

Workshop Exercises & Materials

Solution-Focused Strategies for Working with Parents

1. Your Wisdom & Experience (3-5 per group, 5-10 minutes)

Instructions: Based on your wisdom and experience, take turns sharing strategies that you've found effective in working with parents.

Notes:

2. Giving Compliments (2-3 per group, 5-10 minutes)

Instructions: One person shares a recent accomplishment (not too dramatic, just something you did and were pleased with), then others offer direct and/or indirect compliments. Switch roles and repeat so as many people as possible can practice the skill of complimenting.

Notes:

3. Clarify the Preferred Future using Future-Focused Question Sequences (2-3 per group, 5-10 minutes)

Instructions: One person (as self or in the role of parent) describes a concern or complaint; others use one or more of the question sequences below to (1) clarify the person's preferred future and (2) encourage small steps toward that future. Switch roles and repeat (using the same or different question sequence).

***Best Hopes Question Sequence** (What are your best hopes for the future? How will you know you are achieving your best hopes? What small step could you take this afternoon or tomorrow to move a little closer to your hopes?)

***Fast-Forward Question Sequence** (How will your life be different next month when things get better at work? What will you be doing differently? What will that be like for you? What small step could you take this week move toward this future?)

***Tomorrow Question Sequence** (If you woke up tomorrow and your life was just as you wanted, what would you notice first that would indicate life is better? What would be different? What small step can you take today to move a little closer to that change?)

***Miracle Question Sequence** (If a miracle happened while you were asleep tonight and your concern completely vanished, how would you know in the morning? What would be different? What are you already doing, and might do more of, to make a small piece of that miracle happen? What else will help you move closer to that miracle situation?)

Notes:

4. Build on What is Right and Working: Exceptions (3 per group—2 Helpers, 1 Client; 10 minutes)

Instructions: Select roles (Client or Helper) and complete the following steps:

- 1) One person (in role of self or parent) briefly describes a real-life or role-played problem, then Helpers:
- 2) *Identify* an exception to the problem (“Tell me about a recent time when the problem could have happened but *did not happen* or was *less intense or noticeable* than usual.”).
- 3) *Explore* exception-related details (“How was this different than usual?; How did you/others approach things differently?; What else was different?”).
- 4) *Expand* the exception (“What would it take for this to happen more often?; What small step could you take to make it happen again?”).

After the Interview (if you have time): Discuss how you can build on exceptions in your everyday work.

Notes:

5. Same Facts, Different Views (3-5 per group; 5 minutes)

Instructions: Read the scenario, then share your responses to the items/questions that follow.

Scenario: You rush to a 10:00 school meeting about a student named Manny, who has displayed serious behavior problems at school in recent weeks. The main purpose of the meeting is to inform the parent about these concerns and work together to develop a plan of action. The school principal and Manny’s teachers arrive a few minutes before 10:00. The parent has not arrived by 10:15, and the principal makes a call but cannot make contact. Another few minutes go by and at 10:25, everyone leaves to resume their other duties.

Address the following items as a group:

- (1) As a group, brainstorm a few possible explanations for why the parent missed the meeting (not necessarily *your* explanations).
- (2) Select two different explanations from step (1)—one that is more critical or negative and one that is more neutral or positive.
- (3) Discuss how each of the two explanations from step (2) might affect your future relationship and interactions with the parent or their child.
- (4) Of the explanations discussed, which one(s) do you think would be most effective and least effective in promoting productive relationships and interactions with the parent in meetings and other situations?

When you finish the above questions, discuss the importance of distinguishing between facts and interpretations—and of choosing useful interpretations—in your everyday work with parents and others.

Notes:

6. Change the Viewing (3 per group—2 Helpers, 1 Client; 5-10 minutes)

Instructions: Arrange in groups of three (1 Client in role of self or parent, 2 Helpers). Client decides on a concern or problem; Helpers run through the following steps.

- 1) Obtain a brief description of the concern along with the client's view (interpretation) of it.
- 2) Helpers briefly brainstorm other possible views, then select one to present to the client.
- 3) Present the new view and observe client's response; ask client what s/he thinks of it.
- 4) *If client accepts* the new view as "possible," ask how it might change her/his response to the situation.
- 5) *If the client does not accept* it, try another one.

