
Solution-Focused Brief Therapy in Combination With Fantasy and Creative Language in Working With Children: A Brief Report

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Abstract

The main purpose of this study was to describe the application of a model of solution-focused brief therapy (SFBT) integrated with the ideas of storytelling and creative language used in the psychological support service in an Italian school setting. The young clients described their changes and thoughts about the treatment using a self-report questionnaire. There were 32 young clients and the mean age was 13 years old. The data collected show promising first results and the interventions were appreciated by the clients. The youths reported that the interventions they thought of as most effective were the exceptions-seeking questions and the ideas to use the skills and competences they had developed in other settings (e.g., sports, art, or music) in the context of the therapeutic work to solve a problem. Furthermore, many students revealed that the use of stories and metaphors helped them to better understand some aspects of their situation. This let them be creative about their solutions so they could apply the ideas in a variety of situations. We give suggestions for practice and for further research on the integrating of fantasy and storytelling into SFBT.

Keywords: solution-focused therapy, SFBT, school, metaphor, creative language, storytelling, fantasy

Our psychological support service operates at the public school Michelangelo in Livorno, Italy. It serves to prevent the students' psychological distress and to develop their personality. It serves to fulfill the requests expressed not only by pupils, but also by teachers and parents. In fact, the very opening of a psychological support service into a school implies that psychologists play a specific role to improve the quality of life for the teachers, the young students, and their families. The service of school psychology is important for the possibility of direct access to a psychologist for the young students and the community where they live.

The psychological support service responds to the need of the pupils to tell their stories and to express their points of view without fear of being judged or misunderstood. This service aims to provide the young students, families, and teachers who have problems with the opportunity to exchange views about school problems with a professional figure, thus receiving useful advice and information about some aspects of educational relations with minors.

In the school context, the psychological support service helps the young students, teachers, and parents to overcome specific problems related to different areas, for example,

relationship problems with friends, bullying, family problems, difficult relationship with teachers, poor school performance, anxiety and panic attacks, risk of early school leaving, high school orientation, peer exclusion and victimization, insomnia, emotional issues of diabetes, lack of motivation for studying, feelings of frustration, depressive symptoms, drug use, and behavioral problems (Murphy & Duncan, 2007).

Solution-Focused Brief Therapy

The model of *solution-focused brief therapy* (SFBT; de Shazer, 1991, 1994; de Shazer et. al, 2007; O' Connell & Palmer, 2003) has proved to be an effective psychological intervention to promote substantial improvements in the lives of the people who have benefited from it. This approach does not focus on the past causes of the problem as usually is a part of other treatments, but rather on the solutions and the changes that people are able to achieve in the present and in the future.

Internationally, the solution-focused model is also used in not strictly clinical areas, such as school, where you can

often find personal and relational problems that are difficult to solve in a short time without a working model. We have found the strengths of the solution-focused approach to be the capacity for flexibility and the speed of change. Even after a few sessions, we often observe an increase in self-esteem among those who are treated. It was these factors that drew us to implement the model and to investigate the results. We also find that our initial positive experiences using the model are confirmed by literature. Many sources suggest that SFBT can improve clients' confidence in their own abilities and in their social, emotional, and relational skills (Ajmal & Rees, 2001; Iveson, 2002; Kazdin & Weiss, 2003; Murphy & Duncan, 2007; O'Connell & Palmer, 2003).

The therapeutic process is based on the following strategies (O'Connell & Palmer, 2003):

- *Asking about exceptions* to encourage people to think about what works well, rather than about what does not work. Exceptions are quite common but often go unnoticed.
- *The miracle question*, which asks the person to imagine the solution to the problem, pretending that a miracle has happened and that the problem has disappeared. This procedure helps people to imagine a future without problems.
- The use of *future-oriented questions* that help people focusing on future solutions instead of past causes.
- The use of *value scales* to quantify both the small and large changes that have occurred.
- Encouraging people to *do something different* when things are not working well, because it is only through small steps that they can move toward the solution of the problem.
- The giving of *therapeutic compliments* after the achievement of goals.

The SFBT model is a practical approach and a change-oriented method, which seems to fit particularly well with the Italian school, where generally the time available for psychological interventions tends to be very short and limited.

Storytelling, Fantasy, and Creative language

Fantasy can be described as often used by children spontaneously as a tool. When we use the method of storytelling as a therapeutic tool, the children's imagination then becomes an effective mean to create isomorphic stories (i.e., stories that have parallels in important aspects of reality), and through this, the possibility of new solutions can be constructed in the conversation (Barton & Booth, 1990; Blatt, 1990).

