

QUESTIONS, QUESTIONS, QUESTIONS

Trevor Eddolls probes into the art of the perfect question...

Classic SFBT, derived from the work of Steve de Shazer and Insoo Kim Berg, really has only four questions for a client, which are:

- What do you want?
- How will you know when you have it?
- What are you doing already to get there?
- What would be happening if you were a little closer to what you want?

A therapist needs to be armed with a few more questions than that to really understand what each individual client really wants to get from their therapy. But before we look at “good” questions, let’s discuss types of question.

Questions can be categorised as ‘closed’ or ‘open’ and direct and indirect.

A closed question can be answered with either a single word or a short phrase; examples might be, “how old are you?” and “where do you live?” Quite often a closed question can be answered with either “yes” or “no”, for example, “Do you suffer with IBS?” Closed questions can be used to set up a positive frame of mind in a client by asking successive questions which obviously have the answer yes and then moving on quickly to ones that don’t necessarily have that answer, but the client stays with the positive frame.

It’s also possible to turn any opinion into a closed question that forces a yes or no by adding tag questions, such as “Isn’t it?”, “Don’t you?”, or “Can’t they?” to any statement – a trick Erickson used in therapy scripts with “And you will, won’t you?”

An open question is likely to result in a long answer. It asks the client to think and it can be used to find out more about a client and their problem, e.g. “What’s keeping you awake these days?”

Open questions begin with What, Why, How, Describe, etc. In a therapeutic environment, “Why” questions often make the client feel defensive. “How” questions can result in very long answers. “What” questions are usually the most effective.

For example: “What’s your doctor’s name?” (a direct question) becomes, “Do you know the name of your doctor?”

An indirect question will often begin with “Can you tell me”, or “Do you know”, or “I wonder if”, and then the

“When does the problem not occur?”

This question raises the client’s consciousness to the fact that ‘their problem’ may not always be there – which is probably what they consciously think and may have indicated before. It may be that they can’t think of an occasion when it’s not there, so you need to ask them about occasions when it is not so bad or they feel better able to cope with it.

This leads on nicely to the questions that show the client they aren’t simply a victim, they do have some control, and they are using it. Clearly making them aware of this will help them move forward.

So the next question might be to ask, “How are you coping now?” or, “How have you coped up to now?” This gets them thinking that they have been able to cope and they will be able to cope in the future.

It’s always important to celebrate success, so whenever a client achieves something that they perhaps didn’t think they would be able to do, it’s important to make a big deal of it – treat it as a milestone on the road to their particular destination. You can dig deeper into their success, asking what strengths they used or what techniques have worked well for them.

It can often be useful to recognise their response to a situation as being perfectly normal or rational, and it may be worth saying something like, “If it had been me in that situation, I think I would have behaved the same.” You can express your surprise that it’s not worse and ask them, “Why isn’t it worse?”

Another good question, stolen from NLP, is: “What can you do differently to achieve a different outcome?” or “What can you do differently to achieve the result you want?”

There can be conflict with questioning. If a client says that they are depressed, it can be very easy for the therapist to categorise them as simply depressed and run through their usual routine about depression. However, as we’ve seen above, it’s important to get more

continued over...

Examples of direct questions are, “What’s your address?” or “What’s your doctor’s name?”

Indirect questions are polite, longer forms of normal questions and are usually viewed as less threatening – less like an interrogation. They are formed from two parts: a polite expression, and a question, which has no subject/verb inversion like a normal question.

word order is the same as in an affirmative statement. Again, this is something that can be embedded in therapy scripts, for example, “And I wonder whether you’ll allow yourself to relax immediately or in a little while”.

So let’s return to classic solution focused questions. One of the best and yet often overlooked questions when trying to get information from a client is:



information to target the therapy more exactly. But, and this is where experience plays such an important part, it isn't necessary to find out all the details about the problem. Remember, we're solution focused brief therapists – we don't need to focus on the problem,

feedback from friends and family about the success of their new behaviour. The Miracle Question has its own sub-questions that often go nicely with it, such as: "What would be different...?", "What would you be doing...?", "Where would you be doing it...?", "Who

would notice...?", and "How would they feel?" Always associated with the Miracle Question

WHENEVER A CLIENT ACHIEVES SOMETHING THAT THEY PERHAPS DIDN'T THINK THEY WOULD BE ABLE TO DO, IT'S IMPORTANT TO MAKE A BIG DEAL OF IT

we need to help them move towards the solution. And that means we never need to ask questions about what caused the condition – we can leave that to the hypno-analysts!

is Scaling – this provides a record of how the client is making progress between sessions, and, although it's not a question, it can be used to help put things in perspective for the client.

