the loved one who convinced you to come ) to be able to honestly say afterwards that it had been useful to come here and that our meeting wasn't a waste of your time?*

Client: I would know what to do to get through the next week.

Other times, particularly with clients who present in the weeks, months, and years following a traumatic experience, the goal sometimes extends further into the future as exemplified by the following exchange:

Therapist: What is your best hope in what will be different as a result of coming here?

Client: I would be able to look back on my life 10 or 20 years from now and be able to honestly say that I have had a good life; I'll have been able to hold down a job.

## **“Instead” Questions**

Not surprisingly, many trauma survivors initially describe their goals in terms of will NOT be happening when things are better, e.g. “I *won't* be feeling afraid to go out in public” or “I *won't* be experiencing so many negative emotions like rage and fear and anxiety.”

When clients respond to questions about their hopes and aspirations with descriptions of what they want to have happen instead, SF therapist respond as follows:

Therapist: So what will you be experiencing *instead* when things are better?

Client: I will be feeling calm.

## **Eliciting a Behavioral Description of the Client's Preferred Outcome or Solution**

Whenever possible, especially when working with people suffering from PTSD, SF therapists ask questions to elicit a behavioral description, e.g. what the client will be doing, saying, thinking when things are better.

Therapist: So let's suppose you are feeling calm in just the way you are hoping. What will you be doing differently when you are feeling that sense of calm? What might another person see you doing when you are feeling that way? How do you imagine you will be spending your time at work and at home when you are in that nice calm state?

Another way to elicit a detailed behavioral description of client's goal is to invite the client to describe some previous times when they may have experienced some or part of the desired state. For example:

Therapist: What were some of the things you did in former times when you were feeling calm?

Client: I would sometimes work in my garden, maybe telephone a friend.

The above description is an example of a Solution-Focused Exception. We will further explore SF Exceptions in more detail in the next section.

## **Solution-Focused Exceptions**

Solution-focused exceptions (resources within the client's existing behavioral repertoire) constitute a powerful resource for relieving post-traumatic sequelae. Although the SF approach does not preclude incorporating techniques from other approaches (EMDR, CBT, Systematic Desensitization) designed to relieve PTSD, solution-focused therapists typically prioritize using **exceptions**, e.g resources that already exist in the client's life.

Basically, Solution-Focused exceptions are comprised of those uniquely adaptive positive behaviors and cognitions that characterize client's experiences of relative well-being at times when they are functioning in ways that they value. Because such exceptions already exist within the client's behavioral repertoire, these exceptions constitute a powerful resource in the wake of trauma; they are already familiar to the client and therefore easier to replicate when needed most.

SF exceptions can be utilized to counterbalance the effects of the trauma, ease or relieve PTSD symptoms, and transition into a meaningful and rewarding future inclusive of but not defined by traumatic past events.

The following is an example of the use of exception questions with an assault survivor client who suffers from anxiety upon leaving the house :

Therapist: Have there been times when this (anxiety) has been less of a problem when you go out of the house?

Client: Well, I seem to be able to do it if there is someone with me or if it is a relatively short trip to a familiar place.

Therapist: How do you do that?

Client: I just make myself do it.

Therapist: So you just will yourself to do it?

Client: Yes, that's it.

Therapist: That can't be easy from what you have said. Where do you find the strength to do that?

Client: I just tell myself to do it.

Therapist: (appreciative tone of voice) You just tell yourself to do it.

Client : (nods)

Therapist: But this is the first time you ever came here and so it must have been unfamiliar,

Client: Yes it was.

Therapist: And yet you did it. How did you get here?

## **Solution-Focused Compliments**

SF compliments are an integral part of the SF approach. They are given throughout the session whenever it is respectful to do so. SF compliments can serve to punctuate and amplify exceptions, foster client confidence, and foster a state of relative calm and well-being. There are 2 main forms of SF compliments The first is the **Direct SF Compliment**:

Therapist: I am so impressed that you managed to get here on your own today!

Many clients respond favorably to direct compliments, however some people are not comfortable receiving them; they may become uncomfortable or respond negatively. For these clients, SF therapists offer indirect compliments designed in the form of questions implicitly designed to gently elicit positive self-reflection from the client. Here is a typical example of an **Indirect SF compliment** with a trauma survivor who was afraid to leave the house:

Therapist: Given what you described, coming here alone today could not have been easy. How did manage to find the courage to travel here on your own today?

With trauma survivors, offering implicit compliments in the form of questions (as exemplified in the above example) can be a particularly useful way to help the client re-connect to positive emotions following a discussion of traumatic events or at the end of the session.

## **Detail Questions About Exceptions and Resources**

Detail questions about positive exceptions and resources tend to amplify their significance and power in the client's life by accentuating the experience of accessing them. For example, if the therapist were to continue the exception discussion with the client from the previous section who managed to overcome his anxiety sufficiently to leave the house attend the session, the therapist might ask one of more of the following detail questions:

Therapist: So how did you manage to get yourself to leave the house today?

Client: I made sure that I got up on time and had plenty of time to get ready so I wouldn't feel so rushed when I left the house.

Therapist: So giving yourself some extra time is helpful?

Client: Yes, it makes me feel calmer.

Therapist: And was there anything else that you did that helped you to stay calm today?

Client: I kept reminding myself that I could always turn around and come home if I got too scared.

Therapist: And that helped, too?

Client: Yes, it did.

Therapist: Anything else?

Client: I promised myself that I would stop at the drive-in window of the ice cream store on the way home.

Therapist: So having a little treat to look forward helped?

Client: Yes, it really did.

Therapist: Do you have a favorite flavor?

Client: (Smiles). Yes! Mint with chocolate chips!

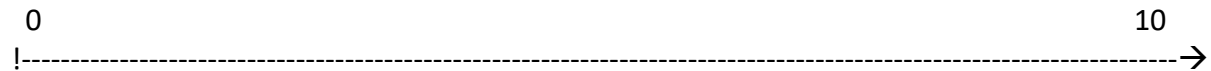
## **Solution-Focused Scale**

Solution-Focused Scaling techniques can be a valuable resource for identifying ways to relieve PTSD symptoms both inside and outside the therapy room. Because answering scaling questions requires people to access the part of the brain responsible for evaluative thinking, it

tends to elicit a state of relative calm which can help to counterbalance the elevated “flee or flight” physiological response associated with acute PTSD states.

When introducing a scaling question to a traumatized client, or any client for that matter, it is important to explain its’ purpose, e.g. to help both therapist and client figure out what will be most helpful in ensure that coming to therapy is a useful experience for the client.

Most SF scales range from 0 or 1 -10 with 10 signifying the client’s desired state and 0 or 1 signifying just the opposite.



