



The common project

Beginning the session

We start by shaking hands, introducing ourselves and asking the people in the room about their names.

With children and adolescents we often move on to asking what they are good at and what's most fun. Only after having spent a couple of minutes on this will we ask what brought them to us, what their best hope is for the session or how we can be of help?

In later years I (HK) have moved from this introductory part of the session to “serious business” by saying as Steve de Shazer: **“Thank you for coming. I think it’s a good idea that you’ve come. There are no guarantees that this will be of any help. The only thing I can guarantee is that I will do my best and I assume you will too.”**

When the client or family has nodded their accord with this we tell them what is going to happen in the rest of the session.

I am going to ask a lot of strange questions – and then after 30-40 minutes I’ll take a break to think about what we talked about. That generally takes from 5 to 15 minutes and then I’ll come back with what my thoughts. If I have an idea that I think could be helpful I’ll tell you that too. Is that ok?

These things introduce “therapy” (whatever that is – let’s just say that in this context it means we are going to talk about some serious stuff in a way that we hope will be helpful to you).

It matters how we start the session. What the first question is. “What brings you in?” “How can I be of help?” “What needs to happen here?” “What is your best hope for this session?” “What will have to be different after this session – something small – for you to be able to say that it was helpful seeing me?” etc. These questions are different from each other and lead to different topics and different conversations. It’s important to know and understand the difference between these questions – not because one particular question is better than another – but because it is important that therapists know that the topics – the subject-matters – are different, and the therapist should make deliberate choices which of these areas that he wants to be interested in. It is also important that the therapist know these areas – is able to recognize when a client talks about one of these areas and not another – because it is only when you hear the clients’ answer that you know what question you asked.

Fit with the cultural view of therapy

A solution-focused conversation is different from ordinary daily conversations and it is also different from most – and maybe all other therapeutic conversations.

Most of the clients we see don’t have the experience of being in therapy themselves but almost everyone has “knowledge” about how therapy should be done. Knowledge about therapy is plentiful on TV, in films and books and journals and newspapers. We call this knowledge the cultural image of therapy.

A solution focused session needs to fit with the cultural image of therapy – at least it needs to fit well enough not to be strange – and/or – it needs to be stimulating or enriching or meaningful in its own right if the client will want to stay for the duration of the session and perhaps even come back to a second one.

So – we start the session with *“I will ask a lot of questions and after 30-40 minutes I will take a break and go think about what we talked about (talk to the team) and see if I (we) have an idea about what I (we) believe could be helpful”*.

This means that we introduce our work to the clients in a special way. We tell them that our job is to ask questions and figure out how we can be helpful – which is very close to the “cultural” view of the therapists job – figuring out what is wrong with the client. We also tell the clients that they have a “job to do” in our office – answer our questions and provide us with the information we need so we can do our job. This means that the structure of the session is what most clients expect when coming for therapy. (The client providing information to the therapist so that he can do his job.)

It is first after a while that some clients realize that even though the structure was what they expected the content was different. The solution-focused interviewer did not gather information about what was wrong. Instead he gathered information¹ about what the client wants to be different, and what the client and other people are already doing to make it happen.

Goal-focus

The solution-focused interview is a goal-focused interview. When people bring up a problem we see this as a way to express that they want something to be different in their lives – they want to think, do or feel something other than what they experience as their problem. This means that when someone talks about something that is problematic to them there are always at least two possibilities.

The interviewer can try and figure out more about what the client thinks about his problem or the interviewer can try and figure out what the client wants/hopes will be different. The solution focused interviewer will in principle always choose to try and figure out what the client hopes will be different.

Leaning heavily on de Shazer and Berg we claim that for something to be defined as a problem there must exist a hypothetical solution, there must be a way to know when the problem is not a problem. We call this the goal and this goal is phenomenologically inseparable from the problem. This means – among other things– that when we are talking about the goal we are also talking about the problem (the opposite is seldom true).

We assume that what a client wants to achieve (what the client wants to feel, think and do in his life) is at least as important to him as the problem that brought him to us (the problem is what prevents him from doing and feeling what he wants). We also assume that it is easier for a client to talk about what he wants to achieve (emotions, thoughts, actions, interaction with other people) than the problem that brought him to us.

It is also much easier to develop a respectful relationship to someone when the focus is on that person’s goal. The reason for this is simply that problems – talking about problems – will highlight the person’s deficits and lack of resources while talking about the person’s goal will highlight competency and skills.

