

**Brief Solution Focus  
Therapy With Couples**

**By**

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**A Practicum Report**

**Submitted to the Faculty of Graduate Studies in Partial  
Fulfillment of the Requirements for the Degree of**

**Master of Social Work**

**Faculty of Social Work  
University of Manitoba  
Winnipeg, Manitoba**

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ISBN 0-315-92285-0

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BRIEF SOLUTION FOCUS THERAPY WITH COUPLES

BY

AYALA ARIELI

A practicum submitted to the Faculty of Graduate Studies of the University of Manitoba in partial fulfillment of the requirements of the degree of

MASTER OF SOCIAL WORK

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## Abstract

This practicum represents a limited evaluation of the efficacy of Brief Solution Focus Therapy when used with couples and individuals facing marital problems. This model which is based on the work of Steve de Shazer, focuses on finding solutions to marital problems rather than exploring the problem and developing explanations. Couples learn to identify different modes of behaviour which occur when they are getting along so these can be promoted, and to identify unproductive patterns of interactions so these can be eliminated or decreased. Pre and post-measures were used to assess whether this model of intervention is effective; the IMS questionnaire was given to the couples at the beginning and at the end of therapy. Another instrument, the scaling questions, was used during the process of therapy to gauge the client's progress.

## Acknowledgments

Many people have contributed to making this practicum a reality.

I am extremely appreciative of my advisor, Prof. Ranjan Roy, who made it possible for me to perform the practicum in Israel and was very helpful at the first stages of this practicum, helping me to think more critically.

I am also extremely appreciative of my supervisor, Tova Kasurer, and my colleagues at the Agency of Marital Counseling in the town of Herzlia, who supported me and offered a great time of learning and friendship.

In particular, I am grateful to my friend ,Judith Bager, who supplied her editorial skills and who helped me in my struggle with the English language.

My clients are also owed special gratitude. They placed their faith in my ability to help them to improve their marriages, and they allowed me to become an intimate part of their lives. By so doing, they taught me a great deal about helping couples change, they helped me to help them.

To these people, and the others along the way, thank-you.

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## **Introduction**

The marital relationship is the longest close relationship a person can experience in his life cycle. This is one of the reasons why this relationship is so vulnerable to the changes a couple undergoes during the life cycle.

Solution Focus Brief therapy has been chosen as a model for practice because it is well suited to people's need for therapy today. This therapy is less time consuming than traditional therapy, a very important factor today, when in most families both spouses are working, and still have other roles in raising a family. Mental health agencies are seeking today for more efficient and economical means to treat the populations referred to therapy. Brief therapy is an effective way of reducing the financial strain on the health care system. Clients who are in therapy for short periods of time save money for the agency and support the existence of such a service.

Solution Focus Brief therapy is very humane, very optimistic, focusing on the individual's strengths. It focuses on the present and the future to help couples generate solutions to the current problem they are experiencing.

Solution Focus Brief therapists assume that resolving current complaints restores a spirit of cooperation, feelings of love and optimism. They believe that when current complaints are resolved, couples will stop fighting and blaming each other long enough for healing to begin.

Following Milton Erickson's work, Solution Focus Brief therapists believe that people have innate strengths and abilities to resolve their own problems. The therapist's task is to redirect individual's attentions to those resources and strengths; in this way many problems can be resolved quickly.

I believe that this model of therapeutic practice is a very effective means of working with couples.

### **Objectives of the Practicum.**

The aims of the practicum are to demonstrate a conceptual understanding of and to practice skills in the Solution Focused Brief Therapy model. The means of achieving these objectives are :

- a. Knowledge and understanding of the literature on the use of Solution Focused Brief therapy, with particular emphasis on the application of this model to marital problems.
- b. Demonstration of the knowledge in applying this model to couples who come to therapy and whose presenting problem is the marital relationship.

This will be achieved by the following:

1. Identification of the types of client-therapist relationship (de Shazer 1985).
2. Identification of the clients' goals, negotiating goals with the clients and intervening with Solution Focus Brief techniques to help them find their own solutions.

- c. Discovering in what cases this approach can work; testing whether there are any cases where this approach is not applicable.

My personal learning objectives were:

- a. To increase my knowledge of the model and its practical application in therapy.
- b. Developing skills in working with a consultation team behind a one way mirror.
- c. Developing clinical evaluation skills.

The writer has been working with families and couples since 1987.

The practicum was performed at the Agency of Marital Counseling in the town of Herzlia, Israel.

## **1 LITERATURE REVIEW**

### **1.1 CATEGORIES OF COUPLES**

In order to perform Brief Therapy with couples, one has to determine "what kind of couple this is", and, therefore, what kind of intervention to apply.

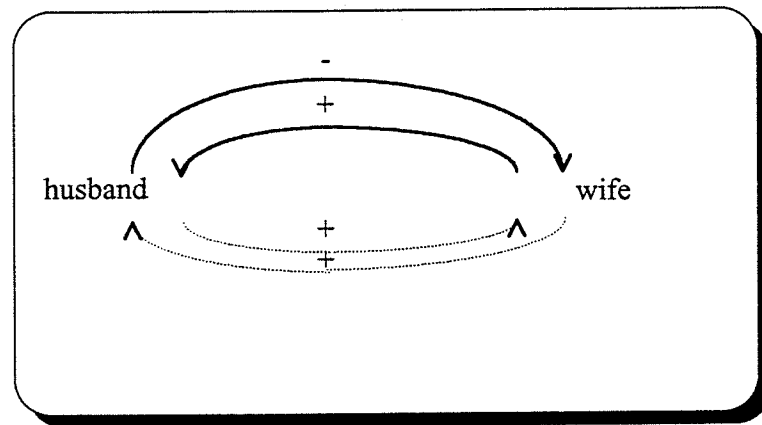
A few therapists classify relationships into categories: Jackson (1968, p.192) sees four types of relationships based on the transaction used to define the nature of the relationship. These four categories are: stable satisfactory, unstable satisfactory, stable unsatisfactory and unstable unsatisfactory. This classification seems to make the assumption that stability and satisfaction are symmetrical.

Steve de Shazer presents a model of assessing a couple's relationships, that takes into consideration asymmetry in the measure of stability and satisfaction (de Shazer, 1978).

Framo's (1985) classification of types of marital relationship differs completely from de Shazer's. Framo classifies marriages on the basis of responsiveness to therapy, and he puts them on a continuum, from the least severe problems to the most severe. In his classification, category 1 is "Couples whose marriage relationship is basically sound and whose problems largely stem from communicational misunderstanding. These couples essentially rehabilitate their own marriage, needing only a couple of therapy sessions" (Framo, 1985, p. 141). Category 12, the most severe, is "Chronically unhappy marriage where the partners 'can't live with and can't live without each other'. These couples should

have divorced and could not, because permanent separation meant psychic death.

Steve de Shazer analyzes a couple's relationship on a multi-level approach. One level, the *explicit* interaction ( presented in the graph with solid lines), can be seen as assessing the stability of the relationship in Jackson's classification scheme. These transactions can be seen as asymmetrical (+ and -), or symmetrical (+ and +, -and -). (Plus and minus signs will indicate an observer's assessment of the couple's transactions).



Some examples of symmetrical and asymmetrical transactions are:

attacking/defending =asymmetrical (-/+)

complaining/complaining= symmetrical (-/-)

nagging/withdrawing= asymmetrical(-\+)



A second level is the *implicit* level (broken lines). This level refers to the satisfaction both people feel about their relationship.

The *implicit* level can also be seen as symmetrical or asymmetrical, and refers to the emotional satisfaction the relationship provides for each person.

A type of questions useful in assessing the implicit level could be: 1. On a scale from 1 (very little) to 10 (a lot), how much does each of you want this marriage? (High end of scale = +), or, 2. What is keeping you two together? (positive emotions = +, habit + -). The response to these question and other similar questions can indicate the satisfaction the couple feels about the relationship.

### **Treatment strategies:**

The modes of intervention have been developed through use of this model:

1. If the structure of the relationship is balanced, the first step of therapy is designed to create imbalance in the structure. Otherwise, the pressure to change remains equal to or less than the pressure not to change.
2. If the structure is asymmetrical on the explicit level, that indicates a readily available first step. This is an asymmetric exchange that is imbalanced, and therefore has a tendency to shift toward balance. The intervention helps that tendency to produce a change in the relationship.

3. If the explicit level is negative and the implicit positive, then a systemic symptom prescription is useful. In this situation the couple care for each other, and have positive motivation for cooperation.
4. If the explicit level is positive and the implicit negative, straight directive often can be useful. People in this situation emphasize their unity and how well they get along. Therefore directives compatible with their view will be useful.
5. If the structure is negative on both levels, then paradoxical tasks, prohibiting or inhibiting change, could be useful (de Shazer, 1978).

It should be noted that de Shazer's thinking has evolved concerning the classification of couples. He no longer considers this classification important, as it focuses on the problems, and he does not consider it an important factor in the process of therapy.

## **1.2 MARITAL DISTRESS**

What are the main reasons that couples seek therapy?

Framo (1981) points out a few reasons for marital discord and problems and their responsiveness to therapy :

1. Communicational misunderstandings. In most of these cases the couples can rehabilitate their own marriage.

2. Marriages where the partners "can't get along". Some of these couples are responding to the impact of parenthood, while others have in-law complications. Some argue a lot and others avoid conflict.
3. There is little excitement in the relationship. Sex is routine and marital life is dull.
4. The partners are engaged in a power struggle and are in conflict over a variety of issues e.g. sex, disciplining the children, dual-career conflicts, in-laws, and money.
5. Marriages where problems are a consequence of incomplete marital maturation. The partners or one of them have never really left home and are over-involved with their families of origin.
6. The couple comes to therapy as a last resort. One partner may be finished with the marriage and the other is trying to hold on. Some of these couples may be engaged in divorce therapy (1981).

**Gender issues:** A variety of gender differences have emerged from marital-interaction research: women tend to have many more complaints than do men regarding the quality of their current relationship. A common complaint of women is that their spouses rarely verbalize feelings, and when confronted on this matter, they just "clam up". Women feel lonely, isolated and cheated (Weiner-Davis, 1992). There are several reasons for this situation: according to Tannen (1990), there are many major differences in conversational styles

between men and women which lead to gross misunderstanding. Tannen thinks that many of the problems in male-female communication can be traced to the disparate needs of men and women concerning intimacy and independence. Conversation is a way of achieving intimacy or connection for women, and independence or status for men. Since men and women have different focuses in conversations, they are disappointed when their needs are not met. Women want greater involvement and closeness from their husbands, whereas their husbands' complaints focus on preserving the status quo, or creating greater separateness and autonomy for themselves. These findings suggest that women are more inclined to seek therapy, less satisfied with the status quo of their relationship, inclined to show their dissatisfaction overtly, and strive for a closer, less traditional, more egalitarian relationship than currently exists. Husbands are, in general, more satisfied with the status quo and disinclined to seek therapy. They are oriented toward more traditional marriage, which maintains men's dominance, independence and status.

Thus, any marital therapy has to take these differences into considerations

### **1.3 SOLUTION FOCUSED BRIEF THERAPY**

The core of Solution Focused Brief Therapy is an inversion of the usual ground relationship between problems and solutions. SB therapists tend to skip the analysis of a client's presenting problem; they see such investigation as

unnecessary. Instead, they go right to work helping clients specify their future goals and finding a way to achieve them (Scott 1992).

SB therapists focus on the exception to the problem, what the client considers secondary: when doesn't it hurt? Such exceptions are used to build solutions that consist of encouraging the client to do more of what already seems to be working (de Shazer 1986, 1991). Since exceptions appear to occur at random, and the client attributes no importance to them, the task of the therapist is to highlight the importance of these exceptions to the pattern, and to use them as the basis for developing a more enduring "difference that makes a difference."

#### **1.4 History**

Brief Family Therapy is one of the brief and strategic movements that gained prominence about 20 years ago, and that is most associated with the work of the Mental Research Institute (MRI) in Palo Alto, California. This therapy and the world view thereof owe a large debt to Milton Erickson on whose work the MRI is partially based. Two of the primary theoretical concepts: the orientation to the future and the emphasis on people's strengths - are both hallmarks of Milton Erickson's work. Erickson takes the learning people already possess and helps them to apply this in other ways. He accepts the individual's world view and the patterns in which the person is involved, and helps the person to use these patterns in new ways. Erickson "would rather facilitate the patient's ability to creatively utilize and develop what he already has" (de Shazer 1982). Much of

the Solution-focused therapists' philosophy and practice could be considered an extension of Erickson's "utilization" of the principle - the practice of making creative use of whatever resources the client brings to therapy.

The therapeutic focus is explicitly "pragmatic", and focuses on practical approaches to human problem - solving designed to be as economical and as simple as possible. The SB group is very goal-directed, and the goal of therapy is only to alleviate the specific complaints clients bring to therapy (O'Hanlon, Weiner-Davis, 1989). Brief Therapy, according to this group, is designed to interrupt the old pattern of behaviour and to substitute a new pattern of behaviour. For example, the MRI group might help a depressed person in a family that tries to cheer him up by stopping the family's efforts to do so. In turn, this "stopping of the cure" can help the depressed person become less depressed or even help him stop being depressed (de Shazer, 1982 P.29).

Steve de Shazer sees a weakness in the MRI approach, to which he tries to provide an answer: The group does not deal explicitly with people who have mutually exclusive goals or with people who have vague, ill-formed goals that they are unable to articulate. This limitation led de Shazer to attempt to expand his model to deal with mutually exclusive goals.

Steve de Shazer's model goes one step further: its boundaries include the therapist, whose role is to look for exceptions to the pattern of complaint. He refers to Bateson's term: the "difference that makes a difference". One can watch for signs of change and, therefore, anything new, noticed for the first time, might

be seen as a difference: that is, the distinction lies in the meaning attached to the new bits of behavior.

Also, the idea that "that was different" generally leads to a related idea that "something else will be different". It means that the client receives a message that change is possible, that he has already started to make the change and that it is obtainable (Weiner-Davis 1987). For the client, the problems seem to be primary, while the exceptions seem secondary. Interventions are aimed at helping clients make an inversion that will lead him to solutions.

The main message in Brief Solution Focus Therapy is that the client has to do something different in order to feel and think differently (de Shazer 1975, 1991). The therapist needs to find some elements in the client's story that allow for intervention which will make a difference to the client and lead to change.

### **1.5 Theoretical concepts and views**

SB therapists regard actions as being related in a circular fashion; (A leads to B leads to A and so on); for example, "She is less interested in sex because he spends less time with her *and* he spends less time with her because she isn't interested in sex". According to this view, it is impossible to determine blame or fault because there is no end to interactions (Weiner-Davis 1992).

The SBT suggests that there is no need to understand the past to solve current problems. The reason for this view is that identifying past causes for

current problems often results in blame and bitterness. The SBT's orientation is to the future. It helps clients to identify their hopes, dreams and aspirations and the shortest way to get there. SBT works rapidly because the process of reviewing the past to seek explanations is bypassed.

Following Milton Erickson's work, the goal of therapy would be to access and increase positive behaviours, thereby decreasing the negative behaviours. SBT therapists believe that by redirecting people's attention to their innate strengths many problems can be resolved easily. Therapy based on people's strength is less painful, less time-consuming ; "building on what works" is the primary focus of therapy.

#### **a. Symptom substitution**

There is no evidence of symptom substitution (contrary to the psychoanalytic cautioning about symptom substitution). By helping people to find solutions to their present difficulties, SB therapists report a decrease in tension and a feeling of relief. "It has never been empirically demonstrated that elimination of symptoms must inevitably lead to family disruption or new symptoms in other family members" (Coyne, 1985, p. 60, in Weiner-Davis, 1992).