In order for a SF scale to be meaningful and useful to the client, it is important to incorporate the client’s own words and ideas whenever possible. For example, with the bereaved mother in the previous case illustration, the scale might look something like this:



With traumatized clients, it is often best to make the 0 or 1 signify “the opposite “ of the goal. Otherwise the 0 may tend to repeatedly remind them on the trauma as signified by the feeling of the moment when they lost everything. An advantage of a SF scale is that it can provide the client with a little bit of emotional distance while still representing the realities of the post-traumatic sequelae. A well-formed SF scale can represent the continuum of the client’s current real life situation (including the traumatic event(s) and aftermath) and aspirations for how they would afterwards know that therapy had been helpful without unnecessarily viscerally evoking the trauma and thereby causing further suffering in the way that more specific, emotionally-loaded words might. For example:

Therapist: So is it ok if I draw a diagram on the board to help us figure out what will be most helpful in terms of you carrying on in the way you want to?

Client: Ok.

Therapist: Let’s suppose that 10 signifies that some time has passed and you are completely satisfied with the ways you have found the best ways for you to carry on and the way and the things you are doing to carry on with life with your family, at work, and in all the ways that matter to you, and the 0 represents just the opposite. (Therapist draws scale on the board.)





Therapist: I'd like you to make a mark to signify where you are now.

Client: (Stands up, walks over to the board and pauses, then draws a vertical line to the right of the 0.

Therapist: What number would you say we should call that?

Client: I suppose it would be a 2 ½.

Therapist: Good. Ok, what are some of the things that you have been doing or are doing that contribute to making it a 2 ½ rather than a lower number.

Client: Well, it helps that a little bit of time has passed although I still wake up every morning and several times in the middle of the night thinking of him....

Therapist: Of course. (Pause). What else, though do you think, helps to make it a 2 ½ rather than a lower number.

Client: 2 ½ seems pretty low to me.

Therapist: But it definitely could be lower.... What have you been doing that you would need to keep doing to maintain that 2 ½?

Client: Well, like I said earlier, I have to go to work.

Therapist: Going to work helps. What else do you think contributes to that 2 ½?

Client: Well, certainly I need to keep taking care of my kids, keep my attention focused on making sure they're ok.

Therapist: So taking care of our kids is a significant part. You mentioned Church earlier. Is that part of the 2 ½ as well ?

Client: It is.

Therapist: Anything else?

Client: Well, it has helped to know that my family is there for me: my sister and brother and law have been here and my parents. That makes a big difference.

Therapist: That, too, is part of the 2 ½?

Client: Yes.

Therapist: Now lets suppose that sometime in the next week you discover that you have gone up a point. What would be different that would tell you that things were a little bit better, that you had somehow gone up a point?

Client: I am not sure. I suppose I would be sleeping better, but I am not sure.

Therapist: Sometimes it helps to imagine what the people around you would notice that was different when you are 1 point higher. What do you think your kids might notice that is different about you when you are a point higher?

Client: I am not sure...

Therapist: It might be even some very little thing... What do you think they would see you doing or saying when you are at a 3 ½?

Client: I don't know...(pause) I suppose they would notice that I had mopped the kitchen floor and washed all the towels and sheets from when my family was here.

Therapist: So that would be part of the 3 ½?

Client: Yes. I've been feeling really wiped out, haven't felt able to do even basic chores around the house.

Therapist: So mopping the floor and doing the laundry would be an important sign that you were moving in the direction of "carrying on" in the way you want?

Client: Actually, if I did ALL the laundry, it would be more like a 4. (She smiles wryly.)

Therapist: But even if you only did the sheets and towels it would mean a 3 ½?

Client: Yes.

Therapist: Is there anything else that might go with that 3 ½?

Client: From my kids perspective, I suppose if I took them out for fast food.

Therapist: So from their perspective, that would also be part of the 3 ½. How about from your perspective?

Client: I don't know... I guess if I called some of my woman friends and arranged to get together, but actually that would be more than a 3 ½. It would probably be a 4.

Therapist: It seems to me that you are already doing a lot and you already have some good ideas about what will help you go forward. We are just about out of time, so I am wondering if it is okay to offer you a possible homework idea, something you might possibly try?

Client: Sure. Anything you think might help...

Therapist: I am sorry that you have to deal with such a difficult and painful situation, but I think you are on the right track in terms of what you are doing and your ideas about carrying on. Therefore, I suggest that you take some time in the next week whenever you can... and pay attention to where you are on your scale and notice anything that you or other people around you do that helps you move forward even a little bit. Is this something you are comfortable doing?

Client: Yes, I think it will be helpful.

## **Case Illustration of SFBT with a Survivor of Gun Violence**

The client, a woman in her mid-30's was referred by the law enforcement officer who escorted her out of the crime scene where she had witnessed a shooter firing multiple rounds of bullets into a crowd of strangers at a public shopping center.

Client: "Thank you for seeing me on such short notice."

Therapist: I am glad that I had some time open today. I am of course going to do my very best to be helpful to you today, but before we get started, I want you to know how very sorry I am that you had to go through what must have been such a terrifying experience.<sup>1</sup>

Client: Thanks.

Therapist: Can you tell me what would need to happen as a result of coming here today so that afterwards you would know that it had been a good idea to come here today?

Client: Well, I'd be able to function. Right now, I keep getting distracted and I am really jumpy whenever I hear any loud sound, even my kids playing. I've had to stop watching television because they keep showing footage of the shooting and some of it shows exactly where I was when it happened.

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<sup>1</sup> It is important for the client to know that the therapist views them compassionately and will do their best to help. (Insert reference from Mechanisms of Therapeutic Change Research.)

I was standing in front of a display table of sweaters when the gunman started shooting and I immediately dived under it to try to stay out of sight. There was a long tablecloth covering the table and I pulled it down over me. I could hear the shots going off all around me. The table cloth was somewhat transparent, so I could see the silhouettes of people falling down and others running. During the whole time I could think about was my two little boys and staying alive so that I could come back home to them. I just kept praying that I would survive. I need to be able to function so that I can take care of my little boys.

Therapist: This must have been terrifying. And yet somehow you managed to never stop thinking of your little boys.

Client: They mean everything to me.

Therapist: They clearly do. How old are they?<sup>1</sup>

Client: The youngest just turned 3 and my oldest is 4 and ½. (She displays a photo on her cellphone.)

Therapist: What beautiful children ---They are so cute! I can tell from the picture that they must be really great little kids.

Client nods. Thank you. Yes, they are. They mean everything to me.

Therapist: Of course. I can easily imagine why you would feel that way. But I don't want to lose track of what you said initially about being able to function.<sup>2</sup> What do you think would be most helpful for us to focus on today in terms of you being able to function after you leave this afternoon?