These are the things that make it possible to start a therapy session with a focus on what the client wants to achieve rather than on the problems that brought him to see us. The shift is dramatic.

Knut 15 years old comes in with his mother and his social worker.

¹ On another and more theoretical level the solution-focused interviewer does not consider the interview to be about information gathering, it’s about creating information – it’s getting a dialogue going where the client and the interviewer create and explore possibilities.

"What is your best hope for this session?" asks the therapist². "Don't know", answers Knut without showing any sign of thinking about the question. The therapist waits and after about 10 seconds Knut repeats that he doesn't know.

The therapist wonders if it was his idea to come and Knut explains that it was mostly Mom's and the social-worker's idea but also a little bit his own. "I don't feel very well, so I thought I'd check out what this is about".

"So, say you check it out here today – and for some reasons it's helpful to you – how will you notice?"

"I don't know," he answers and despite the therapist waiting for a long time Knut doesn't add anything to the statement.

"So do you have any idea what your mother needs to see happen as a result of bringing you here today, for her to think it was a good idea to ask you to come here?"

"I don't know. You have to ask her that".

"I'd like to know what you believe."

"I don't know."

For 13 minutes the therapist continues asking this same question from different perspectives – trying to find out how Knut will know if the session is helpful to him in any way. Knut then looks the therapist straight in the eyes and says, "Come on man – ask another question".

The therapist answers "I can't", and Knut looks at him with an astonished look and says: "Why not?"

"Well – if I don't have any idea about where you want to go – I have no idea what to ask."

Knut looks surprised – thinks for a while and then says:

"I want to feel better and think positive thoughts".

So we focus the interview around what the client wants. What is something small – the smallest that could be different **in the client's life** that would make him or her feel that talking with us has been helpful. What could be a different thought, feeling or action – what could happen today after the session – or the day after – that would make the client say that it was a good idea to come and see us and talk about this problem.

"What needs to be different today or tomorrow - something small – as a result of you talking with me, for you to feel or think that it was a little bit helpful having talked with me today?"

A variation of this question – used extensively by the Brief Therapy Practice in London – easier to ask and probably providing the same kind of answer is: **"What is your best hope from this session?"**³

These questions are a way to focus the dialogue directly on the client's purpose with the conversation. What is it the client wants to achieve/change? What would be different in the client's life **as a result of the conversation** for the client to feel that he hasn't wasted his time?

It is the client who needs to decide what changes he or she wants, and thus what our work together should be about, so we can't start asking other questions before we have an answer to this one. Questions asked without having this knowledge will be built on what we want for the client rather than on what the client wants. If we don't have any idea what the client wants to see happen as a result of therapy – we can't have any questions to ask⁴. It cannot be emphasized enough that solution focused therapy aspires to be entirely "client-driven".

Exactly when to ask the question and how to ask it depends on the context of the session.

If you are in the business of psychosocial treatment (therapy etc) you can ask this question as the first question in the session. In these situations it is a given that people come to you because they (or

² Harry Korman

³ Which is different from the question "what is your best hope for this session?"

⁴ Should the client answer "nothing" we could inquire how the client will know that things remain the same and what he/she needs to do to keep things the same. Inquiring about change would be our agenda and not the clients.

someone in their network) wants something to be better. In many other situations you have to wait for an invitation.

The invitation

The situation is different if you're a social worker investigating if the children are being abused or neglected or if you're a social worker working with financial aid, or if you're a doctor seeing a patient with tonsillitis or chronic pain. In these and similar situations it is difficult or impossible to start the session this way and you have to wait for the client to bring up a problem or something that is troubling him. You have to be invited into talking about the client's life. When clients feel that the therapist acknowledges pain, recognizes strengths and is generally making a genuine effort to understand what the client wants, the client will most often very quickly start talking about what is bothering him or her and ask for the interviewer's opinion on some aspect of his life.

If the client doesn't bring up anything outside of the formal given by the context, we see no point in insisting. We can only help people with what they want help with.

Being compassionate, generally nice, trying to listen and trying to understand is what is needed and most often sufficient for clients to invite us into their lives (if they want help with something).

Example where an invitation is needed before the “common-project”-question

When a client comes to a social worker asking for financial aid – asking this question before having been invited into the client's life will only lead to the answer: “I'd have money”. It's not easy to move on from there (even if you can sometimes get into a serious conversation about life with the question “What difference would it make?”)