**b. Balance in relationship**

This assumption is based on the systemic view that a change in one part of a system leads to change in the system as a whole. Marital interactions are circularly connected; when one person changes his/her behavior, the other person cannot continue to respond in the same old way. Therefore, the SB therapist is able to work with only one member of the family, or with only one spouse. "A problem is a problem; the number of people (and their relationship to one another) whom the therapist sees to help solve the problem does not seem a useful distinction. This, of course, presupposes a strong belief in the systemic concept of wholism: if you change one element in a system, or the relationship between that element and another element, the system as a whole will be affected" (de Shazer 1985).

This view contradicts the older Marital Therapy approaches that claimed that the two spouses must be present in therapy. The SB therapists frequently work with one partner - the one willing to come for therapy - to help him/her identify the actions he/ she must change in order to have impact on the marriage (Weiner-Davis, 1992).

**c. The *snowball effect*:**

A small change leads to a bigger change. Only a small change and a reasonable goal are necessary. In a marital relationship, when one partner makes a conciliatory gesture, it gets noticed by the other partner, who then reciprocates by offering some other conciliatory gesture and so on. It's the snowball effect. The small changes also have an impact on other aspects of their life.

**People have keys to their own solutions:**

People possess the sources of their own solutions. The therapist's task is to help the client find the solutions in the context of his own life. Furthermore, SB therapists believe that most people who enter therapy want to change and are prepared to be cooperative. Therefore, a client would not be labelled as resistant, but, rather, as one for whom the ideas for change are not very suitable.

It is always better for the client to come up with his own solutions than to be told what to do. When an idea is his own, he will be more likely to be committed to successful solutions. If the solution is generated from within the client's existing resources, it is easier for him to do more of it. Furthermore, when the solution is more congruent with his lifestyle than any newly learned behaviour he is less likely to relapse.

## **1.6 Principles for therapeutic interventions**

### **Types of client-therapist relationship**

At the end of each session, a brief period of time is scheduled for a "consultation break" during which the therapist is excused from the room to review the session. During this time the therapist determines which type of client-therapist relationship best describes the preceding hour. This is a distinction that guides the therapist in the choice of intervention.

The client-therapist relationship can be considered to fall into the following general categories (de Shazer 1985). These categories are not a characterizations of the client's personality; they are a description of what goes on between the client and the therapist. Furthermore, the character of the client-therapist relationship is not constant; it is fluid and constantly changes throughout the period of this relationship. For this reason the therapist needs to take a cautious approach at any given time, and consider the possibility that a particular relationship may not fall into a clear category. Thus, if the therapist is uncertain about whether the relationship is a customer or complainant type, the best choice is to treat it as a complainant type.

## **Visitor-Type Relationship**

This type of relationship occurs when, during the session, it is clear that the client and therapist have been unable to come up with a clear-cut problem, complaint or goal. The client may have "gripes", but there is non expectation for change and solution. The fact that there is no complaint or goal means that no problem is recognized as needing treatment. For this reason, the client in this type of relationship may see no reason to change. For example, a visitor-type relationship often exists when the client has been referred for individual treatment by someone else ( e.g., spouse, parent, employer, or teacher).

In this situation the therapist should give a lot of positive feedback about what is going right and/or let the client know that he appreciates how difficult his life is, and acknowledge that he is having a tough time. The goal of the intervention is simply to promote the client's return for subsequent session during which some complaint or goal on which to work may be found. In this situation there is a possibility that some clients may never admit they have problems, even when they return for another session. Other clients may return wanting to talk about some problematic aspects of their lives (Miller 1991).

### **Complainant-Type Relationship**

This type of relationship occurs when the client is very observant and provides a detailed description of complaints. He blames others for his problem and sees himself as a victim of someone else's behavior (a very common complaint in marital relationships). By the end of the assessment phase, it is clear that the therapist and client have the beginnings of a goal and some expectation of change and possible solutions. The client is still not committed to take steps which make solve the problems.

In this case the therapist should provide lots of positive feedback about what the client is doing right, as well as give the client a thinking or observational task, usually something positive. At this point the client is more likely to comply with this type of task than with a behavioral type task. Thus, the possibility of building "resistance" is reduced. The intervention is an obvious attempt to match and utilize the interactional style of the client and, more specifically, his style and view of the problem.

### **Customer-Type Relationship**

In this type of relationship, by the end of the assessment phase the therapist and the client together have constructed a complaint, which includes the

beginnings of a good goal and some expectations of a solution. Additionally, the client is willing to *take* some action to find solutions to his problem.

In this situation, the therapist should provide, again, lots of positive feedback about what the client is doing right. Since the client is willing to take some steps, the therapist can give him behavioral tasks, usually in combination with an observational task, asking the client to notice changes that occur when the client starts doing something different. In the follow-up session, the therapist has to pay attention to the behavior change in the client and to progress toward finding solutions, rather than focusing on whether the client has performed the task.

It should be noted that not all client-therapist relationships fall into neat categories. When the therapist is not sure, it is better to take a conservative approach.

### **Questions as Therapeutic Tools**

The assumption is that people come to therapy wanting to change their situation, but whatever they have attempted to do to change has not worked. The purpose of intervention is to help the clients find the different patterns that *do work*, to point out to the client what they are already doing that is useful and/or good for them, and then make a suggestion for something new that they might do which is, or at least might be, good for them.

For this purpose the techniques of the miracle question, the exception-finding questions and the scaling questions are used.

Berg and Miller (1992) have described five kinds of questions that are useful at various times during an interview: 1. questions that elicit descriptions of pre-session change; 2. "miracle question" that helps to define the client's goals and illuminate the hypothetical solutions (de Shazer, 1988), 3. exception finding questions, 4. scaling questions, and 5. coping questions that highlight the client's own resources and the strengths he did not know that he had, in even the most apparently hopeless circumstances.

### **The miracle question**

The miracle question helps the client to visualize himself in the future without the present complaint. The miracle question is usually asked in the following way: " Suppose, when you go to sleep tonight, a miracle happens and the problems that brought you in here today are solved. But since you are asleep, you don't know the miracle has happened until you wake up tomorrow; what will be different tomorrow that will tell you that a miracle has happened?" (de Shazer 1988)

In the beginning, the clients are asked only to pretend that the miracle has happened; this makes it easier for them to get started talking about what it would be like when the problems are solved. This question allows the client to develop

solutions that are separate from the problems. When the therapist helps the client to elaborate with follow-up questions, the responses to the miracle question frequently describe the solution in rather detailed behavioral terms.

The miracle question can be asked in the case of individuals or in the case of relationships. In the case of individuals, clients usually describe changes in everyday events. Others will begin by describing the absence of the problem; then they can be asked: "what will you be doing when you are not.....(having the problem)?" Some clients may describe differences in their feelings; it is helpful to ask: "When you are feeling ....., what will you be doing?". A question like "What else?" helps continue the flow of examples.

Follow-up questions: In order to bridge the gap between pretending the miracle has happened and helping the clients make it happen, the question to be asked is: "What would you have to do so that it would happen more often?". For clients who don't see themselves as a part of the solution (Client-Therapist Relationships), it is helpful to phrase the question: "What would have to happen more often for this miracle to take place?"

In the case of relationships, such as marital relationships, the miracle question helps clients explore new possibilities for solutions because it focuses the attention away from blaming the other person and more toward noticing what they have in common in terms of what they want to see happen. Instead of viewing their relationship as a complex set of problems, clients are helped by the miracle question to see their relationship as affording more possibilities for change.



Circular-type questions should be explored: "After the miracle, what will you notice different about your...? What will she/he notice different about you?"

The exception-type questions help establish when parts of this miracle are already happening. The result is that clients have already begun to solve their own problems. In order to continue this the clients are asked: "What would have to happen for.....to do this more often ? What would your .....say it would take to make it happen?"

Answers to the miracle question and the follow-up questions, help to establish common goals and can also help to determine the client-therapist relationship for each client.

### **Exception-finding question**

The process of searching for the exceptions is designed to show the difference in problem-free times and to direct the clients toward action.

In the case of a marital relationship, identifying the exceptions - periods when the problem doesn't occur or when problems are less frequent, shorter in duration - and determining the client's role in making the exceptions happen, reinforcing what has worked, help to identify the patterns that work in the marriage (Weiner-Davis, 1992).

Since exceptions to the problem are usually considered rare by clients, they are usually surprised by the question of when the problem does not occur.

The questions are: "Are there times when this problem doesn't occur?"

"What's different about the times when this problem doesn't occur?"

"What would you say you do differently at those times?"

"What will have to happen for you to do it that way more often?"

In a case of a relationship problem, the questions should be:

"If your husband were here, what do you suppose he would say he notices different about you at those times when the problem doesn't happen?"

"What do you imagine he would say you do differently?"

"What do you suppose you do differently when he doesn't.....?"

"What would he say has to happen more often for him to continue to.....?"

The answers to the exception- finding question provide clues to what the solution would look like to the clients.

### **Scaling question**

All the questions the therapist asks a client are attempts to elicit the following information: 1. the client's views of the problem and of solutions to it, including his or her opinions and the degree of upset, hopefulness, and willingness to work hard to solve the problems, and 2. the client's perception both of important persons in his life and of their perception of the client (de Shazer & Berg, 1993). Scaling questions are used to discuss the individual client's perspective, the client's view of others, and the client's impression of how others view him.

These questions allow the client and the therapist to jointly construct a way of talking about things that are hard to describe, including progress toward the client's goal.

Scaling questions are very versatile in their usefulness. They can be used to measure a client's progress before and during therapy, to determine a client's investment in change, to determine a client's confidence in taking steps to solve the problems and to assess any perceptions of relationships or solutions. What is important is the change that was accomplished to get to that point or the change expected to get to the next level, not the absolute number.

The scaling questions can be used to assess the client's perception of change, confidence and willingness to solve the problem.

The scaling questions posed to an individual are:

1. "On a scale of 1 to 10 where 10 is when these problems are solved and 1 is the worst they've ever been, where are you today?" The number is not as important as the response to the follow-up questions:
2. "How would you manage to get to the next number; what would be different if you were at the next number?"
3. If there is low response (the low numbers), the emphasis should be on the next level: "If things were just a little bit better, say the next level, what would be different?"
4. For higher responses, the emphasis should be on the change that has already occurred: "What have you done that has helped you get there?"

5. "On a scale of 1 to 10, with 10 being that you have every confidence that this problem can be solved and 1 being no confidence at all, where would you put yourself today?"
6. "What would you need to get from a 4 to a 5 ?" This question fits a client who speaks in action terms.
7. "On a scale of 1 to 10 where 10 that you are willing to do anything to solve the problem and 1 is where you are not willing to do anything, how willing are you to do something?" This question is designed so that the therapist will know, before the intervention, the willingness of the client to solve his problem.

As was stated, the absolute number is not as important as its usefulness in inducing change.

Working with couples and relationships, we frequently ask each partner to guess the other's rating, which simply depicts progress and differences in perception as well as emphasizing that such differences are both normal and acceptable. If there are differences in the rating, the question will be "what does the one giving the higher rating see that the other does not?" (Insoo Kim Berg 1993)

Some examples of scaling questions that deal with relationship are:

"On a scale of 1 to 10..... , how well would you say your husband is communicating ?"

"If I were to ask your husband how well he thinks he is doing on the same scale, what do you think he would say?"

"If I were to ask him where you would put him on that scale, what do you think he would say?"

The relationship scaling question offers additional possibilities for assessment and treatment, in cases where someone other than the identified client needs to be convinced that progress towards the goals is occurring.

### **Coping question**

Coping questions are used where a client has experienced extreme deprivation or a personal history that is fraught with high risk for abuse or mental illness. In the case of a loss or chronic illness, this question, when properly used, can be empowering and uplifting for the client. The goal for the therapist is to help the client discover his own resources and the strengths that he did not know he had. The coping question is posed in this way: "How did you learn to cope with such a terrible situation all by yourself?", or "How do you keep going, day after day when there is no hope for you? How do you even manage to get up in the morning?", or "What keeps you going ?".

This kind of question helps the client who feels hopeless about himself, to see his strengths. There are many things that the client does that are good for him, and the therapist can use the coping questions to turn a hopeless and overwhelming situation into something workable (Insoo Kim Berg, 1992).

## **The Structure of the therapeutic session**

According to the BFT model, the session is divided into six sections: (1) pre-session planning, (2) the prelude, (3) data- collecting, (4) the consulting break: intervention designing, (5) message-giving: intervening, and (6) study efforts. The same format is used in all sessions, although it can be modified as needed in later sessions (de Shazer, 1982).

The format of the BFT session is similar to that of Milan's group. Both of them use the team behind the mirror, as consultants. Both of them include a break in the session during which the team designs interventions. The interventions are generally phrased as coming from the group as a whole, thus strengthening the power of the therapist in the game against the power of the family system's homeostatic resistance to change (de Shazer, 1982).

These phases describe particularly the first session with the family, but the same structure pertains to all the sessions.

### **a. Pre-session planning**

Prior to the first session the team compares the case to other similar elements of the situation as described by the family member who made the appointment. The team develops some temporary suggestions that seemed to work in the past with other families.

**b. The prelude**

During this phase (about 10 minutes in length) the therapist tries to explore areas of the family's life, trying to avoid all discussions of the complaints that brought the family to therapy. The therapist adopts a casual approach to gathering this information. This phase also has the purpose of building a non-threatening, helpful relationship with the whole family and of learning about how the family sees its world.

Behind the mirror the team is watching the family's patterns, observing the family's vocabulary and occupations, since these may indicate how the family sees the world, and later can use the non-problem words (noted during this phase) when designing the therapeutic message.

**c. Data- collecting**

This phase (30-35 minutes in length) is the main body of the session. It starts with the question: "Well, what problem can we help you with?". The therapist tries to find out, particularly, what the family has done to solve the problems. He is also learning how the family members cooperate with other people and among themselves. The therapist's attitude is non-critical; everything the family says is accepted as "normal enough and natural given the situation". By being non-critical, the therapist keeps the options open for the team to compliment the family about its efforts.

In this phase the therapist tries to narrow the focus on one goal related to the problem, by asking : "What do you want to accomplish in your work here with us?"

He tries to be specific and to get behavioral descriptions of the goal. As part of the focusing process the therapist asks the family : "What, at minimum, will need to happen for you to be sure the problem is on the way to solution?"

A client's goals can be plotted along a continuum: vague to specific. The therapist helps to clarify the type of goal so that the team can phrase the goal as the start of something even if the family cannot. With families who are very vague, the therapist attempts to point out more definite signs of progress that can be useful even if the goal remains undefined.

**d. The consulting break: intervention designing:**

This phase (10 minutes in length) has two parts: 1. the compliment 2. the clue.

1. The compliment consists of some positive statements with which the family can agree. This is a "yes set" that is designed to increase the likelihood that the family will cooperate with the therapeutic suggestion or task. The first session compliment is rather general, and the compliments get more specific as the sessions continue.

2. The clue is associated with something to be reasonably expected in the immediate future. If the family has accepted the compliment, there is a likelihood that it will cooperate with the suggestion .



#### **e. Compliments and message-giving**

In this phase the therapist returns to the therapy room. He gives the family the compliment and delivers the planned clue. He gives the family a little time to clarify the suggestions and to react to the whole message. If the message is really built on an isomorphic description of the family, the family will sometimes build upon the ideas with further examples that indicate the team has understood the patterns. If the family fails to show signs of accepting the compliment, this means that the team's description was not isomorphic enough, and the team may suggest that the therapist has not delivered the planned clue. Complimenting is a powerful technique that can be tried before anything else. Compliments may not necessarily be related to the problem that brought the client. It could be anything that the therapist notices about the client, anything that he thinks will help enhance his self-esteem and feeling of competency. When the client feels better, he will eventually be able to do other positive things. Clients are not aware of what they routinely do, they need feedback about their successes (Insoo Kim Berg, 1992).

