

Case Study: First Solution-Focused Session

Anxious brothers and an invisible mother

This case study concerns two brothers, David aged 51 and Peter aged 48. They share a house locally. They have attended together for the first session.

Therapist: Good afternoon, I am your therapist today. As you know from the appointment letter, we have a team here to help me to help you. How do you like to be called?

David: David.

Peter: Peter.

Problem

Therapist: And you are brothers? What would you like to get out of being here today?

Peter: Well, it's about David's anxiety really. I have come along with him. It said on the letter for other people to come along, if we wanted to. He has been struggling for years with his anxiety, but since Dad died it has been terrible.

Therapist: Anxiety, is that how you see it, David?

David: Well, I suppose things have not been very good recently. Yeah, I suppose I am anxious.

Therapist: How does the anxiousness show itself?

David: Well, I suppose recently I have had a fair bit of time away from work.

Therapist: Away from work because of the anxiety?

David: Well, I feel that I can't cope with it because there are too many other things to cope with and it gets to a pitch where I feel overwhelmed and I just can't face it.

Therapist: Do you feel less overwhelmed when you are not at work?

David: Well, not really.

Therapist: So how long has this anxiousness been a problem for you?

David: I suppose it has been worse since Dad died.
Therapist: Your dad died about two years ago, is that right?
David: I have always been quite anxious but it has been worse.
Therapist: Always, do you mean all your life?
David: It feels like it has been all my life.
Therapist: But it has been worse since your dad died a couple of years ago. So how much of the time are you anxious then, is it every day?
David: All the time. I always feel uptight about things and restless.
Therapist: So is that all day, every day?
David: Some of the time, some weeks it seems like it's every day, all the time. The only time I don't feel so anxious is the little sleep that I get, two or three hours a night. That is what I seem to be getting at the moment anyway.
Peter: David is barely going out of the house at the moment really. Just occasional shopping. He has only done six weeks of work over the last year.
David: Well, to be honest, there are reasons that I don't go out of the house so much.
Therapist: What reasons are those?
David: Well, Mum is getting on a bit, you know, she is getting older. She is quite frail at the moment. She needs a lot done for her.
Therapist: Mum lives at your house?
David: Well, I have lived there with Mum all my life, but she needs so much done for her. She is quite frail now and I find myself, even when I am at work, worrying about what is going on with her.
Therapist: So if you are at home with her, do you worry less about her?
David: A bit.
Therapist: Are there other reasons as well as Mum why you don't go out as much?
David: Well, it is difficult to say, but I have always thought that Peter did not do his bit. I felt like I have been left with a lot of it, that I have had to do quite a lot of this.
Therapist: A lot of this for Mum?
David: Yes, I mean looking after her in the last few years even before Dad died, she was getting more frail and, I mean, Peter was married and moved away for a while and so I was left with her and he seemed to cut himself off, that is the way I saw it anyway.
Peter: No, it was not like that. The job took us away.
Therapist: Is your job back in this area now?
Peter: Yeah, I have been back about four years and ...
Therapist: You have been back in the house with David and your mum?

Peter: Yes.
Therapist: Is your job here now?
Peter: Yeah, I am working again now but I got made redundant and it was quite difficult for a while and we moved back to my parents' home. But I got going again, working full-time and have been made a line manager and that's going well, but it takes up a lot of my time, so ...
David: Well, you are never in really.
Peter: Well ...
Therapist: How long have you been back in work full-time?
Peter: About two-and-a-half years.

At this stage the problem is still being described, with limited details being offered. David is talking more than Peter. Mum is a third party in the problem. The father died and Peter began full-time work at about the same time.