Another situation is when a person comes to a physician with a well-defined physical symptom. The patient is expecting to get a prescription or at least an answer to what is wrong and it is not reasonable to expect that the patient is to think, feel or do something different as **a result of the conversation**. The question becomes relevant only after the patient/client has taken up some kind of problem of an existential or mental nature (whatever that means) – something that the patient and the doctor both think can be influenced by talking about it. It is first after this is clear that you can expect to get useful⁵ information from the “common-project”-question.

Acknowledge, validate, echo, paraphrase and summarize

Regardless of our first question a lot of people will start telling us about all the things they do **not** want to have happen in their lives (anxiety, depression, difficulties communicating etc). This will happen both if we start our sessions in traditional ways (like “What brings you in?”, “How can I be of help?”) and if we start the session asking “the common-project question”.

We think it is important to listen very closely to what people tell us about their problems. It's important to acknowledge and validate. People need to feel that we are taking their worries and concerns seriously. It is important that clients feel that we think their problem is serious and that they were not stupid when they decided to seek help for it.

We think that it is as important to avoid assessing or evaluating the seriousness of the problem, not looking for explanations, and not looking for solutions. We only try to acknowledge and make the person in front of us understand that we are trying to listen and trying to understand.

⁵ With useful in this context we mean that the question can become part of (or rather a platform for) a dialogue around goals and exceptions.

If someone says they are anxious we acknowledge and validate (“that’s tough”, “that must be difficult”). If someone tells us that small green men are pursuing him and it scares the shit out of him, we will echo our understanding of that. It must be scary, very scary to be pursued by small green men.⁶ The problem the client says is the problem **is** the problem.

We try to be very clear about what it is we are talking about. People in difficult situations have speculated, thought about and discussed their problems with other people. When in conversation with us they will shift between describing the problem, talking about why the problem exists, talking about what they have tried to do to solve the problem and often there will be bits and pieces around what is already better. These shifts will happen regardless of what questions we ask and it is never more important to know that “we never know what question we asked until we hear the answer”. It is in how we respond to what the client is saying – in how we echo, summarize and acknowledge – that we show if we are listening and trying to understand.

When the client is talking about why the problem exists.	“So you think the cause of the problem is...”
When the client is describing his problem.	“So you see the problem as being ...”
When the client is describing what he has tried to solve the problem.	“So – you’ve already tried ... to solve the problem”
When the client is describing what is already better.	“So things are a little bit better with...”

Such statements will often be preceded or followed by statements like “did I get that right?”

When we think/ feel that the client believes that we understand what the problem is we return to (or ask) “the common-project question”. Some variation of “What needs to be different in your life today, tomorrow or the day after tomorrow – something small – for you to feel or think that it was useful talking to me about this problem?” We are looking for the client’s purpose, meaning and goal with the contact with us.

The - I don’t know – answer

It is very common for people to answer, “I don’t know”. People will most often reply like that to a question that is new to them or a question that brings answers to their mind that they have never thought about. Most people answering “I don’t know” simply do so because they need more time to think about the question. As in all other situations when people answer, “I don’t know” it is best to do nothing. That is; not nod, not say, “Hum” or “I see”. This is difficult. We have a tendency to be very polite, to acknowledge that we heard, to be helpful by asking another question or simply understand the “I don’t know”-answer. Even the slightest nod is an answer which means that you have accepted the clients’ answer and it is your turn to continue and the client will then no longer think about what to answer but will wait for your next statement or question.

It is helpful to count silently to 6 without moving, perhaps pretending that the client answered, “I don’t know YET. Give me some time to think”⁷. This is a way to quietly and politely create space

⁶ We think that looking for the why of problems – underlying causes etc – is behaving as if the problem the client presents is not the real problem.

⁷ Dan Gallagher says that “I don’t know” actually means: “Shut up – I need time to think”.

for the client to think for a while. It takes a lot of practice for most interviewers to be able to do this.

If you allow the client the space to think about your question even after the client answered, “I don’t know”; at least 4 out of 5 clients will start developing an answer within 6 seconds.

On another tack it can be useful to think about the following. Most people will think about **what they need to do** before they start thinking about **where they want to get**. Since the “common-project question” is more about the result of the therapy (where they want to get) rather than what they have to do or we have to do to get there, it takes some time for a lot of people to understand what we asked.

