A Thumbnail Map for Solution-Focused Brief Therapy
Lance Taylor

KEYWORDS. Solution-focused therapy

INTRODUCTION

At a certain stage of learning the solution-focused model, students say that they know about most of the questions and how to use them. Now they want to become more “smooth” in their interviewing. No doubt part of what helps therapists become more proficient and natural is simply a matter of time and practice. Another factor is that of developing a sense of direction and flow in solution-building conversations. At any point in a therapy session, the therapist has a number of choices for different ways to structure the conversation. Where should we begin? Are there identifiable stages or aspects in building solutions? In what order should we address the different stages? How do we know when to explore one stage more, or when to move on to the next? This thumbnail map has proven helpful to both trainees and supervisors because it gives a fairly straightforward and comprehensive overview for structuring the conversation. It is small enough to be packaged in practical and portable formats.

Lance Taylor has a private practice in Cochrane, Alberta, Canada.
Address correspondence to: Lance Taylor, Box 619, Cochrane, AB, Canada, T4C 1A7.

[Hayworth co-indexing entry note]: “A Thumbnail Map for Solution-Focused Brief Therapy.” Taylor, Lance. Co-published simultaneously in Journal of Family Psychotherapy (The Haworth Press, Inc.) Vol. 16, No. 1/2, 2005, pp. 27-33; and: Education and Training in Solution-Focused Brief Therapy (ed: Thorana S. Nelson) The Haworth Press, Inc., 2005, pp. 27-33. Single or multiple copies of this article are available for a fee from The Haworth Document Delivery Service [1-800-HAWORTH, 9:00 a.m. - 5:00 p.m. (EST). E-mail address: docdelivery@haworthpress.com].

Available online at http://www.haworthpress.com/web/JFP
© 2005 by The Haworth Press, Inc. All rights reserved.
Digital Object Identifier: 10.1300/J085v16n01_07
THE LANGUAGE OF PROBLEMS

This thumbnail map orients toward the terrain of the actual therapy session and landmarks of progress based on client language. Clients typically begin conversations with therapists by describing their troubles. Following are five patterns of language that are commonly observed in the course of clients’ communicating the complaint.

What I don’t want.
When things go wrong.
Forces beyond my control.
I’m stuck.
I expect more troubles to come.

THE LANGUAGE OF SOLUTIONS

As clients begin to make the shift from problem talk to solution talk, five corresponding alternatives in language are observable.

What I do want.
When things go right.
Forces within my control.
I’m progressing.
I see some positive possibilities.

SOLUTION-FOCUSED THERAPY:
HELPING CLIENTS SHIFT THEIR THINKING, TALKING, AND ACTION

An effective solution-focused interview eases clients into a focus on solutions. For training purposes, it is helpful to present the map in the following format as an overhead, as a handout, or as a fridge magnet, entitled Five Key Shifts in Language.

<table>
<thead>
<tr>
<th>What I don’t want</th>
<th>→</th>
<th>What I do want</th>
</tr>
</thead>
<tbody>
<tr>
<td>When things go wrong</td>
<td>→</td>
<td>When things go right</td>
</tr>
<tr>
<td>Forces beyond my control</td>
<td>→</td>
<td>Forces within my control</td>
</tr>
<tr>
<td>I’m stuck</td>
<td>→</td>
<td>I’m progressing</td>
</tr>
<tr>
<td>More troubles to come</td>
<td>→</td>
<td>Positive possibilities</td>
</tr>
</tbody>
</table>
A highly effective solution-focused interview would be one that assists the client to proceed from the language of ‘what I don’t want’ to some ‘positive possibilities.’ This remark should be qualified with the comment that solution-focused interviewing carefully avoids pressuring or hurrying clients and therefore, a good session goes as far along this path as is comfortable for the client at the time.

**LINES OF ENQUIRY**

These five shifts in language are facilitated by five lines of enquiry. Another view of the map is presented to trainees this way, entitled Five Key Lines of Enquiry.