Exceptions

Therapist: So you were saying that there are some weeks when the anxiousness is there every day. Are there are other weeks when it is not there every day?
David: Sometimes, but rarely.
Therapist: Would there be a whole day without any anxiousness?
David: No.
Therapist: Or part of a day?
David: Sometimes, maybe on a weekend, maybe sometimes it feels slightly less. I don't know how to put it into words but ...
Therapist: Is that when it takes up less time in the day or is it less severe?
David: I find moments; I think I find moments where I feel calmer.
Therapist: Moments.
David: Moments, yeah. Early morning sometimes, when I first get up. I have a bit of time to myself before thinking about helping Mum get up and do all the things that we need to sort out for her. I have got that little bit of time for myself. I mean, Peter is in the house for part of the weekend, but it is not long before he takes off and gets involved in other things.
Therapist: So if Peter is in the house then there are more likely to be moments when you are OK?
David: If I could trust him to do some of the caring for Mum. I don't know whether he is interested, to be quite honest.

He seems to get on with his life and leaves me to do the rest of it.

Therapist: So the moments that are OK are not necessarily associated with Peter being around?

David: No, they seem to be associated with Mum still being in bed.

Therapist: You also mentioned your sleep, you say you get two or three hours sleep. So two or three hours is all you get, or do you have two or three hours and then a break and then another two or three hours?

David: I am always looking at the clock and I seem to have some nights that I seem to see every hour and other nights maybe, you know, it will be 5 o'clock before I actually see anything, but I just wake up tired. I wake up and I feel so exhausted.

Goals

Therapist: So can I ask you, both of you, I guess, what you would like to get out of being here today? What are you looking for? What would you like to achieve?

Peter: Well, I am worried about David.

Therapist: When you are less worried about David, what will things be like then?

Peter: Well, David will be happier.

Therapist: What will that be like, happier?

Peter: Well, coping better with Mum, I suppose.

Therapist: What sort of things does he need to cope with better?

Peter: Well, sleep is certainly one of them.

Therapist: He will sleep more or your Mum will sleep more?

Peter: Both really, when Mum is awake in the night and she is often keeping David up and as he says he is tired.

David: Peter, I am surprised you have even noticed, I mean you are saying these things here, but I am surprised you have even noticed any of this, you know. [*Angrily*] You talk about me being happier, for heaven's sake.

Peter: But you have to remember I am trying to rebuild my life as well. I am trying to get going. I have a new girlfriend, my job is going well, you know. You have your role in looking after Mum and that has not been mine and you are right, to be honest, that is not what I want to do.

Therapist: So from your point of view, David will be coping better with Mum and being happier about that.

Peter: Yes.

David: On my own?

Therapist: What about you, David? What things would you like to see?

David: I would like to see Peter helping me out somehow.

Therapist: What sort of help will he be giving you?

David: Taking a bit of the pressure off, I suppose.

Therapist: What will Peter be doing to take the pressure off you?

David: Volunteering to just be at home and do a bit more for Mum more, I think that is the main thing.

Therapist: OK, what kind of things would you like him to do with Mum?

David: Well, I could give you a list but, I mean she gets around part of the time alright but she needs help getting out of bed. She has appointments with various people and someone has got to keep an eye.

Therapist: She is in bed most of the day or out of bed all day?

David: She is in her early seventies. She is up and about; she is not losing it at all.

Therapist: As well as getting her up what else would you like to see happening?

David: I suppose Peter just being around and just spending more time about the place, you know.

Therapist: About the place doing what?

David: Well, I don't know.

Therapist: Doing things with Mum?

David: Well, not just with Mum. I mean doing things with me as well because we don't seem to talk because he is not there. He is always out. He has found another girlfriend; he messed up his last marriage.

Peter: That's not fair.

Therapist: What would the two of you talk about then?

David: That's difficult. We have not talked for so long and it is hard to know where we would start really.

Therapist: Is that right, Peter; you have not talked together very much in recent months?

Peter: Only everyday sort of stuff. Bills, something to do with the house, slate off the roof, or about shopping.

Therapist: You and David will talk more about ...

Peter: Well he used to get out more, and ... I'm not saying we used to go out all together, we didn't. You know, we have always been fairly separate, but at least there was stuff in common. You had friends and you used to go down the pub quite often but I don't feel that there is a lot to say.

David: But I could get out more, when, you know, when Dad was alive basically, that is when I could get out more. The last two years have been absolutely horrendous. I mean yes, you have been back, but it seems that you have done nothing at all but I am still doing the same kind of things, I am still stuck there.