Metaphoric stories are used to restructure the description of the problem and to convey means, concepts, constructs, values, and moral teachings that may contribute to ideas about new ways and perspectives to cope with difficulties (Cooper, 2003). These metaphors are taken from

tales, philosophical stories, folklore, and movies that students often already know and that they are easily able to understand. Thus, creative thinking is stimulated through listening to and telling stories. In the first school years, the stories about animals are most popular among children, while adolescents prefer the stories with heroes such as Harry Potter and Frodo Baggins, or superheroes such as Spiderman and Batman.

Storytelling allows the use of language as a creative process because it gives the children the opportunity to see problems from a different point of view. This shift in perspective often contains a solution to the problem. This process is based on the creative power of the spoken word: Listening to and telling stories encourages children to think positively about different future outcomes (Freeman, Epston, & Lobovits, 1997; Lankton & Lankton, 1989).

The role of fantasy and imagination is often very important in our lives. The stimulation of fantasy and imagination can be used to produce and improve the artistic abilities in children and young people (Metal, 1999; Pellowski, 1990). The interventions aimed at stimulating fantasy enhance future creativity and the ability to solve problems. Through the use of fantasy, kids build alternative and isomorphic stories matching their perceived reality. The isomorphic stories allow students to change their point of view of reality; thus, they identify new solutions that were not imagined previously. These alternative stories are opportunely guided by the therapist and become the basis for concrete steps to move towards a real change in the way the child perceives and reacts to problems.

Integration of SFBT With the Therapeutic Use of Storytelling and Creative Language

The magical atmosphere that accompanies the therapeutic stories agrees well with the miracle question and the exceptions-seeking process, thus favoring the development of life skills and teaching children to cope with unexpected events that happen. We often see that children who on a general level do not know how to deal with difficulties have low self-esteem or feel that they have little control over their lives and think that they have fewer alternatives from which to choose.

Through the therapeutic metaphoric stories, children learn to change for the better and to imagine meaningful and practical solutions for overcoming their problems. Let us explain this concept to you also using a story: When you come down a road and see a big stone lying on your path, you have to go around it; it is no use at that point to ask yourself who put the rock there, when, how, and why. Also it is common for SFBT practitioners to ask their clients about other people's points of view, for example, regarding responses to the miracle question or scaling questions. In this instance, the practitioner can ask the youth, "What would Frodo say about your idea? What would he see that tells him that you have improved toward your goals? What difference would that make to him?"

Fantasy may show how to reach solutions because youth are able to choose to believe that they are able to do what they (and their heroes) imagine and want. During the same imaginative process, we also guide the child to try to visualize a set of possible actions that could be taken to achieve their goals. In these cases, we have also used scaling questions such as, “What would Frodo do as a small next step?” to determine steps to take to make their goals a reality. Imagination can motivate young people to believe in their dreams; as Walt Disney said, “If you can dream it, you can do it.”

Similarly to SFBT, the storytelling method seems to encourage students to recognize their strengths and resources and then apply them to solve the problems and to achieve their goals. Focusing on strengths and resources, in fact, the ideas of creative language, may induce positive changes in the ways by which youth talk to themselves and how they look at problems and new situations, thus stimulating the search for alternative explanations and interpretations.

In the interviewing process, we used solution-focused methods (Murphy, 2008) such as the miracle question, exceptions-seeking questions, the search for constructive solutions, the use of scaling questions, problem-free talk, and therapeutic encouragements. These methods aim to construct trustworthy and respectful relationships with students and adults in order to establish a climate of cooperation, helping service users to tell their problems without fear of being judged by others. It is also important to give students the opportunity to express their emotional and psychological distress, to help them to feel heard by the listener, but also help them move to solution-generating as soon as possible.

In our therapeutic practices, there are some specified questions we usually ask the youth, such as:

- How do you feel special?
- What is your gift?
- How can this gift transform your life?
- What do you need to learn from your heroes or myths?

These questions may help students to change what they do or how they are viewing a problem, allowing them to discover their personal talents and resources. In fact, these questions could enable them to better understand how to face the problems they wish to solve in new and original ways, thus breaking that rigidity in both behavior and thinking that previously prevented changes in perspective. For example, if the students say that they play basketball or fencing very well, we ask them about the abilities they need to practice these sports, such as courage, speed, perseverance, or clarity of mind. These abilities and resources could be useful also in the learning of how to better manage problems that are present in other areas of their lives (e.g., “I think that the same courage that helped you to play fencing, now it may help to change the things that don’t work well”).

Sometimes, the therapist tells children brief stories with moral meaning to better understand some aspects of their

behavior and way of thinking. For example, when a student has offended a classmate through bad behavior or making fun of him, we explain to him or her that apologies are not sufficient, but that he or she should remedy the situation with concrete actions. In this case, we told a story with the moral, “You have to take responsibility for your life.” In different cases, we used other stories with moral means such as, “Each road has its potholes, but you always can find the free road and get to the place that you’re trying to get to,” “the walls are there for a reason, it is to give us a chance to show how, when we desire something, we try to do something more,” “try to do the best you can. Be prepared to work hard to reach your dreams,” and “do not let what you cannot do interfere with what you *can* do.”