- What is the goal?
- When do little pieces of that happen?
- How do you do that?
- What good things result from that?
- What’s next?

**LINES OF ENQUIRY AND SPECIFIC SOLUTION-FOCUSED QUESTIONS**

In the hands of advanced practitioners, many of the typical solution-focused questions can be used in several different lines of enquiry. Having said that, it is possible and useful to sort the questions roughly into categories. This helps trainees become purposeful in their interviewing. Some training groups have developed the idea of a questions toolbox that can begin with the following stock items. The therapist’s own customized questions can be added as time goes on or for special populations.

What is the goal:

- (Miracle question) Suppose that one night while you are sleeping, a miracle happens, and the problem that brought you here today is solved. How would you find out in the morning that the miracle had happened?
- (Pre-session change question) Our clients often tell us that between the time they call to make an appointment and the time they actually meet with us, some things are already different. What have you noticed about your situation?
• What will have to happen as a result of our talk to today for you to say it was helpful?
• How will you know that coming to therapy is doing some good?
• How will you know that you don’t need to come to therapy any more?
• (Coping question) With things being as difficult as they have been, how on earth have you coped so far?

When do little pieces of that happen:

• The day after a miracle, what is one of the first things you would do? Then what?
• When was a time that a little bit of that miracle actually happened?
• Who else noticed that things were a bit better? What tipped them off?
• What tells you that you will be able to achieve some of that goal?
• What is an example of a time in the future when you might do things differently in that way?

How do they do that:

• How did you do that!?
• So when your husband stops being abusive toward you, starts to respect you, what is it that you will be doing differently?
• When your kids start to listen a little better, how will you and your wife be parenting differently to keep that going?
• How have you been cooperating with the medication to get these good results?

What good things result from that:

• How was that helpful?
• What good things happened as a result of that?
• How did people react differently to you then?
• What would your children say is different about you when you do more of that?
• If that were to happen more and more over the next six months, what difference would that make in your life?
• (Scaling question) On a scale of 1 to 10, where 1 is the problem at its worst, and 10 is the day after a miracle, where would you say things are right now?

What’s next:

• On the same scale from 1 to 10, how would you know when you are one step up? What would it take for that to happen? On a scale from 1 to 10,
how confident are you about doing that? What would it take for your confidence to be higher?

- What is one small thing you could imagine doing (without worrying about whether it is possible to do, without promising to do it) that would lead to you being a half step or one step higher on this scale?

**A MEMORY DEVICE: TEAM**

The earliest questions used in a solution-focused interview often bring out the goal in the form of a *title* (*T*), a name that is quite general or perhaps a little vague. Subsequent questions help the client move the conversation into the detail of *events* (*E*), actual occurrences. Further progressions inquire into personal *agency* (*A*), holding people responsible for their successes, and then *movement* (*M*) or progress. Finally, questions about possible next steps usually elicit another *title* (*T*), which can then be further explored in this somewhat circular fashion (see Figure 1).

**GUIDING CONVERSATION USING THE MAP**

The benchmark line of enquiry is the first one: what is the goal, what does the client want. When sessions are in trouble it is most often the case that they need to get back to this central question. As soon as the client is able to generate a title for the goal, it is time to move into the events level of questioning. It is good to stay here for a good long time, bringing out all kinds of tiny details. Then it is productive to move into agency questioning. Once the person has spoken of their role in the success, it is useful to shift into movement questions. Once they acknowledge some real benefit of their efforts, it is useful to pursue ideas for next steps, beginning with a title.