Asking about exceptions and goals has brought out some more information about the situation, but no common goal has emerged. The two brothers easily return to problem talk. The therapist interrupts this at times.

Therapist: I am going to ask you, Peter, David is saying that the two of you talking together would be something he would like to see happening, but he is not sure what you will be talking about. Do you think talking together is something you would see as things improving?

Peter: I think it would be a sign that David is happy.

Therapist: What kind of things do you think you would be talking about then?

Peter: I suppose things more outside the house.

Therapist: Outside the house. Does that mean things you do outside the house? Things that you do already or things that David will be doing outside the house?

Peter: Ordinary stuff you know, like how he has got on with folk at work. Something down the pub or on telly, it is ordinary things really, rather than all this stuff about how bad things are.

Therapist: Are there other things that you also want?

Peter: I know David doesn't say the same, but I do want things to be easier for him and I want him to have more of a life.

Therapist: What sort of things do you want to be easier for him?

Peter: Well he does spend a lot of time looking after Mum, he does.

Therapist: And if things are easier, will he spend less time with your mum?

Peter: Yes.

Therapist: What sort of things will he be doing if he is not looking after Mum?

Peter: Well, things like going back to work a bit more, getting out a bit more.

Therapist: So, David, Peter has mentioned a number of things that he thinks would be encouraging signs for improvement. Are there other things that you can think of? Do you agree with these things that he is saying?

David: Well, he makes me sound really sad. Doesn't he?

Peter: I am not saying you are sad. I think it is sad.

Therapist: So do you think if these things that Peter is mentioning are happening, would that be good from your point of view? Or have you got other things in mind?

David: Talking more would be a good thing, but talking about the right kind of things.

Therapist: What are the right kind of things?

David: Well, organising things so that they are a bit fairer. I mean you heard him say before 'I am not really interested in looking after Mum', I don't know what to say when he says things like that.

Therapist: So there are a lot of things that will be different, and hopefully you will not be talking about those things because they will be organised already?

David: Yes, it would be good not to have to talk about it.

Therapist: You will be talking but not about those things, about something different?

David: Yeah, I don't want to be getting at him all the time. It feels like I have got to be at him all the time.

Therapist: What will you be talking about instead of getting at him all the time?

David: Well, if we had some kind of plan where maybe I could even have some time to myself, when I don't have to do all the worrying, when I don't have to do all the, you know, that.

Therapist: Some time for yourself in the house or some time out of the house?

David: Both.

Therapist: Both, OK.

David: It would be nice just to have some time in the house to start with. I am not all that worried about at the moment getting time to be out and about but time to do my own things without constantly thinking what is going on.

Therapist: What kind of things would you like to do in the house?

David: I used to read a fair bit.

Therapist: What kind of reading do you like?

David: I used to read horror stories. I used to read quite a lot of horror stories.

Therapist: So you would like more time for horror stories. What else?

David: I don't know, I seem to have cut myself off from so many people, you know. We have got a computer in the house; I used to do a lot of work on that, emailing people or even writing letters to friends, but I haven't time to do that now, it has all stopped.

Therapist: OK. You will also be doing more things out of the house eventually?

David: Well, I go out of the house. It sounds like I don't go out of the house but I go to work. I go to work.

Therapist: So if things are better would you be going to work more often?

David: Well, if I am not feeling the way that I feel most of the time. My heart up in my throat most of the time, and headaches and all the rest of it and feeling sick.

Therapist: And when that is not happening you will be able to go out to work more?

David: Well, that and not having to think about, you know, has Mum fallen over, or have her appointments been met and all the rest of it.

Therapist: OK. Will you both be doing other things out of the house as well as working at this time?

David: Will I be doing things outside the house?

Therapist: Yes.

David: Well, I mean, I like being out the house.

Therapist: What kind of things do you like doing out of the house?

David: I like walking, I used to walk.

Therapist: Walking on your own or did you go with Peter or something?

David: Well, I mean when we were a bit younger, I mean we used to do some hill walking.

Peter: That's quite a few years ago.

David: But it seems like a good way back to doing things.