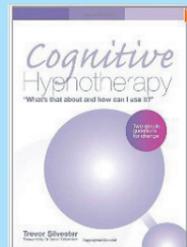
And that leads nicely to the Miracle Question. The Miracle Question provides a golden opportunity for the client to identify how they would feel if things were different. It may not be the complete solution to their problem, it might just be a step on the way, but it clearly signposts for them that change is possible and they have the ability to bring about this change. Clients can benefit from acting 'as if' something were true and getting

That probably ends the interactive questioning part of the session because you'll want to get the client on the couch while they are in a positive mood. But as you can see, questions can be used to lighten the mood when walking down the corridor to the consulting room, to gain useful information about the client's particular 'problem', and, importantly, to make the client aware of their own ability to make changes in their life.

10 STEPS TO FINDING THE THERAPIST WITHIN – THE TRAINING JOURNEY

with Jess Driscoll

BOOK REVIEWS



Cognitive Hypnotherapy
 "What is all that about and how can I use it?"
 by Trevor Sylvester
 ISBN-13: 978-1848765054
 ★★★★★

It is a refreshing change to come across a book by a therapist based on a model of mind and of cognitive hypnotherapy which is broad, truly inclusive and celebrates the seeds of possibility waiting to be discovered within each Client. Trevor Sylvester possesses the rare gift of being able to present complex information in a way which is clear, cogent and also great to read as he "wordweaves" his way from neuroscience to epigenetics to memetics in a way which is clear and cogent. Trevor's warmth of character and commitment to helping people radiate from the pages as the reader is guided through a comprehensive range of interventions but also the "Cascade Model" which guides the use of each intervention. I can thoroughly recommend this book whether you are a hypnotherapist looking for a model of therapy which is inclusive and solution focused or you simply wish to gain a greater understanding of your own mind!

Kay Cook

Unlimited Sports Success
 The power of Hypnosis
 by Stephen Mycoe
 ISBN-0-595-18610-6
 ★★

I hoped to glean more information about writing scripts for sports performance because I was visiting the local cricket club. I realised though when reading this book that most of it was explanation despite it being advertised as having custom made scripts. It was a disappointment and everything I know about sports hypnosis was covered, so I didn't learn anything new. Great if you're a sports person and you want to understand it a bit more, but not from a therapists point of view. Best to sit down with the person and define what's needed and weave that into your own script.

One to re sell on Amazon I think.

Penny Ling

This journey is our own 10 sessions of therapy. Let's imagine then that we begin with an empty field; covered with a fresh blanket of snow.

The knowledge gained during our 10 sessions begins to make connections in our brain, as if making footprints in the snow between the bottom of the field and the much more interesting top of the field. The course progresses and we experience more and more hypnosis, and learn more and more about the processes. The individual footprints then, between the top and bottom of the field, become solid paths, some right through to the grass; some paths perhaps even touching bare earth. As we continue to tread these familiar paths, eventually the entire field can be traversed without even opening your eyes. Eventually you know where you are by instinct and the paths are so numerous, they always lead you to where you want to go. Even though fresh snow may fall, the tracks are found again, and with ever increasing ease. Disregarded old tracks stay hidden... maybe to resurface

every once in a while when the wind is strong but those new exciting connections are quickly discovered again and now whatever the weather we can picnic in the best bit of the field. A cortical real estate; what of the potential for growth, could some fields hold the key to traversing the hedgerows too? To infinity and beyond.

YOU BEGIN TO REALISE THERE IS FAR MORE TO HYPNOTHERAPY AND SFBT AND THAT YOU ARE JUST BRUSHING THE SURFACE

Step 1

The first few footprints and the beginning of training finds you excited at the thought of learning new things, developing new skills and meeting new people. It soon dawns on you that you

need to take that first step and actually deliver sessions, but it's just relaxation and friends so you are feeling nice and calm, nice and relaxed...

Step 2

Mild panic, you begin to realise there is far more to hypnotherapy and SFBT and that you are just brushing the surface. Feelings of incompetence and self doubt creep in; those low paths are still dominant and the ones with the least amount of snow. Many people arrive at hypnotherapy training having used it themselves to make changes in their own lives; this is perhaps the first barrier to confidence. It's almost as though 'if you need to talk to your own inner voice, and apply SFBT to oneself' then perhaps you are not sitting in the best place to develop a therapeutic alliance with your client. One colleague raised a smile when he explained how he frequently asked himself the Miracle Question.

Continued over...

