SOLUTION-FOCUSED THERAPY

With

Insoo Kim Berg

Introduction

This video is one in a series portraying effective approaches to therapy for addictions. Each video in the series presents a distinguished practitioner working with a real client. All of the clients involved are people who are grappling with the pain of addiction. The therapists demonstrate their methods for making a difference in a client’s life through the vehicle of a brief intervention.

The expert therapists portrayed in this series share some characteristics in common. Each of them is able to develop a respectful, collaborative, and positive relationship with his or her client. Each of them exhibits a sense of optimism about the possibility of change in addictive behaviors.

The therapists whose work is highlighted in this series also exhibit some important differences. Each of the videos focuses on a different approach or model. These models vary in a number of ways, including the following:

- How does the model explain the addictive process?
- What assumptions does the model imply about the process of change?
- How is theory translated to practice in real-life situations?
- What outcomes are associated with successful therapy?
- How does the therapist work with people who have mental health problems along with addiction?
- What kinds of research support the approach?

This video begins with a brief interview in which Judy Lewis, Jon Carlson, and the practitioner address these questions. We then move on to the actual counseling session. After this demonstration, the therapist discusses the session with an audience made up of practitioners, educators, and graduate students.

Because the video series contains actual counseling interviews, professional integrity is required to protect the confidentiality of the clients who have courageously shared their personal lives with us.

Purpose

This series is designed for use in both educational and practice settings. In educational settings, students embarking on careers in the helping professions can learn about each of the models for addiction therapy by watching a first-rate therapist demonstrate how it is applied. In practice settings, professional counselors, psychologists, social workers, and addiction treatment providers can use these tapes for their own professional development. Therapists who specialize in addictions and those who work with more general mental health issues will find new and practical ideas for use in their practices. As the trend toward brief, outpatient therapy for addictions accelerates, more and more practitioners can expect to be involved in addressing addiction-related issues among their clients.
How to Use the Video

1. **As a stand alone activity** for professional development or orientation to solution-focused therapy as it is applied to addictions. If you are using the video this way, you might want to review the list of suggested readings that is included in this study guide. As you watch the video, note the questions included on the enclosed test. This will help you identify key points related to this model. If you wish to apply for continuing education credit, complete the test and submit it as directed.

2. **As part of an addiction training program.** Students or practitioners enrolled in courses or seminars related to addiction can be introduced to addiction therapy models by seeing how they are carried out in practice by renowned therapists. They will value the opportunity to see how many options are available for effective treatment of addictions.

3. **As part of a degree program in counseling, psychology, or social work.** Students enrolled in pre-professional classes in the helping professions can learn how therapeutic models can be adapted for work with addiction-related issues. Although students might not expect to specialize in therapy for addictions, they will need to have appropriate tools in their repertoires for clients who need help in this area.

**Solution-focused Therapy for Addictions with Insoo Kim Berg**

Solution-focused therapy emphasizes the client’s strengths and resources, helping the individual apply the skills and strategies that he or she has used successfully in the past. A solution-focused therapist works under the assumption that the client has the answer to his or her own problem and the skills and resources needed to carry it out. Focus is placed on the client’s view of his or her own concerns (not the therapist’s) and on the client’s vision for change. Thus, the therapy begins with finding out what the client wants and how he or she will know whether a successful outcome has been reached. This emphasis on the positive and on the client’s interpretation of the need for change makes this approach particularly exciting and innovative for dealing with addictions.

Insoo Kim Berg, MSW, is one of the foremost practitioners of the solution-focused approach. She is co-founder and director of the Brief Family Therapy Center in Milwaukee, Wisconsin. She works with a very diverse client population, including homeless clients who have had long-term problems with addiction. She has published extensively and presented popular workshops and seminars all over the world. With Scott D. Miller, she wrote *Working with the Problem Drinker*, the first book to explore applying the solution-focused approach to addictions.

**Learning Objectives**

1. Identify the central concepts of Solution-focused Therapy.
2. Specify how the addictive process is explained by solution-focused therapists.
3. Describe the specific techniques used to apply Solution-focused Therapy in practice.