Client: I've been having a lot of trouble concentrating. I keep remembering the sound the shots, people screaming and the sounds of people falling after they were hit. And I know it's not rational. Even when I am safe in my own house with my boys I've been having this terrifying feeling that something else is going to happen, even though I know it's not. The first night I couldn't get to sleep for hours and hours. I lay awake almost all night. Then when I finally did fall asleep for a few minutes just before morning, I had these terrible dreams of someone trying to hurt my children and I couldn't get to them. I woke up with my heart pounding.

Therapist: That must have been terrifying.

Client: It was.

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<sup>1</sup> It is essential to compassionately acknowledge the client's suffering, but not lose the opportunity to focus on the key resource that made her determined to survive and motivates her to recover from PTSD: her love for her children.

<sup>2</sup> The client has already stated the goal of being able to function.

Therapist: I am sure it doesn't make what you've been experiencing any easier, but perhaps it's helpful to know that what you were experiencing is an understandable post-traumatic stress reaction.

Client: I keep telling myself that this happens to other people too, that I am not going crazy, but it is still scary.

Therapist: Of course.

Client: I guess soldiers get it and other people who have experienced violent events like the Trade Center bombing or other terrorist attacks?

Therapist: That's right, but I am sure knowing this hasn't made it any easier. I am so very sorry that you've been going through this.<sup>1</sup>

Client: (Tears in eyes) Thanks.

Therapist: And at the same time, I want to be careful to not lose track of what you said at the beginning about what would need to happen as result of coming here in order for you to feel afterwards, when you get home today for example, that it had been helpful to come.

Client: (Nods.)

### **The Solution-Focused Scale**

It is essential to introduce the SF scale in a sensitive and respectful manner. When asking permission to draw a SF scale, it is important to explain the purpose (to reveal what will be most helpful in the service of accomplishing the client's goal) and the therapist's intent (wanting to be helpful).

Not surprisingly trauma survivors often become emotional when talking and thinking about the traumatic event(s) that brought them to therapy. Although it requires some effort, answering SF Scaling questions helps to counterbalance the emotion, perhaps because it engages the rational part of the brain associated with evaluative thinking. Over the years, many of my trauma survivor clients have said that putting things on a scale has an almost immediate calming effect.

How a SF scale is drawn can make a difference in its' efficacy, e.g. the way the client experiences it and is able to respond therapeutically. In the example below, the 1 represents a precise moment in time (the moment after the shooting stopped) that by definition cannot occur again while the 10 signifies a time in the future characterized by things being *better*.

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<sup>1</sup> Again, it is important to compassionately acknowledge the client's suffering.

*Better* is an intentionally elastic word that can represent many complex things including the client's ability to concentrate and function, to sleep well, to focus on the present and future, to improve in the future.

Words are often inadequate for describing of powerful experiences like trauma which typically involve a complex set of sensory and emotional experiences that are difficult to fully express. Nevertheless, the act of describing a traumatic event sometimes produces painful flashbacks: a sort of virtual emotional and/or physiological post-traumatic reliving of the experience. A significant advantage of a SF scale is that it can functionally *represent* a traumatic experience without re-evoking it.

This is particularly valuable in situations involving complex trauma in which a client has experienced a series of traumatic experiences; the scale can be used represent the sum totality of the client's traumatic experiences without requiring them to re-visit them. But perhaps most significantly the SF scale allows the therapist and client to identify what will be most helpful in achieving relief from PTSD and moving beyond the traumatic experience(s) to ultimately create a rewarding and satisfying life in the future.

How the therapist introduces the SF Scale is very important. If it feels disrespectful to introduce the scale to the client, it may be too early in the therapeutic relationship. However, most traumatized clients are ready and willing to answer scaling questions during the first session IF the therapist first demonstrates caring and compassion and communicates positive intent, then clearly explains the purpose of the scale and respectfully asks the client's permission. Here is an example:

### **Asking Permission to Draw the Solution-Focused Scale**

Therapist: There is a little scale that will help us figure out more quickly what will be most helpful. It involves my making a little scale. Is it okay if I draw the scale and show you what I am talking about?<sup>1</sup>

Client: Okay.

Therapist: (Stands and walks over to a white board on the wall, picks up a marker and draws a line.

1-----10-><sup>2</sup>

Therapist: The 1 symbolizes the moment in time after the shooting stopped and 10 represents a time in the future when you are completely satisfied with the way you ultimately found a way

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to cope with this terrible thing you experienced and continue to move forward with your life. Does this make sense?"

Client: Actually, it feels good to even hear you say that it is possible, that there could be a day in the future when this is not the first thing on my mind 24/7.

Therapist: I wonder....do you think that will that be one of the signs that you are moving forward, that this is not the first thing on your mind?

Client: Yes. I hate to say this, but at the moment I can't even imagine getting to that point.

Therapist: (Nods). You've been through something really, really hard. Possibly harder that can be put into words. <sup>1</sup>

Client: That is exactly how it feels. There are no words for what I am feeling. At least right now.

Therapist: I think that is completely understandable.

Client: Nods.

Therapist: Again, though, I want to be careful not to lose sight of the goal that you talked about earlier and our figuring out what will be most helpful for you going forward. So, if it is okay, I want to ask you a question about this scale I just drew on the board. Is that okay?

Client: Okay.

Therapist: (Hands the client a marker). So looking at that scale, of 1 represents the moment in time after the shooting stopped, and 10 represents a point in time when you have moved forward and are satisfied with the ways you found to cope with this experience, a time when you are living a meaningful, rewarding life again, where would you say you are now on this scale. I know it probably seems like an arbitrary number, but it will help us figure out whether we are going in the right direction in terms of things getting better for you."

Client (Takes marker and walks over to the board). Well, I sure know that I am not a 10 right now or I wouldn't need to be here talking to you. And I know that I am not at a 1 any more because that moment has passed.

Therapist: You know you are no longer at 1 and that you're not yet at 10. Where would you put yourself on the scale right now?

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<sup>1</sup> Words can sometimes be woefully inadequate to express the complexity of certain traumatic experiences and it can sometimes be helpful to acknowledge this rather than spending a lot of time looking for exactly the right words.

Client: (Uncaps the marker and stands looking at the scale). I don't know ----this is hard.

This is a very typical response. Because SF scaling usually involves, at least initially, a relatively unfamiliar way of thinking, most people a moment or two to formulate their thoughts.

Therapist: Of course, it is. <sup>1</sup>For most people, answering this sort of question requires us to shift gears a bit, to use a different part of our brain: the evaluative part, which is different than what we access in other everyday life situations. Sometimes it helps to take a nice deep breath and then just see what comes to mind.

Client: (Takes a deep breath, makes a mark on the scale roughly between 1 and 2).

Therapist: "What should we call that? Is it a 1 ½?"

Client: Yes. I think so.