Therapist: Is it something you will do again, the two of you, or would you be more for walking with somebody else?

David: I would like to think that we could occasionally do something like that. I mean I have got people I know at work and I am asked to go to things. I am invited but I always say no.

Therapist: What sort of things?

David: Well just the usual things, you know, they have nights out, they meet and have a meal and stuff like that but I can't afford that time, I have to get back home.

Therapist: You have those opportunities, invitations to nights out and so on?

David: Yes, I mean I get asked. I can't remember the last time I said yes.

Therapist: OK, but you still get asked, but you have not said yes in a while?

David: I do, I think people will stop asking, or they have sort of cut down because I keep saying no.

Therapist: OK, coming back to you, Peter. David listed all those things that he will hope to be doing when things are better, things that he enjoys. Are there also things that you would like to do more often that you enjoy?

Peter: Well, I do get out walking still but not as often as I used to. I am quite happy for David to come along but usually he doesn't and he says that he feels that he can't.

Therapist: What other things would you want to be doing? Will you be doing more walking?

Peter: Well, this is probably not what David wants to hear but my girlfriend and I, we are starting to work on plans for getting a house.

David: Here we go again.
Peter: No. You know, we are not moving. We are staying in the area. We will still see you and we will still keep contact. My divorce was through a while back but actually now she is re-marrying and basically that will free up some money from her house. Through an arrangement made with my solicitor, I will get some money back from that and so I will be able to put that towards us getting a house and so I feel that I can actually move forward again and so I know quite a bit of my time is going to be taken up with that and work.
Therapist: OK.

Using the brothers' language in every question is helpful to maintain the relationship and to make both brothers feel included in the conversation. Common goals have not yet been identified. Either the miracle question or scaling questions could be asked at this point in the interview.

Scaling

Therapist: OK, I am going to ask you a strange kind of question now. If you think in terms of a scale of 0–10, 10 being the best of how things can be and 0 being how they were when you first decided to come along here. Can you tell me where you are on that scale at the moment?
David: 1.
Therapist: 1. Peter, is that what you were expecting him to say? Do you agree with that?
Peter: Yes.
Therapist: OK. So how long do you think it will take to get to 10? You are talking about the anxiousness that has been around for quite a long time.
David: Forever. I can't see that happening.
Therapist: You are talking about many years, we are talking about five years maybe to get to 10?
David: I don't know, it seems like almost impossible that ...
Therapist: And so is 10 unrealistic, would you be like it to be something less than 10?
David: 10 feels like perfect, you know, and just the way things are, I can't see perfect.
Therapist: So what can you see then, less than 10?
David: 2 would be better than it is.
Therapist: Yes, I agree that 2 would be better than 1 but eventually, if 10 is too much to work towards?
David: I don't know, 5 or something, maybe.

Therapist: So even 5 seems difficult to you. So what would it take to take you to 5?

David: I don't know, years. 2 years. I don't know really. It is kind of hard to answer.

Therapist: OK, can I ask you about this, Peter, because David is saying that to get to 10, perfection, is a very long way and it may be impossible altogether. Would you agree with that?

Peter: Yes, I mean, you know, the anxiety problems have been there a long time. Yeah, I can't imagine that even.

Therapist: OK then, so David was right when he said that 5 out of 10 might be achievable?

Peter: I think we can probably do better than that.

Therapist: How much better do you think?

Peter: Probably on the scale: 8.

Therapist: OK, and David says it may be a couple of years to get to 5, how long to get to 8?

Peter: It may take a couple of years to get to 8 but we could get to 5.

David: Do you really think that things are going to improve that much?

Peter: Yes.

David: Really?

Peter: Yes, yes.

Therapist: You think it may be two years to get to 5. You both agree that it is a fairly lengthy process and maybe nothing is going to happen fairly quickly. And so to move forward from where you are at the moment maybe a 1 at the moment and if things have moved forward, 2. What kind of things will be different to say things are at 2? What things will have to be different?

David: For me, I would like to feel less anxious.

Therapist: And so when you are less anxious how will you feel instead of anxious?

David: I am just going to say that I am pretty weird in a way, I will probably be more like Peter.