#### **f. Task examples**

##### **1. Keeping track of what goes well**

"Between now and next time we see you, keep track of what goes well in your life (with your husband, or whatever would be the reverse of the client's problem) that you want to see happen again". In this task the attention is

shifted to something someone is doing well and away from problems and failures. This task helps the client to focus on what measures he takes to improve things and to notice the patterns of actions and reaction in interpersonal relationships that are going well.

2. Pretending that the miracle has happened: When the therapist gets a good description of a miracle, pictured in a concrete, realistic and measurable manner, the client is asked to secretly pick two days that will be convenient for him. On this day he is told to "pretend that the miracle has happened and do everything you would do when the miracle happens. Keep track of what you notice different about yourself and how your husband/wife reacts to you". If both spouses participate in the session, both are asked to do this secretly and to keep track of what they notice that is different about the other's reaction (Insoo Kim Berg, 1992).

### 3. Prediction task

The couple is asked to sit down each night and predict whether the next day would be a "good" or a "bad" day. Then at the end of the day, they have to review the day and record whether it was indeed a "good day" or "bad day" and make another prediction for the following day.

These prediction tasks are based on the idea that what you expect to happen is more likely to happen. The prediction, made the night before, can be seen as setting in motion the processes involved in having a better day.

A self-fulfilling prophecy might develop and this might prompt "better day behavior" the next day (de Shazer, 1988, p. 184).

#### **e. Study efforts**

After the family has left, the team meets to discuss the family's immediate response to the message and then to predict the type of response to the tasks that the family is likely to report in the next session. With the initial clue, the team is not looking for a particular result, but rather for which one of the set of probable results will occur.

#### **Second session**

The second session and the other sessions have a similar structure. First, the therapist asks about positive changes. His task is to *elicit* those changes. He should ask: What's been better? or, What would your wife, (son, husband) say is better? If there has been no progress, the therapist should ask: What was the best day? Tell me about the times .....you were not fighting, you weren't using drugs.....etc. If there was a setback the therapist should ask: What have you learned? What has been better this time? What has helped you to continue to try?

If there were positive changes, the therapist should *amplify* them, by asking: When did this happen? Then what happened? Who else noticed? What tells you

they noticed? How did you do that? How did you know that was the right thing to do? How did this change help?

The therapist should *reinforce* those changes, making sure that the client has noticed positive changes. This should be done by non-verbal means: leaning forward; raising eyebrows, or nonspecific verbals, as "say that again." or, "you did what?"

Then the therapist should start over, go back to the top, and ask: "What else is better?" until the client says there is nothing more (Brief Family Therapy Center).

## **1.7 Behavioral Marital Therapy**

Behavioral Marital Therapy is another approach to treating marital discord. In this chapter BMT will be compared to the SFT approach, with which it shares some characteristics.

The BMT derives from the social learning theories that view coping competencies as learnable. The social learning model of relationship success emphasizes the factors that are reinforcing desirable and undesirable behaviors. The model is also developmental, in that it takes into consideration the couple's relationship history and links it to current conflict (Jacobson 1981).

The BMT is based on the premise that the behavior of both partners in a marital relationship is shaped, strengthened, weakened, and modified by environmental events, especially those events involving the other spouse. The events that cause one spouse to behave in a particular way are caused by the so-called learning history of that spouse, and events in the current environment that continuously influence the ongoing flow of transactions between the spouses. The focus in therapy is on changing contingencies in the current environment. Thus, the focus is on the present, but the rationale for this focus is pragmatic, rather than based on devaluing the importance of historical events in shaping adult behaviour. Focusing on the present is, also, the approach of the SFT that focuses on the present and the future to help couples generate solutions to the current problems they are experiencing.

The BMT is based on the *learning* model that posits that the rate of reinforcers received from the partner determines not only the degree of subjective satisfaction, but also the rate of rewards directed in return toward the partner. (Holtzworth-Munroe & Jacobson N., 1991)

The goal of BMT is to provide for behavior changes that will subsequently increase the satisfaction level in both partners. This is, also, the goal of therapy in the SFT model.

The BMT emphasises development of skills in conflict resolution and communication. The steps in BMT are:

**1. Behavioral assessment:** The assessment is done in a few ways:

interview: An initial interview, in which the developmental history of the couple is taken; it is a device for obtaining details regarding the behavioral sequences that are characteristic of the couple's relationship.

Self report measure: Three types of questionnaires rating marital satisfaction.

Spouse observation: Spouse observation Checklist (Patterson 1975). A list that consists of 400 spouse behaviors, and the task is for couples to check each item that occurs during 24 hours. This tool is considered important, as it can show the behaviors that seem most important to the satisfaction of each partner.

The SFT is different from the BMT in this stage, as the SFT focuses on goals established in the first session. It does not focus on the problems, and tries to shift the focus of the client from the problem to the non-problem areas.

## **2. Inducing positive expectancies:**

The therapist's task is to create positive outcome expectancies in both partners, because in the initial stage of therapy there is a great deal of confusion, anxiety and hopelessness. When the therapist produces positive expectancies, there will be some immediate therapeutic benefits in inspiring hope and releasing the anxiety.

The entire process of therapy and assessment encourages the couple to identify the strengths and the positive aspects of their relationship, since couples in crisis tend to focus only on the problems and ignore the positive elements in their past and present (Jacobson 1981).

The therapist uses language that avoids attributing blame to either partner, and uses a broader perspective of alternatives. In this way the couple can start recognizing and accepting mutual responsibility in creating the problems.

- 3. Behavior exchange procedures:** Behaviors described as desirable by one or both of the spouses are pinpointed and the couple is helped to increase these behaviors. In directly instructing the couple to increase the rate of these behaviors, the therapist can immediately enhance each spouse's satisfaction. In therapy, each spouse practices requesting those behaviors that they desire more frequently from each other. If possible, the requests are simple and straightforward. It is up to the receiver to decide whether the requests are to be granted.

**4. Communication and problem-solving:** Training couples to communicate better is not a goal per se; the goal is to teach couples to communicate in order to facilitate the resolution of conflicts.

The problem-solving training is a very important approach to teaching couples how to negotiate the solutions to problems in their relationship. It is often necessary because couples tend to exacerbate rather than resolve their conflicts by discussing them. For example, couples are directed to refrain from problem solving at the time some undesirable behavior occurs. When they obey this directive, the conflict often disappears. Couples report that if they postpone the discussion to the next scheduled problem-solving session, by the time the session takes place, the problem seems trivial. The conflicts created by unproductive verbal exchanges can be considerably more destructive than the persistence of the problem that served as the impetus of the discussion. Thus, it transfers the discussion from a situation likely to produce a negative outcome to one where the potential for a favorable settlement is much greater. The couples are trained to make clear, narrow definitions, not global ones, emphasizing behavior change rather than insight or historical roots of the problem. Only future-directed, solution-focused discussions lead to change. Here there is a great similarity to SBT, which searches for concrete and behavioral goals. The SBT emphasizes the importance of small changes that lead to bigger changes.



In the BMT the solving phase is highly structured, and has two main phases: a phase for problem-definition and a phase for problem solving. In the first phase the goal is to arrive at a clear, specific statement of the problem. When the problem has been defined, the discussion enters a solution phase, during which the effort is directed toward the resolution of this problem.

Couples need to learn the difference between fighting and problem solving. If spouses are fighting rather than problem-solving, they should be taught to acknowledge what they are doing, re-label the session as an argument, and reschedule the problem-solving session.

Finally, problem-solving training follows smoothly from the less intensive focus on increasing positive behaviors that occurs earlier in therapy. Often, the treatment program begins with general instructions to identify and increase desirable behavior. Spouses' success in increasing positive behavior fosters greater collaboration in subsequent phases.

In conclusion, there are many similarities between the BMT and SFT. Both are positive approaches, both assume that people have strengths and both focus on the present and the future. They differ in their techniques and the way to achieve those goals.

## **Chapter 2 THE PRACTICUM**

### **A Clinical Internship in Marital Therapy**

#### **2.1 Raison d'etre**

Why an internship using de Shazer's model of therapeutic intervention?

Steve de Shazer's version of brief therapy is attractive in that it offers a template for resolving the complaints with which couples present . The focus is on client's strengths and on finding solutions to problems. The intervention is based on the classification of client-therapist relationship according to the model.

This report tries to present the effectiveness of the model with six clients, where the presenting problem is a marital relationship, and to present possible disadvantages of this model.

#### **2.2 Setting and Personnel**

The practicum was completed through participation in the Agency of Marital Counseling and Family Therapy in Herzlia, Israel. The agency uses a multi-disciplinary team approach to provide services to families, couples and individuals who request treatment or who have been referred by other community sources for therapy. For the most part the workers use an eclectic approach based on systemic thinking. The internship was under the supervision of Tova Kasurer who is Director of the Agency of Marital Counseling in the town of Herzlia.

### **2.3 Clients**

The intended focus of the internship was couples who sought treatment for Marital Therapy. The practicum included work with 6 couples.

Clients were couples in various stages of marriage, of different ages, with diverse marital problems and were varied in terms of such descriptive elements as background and socio-economic status. It should be noted that as a rule, families referred to this agency come from the middle class, both spouses work, and they have an average income. As the Solution Focus Therapy does not focus on problems, but on finding solutions, there was no need to categorize clients according to problems, or to make any differentiation based on the presenting problem. The clients were couples or individuals where the presenting problem was one of marital relationship.

### **2.4 Duration**

The practicum extended from November, 1993, to April, 1994, inclusive. In addition to the practicum the writer was involved in various aspects of the agency, including attendance at regular staff meetings and learning from these staff meetings.

Clients were in therapy approximately 3-10 sessions. (According to the Solution Focus Brief Therapy, this is the number of sessions that is needed to produce a change and find the solutions to a presenting problem).

## **2.5 The Committee**

The practicum committee included Prof. Renjan Roy as the principal advisor, Ruth Rachlis, and Tova Kasurer, the head of the agency Family Therapy and Marriage Counseling Agency in Herzlia.

## **2.6 Supervision**

Supervision was provided by Mrs. Tova Kasurer through the use of live supervision and reports. As well, a peer group was established for the purpose of consultation. In many of the sessions a team watched the treatment through a one-way mirror and helped the writer in delivering the intervention message to the clients. The team provided the intervention according to de Shazer's model.

## **2.7 Recording**

Recording included the couple's initial assessment and intervention goals. The records contained the Solution Focused Brief Therapy assessment, with the focus on the client-therapist relationship, the complaints and goals for solutions, as well as the data required by the agency. Therapy progress notes were kept up-to-date with each family therapy session. The record of therapy progress and the results are included in the practicum report.

## **2.8 Progress of therapist:**

Skill development was evaluated through the use of live supervision and a journal. A journal was kept as a means of formally reflecting on this learning experience. The journal recorded the writer's observations and the progress of the clients as measured by the scaling questions.

### Chapter 3 METHOD OF EVALUATION

In this practicum two different instruments were used to measure and to evaluate the effectiveness of the therapy.

**3.1- The Index of Marital Satisfaction (IMS).** The author of this instrument is Walter W. Hudson. (Corcorn & Fisher 1987).

This is a 25-item instrument designed to measure the degree, severity or magnitude of a problem one spouse or partner has in the marital relationship. It measures the extent to which the partner perceives problems in the relationship. It does not measure marital adjustment, since a couple may be well adjusted despite having a high degree of discord or dissatisfaction.

This questionnaire does not yield specific information regarding the problem areas in the relationship; however, it does provide a reliable measure of global subjective satisfaction.

The IMS has a cutting score of 30 ( $\pm$ ) 5, with scores above 30 indicating that the respondent has a clinically significant problem and scores below 30 indicating no such problem.

Norms: 1803 single and married individuals, clinical and non clinical populations, high school and college students and non students participated in the development of this scale. Most of the respondents were Caucasian, but some were members of other ethnic groups, such as Oriental - and Afro-Americans.

Reliability : The IMS has a mean alpha of .96, indicating an excellent internal consistency, and an excellent (low) standard Error of Measurement of 4.00.

Validity: The IMS has excellent concurrent validity. It has very high validity, discriminating significantly between couples known to have marital problems and those known not to.

Scoring: The IMS is scored by first reverse-scoring the items listed at the bottom of the scale, totalling these and the other item scores and subtracting 25. This gives a range of 0 to 100 with a higher score giving more evidence of the presence of marital dissatisfaction (Corcon Kevin and Fisher, 1987).

This questionnaire was given to every couple in therapy as pre-test and post-test; i.e., before they start therapy and at the end of therapy.

The reason that the questionnaire was given only as pre-test and post-test is that in this practicum any other research design, such as the A B design, could not be used, because there is great difficulty in collecting the data for the pre-treatment phase, the baseline period (A).

This instrument also contains the information about its purpose and interpretation: validity, reliability, administration scoring and norms, five areas where information should be available (Bloom & Fisher 1982).

**3. 2 - A Scaling Question** (de Shazer, 1991) which rates goal attainment. "On a scale of 1 to 10 where 10 is when these problems are solved (the clients' presenting problem) and 1 is the worst they've ever been, where are you today?"

The advantage of this instrument is that it can be used at each session, gauging the clients' progress during the therapy, and it can be considered more problem-specific as it refers to a specific problem presented by the clients.



## **Chapter 4. THE ILLUSTRATIONS**

### **4.1 Family example # 1**

#### **The couple's background**

The husband, Moshe, 41, works as a technician in a government company. The wife, Shoshi, is a housekeeper. She has worked in several places as a secretary, but was fired. The therapist's impression is that the wife was fired because of poor adjustment and bad social relationships. The couple has been married for 8 years, and this is their third referral for counseling.

The first referral was at the beginning of their marriage, when the husband was violent toward the wife. The husband participated in group treatment, and the violence stopped.

The second time the couple came to therapy in 1988. They were in therapy for about three months with complaints similar to the current ones. The therapy helped them for a period of time. Recently the same problems have recurred and they decided to seek help.

#### **The complaint**

Shosh contacted the agency as she was concerned about her increasing conflict with Moshe, including many disagreements about the children's education and discipline. Shosh felt she was being criticized by Moshe for almost everything she was doing. She painted a picture of herself as being isolated,

overwhelmed by the demands of parenting, and misunderstood by Moshe about her difficulties as a mother. Moshe complained about Shosh's poor functioning as a housekeeper, her inability to organize everything concerning the children and the house. He could not understand how, since she was at home most of the time and not working outside the household, Shosh was not able to manage her "duties". She was denying Moshe sex as a means of punishing him when there was a fight. Their sexual relationship was not satisfying, according to Moshe.

### **The first session**

After the couple presented their complaint the miracle question was posed. In this case the miracle question gave the therapist an opportunity to go beyond the content. The couple was overwhelmed with complaints and tried to present as many facts as possible to prove how "serious" their problem was.

In response to the miracle question the wife responded that she would like her husband to be less critical. When asked what she would like him to do instead she said: she would like him to be more helpful, more open and communicative. The question to the husband was: "Suppose you were doing this, what do you suppose she would do differently?". The husband responded that she would care more about the house and the children; they would do more things together as a couple, they would consult each other more. This stage shows the goals of the clients. In this case the general goal was to have better communication, and the objectives was to do more things together as a couple.