**Abstract of Solution-focused Therapy for Addictions Video**

This video is approximately 105 minutes long and is divided into three parts:

Part I: Introduction of the model with Judy Lewis and Jon Carlson interviewing Insoo Kim Berg.
Part II: An initial therapy session with Berg and Carla in which Berg helps Carla apply the methods that she has used in addressing her previous drug addiction to her current goal of changing her eating behaviors.
Part III: Discussion of the therapy session with Jon Carlson, Judy Lewis, and an audience of practitioners, educators, and students.
Transcript

BRIEF THERAPY FOR ADDICTION-RELATED ISSUES
BERG - CLIENT B

Therapist 1: You have children?
Client 1: Yes, I do.
Therapist 2: Oh, how many?
Client 2: Two.
Therapist 3: Two children. How old are they?
Client 3: 7 and 9.
Therapist 4: Ooh, lots of work.
Client 4: Yes, it is.
Therapist 5: It takes a lot time. They are not quite big enough to take care of themselves.
Client 5: Right, I wish they were.
Therapist 6: Right. So going to school and raising two children.
Client 6: And working part time.
Therapist 7: Working part time on top of all this. Wow. I don't know how you do it.
Client 7: Um, I don't either. Sometimes it's kind of difficult.
Therapist 8: I'm sure it is.
Client 8: Um, I seem to manage.
Therapist 9: Wow. You have lots of people helping you out?
Client 9: I have a supportive family.
Therapist 10: That helps.
Client 10: It does. . .as well as daycare.
Therapist 11: Well, of course.
Client 11: Because I attend school full time.
Therapist 12: Oh, full time. And you say you work part time.
Client 12: Yes.
Therapist 13: Wow.
Client 13: Yes.

Therapist 14: Wow. And keep up with your school work and all that. That's a lot of time.

Client 14: It is.

Therapist 15: So obviously you are very ambitious.

Client 15: I try to be.

Therapist 16: Yeah?

Client 16: Yes.

Therapist 17: You have some goal in your mind.

Client 17: Yes. After I obtain my bachelor's degree, I plan to go on and get my master's, maybe even a Ph.D.

Therapist 18: Wow. So you are planning on being in school a long time.

Client 18: Yeah, I guess it depends on how burned out I am afterwards.

Therapist 19: That's good. So you must like school.

Client 19: I do. I think I, I came back to school after being out for like twenty years. So . . .

Therapist 20: That's even harder.

Client 20: Actually it was a little easier for me.

Therapist 21: Really?

Client 21: It was harder when I tried to go to college right out of high school because my mind was not set on it, and it just wasn't something that I wanted to do right then, so . . .

Therapist 22: Okay.

Client 22: I felt when I made the decision to come back, I was ready then.

Therapist 23: Right. Okay. So maybe that makes it more bearable for you.

Client 23: Yes, it does.

Therapist 24: I imagine.

Client 24: Yeah, because I can focus more, better than before, yeah.

Therapist 25: So, lots of things going on in your life. You are doing lots of stuff. Any ideas about what could come out of this meeting that could be a little bit helpful for you?

Client 25: Well, you know, I'm, there is something that I'm struggling with right now, and it's maintaining my weight. And I don't know, I've always been a small person, small frame, between 105 and I never get, I never weighed like more than 118, but ever since I cleaned up my life, you know, and I'm a little more settled now, and going to school and everything, it seems like the weight is just coming on and just won't stop. And there have been a couple of times that I've attempted to do the exercising, the walking, and it worked for a minute,
and then I guess I got complacent with it, and I stopped. So, I mean it's something that I want desperately, but I just can't seem to get a handle on it.

Therapist 26: Is this the heaviest you've been?

Client 26: Yes.

Therapist 27: So this is a new experience for you.

Client 27: Very new.

Therapist 28: Oh.

Client 28: Very new.

Therapist 29: A new experience that you don't really want.

Client 29: No. A lot of people tell me that it looks good on me, but I don't like it very much.

Therapist 30: Well, I imagine you have less time to walk now?

Client 30: Yeah.

Therapist 31: Because you are so busy. You are doing so many things. I imagine you don't have that kind of time.

Client 31: I don't, but it's, a lot of times I feel like I just need to make that time because if there is something that you really want to do, then you need to make the time. But I just won't do it.

Therapist 32: Okay.

Client 32: Either that or I just don't know how to, you know.

Therapist 33: So, it sounds like you have really agonized over this a lot.

Client 33: I do.

Therapist 34: So what have you thought about doing?