Therapist: More like Peter. More like Peter in the way that Peter feels?

David: I mean he is so calm about everything, sometimes he is just so laid back that I don't know what to do with him really, but nothing is ever a fuss and it will get taken care of, it will happen and I can't be like that.

Therapist: Is that something you would like to be but you are not at the moment?

David: I would love to be like that.

Therapist: And so if you were at 2, it would seem that you were more like that, more laid back?

David: Mmm.

Therapist: OK, when you are more laid back like that when you are at 2 on the scale, what else will be different at that time?

David: I won't always be drawing lists of things that I have got to do.

Therapist: What will you be doing then instead of having lists? Will you just remember things or will you not be bothered about whether they are remembered?

David: I will not be so bothered about the list. There are so many things to think about that I tend to keep everything on lists that are very intricate so that I don't forget, but it would be good not to have to be so intense about that, but I do fear that I am going to forget something that is important.

Therapist: And so if you were a 2, you wouldn't be worrying about forgetting things, or you won't need a list to remember?

David: I won't need a list to remember.

Therapist: So you will actually be able to remember better than you are at the moment without the list?

David: Some of that list Peter will be doing.

Therapist: So he will have to remember then, instead of you?

David: That would be great.

Peter: Your memory is not that bad either, you know.

David: I just don't want to have to remember everything, it would be good if you could just take, lighten the load, just a bit.

Therapist: Can I ask you Peter now, David was saying that when things have moved forward a little bit to a 2, these are some of the things that will be different. What do you think you will notice when things have moved forward to a 2?

Peter: 2, just slightly better.

Therapist: What will it be like?

Peter: He will be less tense.

Therapist: If he is less tense, how will he be instead?

Peter: More chatty and less getting at me.

Therapist: More chatty?

Peter: Yes, I don't want to use the word nagging, but that is how it comes across at times.

Therapist: So, more chatting, less tense. What will it be like looking at him? Can you see he is less tense?

Peter: Yes.

Therapist: What sort of thing will show you he is less tense to look at?

Peter: Smiling.

Therapist: Smiling at you or other people?

Peter: At me, at something on the television, at something Mum says.

Therapist: You can tell when he is uptight?

Peter: Oh yes, I can tell he when he is uptight. He does something with his jaw and he sort of turns his back on me.

Therapist: OK, so that would be different?

Peter: Yes.

Therapist: He won't be turning his back on you. OK, what else will you notice at that stage?

Peter: Yeah, I agree with him with lists. You know, you just overdo it. You know, it doesn't matter if you forget the odd thing.

David: It doesn't matter to you, obviously.

Therapist: Will there be changes in yourself as well as David?

Peter: It would be easier if there was easier communication, you know if we can talk easier it is not like a sort of nagging and it will probably be easier to figure out bits that I can help with.

Therapist: So when communication is easier between the two of you, you will be able to figure out what you can help with and that will make a difference to you?

Peter: Well, yes, things can be better.

Therapist: OK. Can I ask you, David, then, once things have moved forward towards a 2, Peter says he will see some changes and identify some things, will there be changes in Peter as well at that stage?

David: I think if he would listen to me more. He doesn't seem to listen to me.

Therapist: How would he listen?

David: He would spend five minutes being next to me so that we could actually speak. He says I nag.

Therapist: So in the future if he were there next to you he would be listening?

David: Yeah, but to take what I said seriously. Just I feel that he does not take it seriously. He has got other things.

Therapist: How will you know when he is taking it seriously?

David: I suppose when he acknowledges the things that we need to share some of and he sees them as important and it's important to me.

Therapist: How will you know when he sees these as important?

David: He will say it; somehow he will say it to me.

Therapist: You mean he will say it is important.

David: He won't have this condescending attitude. He will say right, I understand that that is important to you. Somehow he will say that to me.

Therapist: OK, it's important to you, he will recognise its importance to you?

David: Yeah.

Therapist: OK. What else will he do to show you that he is listening?

David: He might even offer to just do some of the things that I have to do every day so that I can have a bit of time to

myself, but I need him to want to do that and I don't want to push it on him.