*If you have time, switch roles and start another session.

Notes:

7. Empower Progress (3 per group—1 Client, 2 Helpers; 5-10 minutes)

Instructions: The Client (as self or parent) describes a small but important improvement that has recently occurred. Helpers use one or more techniques for empowering progress (give credit, explore personal/social consequences, request advice, write a letter, etc.). Switch roles and repeat if you have time.

Notes:

Useful Assumptions about Young People, Caregivers, and Helping

Assumptions about Young People [Adapted from Insoo Kim Berg]

Until proven otherwise, I believe that young people want to:

- *have their teachers/parents be proud of them
- *please their parents, teachers, and other adults
- *be accepted as part of a social group
- *be active and involved in activities with others
- *learn new things
- *be motivated and engaged at school and elsewhere
- *voice their opinions and choices
- *be acknowledged, heard, and respected

Assumptions about Parents, Teachers, and Other Caregivers [Adapted from Insoo Kim Berg]

Until proven otherwise, I believe that all *parents, teachers, and other caregivers* want to:

- *have a positive influence on their children
- *hear about what their child is good at
- *see their child's future as better than theirs
- *have a positive relationship with their child
- *be hopeful and optimistic about their child
- *feel that they are good and competent caregivers
- *give their child a good education and a chance of success in life (however they define success)

Assumptions about Helping People Change

1. Every person brings unique strengths, wisdom, resilience, and other resources to the counseling/intervention table—all of which can be integrated into health services to help them change and grow in healthy ways. Effective helpers invite people to discover and apply their indigenous strengths and resources.
2. People are much more likely to change when they experience a strong, cooperative relationship with the practitioner/helper.
3. It is more practical and efficient to work toward building a better future vs. correcting a problematic past. The past is history; the future is yet to be lived.
4. No problem is constant—there are always exceptions and fluctuations in the presence and intensity of the problem—and these exceptions form the very basis of a solution.
5. If it's not broke, don't fix it. If it works, do more of it. If it doesn't work, try something different.

Common Factors of Effective Helping (*the keys to helping people change*)

For over four decades and 1000+ studies, research in the helping professions shows that successful outcomes result largely from the activation of key “common factors of change” listed below. The term *client* refers to anyone with whom we work with to bring about a change or achieve a goal (student, parent, teacher, etc.); *helper* refers to the service provider/practitioner (school psychologist, counselor, teacher, social worker, nurse, supervisor, administrator, etc.). Successful outcomes depend largely on the extent to which the helper recognizes and incorporates people’s input, strengths, and resources (client factors), builds a cooperative alliance (relationship factors), instills hope (hope factors), and uses helping models and techniques in ways that mobilize these factors (model/technique factors).

Client Factors (the most powerful element by far). Client factors include a person’s unique wisdom, cultural background, opinions, strengths, resilience, life experiences, social supports, preferences, and feedback about services received. Helpers are most effective when they incorporate “as much of the client as possible” into the helping process (Bohart & Wade, 2013; Elkins, 2016; Murphy & Sparks, 2019).

Relationship Factors (second most powerful element). This category refers to the strength of the client-helper alliance as perceived by clients, which includes their experience of respect, understanding, and “goodness of fit” with the helper and their approach. Effective helpers build strong alliances by involving clients in every aspect of services, which includes asking what *they* want from services, obtaining their feedback about the usefulness of services, and adjusting services based on their feedback (Duncan, 2014; Murphy, 2015).

Hope Factors (essential element, though not as powerful as client or relationship factors). Hope refers to people’s belief that change is possible (expectancy) and that *they* are capable of changing and improving their lives (self-efficacy). Effective helpers boost hope—in themselves and clients—by inviting clients to describe their preferred future (what they want *instead of* the problem), treating them as capable and resourceful, building on what is “right” with clients and their lives, and believing in the helping process itself (Murphy & Sparks, 2019; Wampold & Imel, 2015).

Model/Technique Factors (everything we do and say with clients can be seen as techniques; the success of any technique depends largely on the extent to which it activates the above factors). This category includes the helper’s intervention model and techniques, which are successful to the extent that they activate client, relationship, and hope factors. The most effective helpers select and adjust techniques “one client at a time”—in other words, they fit techniques to clients vs. clients to techniques. They obtain systematic client feedback to give clients a respected voice in their care and to monitor clients’ response to and benefit from services—and they adjust and change their techniques when clients are not benefitting.