Bookworm

101 things I wish I'd known when I started using Hypnosis

**101 THINGS
I WISH
I'D KNOWN
WHEN
I STARTED
USING
HYPNOSIS**

DABNEY EWIN, MD, FACS

Author: Dabney M Ewin MD

Published: 2009

ISBN: 978-184590291-9

★★★★

This is an unusual book in that it is a series of short notes-to-self written by a doctor who has used hypnotherapy for over 30 years.

As such it is full of wonderful nuggets of information rather than long explanations of Dr Ewin's approach to hypnotherapy.

Dr Ewin is in many ways 'old school' in that he uses analytical regression techniques. However, the book has so many useful hints and tips that this can be 'forgiven'. The book is divided into five sections – Words, Smoking Cessation, Pain, Techniques, and Miscellaneous Pearls of Wisdom.

The first section on words, could have been written by an NLP specialist, perhaps, and describes the correct and incorrect uses of words like seems, yet, stop (not quit), give up, try, feel, sense, bother, normal, fix, burn, problem, daydream, precious, and safe. Many of these tips I've made use of in my own work with clients.

The smoking cessation section is focused on the USA rather than the UK, but, even so, still contains any number of gems of information. In particular it examines the client's phrase "I'm a smoker". Dr Ewin suggests this

implies an unchangeable fact of life and he reframes this to be "you are a human being who chose to learn how to smoke". You get the idea of his approach.

His section on pain contains the wonderful idea of using the idea of 'tolerable' pain. Scaling 1-10 for pain doesn't give you (the therapist) any idea of where tolerable begins in the client's subjective scale. He also gives useful hints for dealing with inflammatory pain.

The techniques section of the book begins with the useful tip of ensuring that neither the therapist nor the client has a full bladder when beginning a hypnotherapy session! It also includes a wonderful 'brainwash' technique. He uses a brainwash to help clients get rid of accumulated rubbish from their brains. He also recognises the benefits of laughter.

In the miscellaneous section we find Ewin's law, which says that: "A patient tends to go as deep as s/he needs to go to solve a problem. A patient tends to stay as light as necessary to protect him/herself." He also suggests there's no need for rapport in an emergency. And there's an absolute host of hints and tips on a variety of subjects including warts, burns, and psychosomatic pain.

It's an incredibly fun and useful book that you'll want to pick up and dip into time and time again.

Trevor Eddolls

Calendar

**Advertise
your event
here,
contact
the AfSFH
for more
details.**

**Saturday July
30th 9.30-5.30**
Weight management
training for
hypnotherapists
Bristol Natural Health
Service. visit [www.
weightcoachsouthwest.
co.uk/training.html](http://www.weightcoachsouthwest.co.uk/training.html) or
call Judith Goldsmith on
01275 331 743.

July 31st 2011
SF Work - A Wider
Perspective - Mark
McKergow @ Clifton
Practice Bristol

September 24/25th
SFBT Skills for
Hypnotherapists 1
Clifton Practice Bristol

October 22/23
SFBT Skills for
Hypnotherapists 2
Clifton Practice Bristol

November 20
Drug Addiction:
Biology or Belief
Phil Harris @ Clifton
Practice Bristol

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If you have any case studies, scripts, metaphors, book reviews, news, areas you feel we need to investigate, then don't hesitate to get in touch.

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Article submission deadlines

First day of February, May, August, & November.

Issue Dates

January, April, July & October



LETTERS

In March I had the good fortune to be invited to lecture to the Chester University Weight Management MSc course. The course is the only one of its kind in the country, which made it an exciting opportunity, but they had invited other hypnotherapists in the past, and the outcome was not as successful as they would have hoped.

I was lucky, the lecture was well received, and the Head of Course has now invited me back next year, as well as indicating that she sees this as the possible start of a 'mutually beneficial' arrangement. Part of that mutual benefit may be to set up research into the efficacy of hypnotherapy in weight management, which is sorely needed, and would be a credit to us to be involved in.

I have little experience in this area, but know enough to see immediate challenges in relation to methodology, group sizes, sourcing subjects, sourcing control groups, 'standardising' both, standardising the hypnotherapeutic approach, as well as the thorny subject of what constitutes hypnotherapy?....acknowledging that we have our own ideas on that one! I am also interested to hear from anybody who has any experience of the legal ramifications, if any.

If anybody has any ideas to contribute that could help this idea move forward, I'd be grateful for your contribution, and you can email me directly at: positivehypnotherapy@yahoo.co.uk. Thank you in anticipation.

Best Wishes, Alan Wick HPD DHP CBT(Hyp) MNCH(Reg)