To the question of if and when there were bits and pieces of this miracle happening recently, the couple mentioned summertime, when they spent more time together, going to a sport club together.

The scale question was posed: "On a scale from 1 to 10 (1 , the problem at its worst and 10, the problem solved) where are you today? Both of them saw themselves on #3. They were asked what would be the first step to take in order to be on # 4, and they responded to this question mentioning small things they would like to do.

A scaling question was asked to measure their willingness to solve the problem: Both saw themselves on # 7.

The assessment phase: The therapist-client relationship could be classified as a customer type relationship. In this case there is a complaint, and there is a beginning of a goal and there are some expectations of solution. The husband and the wife expressed a willingness to change their relationship, and to take some action towards this.

After the break and a consultation with the team, the couple was complimented:

1. They were sensitive to changes, because they knew when to seek therapy every time there was a crisis in their relationship.
2. They are caring parents; both care about their children.
3. They are able to find solutions, as they have done in the past.

The homework assignment was to sit down each night and predict whether the next day would be a good or bad day. Then they were to sit down at the end of the day and tell their partner whether, in fact, they thought the day had gone well or not. If both agreed that the day went well, they were to put a check mark on the calendar. If they disagreed, or if it had been a bad day, nothing more was to be said.

This prediction task was invented by de Shazer (1984), based on the idea that what you expect to happen is more likely to happen once the process leading up to it is in motion.

## **Session # 2**

When asked what was better, the couple responded that nothing was better. After asking about every day in the past week, the husband admitted that only one day was better; it was better because he had done what his wife wanted from him. He saw himself on the scale between # 3 and 4, slight progress relative to the first session (he saw himself at # 3 in the first session).

The husband said that more communication, more conversations between them would help him to move higher on the scale.

The wife said that there was no change, everything continued as before the therapy had started. She saw herself on the same number on the scale (3). They had not accomplished their task.

The wife was asked what they did instead of the task, whether she found anything useful or helpful in doing what she did instead of following the therapist's suggestion. This question is based on the idea that when the client does not carry out the suggestion, there is a good reason for it from the client's point of view (Insoo Kim Berg, 1992).

The wife said that she tried to talk more with her husband and "explain" to him how he must change. Of course this kind of talking was "more of the same".

For the wife to see herself higher on the scale, it would be helpful if her husband would be "less irritable", yelling less, and creating a "good atmosphere". To the question of what would be the first small step that she could take in order to please her husband, she answered that she would be ready to cook a good meal for him during the weekend.

The intervention message to the couple was that they were on the right track, that it is not easy to make changes, that they both know how to create a "positive atmosphere", and that they should perform the same task as assigned from the previous session.

### **Session # 3**

Shosh came by herself this time for the first part of the session. She thought it would be helpful for her to talk alone with the therapist. She complained that her husband was neglecting his health problems. He suffered from digestion problems, which she was unable to discuss with the therapist in his

presence. She was bothered by his behaviour in this regard, and said that her husband was not prepared to face his health problem and to treat it. The therapist asked her how she had handled this problem before, and whether there have been times when the problem was less significant. Shosh said that avoiding certain foods alleviated the problem and that her way of trying to send her husband for medical advice was to talk to or yell at him.

Shosh agreed that she must do something different, because until now her way of trying to solve this problem was *doing more of the same* and now she must do something different. She could also be more careful about the kind of foods she prepared for her husband.

Shosh has noticed a slight change in her husband's attitude. She has noticed that he tried harder to communicate with her and to touch her physically.

The husband, Moshe, joined the other part of the session. To the question what was better, the wife said that he was yelling less at their daughter, he was more tolerant toward her, was explaining more to her.

Shosh saw a little progress from the last session. She saw herself at # 4 at the scale. Discussion took place as to what she needed to do in order to get to #5. Moshe still saw everything in a negative way, he had many complaints about many aspects of their life. Their sex life was not satisfying - he wanted more sex and a more positive attitude from his wife. The therapist tried to point out the

importance of some positive steps that Moshe had taken and that his wife mentioned, with statements such as "How have you managed to be tolerant toward your daughter?", "How did you decide that was good for her?".

Most of Moshe's most answers consisted of: "Yes, but....." and another complaint. According to de Shazer, this reaction on the part of the client shows that the changes that were mentioned were still changes in which the client was not interested, and that the therapist must look for changes that are related to the goals.

One method to find out about the client's goals at this stage is to ask him the scaling question. Moshe saw himself on #3, and in reply to the question of how he would get to # 4, he replied that he would have to be more relaxed, that he would like to have a better attitude from his wife. "A better attitude" was translated into concrete behaviours: he would like his wife to welcome him more warmly when he returns from work, to offer him some refreshments and to ask him how his day was. Moshe said that if she would behave this way it would make him feel better. Shosh complained that Moshe never wanted to go anywhere or do anything, and they fought about this a great deal.

After the break the couple was complimented:

1. They have already made some positive changes, which indicates their willingness to change and to work on their relationship.
2. Shosh is a good observer, she notices things and has a "good eye".

The task: They should continue taking the positive steps they were taking last

week, Shosh should notice when Moshe tries to communicate with her, and she should encourage him by talking with him. Shosh, also, should welcome Moshe warmly when he comes home from work, prepare some refreshments for him (as he eats at work), and ask him how his day was.

#### **Sessions # 4 and # 5**

Moshe and Shosh came to the fourth session feeling that there was an improvement in their relationship. They felt that their communication was improving; they could talk to each other without yelling or withdrawing. Moshe reported that he was welcomed when he came home most days, Shosh offered him refreshments and they were able to have a conversation about the day. Moshe told her more about his work, and she did not criticize him as she used to do. They had more sex, but it was still not satisfying for Moshe, so he saw himself on the scale on # 7. This was major progress for him, as in the previous session he saw himself on # 3. For Moshe to get to a higher number he would require "better sex".

Shosh also saw the problem on # 7. She felt that her husband was more cooperative, and less critical.

The couple was complimented on how much hard work they had invested in order to reach this point and they were asked to continue doing what they had been doing.



At the fifth session they decided it was time for them to end the therapy. Both saw themselves on the scale on # 9. Moshe decided to go to go for medical attention for his digestion problems, and Shosh started to take a course for hotel workers. Moshe encouraged this step, and it made his wife feel that she had his support. Shosh also reported handling another matter differently. In the previous session she had complained that her husband did not want to go anywhere, so last week she had decided to do something different. Rather than talking about it and discussing her feelings about his lack of motivation to go out as she usually had in the past, she simply got tickets for a concert by a singer they both liked, and announced it to Moshe. He seemed delighted and said he really enjoyed it. Both felt that the relationship had improved: they could communicate better, Moshe was more patient towards the girls, and he was not criticizing his wife as he used to. Shosh was more interested in him and expressed more warmth towards him. Moshe was still complaining about the quality of his sex life, even though it was better than it had been.

They admitted that the fact that each of them did something more positive for the other helped them to overcome the problems they had at the beginning.

Shosh also showed that she has learned to do things differently. Instead of talking and trying to convince her husband to see things as she saw them, she just took action, as in the example of buying the concert tickets and behaving differently when he came home. She had learned the rule: "Do something different".

**Findings from family # 1**

The IMS was given to the couple three times, first when they referred to the agency two weeks prior to the first session; second, just prior to the first session and third, after they had finished therapy, eight weeks later.

The first time the scores were 68 for the wife and 65 for the husband.

The second time the wife's score was 70 and the husband's 68. These results on the IMS show that both had a significant problem in the relationship and that there was not a great gap in how they each viewed the relationship.

Post test, after the end of therapy, the wife's score was 27, and the husband's score was 25, showing a significant improvement and a change that could be attributed to the therapy and the changes that resulted from the process of the last weeks.

## **4.2 Family example # 2**

### **The family's background**

The husband, Miki, is 33 years old. He works as a contractor. The wife, Dina, is also 33 years old. She works at home as a baby-sitter. Parents bring their children to her home and she takes care of them for the day.

The couple has two girls, 6 and 3 years old. The girls are at school and kindergarten until one p.m. The couple has been married for 9 years.

### **The complaint**

Dina wife complains about the relationship - she is unhappy in the relationship, her husband does not understand her. She feels depressed and tense most of the day. Miki complains about his wife's attitude - she is irritable, the sexual relationship is not as satisfying as it used to be, he feels he has tried to make her happy but does not know how. The feeling of the therapist was that the wife's complaint was very vague and unclear; she was not able to explain the complaint in concrete terms.

### **The first session**

After the complaints were expressed, the miracle question was posed in order to determine the client's goals. In this case, at the beginning the wife could not respond to the miracle question. The therapist asked her in a different way:

"Suppose things were better for you, what do you suppose would be different?"

Dina's answer was: Miki husband would be more understanding, and I would be happier. There were some bits and pieces of the miracle in their past, at the beginning of their marriage and before the children were born. There was more romance and passion in the relationship.

The scaling question: The wife said she is on # 1. (# 1 represents the problem at its worst), The husband said he was between 3 and 4. To the question what would help him to get to a 5, he said that if his wife would smile more, it would help him.

After the break the couple was complimented:

1. It looks as if they care for each other.
2. The team feels that there is a sexual attraction between them.
3. Their past relationship was positive and it could be restored.

The task: They should observe their days, and see if there were any good days; and they should try to observe what was different on the good days. This task was given because in this stage the client-therapist relationship was a Complainant-type relationship. The writer felt that the couple had the beginning of a goal and some expectations of change, but they were not yet committed to taking steps to find solutions. In this stage a thinking or observational task is recommended, according to de Shazer.

At the end of this session a contract was made for five to six more sessions. This contract was undertaken with the understanding that these further sessions

would be used to find ways for the couple to form a more communicative and understanding way of relating, to create a better atmosphere at home.

### **The second session**

The first effective question for the second session, according to de Shazer, is "what's better?". The couple responded: " nothing was better". The therapist asked and tried to find out about every day of the past week and it was found that , actually, they had had a few good days, especially during the weekend, when they took a family trip.

Dina didn't change her position on the scale regarding the problem. She saw herself on # 1. In order to move from #1 to #2 it would help if Miki would take care of the children more. The husband saw himself between # 4 and # 5 on the scale. In order to move one step up on the scale he wanted his wife to be more relaxed, to talk more.

Here, the emphasis was on the higher number, and the husband was asked : "What do you know that she doesn't that makes you more confident that this problem can be solved?". The husband said that he was more optimistic and did not view things as badly as she saw them. The husband was ready to commit himself and to take care of the children more .

After the break the couple received the compliment:

1. The team noticed that they had better communication, because they exchanged more smiles.

2. There was a willingness to help each other.
3. The conflict between them seems to be the result of a general conflict as to the gender roles. This was a way of reframing the conflict and giving them a more universal meaning.

The couple was asked to continue the task assigned at the first session.

Comments: It was felt by the author and the team that we were missing something regarding Dina. We felt that we were misunderstanding her, and she was frustrated, facing the same attitude as her husband's. Still her goals were ambiguous and unclear.

### **Third session**

This session was two weeks after the last session. It was also a turning point, as we could more precisely define Dina's goals, and a customer-type relationship was established. There was a feeling that there were some expectations of solution. Additionally, Dina expressed a willingness to seek solutions.

Her goal was "to change her lifestyle"; in order to do so she needs to be more by herself, she expressed the need for more time for herself. She wants her husband to help her and to take more responsibility for the children.

She expressed her frustration with her work - being at home all day with small children, even though it was a way of earning money. At this point she could not change the situation, as she was committed to the parents to take care of the children for the year.

The husband noticed something positive during the past week: His wife had prepared a "romantic" dinner for him. This dinner was not considered by Dina to be an outstanding event. The husband's ability to identify something positive shows that there were actually problem-free times when things went more smoothly. This example shows that there are exceptions in the couple's life, but most of the time they are blind to those exceptions, and there is a lack of interest in the exception. People need to do more of what works until the positive times crowd out the negative ones. Dina was surprised that her husband considered this event an exception, and there was an effort made by the therapist to highlight this event.

Miki thought of himself as a hard worker who needs his wife's comfort and positive attitude.

Dina wanted Miki to help her on his own initiative, and not have to always ask him for his help.

After the consultation break a message was given to the couple:

1. There is no wonder that she feels frustrated and wants to change her "lifestyle". It's not easy for a woman like her to spend all day at home with small children; therefore, they have to do something in order to give her more time for herself. Three times a week the husband will take responsibility for the children, and this will free her.

2. She should try to find another option for the following year to change her work. It will give her hope that she can change the situation, if not this year, maybe next year.

3. Dina should prepare a "romantic" dinner for both of them 3-4 times.

She could do a little for him in order to get a great deal from him.

By the end of this session Dina asked if she could come by herself to the next session. The answer was that if it would be helpful for her she could come by herself, and it was up to her to decide whether she would do so.

#### **Session # 4**

Dina came to this session by herself. Her behaviour, her way of talking was completely different, a fact that was also noticed by the team behind the one way mirror.

She was more open, her way of expression was different: she was more alive and did not look as sad and depressed as she had during the other sessions with her husband. She reported that there had been an improvement during the past week. They talked more and there was more communication. They also had a fight Friday night. To the question as to how it ended, she replied that they had sex and it helped to end the fight. The day after this fight was a good day for them.

She prepared a few romantic dinners for Miki. To the question of how she succeeded in doing that, she said that she tried to *think positively*.



This is already a change related to the Solution Focus approach. "To think positively". She realized that thinking positively helps her to bring about positive changes, and that she can be in control of these changes.

On the scale she located herself on # 4. She got there because she felt that Miki started behaving differently, and was more willing to help her and to do more for her.

Dina came up with another problem that she hadn't mentioned before. She wants to study, to take courses for her own development and interest. According to her, Miki objects to this idea, seeing it as a waste of time. His aims are very materialistic and he wants her to work and help the family economically. In order to study she needs his approval because she needs his help with the children. If Miki would withdraw his objection it would help her to attain a higher point on the scale.

Dina described how in the past she manipulated Miki in order to get something from him. She had once stayed in bed for three days and was starving in order to force him to get a reservation for a weekend away. When he finally made the reservation and they went for the weekend, she did not enjoy it at all. This was often their way of communicating.

Assessment: In this session Dina showed how in the past her patterns of interaction and communication with her husband were negative. In order to influence him or to get something she became depressed. Miki, fearful for her and

fearful of losing her, finally did what she wanted. This is an extreme way for Dina to get her way and this procedure has to be changed.

The intervention message:

1. Dina has already made some positive changes in the past week, and it shows her motivation and willingness to improve her relationship with Miki.
2. She has started to learn positive ways of communication that are more effective than her old "negative ways of communication". She has to stop communicating in the old ways, and communicate more in the new ways.
3. She behaved differently during today's session, more cheerful and more alive. If Miki could watch her and see her this way without the "masque" she wore while with him, he would understand her more.

The task - She has to continue with the "romantic dinners" and talk to her husband in a more cheerful way.

**Sessions # 5-6**

At the fifth session, two weeks later, Dina and Miki were seen together. Dina had completed the task assigned to her for the previous session, and reported she had talked more to her husband, was more open to him and she prepared more "romantic" dinners for her husband. On the other hand Miki, also, did his assignment and helped her more with the children, giving her more free time for herself. They also told each other, in the context of the session, the things they did together which they would like to do more of.

They would like to see more of Dina's change in her attitude, more open and more cheerful.

On the scaling question Dina saw herself on # 7, and Miki saw himself on # 8. This was their usual way of answering to the scaling question: Miki put himself higher on the scale than Dina did, indicating his optimism and his willingness to solve the problem .

Their position on the scale also indicates the progress and the change they made and how it affected their relationship.