NOTE: *These ingredients apply to any change-focused or goal-focused activity— counseling/intervention work, problem-solving teams, teacher/parent consultation, teaching, supervision, etc. In addition to applying these elements in our own work, we can encourage parents, teachers, and other frontline caregivers to do the same in their work with young people.*

NOTE: The Session Rating Scale (SRS) is part of the Partners for Change Outcome Management System (PCOMS) and is available in several languages (downloadable for free from: www.heartandsoulofchange.com). Better Outcomes Now (BON) software allows for computerized administration and scoring of this and other PCOMS client feedback measures (see www.heartandsoulofchange.com for more info).



Session Rating Scale (SRS) (Sample Copy)

Please rate today's session by placing a mark on the line nearest to the description that best fits your experience.

Relationship

I did not feel heard, understood, and respected.

I-----I

I felt heard, understood, and respected.

Goals and Topics

We did *not* work on or talk about what I wanted to work on and talk about.

I-----I

We worked on and talked about what I wanted to work on and talk about.

Approach or Method

_____’s approach is *not* a good fit for me.

I-----I

_____’s approach is a good fit for me.

Overall

There was something missing in the session today.

I-----I

Overall, today's session was right for me.

The Heart and Soul of Change Project
<https://heartandsoulofchange.com>

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Format for First Session in Solution-Focused Counseling

[Adapted from *Solution-focused counseling in schools*, 3rd ed. (Murphy, 2015) ©American Counseling Association]

Note. These steps should be flexibly applied and may vary depending on the client and the circumstances.

Orient Client: Welcome and compliment client; Use problem-free small talk to put client at ease; explain the purpose of counseling, your desire to be useful, and the role of client feedback.

Validate and Clarify Concerns: Validate and clarify the client's concerns using the Outcome Rating Scale or Child Outcome Rating Scale (ORS/CORS) and follow-up questions; gather details ("How is this a problem for you?" "What is your theory about the problem/solution?" "What has been tried?" "What has been most helpful so far?").

Clarify Desired Future and Develop Practical Goals: "What are your best hopes for life/and from our meetings?" "What do you want for from counseling?" Use scaling (ORS/CORS or other scaling strategies) or miracle/tomorrow questions to develop goals that are significant, specific, small, start based, and self-manageable (5-S Guideline).

Build on Exceptions and Other Resources: Identify and build on *exceptions* ("When doesn't the problem happen?" "What's different about those times?" "What will it take to do more of it?") and *other resources* (explore client's "natural resources"—resilience, hobbies, heroes, social supports, and solution ideas and incorporate resources into solution-building plans and interventions.)

Can Interventions Be Developed from Exceptions or Other Resources?

Yes No

If yes, partner with the client to build on exceptions and/or other resources. If no, move to the next step.

(As Needed) Change the Viewing/Doing of the Problem: Change the viewing by offering a different interpretation of the problem; change the doing by suggesting the Do Something Different Task and anything else that alters the problem pattern.

Wrap-Up: Compliment the client on positive attributes, efforts to make things better, and other assets; review future plans and next steps; address any questions or comments from the client; administer and discuss the Session Rating Scale or Child Session Rating Scale (SRS/CSRS); thank the client for his or her cooperation and input; schedule the next meeting.

Format for Second and Later Sessions in Solution-Focused Counseling

[Adapted from *Solution-focused counseling in schools*, 3rd ed. (Murphy, 2015) ©American Counseling Association]

Note. These steps should be flexibly applied and may vary depending on the client and the circumstances.

Review Progress: Use scaling (ORS/CORS or other scaling strategies) to assess the client's perception of progress and compare it to previous scores/numbers.

When the Client Reports Improvement: Ask for the client's theory ("How do you explain this?"); compliment and credit the client ("Very impressive. How did you figure out what to do?"); explore exceptions ("What was different about this week that made things better?"); empower progress ("How is life different at school since making these changes?" "How did you manage to make these changes?").