Therapist: He will offer to do some of these things. What sort of things are you thinking of?

David: Well, even if it was just a matter of time. You know, don't worry, you go out, you know. I know I don't always sort of trust him to do things.

Therapist: What sort of things?

David: Well, just to look after Mum for a morning or something like that, you know, I am not asking for the earth. I don't want him to spend every minute of the day in the house, you know. I know he has got a life as well.

Therapist: If he did that for one morning once, would that be some help?

David: One morning would be good, that would be a miracle.

This is an opportunity to move to the miracle question. However it is not essential to follow this up at once. It is possible to return to it later by saying 'Earlier on you mentioned a miracle ... '.

Miracle

Therapist: I would like to ask you another kind of strange question now, which may need a bit of imagination, is that all right?

David: Yes.

Therapist: Another strange question. Suppose you go away from here and do what you usually do in the evening and go to bed and go to sleep and while you are asleep a miracle happens and through that miracle, the problems that brought you here today are resolved, but you are asleep, you don't know that that miracle has happened. How are you going to know when you wake up in the morning that that miracle has happened and the problem is solved?

David: Well, it would be good, I suppose instead of Peter rushing off to whatever he does, he just enquires about what needs to be done for the day and takes some interest in it, that would be something very different for me.

Therapist: That would be different, OK. So is that something that would happen quite early in the morning?

David: Well, I mean, when I am getting to work, you know, we both seem to get up around about the same time.

Therapist: And after the miracle has happened, will you still be getting up in that sort of way at the same time?

David: Yeah, yeah. Spend some time, I mean we don't eat much first thing, but even over a cup of coffee or something, for, ten minutes or something before we have to go somewhere.

Therapist: OK. What else will be different when the miracle has happened? Will you have more time then?

David: In the morning? Probably. I will be a little bit more organised.

Therapist: You will be more organised?

David: Yeah, when the alarm goes off instead of hiding under the covers for twenty minutes.

Therapist: Yes, so does that mean you will notice that the miracle has happened right away as soon as you wake up? Because you will feel like getting up instead of hiding under the covers?

David: Yes, I suppose so.

Therapist: So you will know immediately as you wake up?

David: Yes. I don't expect to be able to be a clown and jump out of bed all jolly and cheerful, you know, I am always a bit slow in the morning, but yes.

Therapist: Peter is faster than you in the morning?

David: Always. But I would know straight away.

Therapist: You would know straight away, as soon as you wake up?

David: I would just not feel that anxiety.

Therapist: What would you be feeling instead of the anxiety?

David: Just a calmness. I know that ...

Therapist: How will that calmness affect what you do then?

David: I would not feel so pressured to rush everything. I could, I would not have to make out lists for things.

Therapist: So you have to write out lists when you are pressured. So when you are not pressured you do not have to think about lists, so what will be different?

David: I will be able to walk out the house confidently knowing that Mum was OK and she was going to be cared for and that I could go to work and not have to think for that period of time, what happened at home.

Therapist: What else will be different, when the miracle has happened?

Peter: I don't know if David would agree with this one but I think somebody else will be helping us out.

Therapist: Somebody else?

Peter: Somebody who knows what to do with real old people.

Therapist: Have you somebody particular in mind? A nurse, maybe a girlfriend?

Peter: No, I suppose a home help or something like that.

Therapist: A kind of home help person?

Peter: Yeah.

Therapist: You haven't got anyone around like that at the moment?

Peter: Well, no, not that I know of, but I know of other people.

Therapist: So you haven't got anyone you are thinking of?

David: I mean we have got a neighbour who will pop in occasionally but she is not around a lot. I suppose if somebody was there even if it was just dinner time, even if somebody went in and could make sure that she was OK.

Peter: It would be a miracle if David trusted them.

David: That would be.

Therapist: It will have to be a person that you can trust with your mum?

David: They would, I think that would be quite hard.

Therapist: Do you agree with Peter, it would need to be somebody you could trust?

David: I would have to feel comfortable with them, I just couldn't just have anybody going in there. I seem to have done this for so long, I couldn't just let it go to anyone.