At this point a solution-focused theme can be delineated: a small change leads to a bigger change. When the couple made a change in their relationship, the changes mushroomed into other aspects of their life as well. In this case the couple reported an improvement in another aspect of their life - their sex life was more satisfying and also their general feeling had improved. The couple was asked to continue what they had been doing, as it seemed to be working well for them.

At the sixth session the couple reported that they were ready to end the therapy. Dina admitted she had effected most of the changes. She became more open in the relationship, started to see things in a more positive way.

The writer asked how they would approach another crisis in their relationship, and they both replied that they now had more means to cope with it if and when it came.

The question that was posed to them was: "On a scale of 1 to 10, where 10 is when these problems are solved and 1 is the worst they've ever been, where are you today?". Dina's answer, that she was on # 9, showed progress as to how she perceived the problem. At the first session she saw herself on # 1 on the scale, so she has made a considerable progress. In terms of solution focus approach she has obtained her goals.

Miki also saw himself on # 9, describing their relationship at the moment as "almost perfect". At the beginning of the therapy Miki saw himself on # 4. This fact shows that the therapy affected the relationship as he saw himself on a higher number after the therapy, thus indicating the disappearance of the problem.

### **Findings from family # 2**

The IMS was given to the couple three times: first the baseline, two weeks prior to the first session, when the couple first referred to the agency; second, just prior to the first session, and third, at the end of the intervention; after the sixth session.

Miki's score the first time was 53, and the second time 51. These scores on the IMS indicate the presence of a clinically significant problem, as the IMS has a cutting score of 30(+/- 5), with scores above 30 indicating the respondent has a clinically significant problem and scores below 30 indicating no such problem.

Dina's score the first time was 65, and the second time, 61, indicating the presence of a problem, and also indicating that Dina saw the marital problem as more severe than her husband did. This gap between them was present all the time during the intervention.

At the end of the sixth session the IMS was given as the post test. Miki's score was 26 and Dina's score was 29.

A significant difference is evident before and after the intervention.

In this case we can rule out threats to internal validity (other alternative influences that can explain the results); the intervention was short in time (two months), so there were no special events occurring in time (history), no maturation. There is a firmer basis for claiming that the intervention caused the changes.

### **4.3 Family example # 3**

#### **Family description**

Mary, the wife, is 42 years old and worked as a secretary for 15 years. Recently she helped her husband in his company. The husband Miki is 47 years old, he has an electronics company. The couple has been married 23 years. They have a 22 year old daughter who lives at home and a 16 year old son.

#### **The complaint**

The wife, Mary, referred to the agency complaining about her husband's affair. She decided to come by herself, because she saw herself as needing more support and her husband refused to seek therapy.

The affair was revealed a few months ago. The husband left home for a few weeks and came back. He decided to leave the other woman, but there was still mistrust and Mary was not sure that her husband was really not seeing the other woman.

Mary was devastated and shocked on discovering that her husband was unfaithful. She felt betrayed, angry and hurt. She experienced emotional turbulence-one minute, rage, the next minute, hurt. When she thought she was over it, something would remind her of the affair and she felt destroyed again. She found herself thinking about the affair most of the time. She was depressed and dependent upon her husband's attitude. Prior to the discovery of the affair she considered herself to be an independent and confident person. Now she felt her confidence had left her. She also felt uncertain about the future of her marriage.

### **The first session**

Mary came alone to the first session. She described in details the discovery of the affair. After the problem was presented, Mary was asked the miracle question. The answer to the miracle question was that she would have a better life, she would care about and concentrate more on her career, she would seek other career options, maybe consider opening a business of her own, and look for things to fulfil her. She would be more creative, she would entertain more friends at her home, as she used to do in her past. Her husband would wake up in the morning with a smile, which would make her happier; they would plan to take some trips together.

In this case the miracle question itself established some goals for the client. She came with a complaint of how depressed she was. The miracle question helped her to visualize herself in the future with other options, with goals that could be achieved. She has already identified some of the goals that she had in her past.

Mary described that in the past they had some "bits and pieces" of this miracle. Planning and travelling together were the good times. They both loved to travel, to be in natural surroundings. She would plan the trips and Miki followed her plans. Their sex life was also much better during those times.

On the scale Mary saw herself on # 5. To the question of how she got there, the answer was that time helped her, it hurt less than at the time of the discovery,

her friends and her parents supported her and her ability to have dreams for the future helped her to get from point 1 to five.

It would help her to reach # 6 if her husband would come home early Friday after work, and if they would do some things together.

After the consultation break the compliment and the message were given to Mary:

1. She is a creative and capable woman who has dealt very capably with life in the past and who has the strength to overcome this crisis.
2. She loves her husband and is ready to invest a great deal in the marriage.
3. She has loving parents and friends who support her and can help her.
4. Although infidelity causes a crisis in the marriage, it is possible to restore stability and trust in the relationship. In fact, many people say that as a result of working through a crisis, their marriage emerged even stronger than before the affair.

The tasks that were given to Mary were: 1. to think about what was positive in their relationship in the past that she would like to repeat in the present. 2. to observe the good days that she has during the week, and to see what is different on those days.

#### Assessment:

According to de Shazer's classification of client-therapist relationship, this relationship were classified as complainant type relationship. Mary described the



patterns and sequences of the problem, and she saw herself as a victim of her husband's problem. There were also beginnings of a goal and some expectations of solution. Because the client has identified what the solutions would look like, the tasks that were given were mostly thinking and observational tasks.

Mary had presented a problem of infidelity. Infidelity leads to feelings of betrayal and hurt. These feelings are so intense that they seem overwhelming and insurmountable. It was natural for Mary to doubt the viability of her marriage, but once the affair was in the open, it could be the jolt the marriage needed to get out of automatic drive. The message that was given to Mary was that it is possible to rebuild the trust and to revitalize the marriage. Even though it is not easy, many couples renew their commitment to each other as a result of going through the pain, learning and growing.

## **Session # 2**

Mary attended the session two weeks later. To the question of what was different, Mary replied that a few things were different: she had stopped nagging her husband about the affair, and she observed that her husband had changed also; he was more relaxed, they did not fight and they had sex twice.

She was complimented on these accomplishments. The writer pointed out how important these changes were, and Mary was asked how she succeeded in achieving this. Mary replied that after the session she had realized that she must *look to the future*, even though the pain was still very great.

On the scaling question, measuring her progress, Mary saw herself on # 6. She got there by seeing her husband more relaxed. It would help her to reach # 7, if her husband would come home earlier, and if they would spend more time together.

The intervention message: Mary was complimented on the changes she had started to make, and was asked to continue doing what was working well.

### **Session # 3 and #4**

When asked what has changed at the third session, Mary replied that she has started to think about opening a business of her own with a friend. They have started to work on it and she was busy with it. She has not nagged her husband about the affair, except once. She decided to stop doing it. To the question how she decided to do it, Mary replied that she had realized that talking about the affair and bringing up the subject caused arguments between them and these arguments did not benefit her. She was still looking for reassurance from him, because the feelings of mistrust did not leave her. She was asked the scaling question measuring the problem of the mistrust. She visualized herself on # 5. To the question what would help her to go up on the scale to the next number, she replied that time would help her and her husband showing her attention.

The intervention message: Mary was complimented on the things she had already done, and was asked to do more of what helped.

Mary attended the fourth session three weeks later. She thought that she did not need more therapy, because she felt that at the present she could handle the situation by herself. She started to plan a holiday trip with her husband and they spent more time discussing it. She saw herself on the scale, measuring the problem on # 7. She realized that only time would help her completely, and she realized that she thought less about the affair. She was asked about the times when she was not thinking about it (an exception finding question), and she replied that when she was busy with the business plans and other plans she was not thinking about it. She was asked what would have to happen for her to do it that way more often, and Mary replied that being more busy with plans concerning her future would be helpful.

To the question of what was most helpful in attending the therapy, Mary replied that the therapy helped her to focus on doing more things in the present, and she realized that discussing the past with her husband did not benefit her, because she could not delete the past.

The intervention message: Mary has found solutions to her problems, she is a strong person and things seem to be on the right track. She knows what works for her and she must continue what she is already doing.

### **Findings from family # 3**

The IMS was given to Mary twice; the first time just prior to the first session, and the second time, at the end of therapy.

The results: The first score before therapy, was 52. The second score at the end of therapy, after the fourth session was 28. This difference in scores shows a significant improvement in the marital relationship.

In this case the questionnaire was given to only one partner, as only the wife came to seek therapy. It could be assumed that there was also an improvement in the husband's problem, based on the idea that a change in one part of the marital system leads to a change in the other parts of the system.

#### **4.4 Family example # 4**

##### **Family description**

The husband, Reuben, is 47 years old. He is an engineer and has his own business. The wife, Bila, is 45 years old. She is a teacher in a high school, and is studying for her Master's degree. They have been married for 25 years and have four sons: a 23 years old son, married and no longer at home, a 19 years old son who serves in the army, a 16 year old and a 12 year old who has a minimal brain damage and needs special treatment and a special education. The wife was in crisis after the birth of the fourth son, and they got a lot of help from the husband's parents, who moved to live nearby in order to help them with their son.

##### **The complaint**

The couple was considering a separation, the wife was alarmed and felt threatened by this idea.

During the last year Bila was feeling very frustrated about the relationship. She felt that her husband was treating her very coldly, he was indifferent towards her, criticized her all the time, worked long hours and came home very late. She felt that emotionally she got nothing from him.

Reuben had a long-lasting affair with another woman. According to the husband, this relationship had ended two years ago, and has nothing to do with his present relationship with his wife.

Reuben also felt very unhappy about the relationship with his wife. He thought she was not prepared to change anything. He asked her to be more organized about the house, to rearrange the office in the house, to rearrange the closet and the products in the kitchen but she did not do it. According to him, she spent a lot of money on clothes for herself and the children, and that was the reason why he was working so hard: to earn the money for his wife's spending. She could save more money if she were better organized. He felt that she did not understand him and did not express any willingness to change things.

### **The first session**

The couple was considering a separation, but were ambivalent about the decision. Both admitted that the current relationship was very bad, and they could not continue to live as a couple if this situation continued, but the idea of separation and divorce seemed very threatening.

The writer asked them how they saw themselves on the scale: #1 indicating that they did not want the marriage to continue and # 10, indicating that they want the marriage very much. The wife's answer was: # 5, and the husband's answer was: # 2. This gap indicates that the husband's willingness to stay in the relationship is much weaker than his wife's. The wife said that the reason for her to be on # 5, is that she wants to keep her family together, for the sake of the children, and due to the importance she gives to the role of a family.

The husband said that he would like things to change, but he has very little confidence in the possibility of change.

The miracle question was posed in order to find out the couple's goals. The husband said that the first difference he would notice, would be the neat and tidy condition of the office in the house and of the closets. That would give him a sense of his wife's willingness to change something. To the question of how he would be different when she would do these things, he said he would be warmer, he would touch her and express more physical warmth, he would initiate an opportunity for both of them to go away for a weekend .

The wife's answer to the miracle question: she would notice that her husband would smile at her; he would show more interest in her by asking her about her plans for the day.

The last time that bits and pieces of this miracle happened was two years ago, when Bilha learned of the affair. Since then their relationship has deteriorated.

The scaling question was posed regarding the problem: where did they see themselves on the scale. Both saw the problem at its worst, at # 1. To change it and to reach # 2 would be those things they mentioned in response to the miracle question.

At this point the purpose of their coming to therapy was discussed directly. It was agreed that they wanted to improve their relationship. Coming to therapy was their last resort. If the relationship did not improve, they would consider separation and divorce.

After the break and consultation with the team, the compliments and the task were given:

1. The couple are in mid-life, when many couples are going through crisis and raise questions about their future and happiness ( a normalization).
2. They came to therapy as a last resort to help themselves, and this shows confidence that there is something that they can do.
3. They have accomplished many things in their life: good careers and successfully raising four sons, especially in dealing with their youngest son, this goal was not easy, but still they dealt with it together in the best way they could.

The task that was given to them was to choose secretly two days and to behave on those days as if the miracle had happened, and to observe on those days the other's reactions, and to notice changes.

At the end of the session the wife expressed a desire to come to the next session by herself. She was asked if it would be helpful to her. She thought that it would, and it was decided that for the next two sessions the wife and the husband would be seen separately.

### Assessment

Client-therapist relationship: In this case the wife-therapist relationship, are different from the husband-therapist relationship. The wife-therapist relationship falls into the category of customer- type relationship. She is more eager to stay



in the marriage, and there is some expression of willingness to do something to find solutions, even though, taking a cautious approach, she did not fall into a neat category because the writer and the team were not sure if she would really do something different.

The husband-therapist relationship is a complainant-type relationship. He sees himself as a victim of his wife's problem. He is very good at describing the patterns and sequences of the problem. He is not aware that he must take some steps in order to find solutions. The task that was given to them was a behavioral task in combination with an observational task.

Another question that was considered by the team and the writer was: what is the goal of the therapy? Is it to help the couple to separate, as they are ambivalent about the relationship, or is the goal to improve the relationship? The answer to the miracle question indicated the couple's goals: their answer indicated that at this stage the goal was to stay together and to improve the relationship.

The romantic affair that the husband had was also an issue to consider: what are the couple's chances of working on their marriage after the affair?

Romantic affairs can cause a major crisis in a relationship. The crisis may go on for months or years while the adulterer tries to avoid a decision, stall the therapy, and prevent change. Usually, affairs stop very quickly once they are discovered. The end of the secrecy removes both the power and the purpose for continuing the affair. But, just in case the affair continues, it is best for the betrayed partner

to take time to show him/herself at their very best before embarking upon a separation- just to show the adulterer what he/she would be missing by ending the marriage (Pittman 1987).

## **Session # 2**

Bilha came to this session by herself as agreed. She thought she would like to give some further information that she considered important, and that she could not talk about in front of her husband. She gave more details about her husband's affair, and admitted that she was still suspicious about him and did not have confidence in him. She also admitted to having had an affair, but this relationship which had lasted more than a year had ended. It seems that her affair was in revenge for her husband's affair. The primary emotion was vengeful anger, but there was also a search for reassurance. The husband did not know about her affair, so she continued to punish him about his affair. She complained more about her husband: his long working hours, his negative attitude towards her, his coldness and criticism.

She was asked what was better during the previous week, and whether the task was accomplished. She made some changes: rearranged the office in the house and the closets. The husband noticed the difference and expressed his approval. The husband invited her out for a dinner, but there was no change in the general atmosphere.

The compliment and the message: Bilha was complimented on the task she had accomplished, on how hard she worked to achieve it. What she had gone through was not easy; her reactions were normal for a wife discovering her husband's affair. It takes a lot of commitment and caring on her part to work on change in spite of the feelings of hurt, so she must continue doing what she has already done .

### **Session # 3**

Reuben came by himself to this session. The reason for seeing him on his own was that his wife was seen alone, and it was important to keep a balance. It was also important at this stage to find out about the husband's affair, and how it affects his life at the present, in order to establish realistic goals for the treatment. It was obvious that if the husband continued his affair secretly, the goals of the therapy must be different.

Reuben said that the affair was finished, and he could not see any connection between the affair and his current relationship with his wife. He continued to complain about his wife: her extravagant ways, her inability to be organized in the house. He thought that "they saw things in different ways".

To the question of what was better in their relationship during the first years of their marriage, he said that there was love, he gave her more warmth and did many things for her that showed his love and caring. He helped her with the

children and performed different tasks around the house. The only thing that had improved recently in their relationship, was their sex life. He noticed that Bila initiated more sex, and he wondered sometimes if she was really interested, or if she was "performing". The therapist commented that this improvement in their sex life is very normal in a situation such as theirs, where one partner is afraid of losing the other, and it affects his sexual attraction, so it is normal for Bila to behave this way, and over the long term it's impossible to "perform". This remark served to reframe and normalize this behaviour.