Client 34: Well, I've thought several times about joining health clubs. I mean there is one right here in this school, and I don't utilize it. I know that if I get out there and walk, you know go to the nearest high school and walk around the track, I know that that would probably help, and that exercises, the scrunches, that would flatten my stomach. And eating the right foods also. Because when I went to the doctor he did tell me that my cholesterol was kind of high. But still, I continue to eat things that I know I shouldn't. So I guess it's a matter of me trying to, it's a matter of me making that decision and sticking to it.

Therapist 35: Is it?

Client 35: I think.

Therapist 36: It is. Oh. So, once you make up your mind, once you make a decision, are you good at sticking with it?

Client 36: Sometimes. Sometimes. I've been successful with other things like I smoked cigarettes you know for years. I started smoking cigarettes when I was 15, and on January 1 of 1996 I made a decision to stop. But that's only because it got to the point where I was not liking it anymore. You know, I used to enjoy smoking
cigarettes, but the new laws came out where you couldn't smoke in the workplace and not to mention I had a lot of family members that don't smoke, so if I went to my sister's house, I couldn't smoke, and if I went to my mother's house I couldn't smoke. And I didn't even smoke in my own house you know because I know it gets in the walls and your clothes and the kids didn't want me to smoke, and it was getting to be a hassle to run outside and light a cigarette.

Therapist 37: That's true.

Client 37: And then I'd get cold, and I'd put it out.

Therapist 38: Especially in the winter.

Client 38: Yeah, you know, it would get cold, and I would put the cigarette out and go in the house, and then five minutes later I'm back out there lighting up the same cigarette, and it's just ridiculous, you know.


Client 39: Um, I made a New Year's resolution to stop smoking cigarettes and so on New Year's Day, New Year's morning actually, I had one cigarette left, so I just couldn't leave it in the pack. So I smoked it. I smoked the cigarette, and I haven't had another cigarette since. Actually I think also I prayed on it. So I asked God to remove the desire for me to smoke, and I haven't smoked a cigarette since. I haven't even craved.

Therapist 40: You haven't even had a crave?

Client 40: No.

Therapist 41: Whoa.

Client 41: Now I've had some dreams. I've had the dreams about smoking cigarettes, but . . .

Therapist 42: And you had been smoking that long, and you haven't, wow, amazing. So what? Are you thinking that you're what losing weight what, are you thinking it should happen the same way?

Client 42: I wish it could of. But see I think maybe I'm not sincere enough or maybe it's like it's something I want to do but then again I don't because I enjoy what I eat.

Therapist 43: Of course. You're supposed to. Right?

Client 43: Yeah.

Therapist 44: You are supposed to enjoy what you eat.

Client 44: But I guess I need to learn how to enjoy the healthy foods, you know, and it's just so many things that I don't want to give up.

Therapist 45: Right. Okay. So wait a minute. Is it a matter of you exercising more, or are you eating different, is it a matter of you eating different kind of food? Which is it?

Client 45: It's a combination.

Therapist 46: Combination of both.

Client 46: Yes.

Therapist 47: Okay.
Client 47: Not exercising when maybe if I spent some of the time that I use eating, I could use some of that time exercising. But I just won't do it.

Therapist 48: Okay. So you want to, you want to do it? Is that right?

Client 48: Yes.

Therapist 49: But you don't, but you haven't got there yet.

Client 49: Exactly. You know it's just like with drugs. When you're hooked on drugs, a lot of times you want to stop, but there is something in the back of your mind saying no. You don't have to stop. You can keep going, you know. It's sort of like that.

Therapist 50: So how did you do it that time?

Client 50: When I stopped using drugs?

Therapist 51: Yeah.

Client 51: Um, I got tired. I got tired and you know one day I just decided. This, I'm getting too old for this, and this is something that I need to change my life. You know, I need to start living right. I need to start taking better care of my kids, and you know, that was one of the things . . .

Therapist 52: So the children were a big motivator for you.

Client 52: Yes.

Therapist 53: You care about your children very much.

Client 53: Yes I do.

Therapist 54: So, it was two things, very difficult, very difficult, two things. Drugs and cigarettes.

Client 54: Actually I thought, once I conquered the drugs, you know, I just knew that I could do anything. And I actually strongly believed that it was going to be harder for me to stop smoking cigarettes, and actually that was the easiest thing.