Therapist: So that is one of the things that might happen. What else might be different if the miracle has happened?

David: My life would not just revolve around being in that house.

Therapist: So instead of being in the house when the miracle has happened, what will you be doing?

David: Well sometimes I would not have to think about rushing home, I could take my time, I might even stop off, some of the people I work with, they will often say why don't you stay and have another drink after work before we travel back, but I usually say no but it would be good to say yes.

Therapist: Yes. What else if this miracle has happened?

Peter: I don't know, talking more and even doing odd things together, going out walking at the weekend or going out for a pint, I don't mean a big session or anything but you know just nipping down the local for a pint.

David: I think we would be able to sit down together and work out the best way to make sure that things are alright. At the moment I seem to work it through on my own, it would be good to have somebody to work it through with.

Therapist: What sort of things will you work through together?

David: Well some of the things we have been talking about, I suppose. Some of the things about how can we, maybe do other things that would make sure that we could both have a life really. Because obviously I love my mum and I don't want her to come to any harm, that's a real issue for me.

Therapist: So some of the things you have been saying, a home help or something like that?

David: Well I would have to think about that, I have not really thought about it too much before; I find it hard to let go, I suppose.

Therapist: So that's the sort of thing?

David: If we could find somebody, that we are both happy with. I would have to test it anyway; I would have to see how it worked, I would not want to just say 'yes, that will be OK'.

Therapist: What other issues would you also want to work through?

David: Well, Peter is saying that he is maybe going to be moving out again.

Peter: Well, I don't know that I am, it just depends when the money comes through.

Therapist: Is it something you will have to talk about and work through?

David: Well, you know what is going to happen then, we talk and we put things in place and then you go again.

Peter: Yes, but as I say we are not moving far, my job is here.

Therapist: So when the miracle has happened?

Peter: Well, I see my future around here and I am quite happy about keeping contact with you and Mum and helping out, that is fine and if I did get the house sorted, then that would not mean that you would not see me or anything.

Therapist: Is there anything else you want to say about the miracle bit, Peter?

Peter: No, I don't think so, I suppose the one thing I am uncertain about really is the work, are you wanting to get back to work? Is that something you see yourself doing? I just have my doubts.

David: The work is OK. If I did not go to work at all, I know I have been off a lot, but if I did not go to work at all, I just feel like I would have even less. I don't know about the job I am doing, I mean that comes and goes.

Peter: Yeah, don't they all.

David: But, no, I feel I would be worse off without it really.

Therapist: OK. Is there anything else you want to say about that?

David: No.

Therapist: OK. I have asked about the miracle, you have obviously thought about this quite a lot.

David: Yes.

It can be helpful if the therapist looks more animated during the replies to the miracle question. However most clients are more animated during these answers in any case, because the question encourages playfulness and creativity. At other times in the session it is best to be somewhat more grave than the clients, to avoid the risk of appearing to belittle their distress.

The therapist has not asked about pre-session changes, which are often useful first steps and can predict a good outcome. It is not clear how decisions are made in this family, which may have some bearing on what feedback is given.

Pre-session change

Therapist: And you have thought about various things and it suddenly occurred to me that had you tried or checked out any of these things before you came here today? Because clearly you had thought quite a lot about it. I just wondered if there is anything you had already checked out?

David: I suppose before we came here, because we knew we were coming here, we at least said things are going to have to change, they are going to have to be different. We didn't get into any detail about it.

Therapist: Did you talk together about things that needed to change?

Peter: Yes, a little bit, you know. I had had the home help thought, but I had not actually said that to David.

Therapist: So you had thought about the home help issue?

Peter: Yeah. I was just wary about his reaction really.

Therapist: Right, so you obviously had talked quite a lot about this whole issue and thoughts around your talk, you had obviously been working on this stuff already. Another question I would like to ask you again, who is the boss in the family? Is there somebody in the family who makes most of the decisions and decides things?

David: I suppose on a day-to-day level, you know, I feel that I make a lot of the decisions but when it comes to bigger things, not about Mum, but about other things, Peter is fairly well organised really.

Peter: I don't feel that I am the boss.