Therapist: So what makes it a 1 ½ and not lower? <sup>2</sup>

Client: I can't be at 1 because some time has passed since it happened and 1 represents the moment after it (the shooting) stopped. I feel like I am barely hanging on -----I didn't sleep much last night. Yet, I AM hanging on somehow.

Therapist: Barely hanging on and not getting much sleep, but hanging on nevertheless. Where do you think you have found the strength to do this? <sup>3</sup>

Client: There's no choice. I have to do it for my kids. I've got to be able to take care of them, to feel them, to hold them in my arms and reassure them that they are safe.

Therapist: You kids are a huge priority for you.

Client: They are the #1 priority. They mean everything to me.

Therapist: Clearly, they do. What are some of the things that you are doing with your kids that contribute to it being a 1 ½?

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It is important to normalize the fact that answering a scaling question takes some effort.

<sup>2</sup> Although a ½ point may not seem like much, this slight improvement can sometimes constitute an emotional lifeline for the client because it indicates positive movement, e.g. the start of post-traumatic success has already begun. At this point it is essential for the therapist and client to explore all possible details. Describing the details of even the smallest positive changes serves to amplify their power and significance and can gradually open a space where the possibility of hope can exist.

<sup>3</sup> Compliments are an important part of the SF approach. SF Therapists compliment all their clients, and particularly trauma survivor clients as often as they can respectfully do so. Not all clients however like direct compliments, so in these cases, SF therapists utilize indirect compliments, such as "*Where are you think you are finding the strength to do this?*" This form of indirect compliment invites the client to acknowledge their own ability. Some clients. Early in a session with a new client, it is always safest to begin with an indirect compliment.



Client: Actually, in terms of my kids, I think I am functioning higher than a 1 1/2, maybe even a 3 or a 4. I mean even though I am not sleeping, I will always manage to get up with them in the morning, to feed them, to make sure they have clean clothes. They're the reason I am going back to work next week, even though I don't feel ready to.

Therapist: So, your kids are a very powerful reason for hanging on and doing everything you need to do to move forward?

Client: Yes.

Therapist: Not that there should be, but is there anything else that you are doing that makes it a 1 1/2 and not lower?

Client: Well, I have reached out to my parents. Even though they live out of state, hearing their voices on the phone makes a difference. And my ex-husband has been supportive. He offered to take the kids so I could come see you, for example.

Therapist: And these things, too, make a difference, and they contribute to that number?

Client: Yes.

Therapist: Anything else? <sup>1</sup>

Client: Well, my boss and co-workers have been very supportive. I emailed everyone and told them the basics of what happened and that I don't want to have to talk about it and relive it one more time when I come back to work next week. It's still really hard to talk about. They all wrote back. Several people sent me really sweet notes and cards and the office sent me a bouquet with a card signed by everyone.

Therapist: It sounds like that meant a lot to you?

Client: It really did. These are people that I see every day.

Therapist: I am glad to hear this, although I am not surprised because you are clearly someone that other people would want to reach out to. Perhaps you already know that there is a lot of documentation that social support can make a positive difference. Again, not that there should be, but was there anything else that has helped, even a little bit?

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<sup>1</sup> Unless the client indicates otherwise, the therapist should gently continue asking detail questions until all the details of positive changes have been exhausted.

Client: Well, I already talked about my kids, but at the moment when the shooting was actually happening, I remember thinking over and over again, *I HAVE to survive this because I need to be there for my kids.*

Therapist: I wonder if that thought was what helped you think fast enough to get out of sight right away, to dive under the table.

Client: Thank God I did. There was a woman standing just 3 feet away from me and she got shot, not fatally, thank God, but she's still in the hospital recovering from wounds to her arms and chest.

Therapist: Thank God you thought so fast!<sup>1</sup>

Client nods

Therapist: Anything else that helped?

Client: Well, I'm not a particularly religious person. I don't go to Church or anything, but ever since this happened I've been praying. I thank God that I lived through this and I ask God to continue to protect me and my loved ones and the families of the ones who didn't survive, and those that got hurt.

Therapist: And does that also contribute to the strength you have found that makes it a 1 ½?

Client: Actually, now that I have been talking about this, I am feeling that maybe I am more like a 2 or a 2 ½. I guess I have been doing more than I realized. <sup>2</sup>

Therapist: What difference does it make to realize that you have been doing more than you thought?

Client: It makes me feel stronger. <sup>3</sup>

Therapist: And that's a good thing.

Client nods.

Therapist: Is it ok if we go back to the scale for a moment?

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<sup>1</sup> This is both a compliment to the client and an expression that the therapist cares about the client. The latter has been shown to be a significant predictor of positive therapeutic outcome. (Insert Lambert research.)

<sup>2</sup> This is not unusual; often times clients experience having gone up on the scale as a result of answering detailed scaling question.

<sup>3</sup> "What difference does it make" questions tend to evoke and consolidate the client's experience of personal strengths, e.g. the client answers, "It makes me feel stronger."

Client: Okay.

Therapist: Let's suppose that some night this week, you go to sleep as usual, but on that particular night you finally manage to get a really decent sleep. And somehow, sometime during the night while you are sleeping, a change takes place. The change is that you are now a full point higher on the scale than you were when you went to sleep. What would you notice that was different when you wake up and start going through your day that would tell you that things were better, that you had actually gone up on the scale? <sup>1</sup>

Client: (Stares into space.) I am not sure.

Therapist: Take your time. This is a question that requires some imagination. Sometimes it helps to take a nice to breath before trying to answer.

Client: (Breaths deeply and pauses). The obvious thing is I would have slept more than 2 hours that night.

Therapist: So already, that is different. What else?

Client: I would have more energy to do things, to get breakfast started, to get the kids ready for school. So far I've been just dragging myself, going through the motions, fighting off these awful mental images of what happened that day...

Therapist: So what do you imagine your kids might notice now that you are a point higher? What would give them the idea that maybe Mommy was feeling a little bit better? <sup>2</sup>

Client: Well, I would probably have a big smile on my face when I woke them up in the morning. I mean, I am trying to smile at them now when I look at them, mostly to reassure them because they are sensitive little people, they know when something is wrong. So I would be smiling. I mean, I already smile, but this would be a different kind of smile, a more real one and they would sense it, they would know.

Therapist: How would they react when they saw that real smile?

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Particularly with trauma survivors who may already be feeling overwhelmed and/or hopeless, it is important to associate positive movement on the scale with spontaneity so that the client can conceptualize it as taking place in natural, relatively effortless manner that nevertheless yet yields concrete, "real" results.

<sup>2</sup> Oftentimes people may find it easier to conceptualize positive behavioral changes by imagining what their VIP's (very important people in their life) will see them doing or saying when things have gotten better. Detailed behavioral descriptions of solution-focused exceptions are especially important because the clarity of the description makes it easier for the client to subsequently replicate them. Furthermore, the act of vividly describing a change serves as a sort of psychological and neurological "dress rehearsal" for actually doing it; scientists have found that vividly imagining doing an activity activates the same parts of the brain that are activated when by doing the activity.