It is important to know that this is a question that all clients can answer - at least all clients with a problem.⁸

The different answers

The answers to the common project question will vary. Clients have different hopes and expectations from therapy and apart from this a lot of clients will have heard us ask another question than the one we asked.

A simple classification that we found useful is built on the following. It is useful because it forces the interviewer to focus on the clients answer and prevents him/her from being focused on his/her question.

- 1: The client answers the common-project-question.
- 2: The client answers another question.

The client answers the question

Directly to the project

Some clients will answer the “common-project question” in a very direct and useful way. For instance:

- I will be able to relax
 - I will feel more calm
 - I will feel happier
 - I will feel more positive
 - I will feel that I love my children
 - I will be able to take better care of my children
 - That I can control my temper
 - I will have a little bit more control over my mood
 - Just controlling myself when I get mad
 - Just leaving when I get mad
 - Not making a fuss out of everything
 - I will have made a decision
 - Feeling that I have a sense of direction in my life
 - If I had one positive thought about anything
- or a number of combinations of the above.

⁸ If a person is capable of describing a problem that person is also capable of describing something that is better.

Essentially all of the above statements creates – or can be used as – a platform for the miracle question.

We answer by echoing or paraphrasing the words the client used and we think about what the client said. We then decide if this is a project we want to be part of; “*Hum, so if you felt you were calmer and more positive, would that make you think that you had gotten some help here today? Did I get that right?*” After the client has nodded to this or said yes we will most often move directly on to; “*So – is it ok if I ask a real weird question- one that requires some imagination...*” and we move on to the miracle question.

The client answers another question

It is first after hearing the answer that you know what question you asked. Our question is never important. The question the client heard is, and we can almost always figure out what question that was if we listen closely to the answer.

There are many different ways to structure the client’s answers to the common-project question, and we think that structure can be helpful for us in order to know how to move on in the dialogue. What follows here are the ways we currently find most useful when we teach. It is of course far from being the only way to understand or organize this, but it is a way we found useful. It’s easy to watch videotaped interviews, use this classification and see what we missed and what we could have done differently.

Don’t forget that the client needs to know that you’ve heard his/her answer before asking another question. Acknowledging and validating – making sure you’re building each question on the client’s previous answer – letting the client know that you’ve heard what he/she answered is essential for the conversation to stay a conversation and not become a police interrogation. It doesn’t matter how good you are at constructing questions. If you can’t use the basic techniques required to make the client feel that you are really making an effort to understand, if you can’t show curiosity, acknowledge pain and difficulties, it will take a long time for the client to develop a relationship that the client feel is helpful, and it probably won’t matter much what you do.

The client answers with the problems that brought him/her to you. “What brought you here?”

A lot of the clients we meet hear us ask a variation of “What brought you here today?” This is not strange. The idea most people have about what needs to happen in therapy is that the client should start therapy by telling the therapist all about his concerns, worries and problems. The therapist is expected to nod, hum and ask questions that clarify what the real, underlying problem is, in what ways it affects the client’s life and relationships and why it exists.

Our focus is on the phenomenology of the problem and we discipline ourselves in not thinking about why the problem exists. This is difficult. Our intuition draws us towards looking for the cause of the clients’ problematic experience, and it takes a lot of self-discipline not to yield to this tendency. The clients expressing an interest in the direction of why, also sometimes adds to the difficulty.

It has been useful for us to remind ourselves that we are not smarter than our clients. They have already spent considerable amounts of time thinking about why they have this problem and if that were a useful way to find a solution they would have solved their problem a long time ago. So whenever that curiosity arises in us – whenever we start thinking about why a client has a problem – we discipline ourselves and think “what does he/she want to be different?”

So – acknowledging and validating first and once you think the client feels that you understand what the problem is, summarize and try again: “What needs to be different today, tomorrow or the day after tomorrow for you to feel that it was useful talking to me about this problem?”

A lot of times it is first now that the client starts thinking seriously and answers with some ideas about what he/she wants to feel differently, think differently or do differently.

You will sometimes get a sense with a client that he or she is launching on a very, very long tale about the problems that brought him/her to therapy. It has been useful to me (HK) to know that if I want to interrupt the client I need to do so within less than half a minute. If I start pretending that I am actually listening it quickly becomes impossible to interrupt – it is simply to rude – and if I want to I must do it right away. I may wave my hands in the air and say: “*Excuse me for interrupting but – just so that I’ll know how to listen, ‘cause there are so many ways to listen to serious problems – what will be a small sign today or tomorrow after we talked that told it was helpful in any way to tell me about this problem here today?*”

From problem to project – the not-answer ...