When the Client Reports No Change (or Slips): Ask for the client's theory ("What do you make of that? Should we try something different or hang in there and see if things change next week?"); normalize and validate ("Sometimes things get worse before they get better"); ask coping questions ("How have you kept things from getting worse? Where do you find the strength to keep trying?"); explore exceptions and other resources ("As bad as it was, was there anything that went well at school this week? What have you thought about doing but haven't done yet? How can we rally your support team to help turn things around?" "Is there anything you've learned from all this that might help you in the future?").

Can Interventions Be Developed from Exceptions or Other Resources?

Yes No

If yes, partner with the client to build on exceptions and/or other resources. If no, move to the next step.

(As Needed) Change the Viewing/Doing of the Problem: Change the viewing by offering a different interpretation of the problem; change the doing by suggesting the Do Something Different Task and anything else that alters the problem pattern.

Wrap-Up: Compliment the client on positive attributes/actions, efforts to make things better, and other assets; review interventions and future plans; address any questions or comments from client; administer and discuss the SRS/CSRS; thank the client for his or her cooperation and input; schedule the next meeting or terminate services based on the client's progress and input.

John Murphy Workshop: Additional Resources

Website

John Murphy (www.drjohnmurphy.com): Client-directed/solution-focused approaches to helping people change with dignity by honoring their unique wisdom, strengths, resources, and feedback; translation of empirical research into practical applications in schools and elsewhere; books, DVDs, and workshops; links to other websites.

Books

Murphy, J. J. (2015). *Solution-focused counseling in schools* (3rd ed.). Alexandria, VA: American Counseling Association. (800-422-2648; www.counseling.org)

Murphy, J. J. (2014). *Conducting student-driven interviews: Practical strategies for increasing student involvement and addressing behavior problems*. New York: Routledge Press. (800-634-7064; www.routledge.com)

Murphy, J. J., & Duncan, B. L. (2007). *Brief intervention for school problems: Outcome-informed strategies* (2nd ed.). New York: Guilford Press. (800-365-7006; www.guilford.com)

Murphy, J. J., & Sparks, J. A. (2019). *Strengths-based therapy: Distinctive features*. London: Routledge Press. (800-634-7064; www.routledge.com)

DVDs

Solution-Focused Therapy with Dr. John J. Murphy (“*Child Therapy with the Experts*” DVD Training Series): This professionally produced DVD includes: (a) a discussion between Dr. Murphy and the series’ hosts; (b) a full-length therapy session with a single mother and her two children; and (c) a lively question/answer session between Dr. Murphy and an audience of therapists in Chicago. Contact Dr. Murphy to order at: jmurphy@uca.edu or www.psychotherapy.net

About the Presenter

John J. Murphy is a Professor of Psychology & Counseling at the University of Central Arkansas and a sought after trainer and practitioner of client-directed, strengths-based approaches with young people, families, and school problems. He taught in public schools before receiving a PhD in psychology and completed post-doctoral training in systemic family therapy with Barry Duncan at the Dayton (OH) Institute of Family Therapy. John spent 13 years as a full time school psychologist in Covington (KY) Public Schools, a high poverty urban district, and he continues to work regularly with students and schools as well as adults and families in private practice. He was named by the National Association of School Psychologists (NASP) as one of the top five school psychologists in the United States in 1993, and received the American School Counselor Association (ASCA) Writer of the Year Award for the popular book, *Solution-Focused Counseling in Schools* (currently in its 3rd edition; 2015). He also authored *Conducting Student-Driven Interviews* (2013, Routledge Press), *Strengths-Based Therapy* (with Jacqueline Sparks) and *Brief Intervention for School Problems* (with Barry Duncan; 2nd ed.; Guilford Press, 2007). His books have been translated into many different languages, and his therapeutic work is featured in various contemporary venues including *Fast Company* magazine, the NY Times bestseller *Switch*, and the DVD series, *Child Therapy with the Experts*. He is a Project Director with the Heart & Soul of Change Project, an international research/training initiative that promotes client-directed services for marginalized persons of all ages and circumstances. Dr. Murphy has provided training and consultation to thousands of school psychologists and other mental health professionals, teachers, and parents throughout the United States, Canada, Europe, Japan, New Zealand, China, and elsewhere. See www.drjohnmurphy.com to learn more about his work, and contact him at jmurphy@uca.edu to inquire about training for your professional organization or agency.