Client: Well, they are kids, so they wouldn't necessarily say anything, but I think they would feel it, they might act more playful when they came into the kitchen for breakfast. My oldest has a really good sense of humor.

Therapist: So it might show up in his humor?

Client: Yes, and they might start asking me to do things for them again, like 'Can we stop at Taco Bell after school?' They haven't even asked me for anything like that these last few days. I think on some level, they know that I haven't been feeling well. "

Therapist: So your kids would definitely react to noticing that you are feeling better, to your being a point higher?

Client: Yes, and it would be a relief to see them making jokes again.

Therapist: What about the people you see at work? What might they notice that is different when you are a point higher?

Client: I would be more talkative. I would go into the break room to get coffee. Right now, I am just hiding out in my little cubicle.

Therapist: So you would go and get coffee and you would talk to people more.

Client: Yes, right now I am avoiding people.

Therapist: So finding yourself interacting more with your co-workers will<sup>1</sup> be another positive sign?

Client: Yes, actually now that I am thinking about it, I realize that I have been talking to one of my co-workers, Brenda. She is the one I am closest to.

Therapist: So some of this has already begun?<sup>2</sup>

Client nods

Therapist: So what do you imagine Brenda will notice when you are a point higher?

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<sup>1</sup> Choosing the right verb tense can be important. Using the word "will" implies that the therapists is confident that the client will experience positive change sooner or later; positive therapeutic outcome research indicates that clients are more likely to get better if they experience that their therapist believes them capable of getting better.

<sup>2</sup> It is important to acknowledge and punctuate any possible signs of positive changes that has already regardless of how small.

Client: I think she'd notice that I look more rested. And that I am taking a little more interest in everyday things that are going on at work --- our projects, how we are doing in terms of meeting our project deadlines, those sorts of things.

Therapist: The fact that you mention these makes me wonder whether any of that has started, *even a little bit...*<sup>1</sup>

Client: It has, I think, but not as much as it needs to be. I have to be able to focus better.

Therapist: That's one of your goals.

Client: That's right.

### **Good Enough<sup>2</sup>**

Therapist: So what number will you be on the scale when you are at the point where you feel you are focusing at work every bit as well as you need to be?

Client: (Pauses and takes a deep breath.) I'm tempted to say a "10," but then I think there is a lot more to life than work, so probably an 8 would be good enough for work.

Therapist: So an 8 is good enough for work.<sup>3</sup>

Client: It's good enough for work.

Therapist: What about at home? Would being at an 8 be good enough there, too?

Client: Well, certainly an 8 is a lot better than where I am now, but ...for my kids I want to be always be the best that I can possibly be, I mean we only get one shot at this parenting thing, right?

Therapist: So what number would be, maybe not perfect or ideal, but at least good enough in terms of how you function at home?

Client: Probably an 8 or 8 ½ will be good enough, but of course I would like it to be higher.

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<sup>1</sup> "Even a little bit" is a useful phrase for therapists working with traumatized clients who are oftentimes initially overwhelmed by the initial intensity of the post-traumatic sequelae.

<sup>2</sup> The concept of "good enough" and/or in this case, "as well as needed" can make the solution-focused scale less intimidating and more accessible to traumatized clients who may fear, at least initially, that they can never reach a 10 on their scale.

<sup>3</sup> SF therapists find it helpful to respectfully incorporate the client's exact words whenever possible in order to demonstrate that they are listening carefully and seriously to everything the client is saying.

Therapist: Of course. So, what will be some of the things that will tell you that you are at an 8 or an 8 and ½.

Client: It's hard to say. I mean, I could say that everything will be back to 'normal,' that things will be just like they were before this (the shooting) happened, but the fact is, it's never going to be the same. I mean I am a different person now after going through this, so I guess it would be a 'new normal.'

Therapist: So let's imagine a day in the future when you wake up and that day you discover bit by bit that you are actually in the midst of living your new 8 or 8 ½ normal. What will be going on that will tell you that things are better.

Client: Well, it's hard to put in words, but I would know it. I mean, I wouldn't be having flashbacks whenever I hear a loud noise, I wouldn't keep waking up in the middle of the night with my heart pounding.

### **Instead**

Therapist: So what will be going on *instead*<sup>1</sup> that would tell you that things are good, that you are now in your "new normal" 8 -8 ½ zone? What would people who care about you notice you doing or saying?

Client: Well, I usually talk to my Mom on the phone for a little bit on Sunday nights. It's sort of a ritual we have had ever since I was in college. If I was an 8 or 8 ½ I would be telling her about some of the funny things the kids did, I might be telling her about work, she might be asking me if I am seeing any body, I mean romantically; she likes to tease me about that, or at least she did.

Therapist: So you would be talking about work, and the kids, and maybe romance in a light hearted way?

Client: (Nods).

Therapist: These are great details. What else will be going on?

Client: Well, as I said before, I would be sleeping okay, and that is a big thing. And I won't be thinking about the shooting all the time.

Therapist: So what will you be doing instead that will tell you that you are now feeling in a good place, at an 8 or 8 ½ or higher?

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<sup>1</sup> Clients often describe desired changes in terms of negative things NOT happening. Asking them what will be happening *instead* makes it more accessible because it typically puts it into behavior terms e.g. things that they or others can DO.

Client: Well, I would be going out occasionally. With friends. Or maybe even on a date.

Therapist: With friends or maybe even on a date. Would you be dressing differently or is that already in place?

Client: I suppose I would be making more of an effort than I am now. I mean right now, I am just going through the motions.

Therapist: Of course. So what will you notice yourself doing when you are more rested and find yourself able to be 'making more of an effort?'

Client: I will probably start exercising again. We have a really nice lunchtime program at work, so it's easy to do.

Therapist: And this is something you have done at times in the past that would be a sign<sup>1</sup> that things are getting back to normal for you in a good way?

Client: Well, I have done it sometimes in the past. If I did it on a regular basis, it would actually be an improvement.

Therapist: Wow. So that would be another part of the good "New Normal?"

Client: Yes.

Therapist: Is there anything else that comes to mind that would be part of the 8 -8 ½ New Normal for you? How will it show up with the kids? <sup>2</sup>

Client: Well, obviously I would have more energy to do things with them, to take them to the park, things like that. Actually, it would mean that I didn't feel afraid to take them to the park. I would feel safe about doing it.

Therapist: So taking them on outings like the park will also mean something positive about how safe you feel at that 8 or 8 ½. What do you think will help with that?

Client: Well, maybe initially going with a few of the other daycare Moms when the kids' playgroup goes. That will help. Also, maybe I could invite some friends over to the house, some of my friends who have kids. And we could play in the backyard.