Therapist 55: No kidding. Most people actually find cigarettes harder to stop than drugs.

Client 55: But I guess I was just fed up. Everywhere I went I had to go outside and smoke. It was okay in the summer, but in the winter it was just . . .

Therapist 56: Good thing you lived in the Midwest.

Client 56: Yeah. Exactly. And I just didn't have the desire to do it anymore.

Therapist 57: So is that what it is going to take?

Client 57: I don't know. Probably.

Therapist 58: Is it?

Client 58: Probably.

Therapist 59: Or is there something different?
Client 59: I don't know. That's why I'm here.

Therapist 60: Okay. Okay. Well, it occurs to me anybody can easily live without drugs and without cigarettes.

Client 60: I should be able to leave . . .

Therapist 61: Yeah, but you cannot live without food, you know.

Client 61: Well, yeah, that's true.

Therapist 62: You have to have food, right?

Client 62: M-hm.

Therapist 63: I mean anybody can live without it, without drugs and cigarettes.

Client 63: Right, but if you live without food you will starve to death.

Therapist 64: That's right. So it's not like you can just go cold turkey.

Client 64: Right.

Therapist 65: So this is a different animal, sort of. Right.

Client 65: Yeah.

Therapist 66: So having had that kind of experience with stopping the most difficult, what have you learned from this that you can apply to this?

Client 66: That if I really strongly believed it and wanted to do it that I could do it.

Therapist 67: Is that right?

Client 67: Yeah.

Therapist 68: Are you sure about that?

Client 68: I think so.

Therapist 69: You do.

Client 69: Yes.

Therapist 70: Well it certainly seems like that.

Client 70: It seems that way. It sounds good.

Therapist 71: No you, once you make up your mind, look what you are doing. You are going to school, going to work, and raising two kids. I mean look at how much you are doing. So obviously it sounds like you are the kind of person who once you make a decision you are able to carry through.

Client 71: And I think it's a way out.

Therapist 72: What do you mean?

Client 72: Eating.
Therapist 73: How is that?

Client 73: You know when I worry about things, I eat, you know. And lately I've found myself sitting up late at night, you know, and trying to look at TV, you know, and I'm just snacking, and I think it has a lot to do with worrying about different things, and I don't know.

Therapist 74: Is that what you did with cigarette and drugs, when you worried?

Client 74: No.

Therapist 75: When you smoked more for example. Some people say that.

Client 75: See when I started smoking cigarettes, it was trying to be a part of a crowd, you know. And I guess it was the same thing with the drugs too. With the drugs I just, yeah, it was part of belonging, and I didn't, I never thought that I was an interesting person, and I thought the drugs made me more interesting, you know. I always thought I was boring because I was a shy person, and I was very introverted, and it was hard for me to hold a conversation with someone, you know. And for a long time I believed that the drugs helped me to be more outspoken and more outgoing, and once I got off the drugs and I started dealing with issues and everything and then I realized I am a fun person without the drugs. And you know the cigarettes, I smoked cigarettes because it was the cool thing to do, you know, in the '70s it was cool. And until I found myself having to have the cigarettes you know. And then it wasn't so cool anymore, but then it was just a habit.

Therapist 76: So, let me understand this. This losing weight is a different kind of animal than stopping cigarettes and stopping drugs, or is it the same kind of animal so you need the same kind of approach, or does it require a different kind of approach?

Client 76: I don't know. I think maybe I need a different approach because I know the same approach doesn't work for everything so maybe I do need to take a different approach.

Therapist 77: You think so. Okay. What other things, I mean I can see obviously you have to eat. Everybody has to eat. So it's not like you can just . . .

Client 77: Right, I know. I've gotta cut back on certain . . .

Therapist 78: So this is a matter of cutting back. Okay.

Client 78: On the greasy foods and the fried foods and certain kind of meats, and um . . .

Therapist 79: And you said you lost some weight?

Client 79: At one point I did.

Therapist 80: How much?

Client 80: Probably about 5 or 10 pounds.

Therapist 81: Whoa. When was this?

Client 81: This was in, let's see, I started walking like in May of 1996 right when the weather broke and it was in the springtime.

Therapist 82: So that's when you stopped smoking.