I summarize to Anna; “*Gees... anxiety all the time. Can’t cope with your children and you feel like killing the dog. It’s been real tough since Christmas.*” and she nods, lowers her head and starts crying. I keep silent while thinking about what she told me.

Continuous anxiety. Can’t cope with her kids and the dog is irritating her. She obviously heard me ask “*what problems brought you here today?*”

When she raises her head a little I ask again: “*So – what needs to be the slightest difference today or tomorrow, with the children or with the dog, for you to think or feel that it was a good idea that you came in this morning?*” (It is almost the same question I used to start the session, but words she used in her answer – problems with the children and with the dog are now in the question.)

She answers rapidly, as if there was no need to think about it or as if the answer was obvious: “*No anxiety in the morning, not feeling frustrated by the dog, and not being so unpleasant to everyone.*”

This is a common answer to the common-project question. It contains no information about what she wants. There is only information about what she does NOT want. It is actually the same answer as her problem description, with a minus sign in front of it so I answer:

“*I understand... (pause). Hum... It’s a lot in one day. That would mean the problem is completely solved, or?*”

She nods, tears still rolling slowly down her face and I continue: “*So, what would possibly be a small sign for you tomorrow or the day after tomorrow that things are starting to move in that direction?*”

She looks in the distance, pensive, stops crying and then says slowly: “*Feeling some warmth for the kids, being a bit more patient with them.*” She stops, thinks for a while and adds: “*Getting out of bed when I wake up instead of trying to go back to sleep.*”

The difference between the first and the second description may not seem very big, but let’s look closer at it.

Her first answer was: “*No anxiety in the morning, not feeling frustrated by the dog, and not being so unpleasant to everyone.*”

This description contains only emotions and behaviors that Anna **does not want** to feel. One could say that Anna is still talking about the problem. The following questions could be viewed as creating the frame for – or inviting her into a dialogue around – what she wants to be different in her life.

“*I understand... (Pause). Hm... It’s a lot in one day. That would mean the problem is completely solved, or?*”

She nods and I continue: “*So, what would possibly be a small sign for you tomorrow or the day after tomorrow that things are starting to move in that direction?*”

“*Feeling some warmth for the kids, being a bit more patient with them.*” She stops, thinks for a while and adds: “*Getting out of bed when I wake up instead of trying to get back to sleep.*”

With this we are into describing what she wants⁹ (which is different from describing what she doesn't want). We are established in the "project/goal-frame", and this is where I continue with the miracle question.

Sent by ...

Therapist: What needs to happen as a result of this conversation for you to feel that it wasn't a complete waste of time seeing me.

Charlie: I don't know.

Dad: I don't think I know either. (Long pause)

Since we know that people always do their best to co-operate and since we know that people don't come to us without reasons, we wait. We know that there is always an answer to this question and we also know that it is not an easy question to answer so people need some time to think.

The only situation when people can't know the answer to this question is when they were on their way to the pharmacy or the post-office, made a wrong turn and ended up in our office, or when they were sent to us and nobody told them why they were sent. Since people are not in the habit of getting lost on their way to the post-office we assume that not knowing the answer to this question means that someone other than themselves initiated the contact with us. So we simply ask whose idea it was that they should come. In this case though, father continues before I have the time to ask him.

Dad: ...it was the schools idea that we should come here.

The conversation – the room in which we interact – needs to be populated with people. Preferably people in their flesh but since this may be unpractical – at least talk and thoughts about what these people think. It is not the school, the welfare office or the statutory office that sent someone. It is one or several persons who care about the client.

Therapist: Who in school?

Charlie: I don't know. Do you know dad?

Dad: It was his special needs teacher Christina.

Charlie: She is my special teacher.

Now we know whose idea it was that Charlie needs therapy. So what is it that person would like to see that is different this week or next for her to think or feel that it was a good idea that she sent them.

Therapist: Hm,.. so what do you think Christina would want to see that was different this week or next for her to say it was a good idea that she sent you here?

Dad: She would probably want for Charlie to be calmer. That he was able to participate in activities without being so worried.

Charlie went to the school psychologist last fall. That didn't work out well at all. That person may have been ok in many ways but it didn't work with Charlie. She had no sense of humor at all. She concluded that Charlie had to work through his grief after his little brother, and that was no news to us. We already thought so before. Charlie lost his little brother 5 years ago and with all the trouble in school this fall he started seeing the school psychologist. He went there a couple of times but then he didn't want to return again.