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<sup>1</sup> Rather than assuming, SF therapists ask clients about the meaning of their behaviors, e.g. whether exercising is a *sign* that things are moving in the direction of the client's goal of getting back to normal.

<sup>2</sup> Again, asking the client to describe what VIP's (very important people in the client's life) will notice when things are better can be helpful for expanding and detailing the client's behavioral map for achieving their preferred future.

## Is There Anything Else That I Should Have Asked?

Therapist: These all seem like great ideas. I am noticing that we are approaching the end of our time today, is there anything else I should have asked or that it would be important to tell me?<sup>1</sup>

Client: No, I think we have covered it.

Therapist: In that case, first of all, I want to compliment<sup>2</sup> you for the obvious effort you have been making to continue carry on after this very terrible thing you went through just days ago. You are obviously a deeply caring and loving mother to your kids. And you are a very courageous person. I can easily imagine why your co-workers reached out to you.

Client: (Tears up.) Nods.

Therapist: What I would like to offer you at this point, assuming that it is ok with you, are a couple possible experiment things you can do to help yourself move in the direction of the 8 or 8 ½. One of them is really obvious:

1. Keep track of anything you find yourself doing, saying or thinking that helps you move in the direction of the 8 ½ and whenever possible do more of it.
2. If and when you find yourself triggered into PTSD by something that reminds you of the incident, take a deep breath<sup>3</sup> and ask yourself what would be helpful to focus on *instead*. Some people find it helps to gently but firmly tap themselves on their shoulders with arms crossed while they are thinking about the instead. The *Instead* can be anything --- it might be as simple as willing yourself to look around the room and notice what you see, hear, smell, etc in your immediate physical environment at the moment. The *instead* is a way to counterbalance the PTSD and bring yourself back into the present.

I am writing them down on this little notecard.<sup>4</sup> (Hands the card to the client.)

Client: Okay.

Therapist: Do either of these experiments seem like things you might be able to do?<sup>5</sup>

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<sup>1</sup> *Is there anything else I should have asked* is a SF question designed to ensure that there is room for the client to introduce information that the therapist might not have known to ask about.

<sup>2</sup> Compliments are an important part of the SF approach. SF compliments are always evidence- based, e.g. based on direct observation of something that the client has described, said, or done during the session.

<sup>3</sup> Working with traumatized clients over the past nearly 40 years, I (YD) have found that gently inviting clients to take a deep breath before answering if often helpful.

<sup>4</sup> Clients experiencing PTSD sometimes experience difficulty remembering homework experiments. Regardless of whether the client chooses to do the experiments, the therapist writing them on a card serves to communicate caring. The card is also a tangible reminder of the “safe place” experience of being in the therapist’s office.

<sup>5</sup> A therapeutic experiment is only going to be helpful if it “fits” for the client, e.g. if it feels like something that they could potentially do.



Client: Yes.

Therapist: If for some reason, these don't fit, you can of course simply choose to do something else that is helpful. The most important thing is to notice anything good thing that you do that helps even a little bit, even little things, and do them whenever possible, because these are things that you can use to counterbalance the PTSD. They are valuable signposts to your way forward.

Client: That makes sense.

Therapist: If you like we can schedule another session for next week, but before we do so, I want to ask if this session has been helpful for you.

Client: Yes, I already feel a little bit better. I feel like I have a direction.

Therapist: Great. You obviously have many strengths: your love for your children, your family, your work, clearly your courage, and I am sure many things that we haven't even had time to talk about. <sup>1</sup>

Client: Thanks.

## **Session Two**

Therapist: Hello. How have things been going?

Client: Well, I have had my ups and downs.

Therapist: Understandably. I am glad you made it here today, however.

Client: It took some doing to arrange a baby sitter after work.

Therapist: I can imagine. It probably took both time AND effort.

Client: Nods.

Therapist: The first thing I want to ask, was there any little thing that has gotten better, even a little bit since we talked last week?

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<sup>1</sup> Particularly when working with traumatized clients, it is a good idea to end sessions with compliments whenever possible as a way to counterbalance the effects of talking about the trauma or directly or indirectly referring to its effects; compliments contribute to the clients being able to define themselves by their strengths rather than the trauma they endured.

Client: Well, I am starting to sleep a little bit better. I'm still having some bad dreams, but I have been able to at least get to sleep before midnight some nights.

Therapist: I am so glad to hear this. What do you think helped?

Client: Well, my doctor gave me some sleeping medication. I think it is called Ambien. But I only used it once. I don't want to get addicted. He only gave me 3 pills, so I am saving the other 2 in case I am having a really bad night and can't sleep. But ofcourse I would only take 1 per night.

Therapist: So besides taking the Ambien, what else did you do that helped?

Client: I've been trying to focus on the present whenever I can, to push those scary images that come into my mind away and instead focus on something right in front of me.

Therapist: What kinds of things have you been making an effort to focus on *instead* when you need to push the scary images away?

Client: When I am home, I mostly pay attention to my boys, or some household chore I need to do like fixing dinner or cleaning up afterwards, but sometimes that doesn't work.

Therapist: So then, what do you do?

Client: I find that sometimes if I just make myself get up and move around it helps. Sometimes I go into the kitchen and fix a cup of tea. Other times I walk into another room. Sometimes I go into my boys room and pick up their toys.

Therapist: And that helps.

Client: Sometimes.

Therapist: How much of the time would you say?

Client: Most of the time.

Therapist: Most of the time. How did you figure out to do that?

Client: I just sort of knew.

Therapist: You just *knew*; I am impressed. Is there anything else that you have found that helps you shift away from the scary images?

Client: Well, sometimes I just take a deep breath and tell myself, "It isn't happening right now. It isn't happening anymore. I am safe now."

Therapist: Very impressive. And doing that ----- do you think that is something that has contributed to your being able to sleep a little bit better.

Client: I think so. It's still hard though.

Therapist: Of course. I am sure it must suck; especially when you have to get up early in the morning... But before we go on, is there anything else that has gotten better, even a little bit?

Client: Well, I am getting along better with my ex-husband. He has really come through for the boys and me.

Therapist: That must make a positive difference for all of you I would imagine?

Client: Sad to say it took something like this, but I think we are doing better with the co-parenting now.

Therapist: That must mean a lot to you.

Client: It really does.

Therapist: Again, before we move on, is there anything else that got better even a little bit?

Client: No, I can't think of anything. In fact, I think some of those images, I think they are called flashbacks have actually gotten worse, especially if I happen to see anything about it on TV or I hear people talking about it.

Therapist: I can imagine that must be really hard.

Client: It is. I am trying to avoid watching the news on TV right now because they are still showing pictures of some of the victims who died.