Client 82: No, no, no. I stopped smoking cigarettes in January 1996. So in May I decided okay I'm going to work on my weight now. And so I walked every day. Usually in the morning I would go on a walk, and I did
like 100 scrunches before I walked and 100 after I walked. And it really helped. Then when the fall came and it started getting cold, I stopped walking. So I didn't try to pursue any exercises that I could have done inside the house. I just, you know, I guess I felt like I had reached my goal so now I could eat again.

Therapist 83: Ah, okay. So you know how to do it. How did you get started that time? Exercise and eating and scrunching?

Client 83: A friend of mine invited me to go walking. At that time, at the time I was in school, but I wasn't working.

Therapist 84: I see.

Client 84: So I had a lot of time on my hands.

Therapist 85: A little more time than you have now.

Client 85: So it seems like the busier I get, you know.

Therapist 86: Sure.

Client 86: The more I . . .

Therapist 87: Sure, that's what happens. Okay. I'm going to ask you a very strange question, and it's going to require some imagination.

Client 87: Okay.

Therapist 88: It sounds like you have a lot of it.

Client 88: Okay.

Therapist 89: Um, strange question is this. After you and I talk this evening and you go home and go to bed sometime. When you are sleeping and all the children are sleeping, the house is very quiet, in the middle of the night, a miracle sort of strikes your house, and the miracle is that the kind of thing you are talking about, changing eating habits, going walking, doing scrunching, and eating better or enjoying different kind of food happened because of this miracle, as a result of this miracle. But you are sleeping in the middle of the night so you have no idea that this has happened.

Client 89: Right.

Therapist 90: So when you are sort of slowly coming out of your sleep tomorrow morning, when do you get up?

Client 90: I usually get up between 5:00 and 6:00 every morning.

Therapist 91: Whoa. You are an early riser too. So as you are slowly coming out of your sleep, you sort of begin to say to yourself, my gosh. Something must have happened during the night. There must have been a miracle. Something is different about me. How could you tell tomorrow morning?

Client 91: Um, hm.

Therapist 92: What would make you think that?

Client 92: Maybe I could remember something that I dreamed about.

Therapist 93: Okay.
Client 93: Possibly. Um, or maybe I would be thinking so positive when I wake up that I won't want to eat as much as I normally have or . . .

Therapist 94: Okay, we're going to go back a little bit. When you feel more positive, how could you tell that you are feeling more positive?

Client 94: I don't know. Maybe I have a better attitude.

Therapist 95: Okay.

Client 95: Um, maybe I may be a little happier.


Client 96: Um, what else? Maybe in a better mood.

Therapist 97: Better mood. So you sort of wake up feeling wow . . .

Client 97: Refreshed.

Therapist 98: Refreshed? Okay. Feeling whoa, I feel happier. Is that what you are talking about?

Client 98: I guess.

Therapist 99: This is a miracle.

Client 99: Right. So I'm supposed to feel differently.

Therapist 100: Right. Because of this miracle. And you feel like wow. I'm going to change my life. I'm going to change my lifestyle. I'm going to eat better. I'm going to exercise more. I'm going to do it again, right? What you have done in 1996. I'm going to do it again. What would make you know that, that you decided this.

Client 100: I don't know. I guess it would be my actions.

Therapist 101: Okay. Tell me more about that. What do you mean your actions.

Client 101: Well, I mean if I'm feeling, maybe I might be feeling differently about myself, so I may have more confidence in myself.

Therapist 102: Okay.

Client 102: And know that this is something that I know that I can do and that I want to do.

Therapist 103: Okay.

Client 103: So I'm going to take the steps that I need to take to do it.

Therapist 104: So, you're just going to take the step. Something is different. Something feels different for you. I'm more confident.

Client 104: Feeling better about myself.

Therapist 105: Feeling better about yourself. I've made up my mind. This is good for me. I want to do it. And then . . .
Client 105: Because I guess you have to want it. You have to believe it.

Therapist 106: Okay.

Client 106: And I think that once you believe that you can do something, once your mind is set on the belief that you can do a certain thing, then I think the action just follows.

Therapist 107: Okay. So suppose you have that state of mind tomorrow morning. What might be the first small thing that you would do that you can do this morning.

Client 107: I would probably thank God.


Client 108: And I would probably get right up and, before I do anything, do some exercises.

Therapist 109: Oh. Okay. So you sort of jump out of bed,

Client 109: And say I feel refreshed.