Charlie: How old was he?

Father: He was small. He was less than a year. He was so small he didn't have any shoes.

There is a lot of information here. Father thinks the teacher wants Charlie to be calmer, being able to participate in activities without being worried. "Calm" and "worried" are words that are most often used to describe emotional states. Can one see on Charlie when he participates and is not

⁹ "Description of what she wants" or perhaps rather "co-creating what she wants". We use the words "description of what she wants" here because if you ask people after solution focused interviews what happened, they will not say "we co-created what I wanted". They say, "We talked about what I want".

worried? Is there a difference when he participates and is worried? The therapist never had time to inquire further about this though before father went on and talked about previous treatment attempts and both he and the psychologist use the concept of “working through”. The boy has already seen someone with that purpose. This doesn’t tell us anything about what father wants to see happen as a result of seeing us. It says something about what father wants us to do¹⁰ with the boy. Frequently people (clients and therapists alike) tend to ignore the distinction between means and ends. We see “working through” as a means (something one does that will eventually lead to things being better) rather than as a goal (the things that are different when things are better) and the question we are asking ourselves at this point is if dad has any problem with Charlie or if he thinks that things could be better with Charlie. Is there a working project that we can participate in here?

Therapist: I see. So tell me – how will you know that he has worked through?

Father: I don’t think we’ll notice much. It is mostly a problem in school.

The therapist nods and thinks. So father has no problems with the boy. Father is also thinking and before the therapist has the time to ask more questions he continues:

Father: Its’ hard to know. We have 5 children.

Therapist: So what do you think?

Father: Maybe that he calmed down a little bit easier in the evenings and maybe if he could stay at the dinner table a whole meal.

So father can imagine that things can be better at home. The way father reflects and talks indicates that at least there may be a project with dad; working together to find ways to help Charlie calm down in the evenings, and maybe generally. The details can wait – but what about Charlie – does he have a problem or a project?

Therapist: So Charlie – how about you. Do you want something to be different?

Charlie: I don’t know. I think things are good as they are. It has become much better.

No, Charlie has no problem – but if things have gotten better as he says – could this be a difference that only he has noticed – and is it a difference in the direction that Charlie’s father and maybe the teacher wants?

Therapist: So it’s already much better! What is it that’s better?

Charlie: No, there are no problems.

When someone misunderstands a question the simplest thing to do is almost always to pretend/act as if the question the client answered is the question you asked. It is easy to understand that Charlie heard me ask what problem he has.

Therapist: Very good. So there are no problems anymore. You said before that things had gotten better. What is it that is better?

Charlie nods understanding, thinks for a few seconds and says: I can sit in the circle now.

Therapist: YOU CAN? How did you do that?

Charlie: I just do it.

The therapist waits for a couple of seconds and Charlie continues spontaneously: I don’t sing, but we don’t have to do that.

Therapist: So you’re sitting in the circle and you didn’t do that before, but you can now? (Charlie nods agreement). And you don’t sing because you don’t have to.

Charlie shakes his head: I don’t like singing.

Therapist: Was it hard to start sitting in the circle?

¹⁰ “Working through” is an expression filled with psychodynamic premises and if you’re not really well read in psychodynamic theory, the meaning – what you actually do when you work through – is evasive at best and mysterious at worst. We prefer to always move the dialogue to “the effect of having worked through in ordinary daily activities” as soon as this concept is used by a client – which is common.

Charlie: No – it was easy.
Therapist: Did you fix that entirely by yourself?
Charlie: Yes!
Therapist: Hum – what else is better?

This session continued with lots of thick descriptions around the changes that had already taken place and what the boy and the parents and teacher had done that had been helpful in getting all the changes going. The goal that father had hinted at in the beginning of the session was already on its way of being achieved and the miracle question was never asked.

At the end of the session father and the therapist agreed that father should continue to take evening walks with his son and the dog and talk to the teacher about if she noticed any of the changes in the boy yet.

Client answers with what they want you to do in the session or what they want to do together with you

Some clients answer the “common-project” question with some variation of:

- I need to talk to someone
- I need to work through this problem/this grief etc
- I need to understand why I have this problem

When a client answers this we believe that the question they heard us ask was some variation of “*What needs to **happen here today** for you to feel that it was worth the trouble coming here?*” (The difference between the question we asked and this one is that the focus is on what happens in the therapy-room versus what happens in the client’s life.)