Therapist: I am so sorry. That must be awful for you!

Client: It is.

Therapist: Given what has been going in, in terms of our work today, do you think it would be helpful to spend some time talking about the details of what happened that day, or would it be more helpful to focus on something else related to going forward? <sup>1</sup>

Client: I think it would be most helpful to focus on going forward. I already gave a detailed statement to the police officer who interviewed me.

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<sup>1</sup> It is important to give the client the opportunity to talk about the trauma as much as needed while at the same time allowing them to decide what is likely to be most helpful.

Therapist: Okay. Is it all right if I draw another scale on the board to help us figure out where you are and what would be most helpful?

Client: I am fine with the scale.

Therapist draws a 1-10 scale on a white board.

Client: Is it the same scale we used before?

Therapist: It can be, or we can change it if you like. What I was thinking was that 1 could symbolize the moment after you realized that you had survived the incident, and 10 represents you at a point where you are satisfied with how your life is going. I think last time we talked about 8 -8 ½ symbolizing your “good enough” point. Does that still fit?

Client: Yes, it does.

Therapist: Okay, so can you make a mark on the board to show where you are now? (Hands client a marker.)

Client: (Walks to the board and makes a mark on the scale between 4 and 5.)

Therapist: (In an appreciative tone) Is that a 4 ½?

Client: Yes, it is.

Therapist: Wow. That is definitely a significant change from last week. What do you think has contributed most to making it a 4?

Client: For one thing, sleep. Getting some sleep was a big thing.

Therapist: So that is a big one. What else helped?

Client: Well, I sort of did one of the experiments on the card ---- I kept focusing on paying attention to anything that helped and I discovered that there were a lot of little things that helped. Even though they were little things, they made a difference.

Therapist: What sorts of little things?

Client: Well, talking to some of my friends on the phone when they called to see how I was doing. Not necessarily talking about what happened, but sometimes I did. But mostly it was the feeling that they cared enough to call. Most of the time we talked about what was going on with them and their kids, their work, that sort of thing.

Therapist: And that helped.

Client nods.

Therapist: What else helped?

Client: Well, one of my friends who is a nurse told me to “be gentle” with myself. So I have been making it a point to not push myself to go out if I don’t feel like it, to let myself just sit on the couch if I want to.

Therapist: And how is that helpful?

Client: Just letting myself sit here and breathe seems to help. I am using some of the breathing techniques I learned from my birth coach when I was pregnant with my boys.

Therapist: And the breathing helps?

Client: Yes, I can feel it calming myself down.

Therapist: Wow. Very creative. And it works. (Pause.) Is there anything else that helps make it a 4 ½ this week?

Client: It might sound strange, but just the fact that some time has passed ---- 9 days have passed now since it (shooting incident) happened.

Therapist: Time passing is helpful.

Client: Yes.

Therapist: How do you think it is helpful?

Client: I think it gives me a little bit of distance.

Therapist: So getting some distance is helpful, and time gives you some distance. Is there anything else that helps you get some distance.

Client: Well, like I said before, it helps to not watch the new on TV, especially the evening news. I used to watch it every night, but I don’t any more. Not now.

Therapist: So what do you do instead?

Client: Lately I’ve been playing games with my boys. After they get into their pajamas, we sit around the table and play one of their games. Or sometimes we watch one of their favorite shows on television. They like Paw Patrol.

Therapist: I can imagine Paw Patrol is pretty relaxing.

Client: It is. Not much scary stuff on that show.

Therapist: So is there anything else I should ask you about what is helping so far or about anything else?

Client: No, I can't think of anything.

Therapist: I think you have been doing an amazing job of coping, carrying on and moving forward. I am sure it has not been easy, but you are doing it. I am very impressed.

Client: I just keep putting one foot in front of the other.

Therapist: Very impressive, both in terms of your attitude and what you have been doing this past week. What do you think will be most helpful in terms of keeping yourself on track?

Client: I think the scale is helping because when I think about where I am I can also ask myself what might make it go up a little bit.

Therapist: Again, very impressive. I don't have any experiments for you this week, but I would like to encourage you to continue to do the things that you have been doing that helps.

### Session Three

Therapist: So how have things been going since we talked.

Client: Two days ago I would have answered 5 or even a 6 on the scale, but yesterday things really went downhill. I drove by the mall and I saw a police car outside and suddenly my heart started pounding and I couldn't get my breathe; it was almost like it was all happening again...

Therapist: You had a flashback.

Client: Yes, and it was scary. I didn't see it coming, I mean I didn't expect to have such an intense physical reaction. And I had the kids with me in the car.

Therapist: Of course. That must have been awful for you.

Client: It was.

Therapist: What did you do? I mean how did you manage to get through it?

Client: I kept thinking of my kids in the backseat and I just willed myself to keep driving until I could pull over somewhere.

Therapist: And that worked? I mean, you were able to keep functioning and wait until you were somewhere where it was safe to pull over to the side of the road?

Client: Yes. But when I pulled over I was still really shaken up. The mall was back in the distance by then, but I was still pretty shaky.

Therapist: So what did you do next.

Client: My mouth was really dry, so I parked the car and then got one of my kids' "sippy cups" from the back seat and drank some water.

Therapist: Was that helpful.

Client: Yes.

Therapist: How was that helpful?

Client: It calmed me down a little.

Therapist: How did you know to do that?

Client: My mouth had gotten really dry.

Therapist: And that helped. What else did you do that was helpful in getting through this?

Client: I focused on my little boys. They were looking at me with big eyes. They knew something was up. So I tried to just act normal.

Therapist: Was that helpful?

Client: I think it actually was. My heart gradually stopped beating so hard and after a few minutes I was able to get back in the car and drive again. We were on the way to the park where they like to play on the swings.

Therapist: I am very impressed with how you managed to get through what must have been a very scary experience.

Client: It WAS scary especially at first. I had to keep telling myself that I was safe, that there wasn't a gunman.

Therapist: Was that helpful as well?

Client: Yes.

Therapist: You mentioned earlier that you hadn't anticipated that something like this --- a flashback--- could happen when you drove by the mall. What difference might it have made if you HAD been able to anticipate it, like for example the next time you have to drive past it?

Client: Well, if I know that I might have that reaction, I can tell myself ---- remind myself ---- that this is NOW and that was then...And I can just keep my eyes on the road and focus on my driving. But I want to be able to go back to that mall if I need to, even though in many ways I really don't want to ever set foot in there again. I don't want to let that sick person who shot all those bullets control my future decisions. That would mean that he wins, that he's in control.

Therapist: You don't want him to win; you want to be in control of your own life.

Client: Yes. I don't want to let what happened dictate how I live my everyday life, or else I feel that he wins.

Therapist: So what will tell you that you are in control?

Client: Well, the fact that I didn't choose to take a different route, even though it's always going to be hard to drive past there.