Therapist 110: I feel good. I feel refreshed. I feel rested. And then just start doing exercises.

Client 110: Yes.

Therapist 111: Okay. Alright. So suppose you do.

Client 111: That would be a miracle.

Therapist 112: It would be a miracle? Well, okay, so we are going to pretend miracle actually happened.

Client 112: Okay.

Therapist 113: So suppose you do tomorrow morning. I feel refreshed, I feel good, I thank God. God, thank you. What would be different for you.

Client 113: I would actually be doing something about my problem. I would actually be facing the problem and taking some action to do something about it to change it. And that may even, it may even set into motion what I need to do on a daily basis.

Therapist 114: Ooh that sounds good doesn't it?

Client 114: Yeah.

Therapist 115: Ah ha. So that's all it would take?

Client 115: Yeah. I think.

Therapist 116: Ah ha. Okay.

Client 116: I would have to stay positive and to keep believing that I can do this, that I can attain this goal.

Therapist 117: Well, you did it one time, in 1996, right? You attained two goals . . .

Client 117: Maybe if I stopped saying I can't, I probably can.
Therapist 118: Okay.

Client 118: I find myself doing that a lot also.

Therapist 119: Okay. So . . . what would it take for you to do this? Say to yourself I can . . .

Client 119: And believe that I can.

Therapist 120: And believe it. Thank God, and get out of bed and start to exercise. What would it take for you to do that?

Client 120: Motivation.

Therapist 121: Okay. Alright. So how are you going to get this motivation?

Client 121: I don't know. Maybe if I said a prayer before I go to bed.

Therapist 122: Oh.

Client 122: That might help. I strongly believe that prayer works. I really do. If you have a higher power, whether it's God or whatever you want to call your higher power. If you really believe in it, I think it really helps.

Therapist 123: So wait a minute. Do you have to believe it before you can pray, or you have to pray it and then you'll get it?

Client 123: I think you should believe in it.

Therapist 124: You believe it first. And then you pray. Then you get it.

Client 124: You may not get it when you want it. But eventually it will come to you.

Therapist 125: Okay.

Client 125: In due time.

Therapist 126: So which one comes first?

Client 126: I don't know.

Therapist 127: Praying first or doing it first.

Client 127: I guess it can work hand in hand.

Therapist 128: Hand in hand?

Client 128: Yeah.

Therapist 129: Well for you. I believe for you. Some people it works that way.

Client 129: That's how things normally work for me.

Therapist 130: Okay how?

Client 130: I usually pray about it.
Therapist 131: Okay.

Client 131: You know, and then I guess you know after that, after I get out of the way and let my God do His work, then I am able to do what I am able to do.

Therapist 132: So, do you know how to get out of your way?

Client 132: No. You know a lot of times I will pray for certain things like I'll pray for certain things and then I will still try to control it myself.

Therapist 133: Oh, right.

Client 133: And instead of letting go and letting God take care of it, you know, I'm always in my own way.

Therapist 134: Well, you have two experience of getting out of your way. So you . . .

Client 134: Why can't I get out of my own way this time?

Therapist 135: Well, you must know how to do it. You've done it twice.

Client 135: I do. I just won't do it. I just maybe I'm not ready.

Therapist 136: Okay. So how will you know you are ready? What will let you know today is the day, I'm ready?

Client 136: I don't know. I think I will probably just wake up and just know that it's time for me to do this. I don't think it will be any, nobody will call me up and say it's time, or you know, nothing will fall out of the sky or anything to tell me that it's time, you know, but I think eventually I will know when it's really time to do what I need to do.

Therapist 137: Okay.

Client 137: And hopefully I will do it before it gets dangerous for me.

Therapist 138: Right. Okay. Like high cholesterol and things like that yeah. Alright. Okay. I forgot to mention that I was going to take about, oh, maybe a few minutes or so and about right now, to collect my thoughts from this discussion, this conversation we had, and then I am going to give you some feedback about what I think about it.

Client 138: Okay. I would appreciate it.

Therapist 139: Before I do this, do you have any questions about what we talked about so far?

Client 139: No.

Therapist 140: Okay. Alright. I'm going to sort of just take some, do you need anything? Um, I would have said to you before I met you that to, just raising two kids, is difficult, right? Just raising two kids and then working part time, there are lots of mothers who do that, and that's even they find their hands full. And here you are, going to school full time, and your interest in studying and ambition for yourself hasn't diminished.