<table>
<thead>
<tr>
<th>Language shift</th>
<th>Line of enquiry</th>
<th>Acronym</th>
</tr>
</thead>
<tbody>
<tr>
<td>What I don't want → What I do want</td>
<td>What is the goal?</td>
<td>T—for title</td>
</tr>
<tr>
<td>When things go wrong → When things go right</td>
<td>When do little pieces of that happen?</td>
<td>E—for events</td>
</tr>
<tr>
<td>Forces beyond my control → Forces within my control</td>
<td>How do they do that?</td>
<td>A—for agency</td>
</tr>
<tr>
<td>I'm stuck → I'm progressing</td>
<td>What good things result from that?</td>
<td>M—for movement</td>
</tr>
<tr>
<td>More troubles to come → Positive possibilities</td>
<td>What's next?</td>
<td>T—for title</td>
</tr>
</tbody>
</table>
A CASE EXAMPLE

The map’s distinctions in language and lines of enquiry are not always immediately obvious to trainees. Details from actual case examples, such as the one below, help bring the map to life.

A man is referred because he is “depressed.” [A title for a problem that he doesn’t want.] After awhile, he is asked the miracle question and he says he would “be happier, he would look forward to the day.” [Titles for some things he does want.]

When was a time that you were a little bit happier? Well, “one day last week I woke up in the morning, actually got out of bed, had a shower first thing, put on real clothes.” [Descriptions of actual events, a time when things went right.]

How did you do that? He “rolled out of bed right when the alarm went off instead of laying there thinking about troubles.” [A specific behavioral choice that is within his control, agency.]

How was that helpful? Well, he “was able to get up and get going, get some things starting to happen, once he got some things started, it was easier to keep going, he was more productive and the day was more satisfying.” [Some good results, some movement or progress.] Where would you put things these days on a scale from 1 to 10? How would you rate that better day last week?

What would indicate you had moved up to the next notch on the scale? Well, “if I started exercising again.” [The title or name of a next step.]

So, when you exercise, what things specifically, do you do? I “used to swim at Lindsay Park in the mornings, walk the stairs at work deliberately.” [Descriptions of actual events.] And so on . . .

APPLICATIONS FOR THE MAP

This map originally emerged ‘behind the mirror.’ Observing many sessions with therapists at literally every level of skill development was informative: watching how they organized the interview, how the observing team tracked the process, and what ideas they picked to phone in. In training and supervision, it proved useful to have a frame of reference posted on the wall in the observation room. The team assisting the session can quickly reflect on the five lines of enquiry to determine where the interview has gone so far, which areas require more focus and detail, and what might be the next direction to take.

Once therapists become familiar with this format, they use it to actually guide their own sessions. It also is quite productive for therapist self-evaluation. After a session ends, the therapist can quickly review the five lines of enquiry, recalling what was done in each area and the content that was elicited. If areas were missed, it is useful to reflect on why that happened. Sometimes it will be because that was as far as the client could be gently taken. Sometimes it
will be because the therapist forgot that line of enquiry, got distracted, or gave up too soon.

Participants in workshops find the summary of shifts in language straightforward and easy to understand. It gives a fairly specific, functional definition of solution talk, which makes it easier to comprehend the intent of solution-focused interviewing and to identify changes that the clients are making. The map has been used to structure role-play interviews in workshops. One member of a group of three to five plays the client. One of the group plays interviewer. Others in the group track the interview according to the map, take notes on details in each line of enquiry, use the map to generate suggestions to support the interviewer, and then review the interview afterwards.

One agency that recently contracted to have their staff trained in the model wanted to make their recording format consistent with their interviewing format. Their new framework for a session note incorporates the five lines of enquiry.

Another emerging application for this map is in the area of self-help. Individuals who have experience with making this shift from problem talk to solution talk find it helpful to walk themselves through the five lines of enquiry when they are troubled about something. The primary contribution of previous experience is to know what qualifies as a good answer and to know how to persist through to a result. In a brief time, people can help themselves make a dramatic shift from a problem-focused state to a solution-focused state.

PACKAGING THE MAP

Some therapists divide their in-session notepad into four quadrants (Titles, Events, Agency, Movement) and then keep notes in the quadrants according to the questions they are asking and the comments that clients are making. A natural benefit of this practice is that blank areas on the notepad stand out and prompt the therapist to attend to that area.

BIBLIOGRAPHY