Therapist: Is that a big sign or a little sign that you are in control? I mean, it seems to me that it was a big sign.

Client: It WAS a big sign, but it would be a better sign if I wasn't shaking like a leaf.

Therapist: I am thinking about what you said a moment ago about being in control, and I wonder if it would be ok if I drew a scale on the board? I think it might help us sort out what will be most helpful. Is that okay?

Client: OK.

Therapist (Draws a scale with 0 on one end and 10 on the other). Let's suppose that 10 means that you feel so in control that you don't even think about it, you are totally confident and relaxed, and 0 is just the opposite --- at 0 you wouldn't have even felt able to get into the car and drive in the direction of the mall. Where are you now on the scale?

Client: At this moment, or when I was actually driving in front of the mall.

Therapist: How about if you made a mark on the scale to symbolize each one? Maybe you could start with where you are now?



Client: Well, right now I feel like I am somewhere between a 5 ½ or a 6. (She draws a vertical line between the 5 and 6.) But when I was driving past that mall, I felt like I was more like a 1 or a 2. It was really scary. (She draws a line between the 1 and 2.)

Therapist: I can imagine it must have been terrifying. Did you know you were having a flashback.

Client: Well, I wasn't sure about the exact word for it, but I knew that I was reacting to what had happened there, to seeing those people with so much fear in their eyes and then some of them.... (her voice trails off and she begins to cry.)

Therapist: A completely understandable reaction on your part. Would it be helpful to talk more about the details of what happened?

Client: I don't think so. Every time I have talked about it to anyone --- the policewoman who took my statement, my exhusband, I get shaken up all over again.

Therapist: And that hasn't been helpful.

Client: No.

Therapist: So how about if I ask you about how you managed to get from that 1 ½ to the 5 1/2 you marked on the scale today. What helped?

Client: Well, I think it helped that I knew I was coming here today.

Therapist: So knowing you were coming here was one thing. What else has been helpful?

Client: I think doing things that force me to focus on the moment. My kids are really helpful with that because with little ones you really have to pay attention to what is going on from moment to moment.

Therapist: Paying attention to what they are doing from moment to moment? What difference does that make do you think?

Client: It keeps me in the present.

Therapist: What else helps? Is it helpful to be at work?

Client: Well, at first it wasn't because everyone kept coming up to me and asking how I was doing and that kept reminding me, but when I am able to just do my work, to go through my files and the accounts, it helps.

Therapist: What is it about it that makes it helpful do you think?

Client: I think it is helpful to be involved in present-focused activities.

Therapist: That makes sense. What about at night? How are things going then?

Client: I still have trouble sleeping sometimes. I wake up with my heart pounding sometimes. That never happened before.

Therapist: What do you do then?

Client: Usually I turn on the light. Sometimes I walk into the boys' room and just look at them and watch them sleeping. I listen to them breathing peacefully and I try to match my breathing with theirs.

Therapist: What a creative idea! Does matching their peaceful breathing help calm you down?

Client: It eventually does.

Therapist: Very impressive. How did you know to do that?

Client: It was just instinct, I guess. I have always loved to go in and look at my boys when they are asleep.

Therapist: So all of these things ---focusing on your kids from moment when you are with them, concentrating on your work, matching their peaceful breathing to calm down at night, successfully driving past the mall for the first time, even though it was really really hard ---- are contributing to you being on a 5 ½ or a 6 on the scale today ?

Client nods.

Therapist: Is there anything else that contributes to where you are on the scale today?

Client: I think that is mostly it.

Therapist: Well, I am very impressed. I can imagine that getting to this point has not been easy--- I sense it is much harder than I can imagine.

Client: Yes, and I had that set-back on Wednesday after I drove in front of the mall.

Therapist: It must have been awful for your ---- flashbacks can be terrifying. And yet you still managed to get through it and eventually continue on to the playground with your boys.

Client: Yes, I did.

Therapist: So, I am thinking I should ask you how confident you are feeling about maintaining that 6 in the next week, or maybe even going up a little further on the scale.

Client: I suppose it depends on what is going on. I mean, I didn't expect to get triggered like that when I drove past the mall.

Therapist: Would it be helpful to talk about what you will do if and when you get triggered again, to have a plan?

Client: I think so.

Therapist: What you did before worked pretty well, it seems. \

Client: Yes, but if I am driving I might not always be able to pull over.

Therapist: So, if you were driving and couldn't pull over, what do you think would be most helpful.

Client: Well first of all if I am driving I need to tell myself to concentrate on what is happening right at the moment, on the road.

Therapist: (Takes out a note card). I am going to write this down for you. Should I write: 'Pay attention to what is happening right now in this moment?'

Client nods.

Therapist: What else would be helpful?

Client: I am not sure.

Therapist: What do you think it would be most helpful to tell yourself if you started to get triggered? Sometimes, for example, people find it helpful to remind themselves that a flashback doesn't last forever, its eventually ends....

Client: Maybe, 'This won't last forever, I can get through this?'

Therapist: Imagine telling yourself that. Does it feel like it would be helpful?

Client: Yes, it does.

Therapist writes it down on card.

Therapist: What else might be helpful?

Client: I don't know.

Therapist: I remember you said that concentrating on breathing calmly when you were matching your breaths to your sons' peaceful breathing helped. Should I write down 'Concentrate on calm breathing?'

Client: Yes, I think that would be good.

Therapist: Anything else you can think of?

Client: I can't think of anything else.

Therapist: Remember the Butterfly breathing technique we talked about where you cross your arms in the shape of an X and gently tap your shoulders, alternating from one shoulder to another. Or you can tap your knees instead if that is easier.

Client: I can try that as well. I taught it to my kids.

Therapist: Should I write it down?

Client: I think that would be good.

Therapist: So how confident are you on a scale of 1-10 where 10 is completely confident about handling any future triggers, and 1 is the opposite?

Client: I think at least a 6 or a 7 because I have an idea what to do. But of course I won't know unless I start to get another flashback and I hope I don't. Maybe I won't.

Therapist: Maybe you won't. I hope you don't, too. But if you do, you have come up with a plan to get through it.

Client: Yes, and that helps.

Therapist: Is there anything else I should have asked about today or that you would like to tell me about?

Client: No, I think that's just about it.

Therapist: I am just so very impressed with all that you have done this past week. You seem to continue to get strength from how much you love your little boys. And you've managed to go back to work and carry on there, and on top of that you managed to safely get through the experience of driving past the mall for the first time. It had to have been really hard and yet you managed to do it, and then went on and took your kids to the playground. And then you figured out this very creative way to calm your breathing by matching it to your boys.

Client: It's a journey. Not always a fun one, but it's a journey.

Therapist: And you are persevering on that journey.

Client: Yes, I am.