To the scaling question, measuring the belief in the solution of the problem, Reuben expressed very little belief that anything could be changed.

After the break, Reuben was complimented that he was a good observer, he was right to observe that "they saw things differently", but that this is normal for most relationships, and it could also enrich them to "see things differently". He was advised to continue performing the task and observing what was different. It was obvious that Reuben was a complainant-type client, and the intervention should be given accordingly; an observation type task in combination with an action type task.

#### **Session # 4**

The couple was asked what was better during the last week.

The husband thought that the atmosphere was better and he felt better, but could not think of any concrete thing that had changed. He was asked how he felt

and how he had behaved differently, and he answered that he was more relaxed, and also tried to come home from work earlier. He was complimented for doing this. He saw the problem on # 3 on the scale (measuring the problem). This showed a progress from the first session, when he saw the problem on # 1, at its worst.

The wife saw no improvement. She still complained that her husband treated her coldly, was not interested in her and she felt frustration and pain. She could not notice anything different during the past week.

She was asked how things were different when they first got married. Both of them described better communication, talking more, enjoying each other's company more, going out together more.

They were asked what could be done in order to repeat or to bring back some of these behaviours. They agreed that they should plan to do things together.

The scaling question, measuring their willingness to do something was posed: the husband said he saw himself on # 8 on this scale. The wife saw herself also on # 8. These answers indicate a willingness to do something about the goal, and that behavioral tasks could be given.

A consultation with the team and the intervention message : It was noticed that the husband made some changes, but these changes were not considered by the wife to be an improvement. She expected her husband to do things her way, and since he did not do them her way, she did not consider them as an improvement. The wife helped her husband to remain ambivalent by rejecting his efforts, and in

this way he could not make any real progress. There was a fear of intimacy and closeness.

It was decided to give a strategic/paradoxical intervention to the couple. They were told that the team had detected a fear of intimacy between them. If one of them was doing something different, the other partner could not see it because they were still threatened by a too-close relationship, and they were right to keep their distance in this stage, because too much closeness was still not suitable at the moment, and they were right to behave this way.

This intervention message was given because it was assumed that a direct intervention at this point would not be effective. It was a reframing, as the team decided that the situation should be reframed in positive terms, that what they were doing at the moment was correct.

### **Session # 5**

At this session the couple reported one positive change: they spent one Friday morning together, eating out (being religious, they could not do many things on Saturday, their Sabbath). The husband reported that it had not changed his feelings about his wife. He was encouraged to initiate more of these Fridays together. This step was aimed at enhancing changes and reinforcing the gains that the client was making.

The writer asked the couple what had attracted them to each other, when they were younger and in love. Bila said that it had been fun to be with Reuben;

he was interesting, amusing and she enjoyed being with him. Reuben had been attracted by her appearance, and admitted she was fun to be with. He very much appreciated her ability as a parent, and thought that the progress of their youngest son was due to Bilha's efforts and sacrifice.

This part was designed to elicit cooperative and positive feelings between them. It was designed to remind them of those feelings that existed between them in the past.

Reuben pointed out that the same quality that he adored in his wife during the first years of their marriage, was criticized by him in the present. At the beginning of their marriage he appreciated her ability to object to his spontaneity and to perceive things in a more realistic way. In the present he viewed this quality as a way to control him.

The intervention message: The couple were complimented on the performance of the task. They were encouraged to continue it. Even though it still did not elicit positive feelings between them, they were on the right track. The fact that the husband now sees his wife's behavior differently than in the past is normal (normalization and reframing), where couples criticize the very qualities they had originally adored in each other. The reason for this thinking is that at the beginning of a relationship, when the attraction is intense, couples focus on their similarities and their complementarities. Differences go by unnoticed, they are ignored or minimized, because "love is blind". Later, when the relationship matures and people settle down, the differences become noticeable, sometimes

glaring. Many couples go through a rocky transitional period as they readjust their expectations, but the end result, a workable marriage, is usually worth it.

### **Sessions # 6 & #7**

It was assessed by the team and the writer that at this point the couple still have not made any significant change. They are trapped in a power struggle. According to the Solution-Focused approach, if there has been no change at this point, the goals must be revised. The assumption is that the therapist and the client might be working with the wrong goals, and that might be the reason for this situation. In this stage we should check the possibility that the goal for improvement of the relationship might be wrong, and that there should be a different goal.

It was suggested that at the beginning of the sixth session, the couple would be confronted with this idea.

The couple decided that they still wanted to work toward improvement of their relationship. They were asked how coming to therapy had been helpful until now. They admitted that only in therapy could they communicate and talk in a rational way. At home they could not communicate because the husband was absent most of the time, and they were afraid that communication at home would lead to conflicts and fights. In therapy they felt safer because there was a control in place.



Reuben thought that the only solution to their situation would be his wife's behavior change. He wanted her to change her way of "spending money", and to be "more organized at home". For Bila, it was hard to accept this suggestion, and she thought that it wouldn't help. She thought that whether she changed her behavior or not, her husband would always find another reason to complain. She also thought that her changing her behavior was a way of for husband to control her life. Bila was asked the scaling question: "On a scale from 1 to 10, where 1 is that you are confident that you can't change your behavior, and 10 is where you have every confidence that you can change your behavior, where do you put yourself today?" Bila saw herself on # 8. It meant that she had confidence that she could change her behavior. She was asked the same question about her willingness. Here she put herself on # 5. She was asked what would help her to move from 5 to 6, and she replied that her husband's small changes would help her.

The husband's reaction was that he would also be ready to change in the direction his wife wanted him to.

The intervention message: Bila was right to be skeptical about the changes her husband wanted. The only way to find out whether she was right or wrong, was to do it in an experimental way. She could prove her assumption only by changing her behavior, and then noting her husband's reactions.

Their task was to bring a list of things that the husband wanted to be organized and put in order at home. Bila wanted her husband to stay home with their

youngest son one afternoon a week when she was studying (This was the smallest thing that Bila thought would be helpful for her).

### **Session # 8**

The couple came to this session three weeks later. To the question of what was better, the husband said that the wife had arranged some of her stuff in the study room, a task that he had been asking her to do for years. Bila was complimented on this. Reuben did not make any progress, according to his wife; he did not bring to the session the list of tasks he was asked to bring.

Bilha saw herself on the scale measuring the problem on # 5, meaning that there was not a significant change in her view of the problem.

Bila said that she expected Reuben to show more interest in her, asking her about her day. Reuben found reasons to justify his behavior.

#### A consultation with the team and the intervention message:

At this stage the husband was cast as a visitor, in the therapist-client relationship, and the wife as a customer. The husband was not ready to take steps toward change, and whereas the wife made some changes, he still made no significant changes.

It was obvious to the team that the couple was talking on two different levels. Their expectations of each other were also on two different levels. The wife had emotional expectations, while the husband had instrumental expectations of the

relationship. Each took only one role and there was still no contract between them.

This message was delivered to the couple and they were asked to think about it and to find a mutual goal. It was decided that the husband would be seen alone.

### **Session # 9**

This session was conducted with the husband only. The goal of seeing only the husband was to find out from him any hidden goals, and to confront him with the idea that he was not contributing to the process of change. It was decided to see him by himself in order to avoid blaming him in front of his wife.

Reuben was asked the scaling question: "On a scale from 1 to 10, when 1 means that you think she will not change at all, and 10 means that she will change according to your wishes, where will you put her?". Reuben put her on #1. This answer indicated to him that he does not believe in change, and is not willing to change himself. He came to the conclusion that he would like to separate from his wife. He realized that he could no longer live with his wife, and that he was paying a high price for staying with her. On the other hand, the high price of separation or divorce was also discussed, especially the issues concerning his children. Reuben expressed his love and affection for his children, and the pain he would cause them by going in the direction of divorce. Reuben was asked what positive aspects he could see in his marriage, and he could appreciate the fact that this marriage had brought him four sons whom he loved.

He decided that he would tell his wife about his decision to separate and to leave home.

Assessment : In this stage it was obvious that the husband and wife had two conflicting goals. The husband wanted to get out of the marital relationship, while the wife wanted to stay and to maintain the marriage. There was no point in working towards improvement of the marriage in this situation.

### **Session # 10**

The couple attended this session three weeks later. Only the night before the session did Reuben tell his wife about his decision to leave her and to separate. He did this by writing and handing her a letter explaining his intentions and his reasons. Bila expressed her pain and anger toward Reuben, and the focus of the session was to allow her to express these feelings. There were feelings of loss and grief on the break-up of the family. In this stage the writer took the role of comforting her and sharing those feelings.

The second part of the session was spent in the process of mediation, as the practical issues of separation started to come up.

The intervention message: A separation and a decision to end a marriage form a most painful process. The end of their marriage, with the great pain that accompanies this process, could also be a start of something new.

They are doing right, by proceeding in a civilized manner. Even though they feel angry towards each other, separating in a rational way and not fighting can help the children and help them in the long run.

Bila asked her husband to arrange means of leaving the house soon, and it was agreed that Reuben would try to rent a house and that they would tell the children their decision.

### **Session # 11**

This was the last session, as the couple expressed willingness to end therapy. They were asked how did the therapy had helped them. Reuben thought that it helped him to reach a clear stand and to arrive at the conclusion to end the relationship. He expressed his feelings of pain and anguish about ending the marital relationship. Reuben pointed out that the therapy helped his wife to accept this message in a calm way, and it could be a sign that the separation would not be harmful way.

Bila also thought that the therapy had helped them to reach the conclusion, and to leave their ambivalence. She did not want the separation, but realized that this was Reuben's decision, and she would let him go despite the pain involved.

Final assessment: The decision has already been made by Reuben to leave the marriage. In this case the efforts to solve the marital problems came too late. No matter what Bila did, Reuben was disinterested and remained unimpressed.

Reuben was determined to go. The process of therapy helped him to realize it and to bring the couple to a final decision what to do about their lives.

#### **Findings from family # 4**

The IMS was given to the couple three times: a week before the start of therapy, when they first referred to the agency, and just prior to the first session, and at the end of therapy. The results were: the husband's score at the first test was 76, and at the second, 79.

The wife's score the first time was 55, and the second time, before the first session, 51. The difference between the husband's and the wife's scores indicates the gap between the husband and wife regarding their respective perceptions of the marriage. The husband perceived the relationship to be much worse than the wife did. This was also indicated by the scaling question in the first session, measuring each one's willingness to stay in the marriage (the husband saw himself on # 2, and the wife saw herself on # 5).

It was obvious that the husband was less committed to the marriage than his wife was. Both results indicate a high degree of dissatisfaction. There was no significant difference between the first and the second test, and this indicates that the problem was consistent, even though the first test was given one week before the second. The couple also reported a long-lasting poor relationship. The post test: The husband's score was 75, and the wife's score, 58.

There was not a significant difference on the IMS scores between the pretest and the post test. As the IMS measures the magnitude of the problem one partner has in the marital relationship, the problems did not change, and the couple went toward separation.

#### **4.5 Family example # 5**

##### **Family description**

Iris and Noam are a young couple. Iris is 28 years old and her husband Noam is 31 years old. They have been married 6 years and have two children: a boy, 5 years old and a girl, 2 years old. Noam works in the family contracting business, which includes his father and his older brother. Iris is a housewife and takes care of the children; the older is in a kindergarten, and the younger stays home with her mother. Noam's family lives close to them, and Iris' family lives at a greater distance.

##### **The complaint**

The couple reported an ongoing crisis, fights and disagreement, regarding their in-laws. They used to be very close to Noam's parents. The parents live in the city center, and the young couple live in the suburbs. Iris used to visit them 3 or 4 times a week; they helped her with the children, when she used to leave them there often. Lately, Iris and her mother-in-law have begun to have some disagreements. Iris thought that the parents had a different attitude toward their two sons, and helped their older son, Noam's brother, more. Iris saw this as a discrimination between the two sons, and complained about this in front of her husband, expecting his approval and agreement.

Noam felt that he was caught between his parents and his wife. He thought that his parents' behavior was their own business and he did not like to interfere



with their decisions. Iris had a fight with her mother-in-law, and decided to cut off their relationship. Noam was angry at her behavior and thought her reactions were too extreme.

Assessment This couple is in a crisis of transition from one stage to another of their life cycle. They are still attached to their parents, and cannot form their own unity as a couple. They are in conflict between their independence and their attachment to their parents. The border between commitment to the family of origin and the present marital relationship is still unclear. There are couples who can handle this transition smoothly, and without crisis. In this case the stage of transition is conflictual.

### **Session # 1**

During the two weeks prior to the first session the couple did not speak to each other. They had a fight concerning the in-laws, and since then, the relationship has been very bad. They reported that they usually had a good relationship, but the problem with the in-laws has often caused them fights, and the last fight caused a crisis not only between themselves but also between them and Noam's parents. Iris cut off the relationship with the parents, and did not visit them at all. Noam thought his parents had the right to do whatever they wanted, and saw his wife's reactions as improper and exaggerated.

Iris wanted her husband's support and understanding for her feelings towards the in-laws. As tensions heightened between them, their sexual relationship

slowed down. Noam complained that they made love less frequently and that the level of excitement had also subsided. This decrease in sexuality was a by-product as the marriage moved out of the normal stage.

The miracle question was posed, in order to discern the couple's goals. Iris responded to the miracle question by seeing herself relaxed, not mentioning the in-laws, free of them. To the question of how her husband would see her different after the miracle, she responded that he would see her happier and functioning better with the children.

The atmosphere at home would be different, would be more pleasant.

The husband's response to the miracle question: He would wake up feeling happier, he would be happy to come home from work, he would care more for the children, he would pay more attention to his wife. After the miracle happened his wife would be different toward him: she would be warmer, she would go to bed with him at night, they would have more physical contact, more conversations, more laughter at home.

The answer to the miracle question indicated that the couple wanted a better relationship, and that they knew what a good relationship would look like, because they have experienced such a relationship in the past. Their goal was to overcome the present crisis, but they did not know how to achieve it.

The scaling question was posed to the couple in order to find out where they saw themselves regarding the problem. Noam saw himself between # 4 and #5

on the scale. Iris saw herself at # 1. She felt so angry and frustrated that she could not see how she could move from 1 to 2.

It was obvious that the couple had conflicting goals. Noam wanted more contact and a good relationship with his parents, and his wife wanted the opposite. When there are opposing goals, the question that should be posed is: "Suppose this problem between you and your wife is solved, how will things between you be different?". This is a way to overcome the conflicting goals, and to find a mutual goal that the couple can work toward .

This question made it possible for Iris to see herself differently: She answered that if the problem with the parents were solved, they would do more things together, they would go out more with friends, and they would talk more. The scaling question regarding their willingness to do something to solve their problem was posed. The husband put himself on # 8, and the wife put herself on # 7.

Assessment and consultation with the team: The wife and the husband were defined as *customers* (according to the Solution-Focused approach), because they had a defined goal and they were willing to change their situation and to do something about it. In this case an action-oriented task could be assigned.

The intervention message: The couple was complimented that there is love and affection between them, and this is only a temporary crisis. They are in a normal stage of a couple forming their own relationship and disconnecting from their parents. Their relationship with the in-laws was too close in the past, and there is

a need to change it; in time they will find the right proportion for the quantity and quality of the relationship with their in-laws.

In the meantime they should concentrate on their own relationship.

The task that was assigned was that each one was to choose two days and to behave differently on those two days, and observe the other's reactions.