It is logical that a lot of people answer with this. As we said previously people tend to think first about what they need to do before thinking about where they want to get. The cultural image of therapy also guides clients in how they listen to our questions. The questions above are generally speaking those that people expect to get in therapy.

The simplest way to move on in this situation is: “*I see. You need to work things through here (alt. talk/understand/etc). So suppose this session was in some way helpful to you (helped you start working through/etc). What would have to be different today or tomorrow, something small for you to feel that talking to me helped starting that process? What would be a small sign that you started ‘working through’?*”

Most clients we met have answered with descriptions of a positive feeling and building on that we have often gone directly to the miracle question.

No project

Sometimes clients will answer that they don’t know what they want to have happen in their lives as a result of seeing us and despite us repeating the question and sticking with it they insist that they don’t know.

Someone else’s project

These people are almost always sent by someone and when they say they don’t know we always ask if it was someone else’s idea that they should come – and whose idea it was – and what they believe that person needs to see happening as a result of the client seeing us for that person to feel it was a good idea having sent the client.

Sometimes it doesn't fit to ask what would make the referrer pleased. The client may be hostile towards the referrer which will be apparent when the client talks about who sent him/her and why. When this is the case it fits better to ask what the referrer needs to see happen for him/her to stop forcing the client to see us.

On rare occasions it has happened that the client doesn't know what the referrer wants to see happen and has no idea why he/she was sent and has no problem or project. We will understand this as the client has no problem and/or is in a relationship with the interviewer (or the referrer) where he/she doesn't want to admit having any problem. (Admitting that things could be better is also indirectly admitting to having a problem.)

The only thing we can do in this kind of situation is to have a conversation that is as nice as possible. Therapy can only start if the client has a problem or if he has an idea that things could be better.

It will sometimes make a difference when the therapist has made a real effort of trying to get into the clients shoes. Understanding things from the client's perspective or at least trying to do so without moralizing will often make a difference in whether the client will be able to describe that he wants things to be different or not.

Despair and no hope

Sometimes people don't have much hope that things can improve. They can feel such despair that they can't imagine how they would notice if things were to improve.

Some of these people are not interested in talking to us. Sometimes because they are coerced into coming to us, sometimes simply because their situation is so desperate they can't imagine that things could be better.

Talking about not having any hope that things can improve, and then moving into "what if it did" – for whatever reason – and despite the fact that they don't think it could happen – can sometimes lead into very fruitful dialogues about what the clients does hope for.

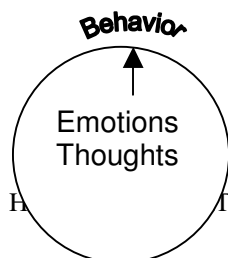
Hopes-scale

When people tell us that they have no hope or very little hope that things can improve, we always acknowledge this as very painful. We then often move on to asking a scaling question; "if 10 means they are sure things can improve and 0 means no hope at all that things can improve – where are they at?"

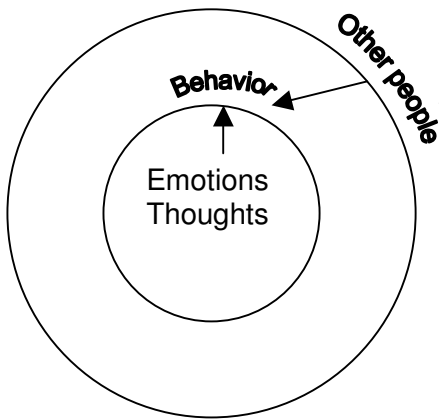
When the client has answered with a figure higher than 0 we examine what it is that makes him or her not put it at 0 and we then talk about what needs to happen in their life for them to get a little bit higher on that scale. We may be hesitant about talking about what "better" means in this kind of situation since we believe that you need to have hope that things can improve before you can start imagining what "better" means.

Making descriptions thicker

When you ask people what they want to have happen in their life as a result of talking to us a lot of people will describe a feeling that will be different or a thought they will have that they didn't have before. We build questions on the client's answers and one way to conceptualize this is the following simple figure.