Client 140: No it hasn't.

Therapist 141: No, if anything, it sounds like it has increased. And so obviously you are quite successful being a student and being a mother and doing a lot of things about your life. And I'm just absolutely incredibly impressed by this. The hardest habit to kick, two most difficult habits to kick, and you've done it. And it sounds like you haven't even gone back.
Client 141: No, I haven't.

Therapist 142: Which is absolutely amazing.

Client 142: Thank you.

Therapist 143: Amazing. So it sounds like the way you have gone about doing it was the right thing to have done for you. Because it worked for you. It still works for you.

Client 143: If I apply it.

Therapist 144: Well, you have in these two areas, and now you are faced with a third area, and you know, I just don't, I just don't see any reason why you won't be able to do it.

Client 144: Okay.

Therapist 145: Right? If you could conquer what you have conquered. . .

Client 145: Then this should be a cinch right?

Therapist 146: This should be a lot easier. But also, it is going to be taking more time than the other one.

Client 146: Right.

Therapist 147: Because the other one was obvious. It was very clear to you right away, right? If you don't, when you don't smoke for a week, for example, you notice the difference, right?

Client 147: Yes. Immediately.

Therapist 148: Immediately. And when you don't do drugs for a week, you notice it right away. But this is going to be slower noticing.


Therapist 149: Right. It is going to take a longer time. That will be the major difference between the two. In addition to you cannot do without eating.

Client 149: Right, because with the drugs, I don't have to have them in the house.

Therapist 150: Nobody has to have them.

Client 150: Right. It's not in my house. The cigarettes are not in my house. But food is in my house.

Therapist 151: That's right. It sits there all the time. It's there everywhere. Right? It's harder to find cigarettes in the building or you don't smell people smoking so the temptation isn't there. But food is everywhere. So I think that is the major difference. So I think that you are very wise to not have jumped into and as you are saying, you know what you have to do. You have to pray a lot, and you just when you are ready you will do it. And just stay out of your own way.

Client 151: Yeah, if I could just do that I would be okay.

Therapist 152: Well, you know what it takes.

Client 152: It's just a matter of doing it.
Therapist 153: Well, you know, some day you, just like the other two habits that you changed. You say today's the day.

Client 153: Yeah.

Therapist 154: I'm sure it will happen that way. Today's the day, okay? Um, while you are waiting for that and praying for that day, I would like to suggest one experiment for you. Okay?

Client 154: Okay.

Therapist 155: And that is maybe on a day that seems easiest for you to some experiment, I don't know what would be the criteria for easiest day. I can't imagine having an easy day. But I was thinking about like maybe between exams or right after exam is done or major paper is done, something like that. Maybe you feel like a little bit less pressure. You just want to one day, you just decide the night before you go to bed, you decide tomorrow I'm going to do this experiment. An experiment is pretend that miracle actually happened.

Client 155: Okay.

Therapist 156: During the night.

Client 156: Okay.

Therapist 157: An you will do everything you would do when this actually happened.

Client 157: Okay.

Therapist 158: Okay? And see what happens. See what difference that makes.

Client 158: I'll try that.

Therapist 159: Yeah. Just an idea. Okay?

Client 159: It's a good idea.

Therapist 160: Good.

Client 160: That's a good idea. Use my imagination.

Therapist 161: Excellent. That's right. Since you have it. You have a good imagination. Why not use it.

Client 161: That's true.

Therapist 162: Okay.

Client 162: I sure will.

Therapist 163: Alright. Thanks very much.

Client 163: Thank you.

Therapist 164: It's been a pleasure.

Client 164: Well, good. Wonderful.
Future Directions for Carla

In keeping with the solution-focused approach, Insoo Kim Berg leaves the decisions about follow-up in the hands of the client. If she were to see Carla in her own practice, she would close the session by asking Carla whether and how soon she wanted to come back. If Carla expressed interest in continuing therapy, she would suggest that Carla try out as an experiment the new behaviors she had discussed in this first session. If the new behaviors hadn’t yet been tried at the time of the next session, she might suggest that the client think about whether this was, in fact, the best time to embark on the desired change.

To Learn More About Solution-focused Therapy for Addictions