## **Session # 2**

The couple was seen two weeks later. To the question "what was better?", the answer was that lots of things were better. They were very surprised by this change, and they expressed an eagerness to maintain this improvement. They were complimented on the change they have made and were supported in their feelings of anxiety about this rapid change.

To the scaling question, Iris answered that she saw herself at # 5. She reported that she was more relaxed during the last two weeks; she was behaving differently, smiling more and talking more with her husband. She was complimented on this change and when asked how she decided to do it Iris responded that she just decided to behave differently after the previous session, and decided that all the fuss about her parents-in-law was not the affect it had on her marital life. She was asked what would help her to reach # 6 on the scale, and Iris responded that her husband being more understanding of her would help; also she would like her husband to show more caring for her. Noam saw himself on # 6. He saw a change at home in his wife's different attitude toward him, he

initiated more sex, felt happier to come home, and also did more things with his children. They also planned to go away for a weekend with two other couples. This was something different for them, as they spent most of their weekends with his or Iris' parents.

They were complimented that they were taking another step toward independence. At this stage it was discussed what should be done if they started to regress, because the couple expressed their anxiety that the problems might recur. The question that was posed was: "what would be the earliest sign of your beginning to slide back?"

This question implies that the clients must take responsibility for monitoring themselves, which is an empowering message.

The message was that a minor setback or relapse is to be expected, and that the setback should be looked on as an opportunity to learn something new about their ability to handle tough life situations (Berg, 1992). The couple was asked to keep track of what went well in their life between this and the next session, that they would like to see happen again and again.

### **Session # 3**

Three weeks later the couple attended the third session. They thought that their problem was solved. To the question of where they saw themselves on the scale, Iris saw herself on # 8, and Noam saw himself on # 9. They thought it was enough for them and they thought of ending therapy.

The couple was asked what was done that worked, what they thought was most helpful about the sessions they attended. They responded that the sessions provided a safe place to discuss issues which were very emotionally-laden. The issues of the family of origin were especially emotionally-laden, and they would tend to accelerate into conflict if they were introduced in another context. They also noted the focus on what the couple was already doing well as being helpful, and they commented that they had learned to look on the positive aspects of their relationship.

#### **Findings from family # 5**

The IMS was given to the couple twice, as a pre-test and post-test. The results were: In the first questionnaire, the husband's score was 48, and the wife's score was 51. This result indicates that the couple had a clinically significant problem (scores above 30). In comparison to other couples that answered the questionnaire, this couple's scores indicate that their problems were not too severe. The score also reflected the clinical findings, that the couple came in time of crisis, but generally they had a basically good relationship, commitment and love, that were interrupted temporarily. This was the reason that the goals of therapy were reached in three sessions, over a period of five weeks. The scores of the post-test were: The husband's score was 21, and the wife's score was 19.

## **4.6 Family example # 6**

### **Family description**

The wife, Dorit, is 45 years old. Professionally she is a bookkeeper, but she is not employed at the present and is looking for a job. The husband, Haim, is 50 years old, he is an economist and has his own business. They have a 16 -year old daughter. Two years before the referral, Haim's brother died of cancer. Haim took care of his brother in his last months , and spent a great deal of time with him. After the the brother's death, Dorit went through a stage of anxiety and depression, for which she got psychiatric help - medical treatment. This treatment helped her and at the present time she is still receiving medical treatment.

### **The complaint**

During the last year there has been a crisis in their relationship. Dorit thought they had a communication problem. She complained that they did not talk, they did not do things together, he did not support her. She felt that there was an emptiness between them, and she felt lonely in the relationship. Her husband did not talk to her about his problems at work and she saw herself detached from him.

Haim also felt that they could not communicate. He thought that his wife always saw everything in a negative way, so he could not talk to her about his problems, because he received no support, only criticism. He thought his wife expected things to be idyllic, and could not handle tough life situations, like loss in

the family or financial difficulties. He saw himself as being more realistic, stronger and more capable of handling tough life situations.

Dorit complained about her inability to sleep well, and about her husband coming home from work late.

### **Session # 1**

After the complaint was described, the miracle question was posed in order to find out the couple's goals. Haim's answer to the miracle question was that after the miracle happened, he would see his wife smiling, this smile would reflect her "inner smile", he would see her happy, he would react to her differently, he would ask her about her feelings and would feel very positive about it. Dorit's answer to the miracle question was that after the miracle happened, her husband would ask her what her plans were for the day, and she would feel that she was a part of his life, she would feel happier.

To the question of whether these things had happened in the past, they said that these behaviors had existed in the past, but they had disappeared .

On the scaling question, measuring the problem, Dorit saw herself on #4. She was asked what would help her to move from 4 to 5, and she responded that if her husband would phone her from work every afternoon, it would improve her mood and help her to feel that he was more interested in her. It would help her to move from #4 to 5. On the scale, measuring her willingness to change the situation, she put herself on #10.



Haim saw himself on # 4. He pointed out that 10 days before the session, his wife started to talk to him, and it improved the situation. 10 days earlier he saw himself on # 2 on the scale.

It would help him to move to # 5 if his wife would believe that life is not so hard. Because the client is asked to look for realistic and concrete behaviors, he was asked how she would behave differently. Haim wanted his wife to smile more often and not to always find the negative aspects in everything.

Assessment and intervention:

Both the clients could be described as customer-type relationship, because there is a complaint and a goal that could be the focus of the treatment. Both of them want better communication in their relationship. They see themselves as part of the solution, and indicate that they are willing to do something about the problem.

In this case the couple had done a pre-session change, as mentioned by the husband. This change should be highlighted and complimented as a way of solving their problem.

They were complimented on the change they already had made, and were asked to continue what they have started to do; they had a good idea of what a good relationship should look like, they were right to seek therapy at this stage in order to improve their relationship.

They were each asked to pick two days, on which they were to pretend the miracle had happened, and they were asked to notice the other's behavior on those two days.

## **Session # 2**

The couple reported at the beginning of the session that things were different, there has been an improvement. The husband called the wife from work in the afternoon, indicating to her that he was more interested and more caring about her. Haim reported that Dorit's behavior had changed; she talked to him more, smiled at him more and it made him feel better. They mentioned that before they started therapy there was much mutual blaming. At present the wife saw that her husband was eager to change the situation and it was a good sign for her that there was hope.

On the scale, measuring the problem, Dorit saw herself on # 5. (this was progress from the previous session, where she saw herself on # 4). To the question of what would help her to reach # 6, she replied that if her husband would not stay in front of the TV at night, but would go to bed with her, she would not feel lonely and she would initiate sex.

The husband saw himself on # 5 on the scale ( progress from the previous session). He commented that he would be happy to reach #7 or 8 on the scale, that he did not need more. It would help him if his wife would continue what she has already started. They were asked what was helpful in the session, and they

replied that the fact that they were listening more carefully to each other helped them to understand each other.

They were complimented on the changes that they have made and were asked to continue the task from the previous session.

### **Session # 3**

The couple reported that things were good, even though there was not much change. They continued to talk more and thought their communication had improved. In regard to Dorit's request that Haim go to bed at the same time as she, there was no change. Dorit understood this and realized that Haim needed more time for himself; she also reported that Haim was more relaxed.

The current problem that bothered her was that she was unemployed and was looking for a job. This was the main issue that now bothered her and it was also the basis of arguments and misunderstandings between them. She was looking in directions that Haim did not approve of. She was asked how Haim could help her in dealing with this problem, and she replied that she would like him to back her and to support her choice.

One of the solutions that was suggested for the problem was that she had to broaden the opportunities, by looking for jobs that were not located near her home, because her daughter was a teenager and did not require her being at home early as in the past.

#### **Session # 4**

Two weeks later Dorit attended the fourth session. The session focused on Dorit's unemployment problem. She felt depressed and worried about her inability to find a job, it caused her feelings of insecurity, inability to fill her time and inability to sleep. The goal of the session was to help her to find solutions to these problems. The scaling question was posed to find out where she saw herself regarding this problem. Dorit saw herself on # 2. In order to move up on the scale she thought that some job offers might help her. Some possibilities in finding ways to broaden the job opportunities were discussed.

She discussed also, the possibility of working partly in her husband's business. The advantages and disadvantages of this possibility were discussed.

The intervention message: It is not easy for a woman of her age to find a job and the time she has been looking for a job has not been that long. Normally, to find a suitable job at this stage of life takes more time (normalization ).

She had the possibility of working with her husband and was asked to find out more about this job by the next session.

#### **Session # 5**

Two weeks later Dorit and Haim attended the fifth session. To the question of what was better, they replied that nothing was better. Dorit saw herself on # 4 on the scale regarding the problem, and Haim saw himself on # 3 regarding the

problem. This was a relapse relative to the second and third session, where they saw themselves on a higher number on the scale.

Dorit has started to work with her husband in his business, in the marketing department. The main problems at present were the consequence of her work there and discussions they had regarding the job. Haim thought that his wife saw everything negatively, and did not give the potential of her position a chance. Dorit thought that this job was not suitable for her, and heard her husband criticizing her all the time. She wanted his support and approval.

Another problem that came up was the relationship with their adolescent daughter. They both thought their daughter took on too many responsibilities at school, which she could not deal with. Dorit had many fights with her daughter about her studies, about the problem of frequent tardiness at school. They both agreed that Haim could deal better with the daughter than she did. Haim also criticized Dorit about her way of dealing with her daughter.

Dorit was asked what would help her to move up on the scale. She replied that if her husband would not criticize her in front of her daughter, it would be helpful. Haim wanted her to smile more, to stop complaining about the job and to tell him about positive things that have happened to her.

The intervention message: The message was that their daughter's behaviour and the communication problems they had with her were very normal problems between parents and adolescent daughters. It would be very important for the father to communicate with his daughter in this stage, because in many cases

neither parent can communicate at all with their adolescent children, so they should continue doing it. The husband should stop criticizing his wife in front of the daughter, and express his remarks when they are by themselves. Dorit was asked to give her present job a chance, looking at it as a temporary phase, and in the meantime to continue looking for another job.

### **Session # 6**

The couple reported that things were a little bit better, in that Dorit talked more about positive things. It helped Haim to react to her differently. The main problem that was still bothering them, was their arguments at home about Dorit's work. Dorit was critical of the people that she worked with, and the arguments took place at home every evening because Haim was too busy to talk to her during office hours. It was obvious that the fighting pattern must be changed. In this case changing the location of where they could fight could make a big difference. The therapist suggested that they should find another location and another means of communicating on this matter. It was suggested by Haim that Dorit should fax him her report from work every day, and once a week he would have a meeting with her in the office to discuss work problems. This solution was accepted by Dorit.

Assessment: Haim came up with his own solution to the problem. It is always better for the client to come up with his own solution, because he is more likely to be committed to this solution. This task was changing a small element in a

familiar pattern. This was a simple task for the couple, as all patterns and sequences around problems and solutions are rule-governed and sometimes changing a small element of a pattern can make a big difference to the repetitive problem.

### **Sessions # 7 & # 8**

These sessions were aimed toward the end of therapy, as the couple reported that the situation has improved. Haim reported that Dorit stopped nagging and complaining all the time. They stopped arguing at home about Dorit's work, and she has continued to look for other opportunities. Haim reacted differently toward his wife; he was more relaxed and talked to her more. Dorit has realized that it is not easy at her age to find a suitable job, but she continued to look for it, and realized that it was not so urgent, as she was financially settled, and could fill her time with other activities, such as working out several times a week. In this stage Dorit and Haim identified patterns that worked for them. Dorit has continued to complain to her sister instead of her husband, as she realized that complaining to her husband had a bad influence upon their relationship.

To the question where did they see themselves on the scale measuring the problem, both saw themselves on # 8. Both thought that being there was enough for them at this stage.

They were asked what was most helpful in the sessions. They thought that identifying patterns that do work, finding practical solutions to different areas of misunderstanding ( as talking only at work about work problems), had helped them.

Assessment: At the end of the sessions Dorit saw the connections between her behaviour and the treatment she received from Haim. She realized that her actions and complaints when he came home influenced him a great deal. This realization helped her feel more control over her situation.

At the end of the last session they were asked to keep doing what worked for them, and it was also discussed what should be done in case of a relapse.

### **Findings from couple # 6**

The IMS was given to the couple twice; the first time prior to the first session, and second time, at the end of therapy.

The results: The husband's score at the beginning of therapy was 56, the wife's scores at the beginning of therapy was 67.

At the end of therapy the husband's score was 26 and the wife's score was 28. This results show that there was a significant difference between the beginning and the end of therapy, and it could be assumed that the intervention accounted for the change. Threats to internal validity could be ruled out (history, maturation), because of the relatively short duration of the intervention.



The results indicate that at the beginning of therapy there was a bigger gap between the husband and wife as to their perception of their relationship; there was a gap of 9 points, and the wife saw their relationship worse than the husband. At the end of therapy the gap between the husband and wife was 2 points, indicating that at the end of therapy both of them had a similar perception of their relationship.

#### **4.7 The findings from the evaluation criteria**

The IMS was one instrument to evaluate the effectiveness of the intervention. In 5 cases there was a significant difference between the scores of the pre test and the post test. Only in family example # 4, no difference was found because the goals of the couple in this case were not to improve the relationship, but to separate. In this case this instrument was not suitable to measure success or failure of intervention.

It could be assumed that the intervention caused a change, and that as a consequence of the intervention the major issues being addressed were improved upon.

The second instrument, the scaling questions, was used as a means of measuring the client's progress during therapy, as well as a means of intervention. This is a very subjective means of measuring the clients' progress, but it indicates to the therapist how the client perceives his progress. Most of the clients saw themselves at a higher point on the scale at the end of therapy as opposed to the beginning of therapy, regarding the problem.

#### **4.8 What was Learned ; Some Final Thoughts on the Effectiveness of This Model With Marital Problems**

One of the most useful aspects of de Shazer's model, with particular reference to marital problems, is the emphasis on individual's strengths. Most couples reported that what was most helpful, was looking for positive solution; the focus on small and concrete goals helped them to overcome the problems that at beginning of therapy seemed insurmountable.

The writer found that the techniques of the model were very effective; complimenting the couple and using the language people use when offering them suggestion helped the writer to sell the idea of doing something different.

Some of the couples reported that the sessions were a safe place to bring up emotionally loaded issues in the presence of the therapist, who had the role of control. Especially couple # 4, Bila and Reuben, who could bring up their problems only in the therapy room. This fact is not specific to the Solution Focus approach, but any kind of marital therapy.

Was the use of this model really helpful? The writer's answer to this question is a limited yes. There was an improvement in the relationship in 5 of the 6 couples. Only in family example # 4 the solution was separation and break-up of the marriage. This is the core of the Solution Focused model: to work with the clients' goals. In this case the husband's goal was separation, and the couple reached this conclusion at the end of therapy.

It could be stated that de Shazer's methodology may lead to interventions which are effective in the short term, and there is no guarantee that they will help the couple to meet the next challenge with success. There is no guarantee that the change is stable in the long run, although some couples reported that they learned some new ways of looking at their patterns of interaction.

Steve de Shazer believes that the therapist's role is limited to solving the present complaint, and he assumes that the client's learning the process of finding solutions to the present complaint will be helpful for him when the next difficulty is encountered. This approach could not be proved in this practicum, because the contact with the clients was for a limited period.

The writer also learned that clients have the urge to talk about their problems. Trying to refocus the discussion to non problems areas was often met by objections. The therapist must allow and listen to the client's discussions about problems, and not ignore them. Steve de Shazer's thinking is that talking about problems is not effective, and does not lead to solutions, but ignoring these discussions is met with difficulties in the therapy room, because the therapist must be attentive to the clients' needs to talk about problems.

