hing positive in the client's story, whereas nonlinear listening for resistance would detect
ut . . ." nature of any attempts at intervention on the counselor's part (e.g., "Have
. . ?" and "Oh yes, I tried that already, but it didn't work"). Such impasses can often
thinking therapists feeling frustrated by a client's lack of cooperation. A way to have the
ively engage in trying to resolve his or her ambivalence was developed by de Shazer (1985
, Dolan, & Korman, 2007) and expanded by Berg (1994; Berg & Szabo, 2005). It evolved
response to the problem-obsessed and problem-focused nature of psychotherapy
tanding the problem alone will somehow yield its solution. As its name implies, solu
l therapy centers its attention on solutions rather than problems. Toward that
n-focused therapists rely on the power of a client's subjective perspective and operate
umption that clients are merely stuck (i.e., struggling with their ambivalence) rather
d that they have the capacity to orient toward wellness by choosing better solutions than
one so in the past (Hoyt, 2002).

olution-focused therapy, problems are approached in a nonlinear way. That is, a client's
concern is seen as a client's attempt at a solution that once worked, but is not working
In terms of working through the ambivalence, the therapist focuses the client's attention
when he or she has been successful, and not when he or she was ambivalent. Consider the
clinical case example.

Clinical Case Example: Call for Attention

oung man who discovered and acknowledged his homosexual identity during high school
d himself in therapy shortly after graduating from high school in order to deal with
lming feelings of depression and suicidal thoughts. As an adolescent, after coming
overing and owning his sexual orientation, he suffered unimaginable taunting,
threats of violence at the hands of thoughtless other male high school students. Ironically,
he felt "liberated" from being in the "closet," and as a point of fact, he seemed to revel in
ttention that he garnered, albeit negative in nature.

eeling ignored by his father, he lived in the shadow of an older sibling who followed and
lled parental expectations and appeared to be the apple of the father's eye. Again, it
ather's attention that the client seemed to crave. With his older sibling excelling in school,
lient found poor school performance to be an effective way of garnering family attention,
gain it was negative in nature. In his interpersonal style, the client craved excitement and
outrageous, histrionic, mischievous, and somewhat flamboyant behaviors to garner
tion and excitement that he craved. Without a college career, and with few marketable
s and his adolescence behind him, he found himself going through a succession of jobs
king, smoking, and keeping late hours with friends, but without any real direction or
that seemed to have potential lasted a few weeks.

is antidepressant medications seemed to have little effect on his mood, and he
vas hospitalized on three occasions for suicidal ideation after episodes of drinking.
dal thoughts were described in outlandish terms and received legitimate support
ern from his friends. He discovered in therapy that his view of self ("I only feel
is exciting and I am the center of attention") was leading him to garner attention
lf-destructive and nonproductive ways. The therapeutic task was to determine how
he would be able to get attention and excitement in his life in more constructive ways.

nd overreacting to life's everyday circumstances had once been effective in garnering atten-
on, such behaviors were now only resulting in largely negative consequences.

From a solution-focused perspective:

1. If you were to choose a solution-focused approach to intervening with this client, what questions would you present to him?
2. What is the basis for your choosing those particular questions?
3. How would you go about differentiating this client expressing suicidal thoughts that are motivated by a need for excitement and attention and those that may result in his acting on such thoughts?
4. What is the client's dilemma (approach–approach, avoidant–avoidant, etc.)?
5. What are the poles of the dilemma?
6. What are the relevant schema dynamics in this client example (view of self, etc.)?

olution-focused therapy is an exploration of how a behavior (solution) used to be functional
client and what could now be done either to make the solution functional again or to substi-
new solution that will be less problematic. This is accomplished by discovering exceptions to
problem (e.g., "Tell me when the problem is not a problem"). Exceptions to the problem refer
times when a client's goal is already happening at least a little, or when the problem is not
ning as much. In other words, the therapist asks the client to find a time when the client was
to resolve his or her ambivalence, or when it did not exist. In these exceptions to the problem,
is why and how these exceptions were able to take place. The line of inquiry that a thera-
pursues concerns what was different about what a client was doing, thinking, saying, feeling,
ing. When a client is imagining a future of what life would be like without the problem and
the client is looking at what was different during these exceptions to the problem, a therapist
ging the client in solution talk rather than problem talk—hence, the dialogue is solution-
and not problem-focused. This focus can be utilized to help resolve a client's ambivalence by
challenging his or her rigid, unrealistic schematized views (i.e., "I always . . ." or "I never . . ").
exceptions are generated, a therapist can probe for what the client did differently. This allows
of two things to happen: (1) A client can explore specific instances in which an outcome was
, which is a potential roadmap out of the current dilemma; or (2) a client may begin seeing
herself in a new light (i.e., accommodating the schemas).

Miracle Question

cannot identify exceptions to the problem, a solution-focused therapist may use a technique
ing the miracle question. In this technique, the therapist asks a client to imagine what life
be like if a miracle happened during the night and the client awoke to find that the problem
longer existed. This approach is very useful when the ambivalence is manifested as a flight into
flight into health, or if there is a secondary gain involved (see Chapter 12). The client can
to imagine a new alternate reality without the problem, which can be beneficial, or they reveal
hidden, underlying issue that is preventing them from moving forward. The next task is to ask the
what small part of this the client might begin implementing, acting as if the miracle occurred;
these exceptions are effective, a client is encouraged to do more of them (Walter & Pellar, 1992).
ion of this is to ask, "Suppose a miracle occurred overnight and the problem would be gone.
would you know? What would be different in your life?" Again, as with exceptions to the prob-