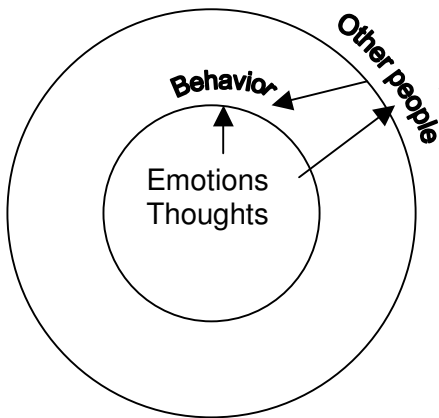
Emotions and thoughts are inside the person and can't be seen but if you feel something different you will behave differently.



“So when you feel ... what will you do then that you are not doing now?”

We believe there are always other people around. We will sometimes say that change has to be noticed by other people and reacted to for those changes to become real. So when you behave differently other people notices:

“How does (best friend, mother, children, etc) notice when you feel ... (whatever it is the person said she was going to feel)?”

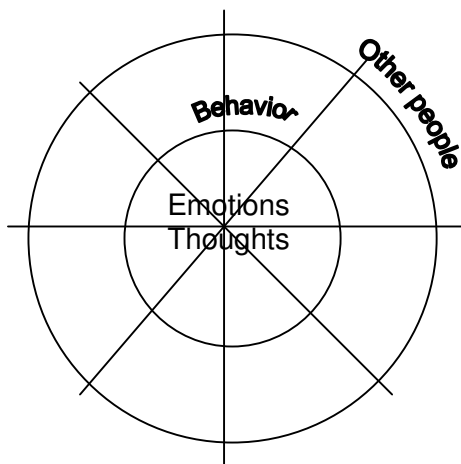


If you behave differently and other people notice that, they will behave differently towards you.

“So when ... (mum, dad, teacher, children, wife, best friend etc) notices ... how will he/she be different towards you then?” or “How will you see on ... that he/she noticed the change in you?”

We do a lot of different things during a normal day. We move in different contexts, different areas of our life. It is obvious that the same change will show itself differently in different contexts.

School, work, marital life, towards parents etc. We behave differently in different contexts and there are different people there.



If each of the “pieces” represents an area of the client’s life the image becomes a tool that facilitates asking questions like:

“So – in what area of your life do you think it is most likely that this change will be noticed first?”

“Who will notice?”

“What will that person see you do?”

“How will you notice on that person, that he/she saw the difference in you?”

How do you know when you have a common project?

When we listen carefully not only to the words that the client uses but also to the way he or she talks, we quickly learn to know when we are in a dialogue where we have a common project – a

platform for the miracle question – and if we can start creating a miracle picture. When the client has an idea about what he/she will start to do, feel and think if talking to us was helpful – when there is a direction for change – a purpose with the conversation – then this purpose, this idea about a less problematic future becomes the platform for the miracle question. The less problematic future will become the context for the miracle question and make that question meaningful in the dialogue.

It's often easier to know when you don't have a project than to know when you have one. Lisa 17 answers: "my mother would disappear!" It's not difficult to understand that Lisa heard another question than the one I asked, but it's not entirely clear what that question could be, so I wonder: "as a result of this session?" and when she nods I ask her if she thinks I am a hired killer. She laughs, answers no, and moves on to describe the problems she is having with her mother and what has to be different between the two of them for her to feel that the session was useful.

We have sometimes said that when we can summarize what the client wants in one or two sentences and this is something that is important to the client, realistic in the client's present life-situation and ethical – which means something we want to participate in helping the client create and something that lies within the legitimate remains of our work – then we have a project.

Beware! It is common that the interviewer feels as if the client has a project for the therapist: you are to make me happy, you are to make me stop drinking, you have to make my teachers become fairer or nicer, or you have to get my mother to give my more money and better hours. When this happens it is most often an expression of you not yet talking about things that are realistic and that the client is responding to another question than the one you asked. (Most often: What can I do for you? or: What is the problem?)

Difficulties in asking the common-project-question

Asking the common-project question is far from simple. You may experience the question as making a promise to the client that the conversation will be helpful and that things will be different, which are promises no wise therapist would ever give. The biggest difficulty though is: What do I do after I asked the question? How do I listen to – and what do I do with the client's answer.

The foundation for the common-project-question is a firm belief – or knowledge – that clients know what they want even if they don't yet know that they know. Once that belief is firmly anchored in the therapist the common-project-question becomes obvious and necessary. Until then – there is only hard work and self-discipline.

Thanks to Yvonne Dolan and Joel Simon.