In the writer's view the question used in SBT seemed sometimes artificial and unrealistic. A therapist, using this approach should be very careful when trying to portray everything in a positive light. The writer thought that clients could feel frustrated when the therapist asks similar questions and attempts to portray everything in a positive light. The danger is that he could feel misunderstood by

the therapist, and he could feel unconnected to him. Praise that is too constant and too readily given raise doubts in the recipient's mind and make this praise seem suspicious or dishonest. It seems to the writer that the approach works best for those who are already good, experienced therapists and therefore feel less limited by the approach's highly schematic requirements.

Steve de Shazer's model of intervention provides no framework for understanding what is happening in a family. Instead, de Shazer assumes that the therapist will already have an understanding of the structural framework before using this model of intervention.

The most useful aspect of de Shazer's model is his emphasis on promoting beneficial change, and that the key for maintaining positive changes in relationship is to keep doing what works.

Another aspect that I would like to refer to, is the use of this model in the special environment of Israel. In this country, families are challenged by special political problems that have a great impact on their family life and relationship. The fact that families are surrounded with insecurity and terrorism affects the atmosphere, causing a permanent feeling of tension. Most men serve in the army as reserve force, for a period of time each year, and this fact has an impact on family life. It was not the intention of this practicum to study these influences, but this writer believes that this model suits the needs of couples in this political surrounding very well, because the therapy is brief and finds solutions to problems in a short time, relative to other models.

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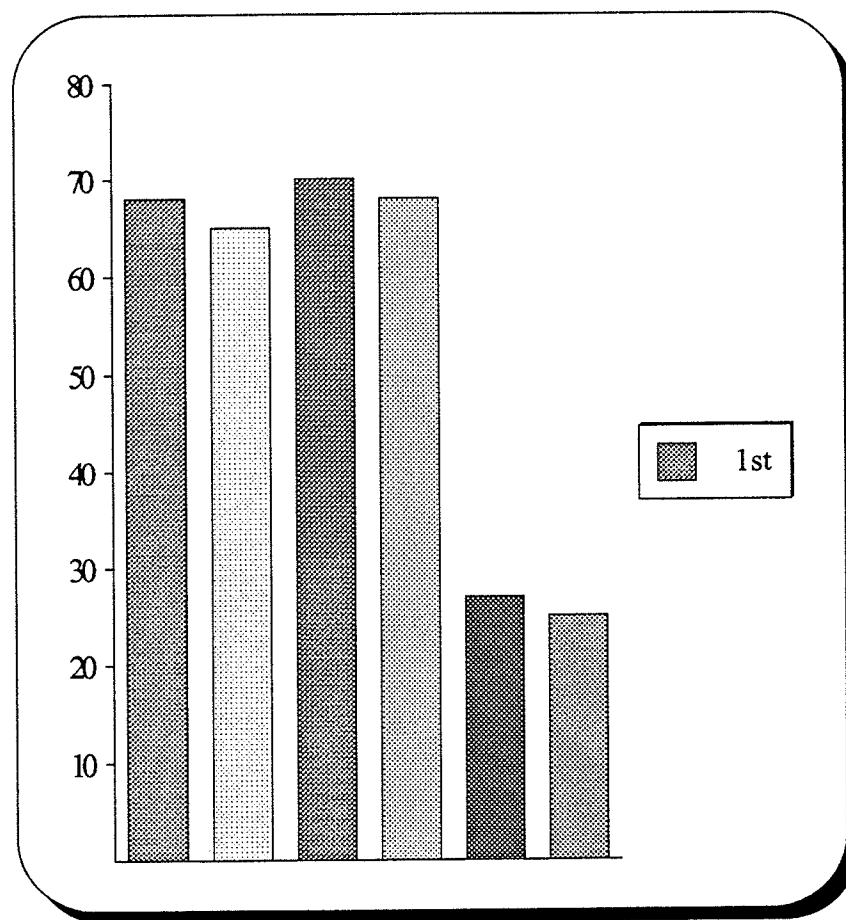
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## APPENDIX

Pre and post - measure on the IMS for the families in the practicum

## IMS- Family example one



First column- Wife, pretest

Fifth column-Wife, post test

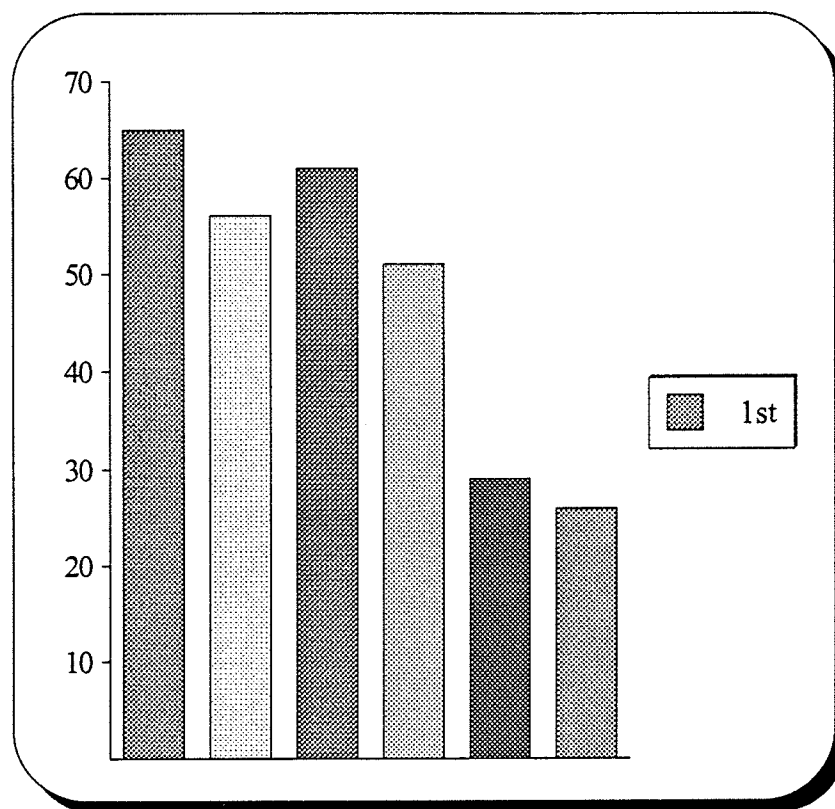
Second column- Husband, pretest

Sixth column- Husband, post test

Third column- Wife, prior the first session

Fourth column- Husband, prior the first session

## IMS- Family example two



First column- Wife, baseline, two weeks before therapy

Second column- Husband, baseline, two weeks before therapy

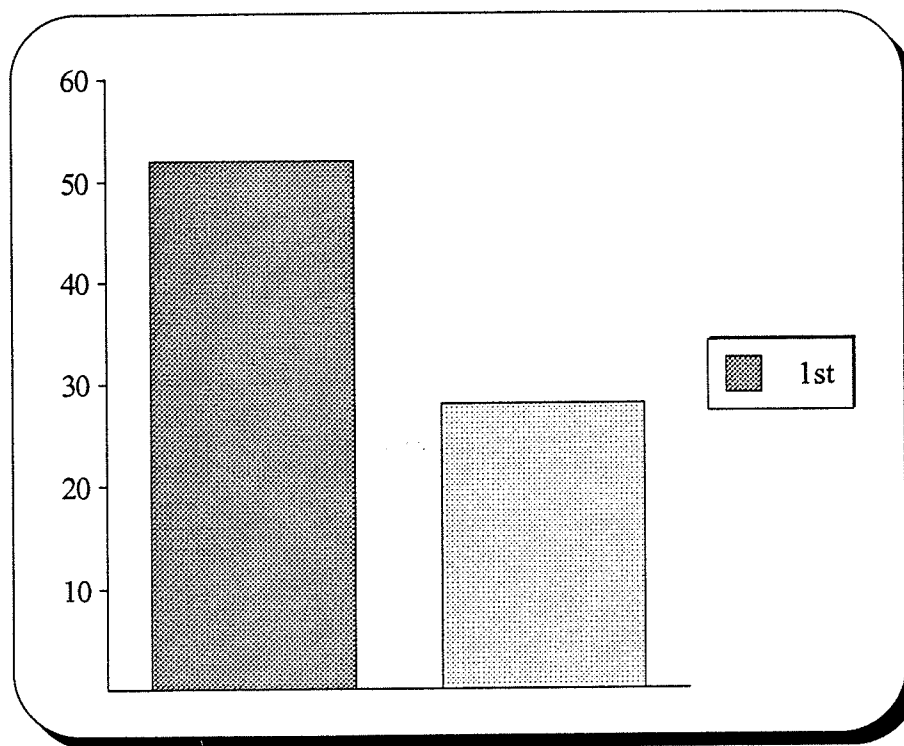
Third column- Wife, pre-test

Forth column- Husband, pre-test

Fifth column- Wife, post-test

Sixth column- Husband, post-test

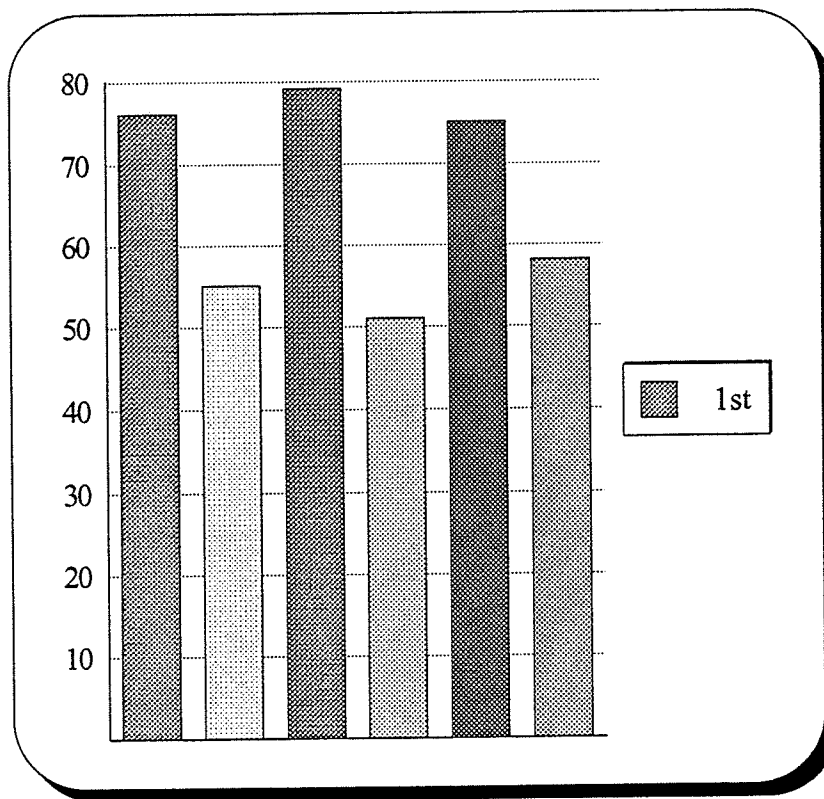
## IMS- Family example three



First column: pre-test

Second column: post-test

## IMS- Family example four



First column- Husband, baseline, one week before first session

Second column- Wife, baseline, one week before first session

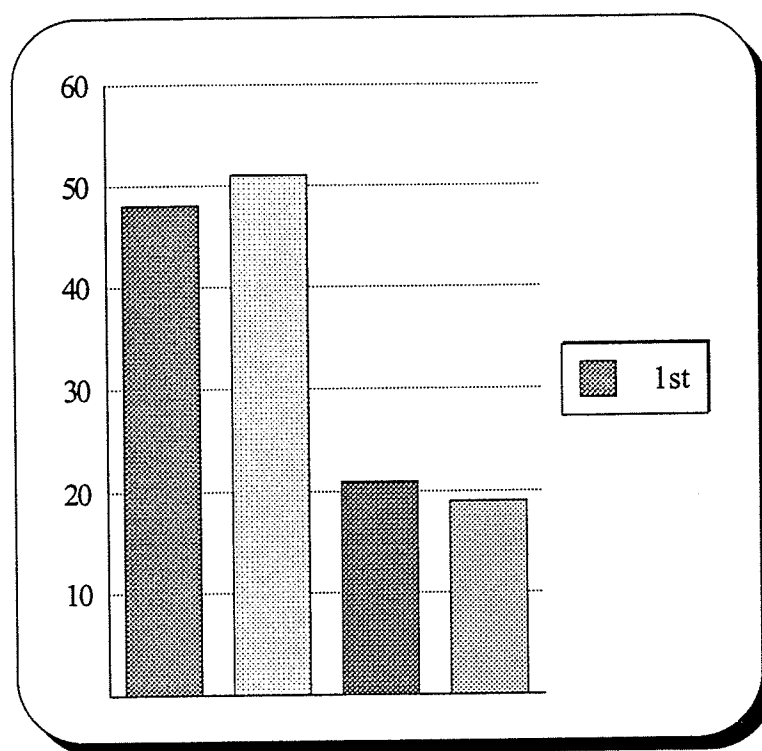
Third column- Husband, pre-test

Fourth column- Wife, pre-test

Fifth column- Husband, post-test

Sixth column- Wife, post-test

## 231 IMS- Family example five



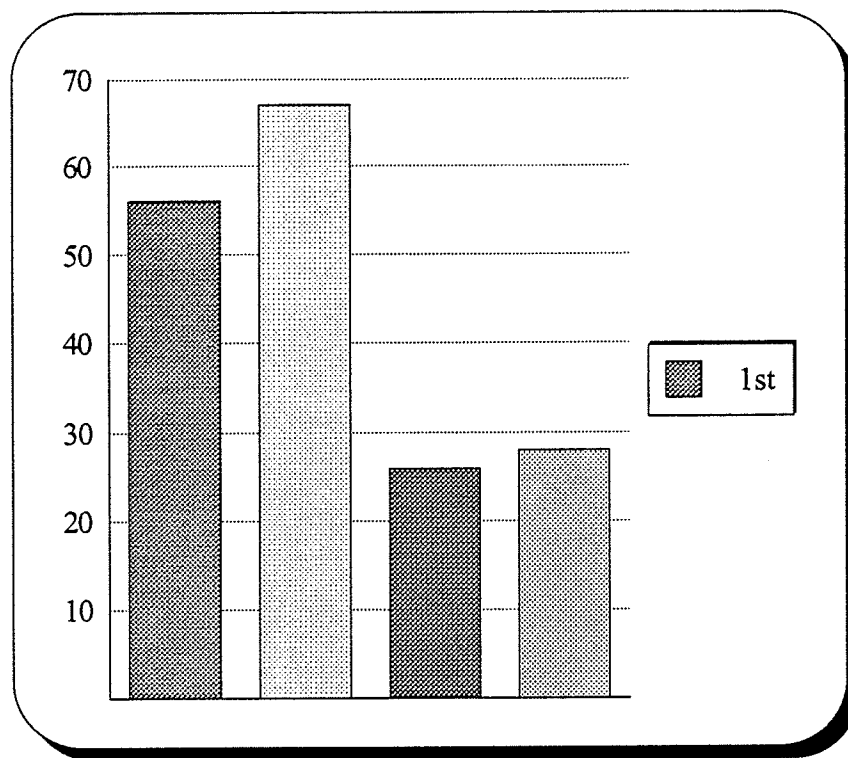
First column- Husband, pre-test

Second column- Wife, pre-test

Third column- Husband, post-test

Fourth column- Wife, post-test

## IMS-Family example six



First column- Husband, pre-test

Second column- Wife, Pre-Test

Third column- Husband, post-test

Fourth column-Wife, post-test