Therapist: Who do you think the boss is then, Peter?

Peter: I was sitting there thinking it was David. Well, actually I think the major decisions still go through Mum.

Therapist: OK.

David: That could be. Well, it is really. Because she is frail but she is not demented. I mean it's her we ask when we want major things still sorted out. We consult her, we don't do things, it is her house.

Therapist: So, it is actually her house. She actually owns it?

David: Well, it is her home, it's our home but it's her home.

Therapist: So your mum might be part of the conversations that you might have when you are talking about these things together, these ideas. Will your mum be part of that

conversation or will you decide yourselves first and then talk to your mum later?

David: We have kept it away from her.

Peter: Yeah, usually if it is a change, then it is something that she is not up to date with, then we have to sell it to her.

Therapist: OK. So you sell it to her together?

Peter: I think we would have to, it would be a bit unusual, David.

David: 'We want somebody else in your back kitchen'.

Therapist: Selling it together is unusual or the idea of a home help is unusual?

Peter: Working together, or doing something to get David to do?

David: I think if it came from both of us she might take it on board more.

Peter: Well, she might because she is not as dynamic lately as she used to be.

David: No.

Therapist: So the two of you together can probably sort it out for her?

Peter: Yeah.

Therapist: I understand a bit now about talking about Mum and how she fits in the conversation. If we could go back to scales for a minute. On a scale of 0–10 in terms of getting your mum to agree with the ideas you have come up with, how confident are you when 10 is that you are confident that Mum will agree to everything and 0 is not confident at all that Mum is going to agree, where are you on that scale of 0–10?

Peter: If we work together I would be fairly confident, about 7 or 8.

Therapist: Nearer 7 or nearer 8?

Peter: 8.

Therapist: OK, and what do you reckon, David?

David: I would probably go for 7 myself. About getting her to maybe accept something different, some other help.

Therapist: OK, thanks. That is useful to get an idea of the situation. I don't think there is anything else I need to ask you at the moment. I need to take a break and talk to the team. Is there anything else that you want to mention to me that we have not covered?

David: No.

Peter: Just the tablets, He has been taking these pills and I don't think it is making any difference.

Therapist: David has been taking the tablets?

Peter: They said that it is something that we should speak to you about.

Therapist: Have the pills been doing any good?
David: Well, they have while things have been the way they are. They take the edge off.
Therapist: Is it something you do at the moment that is helpful but you don't see doing long term?
David: No, I don't like them, but I don't know what to do otherwise really.
Therapist: But they have a use at the moment. OK, I will check it out with the team. We won't make any sudden changes if there is any possibility that they are doing something useful. Did you get them from the doctor? Right, anything else?
Peter: No.

Feedback

Therapist: I have had a discussion with the team and we have come up with a number of thoughts. [Acknowledgement] You are anxious and worried about your mum and how best to help her. [Compliments] David, you have done well to express yourself so clearly and honestly. We notice that you show a great deal of concern about your mum's welfare. Peter, it seems to us that you are very concerned about David's welfare also. You are honest and clear about some of the future issues. We reckon that you have really worked hard listening and talking together and that you have already thought about ways in which to make things better. [Task] The tablets may be helpful at present; you should talk to your doctor when you are ready to start reducing the dose. We think that you have had some good ideas already and we think it is important to continue with those, such as talking together about what the next step should mean. We wonder how soon the next appointment should be, if you want one.
David: I think I would like to come back, yes. I don't mean too soon anyway. I think I need a bit of time to think this through.

In discussion afterwards the team wondered if Peter's managerial skills could have been recommended as resources for them both in establishing new plans for dealing with the situation. It was decided that this might not have been suitable, because David appeared to regard Peter as already having his own way over many things.

Subsequent progress

The brothers arranged another session for five weeks later. When they came they reported that they had talked together about home support for their mother and about sharing her care on an organised basis. They had put these ideas to their mother and she had eventually agreed to their plans. When reviewed two months later David attended alone and the interview was brief. He reported that they were happy with the changes that they had achieved. David had begun to reduce the dose of his tablets after speaking to his family doctor.