Working with the students within the psychological support service, we expected that the young students’ expressive and communicative skills would be improved and developed. From the point of view of the teachers, the psychological support service focused on problem solving that could facilitate students’ educational function, while for the parents it should improve their relational skills.

The Implementation of the Psychology Support Service

The study took place during the 2011-2012 academic year. The sessions were distributed over the entire school year. The service opened for four hours a week, distributed in two days, always in the morning (during school hours). The support team was composed of two school psychologists.

At the end of the school year (June, 2012), users of the service included 64 young students, 15 parents, and 8 teachers. Thirty-five students indicated that they wanted help with problems and these students were included in the study, while those who came to get information (e.g., about high school orientation or a better study method) were not included.

The phases of activation of the psychological support service were as follows:

1. The preliminary phase of organization:
 - The project presentation and consent by the school management.
 - The meetings with teachers to explain the project.
 - The identification and organization of spaces and materials for the service.
2. Providing clear information about the offered service:
 - The guidelines to teachers and parents explaining the main characteristics of the service.
 - The distribution and collection of privacy modules to obtain written parental consent to access psychological services.
 - The intervention of the psychologist in all classes (about 20 minutes for each class) to explain the functions and purposes of the psychological support service with the distribution of a brochure to be posted on the bulletin boards of each class.

3. The meetings with the students, the parents, and the teachers:
 - Conducting individual and confidential interviews.

Purpose

The main purpose of this report is to (a) describe the application of the model of SFBT integrated with the ideas of storytelling and creative language into our Italian school setting, and (b) report the stated experiences of those student who used the services for help with problems. After their therapy, we gave the young students a questionnaire and we aimed to assess how they understood the changes and their experiences of the therapy, asking questions about the expectations and the benefits. This was not a research project in the standard sense, but a preliminary, informal study about our clinical experience, which involved our investigating how the students perceived the work we had done in the school.

Method

Participants

Selection. Thirty-five students were given the questionnaire. There were two dropouts and one questionnaire was not considered valid due to the lack of answers. Therefore, we could evaluate the results obtained by a sample of 32 participants.

Demographic data. The mean age of the youths was 13 year. The youngest participant was 11 year, while the oldest was 15 year. The participants were 23 females and 9 males.

For each young student, the psychologist wrote down the age and the type of problem on a pre-printed record card, indicating one of the following categories: relationship problems with friends, family problems (e.g., separation or bereavement), difficult and conflicting relationships with teachers, poor school performance, and other critical events. The problems in our sample included difficult relationships with friends for nine students; family problems for eight students; poor school performance and lack of motivation for six students; conflicting relationships with teachers for five students; behavioral problems for three students; and other critical events for one student.

Instruments

A self-developed evaluation questionnaire with open-ended questions and one evaluation scale was given after the services were provided. The questions (translated from Italian) to the students were the following:

1. What did you expect when you came to the psychological support service for the first time?
2. How much did you think you could solve your problem?
3. How has the psychological support service been useful to you?
4. What will you still need to handle?

5. On a scale from 0 to 10, how much do you think you have solved your problem?
6. If you want, you can add other observations or considerations.

Design

This is a report of a brief, informal study about students' opinions after a course of SFBT administered by a psychologist in the students' school. A self-report questionnaire with open-ended questions and an evaluation scale was administered post-treatment (as described above). In this report, we used qualitative and descriptive reviews of the answers to observe common categories and themes.

Procedures

The questionnaires were administered by the therapist to all students in therapy at the end of the treatment. The questionnaires were administered after a minimum of four sessions. Most of the students ($n = 28$) ended the therapy before the administration, while the other 5 continued in therapy after that for two further sessions to develop certain matters and to consolidate the results achieved.

Data Analysis

We sorted the answers to the questionnaire questions into categories and give examples in this report about the types of answers that were given. We interpreted the scale answers relying on our clinical experience.

Results

We will describe participants' answers to each question from the self-report questionnaire one-by-one below.

What Did You Expect When You Came to the Psychological Support Service for the First Time?

Fourteen of the youths responded to this question as it was intended. The other 18 youth described their problems rather than their expectations. Examples of quotes from those who responded as intended include:

- "I thought that the psychological support service worked as in the movies, where the psychologist is used to asking you to lie down on a bed and to talk about your problems freewheeling."
- "Well, I'm sure I'd feel a lot worse if I had pulled out all the terrible things that I had deep inside of me..."
- "I expected that the psychologist would ask me a lot of questions..."
- "Overcoming the sense of oppression and the strong anger that I felt for some guys that annoy me."

How Much Did You Think You Could Solve Your Problem?

Here, 20 of the 32 youths stated that they considered it very difficult to resolve their problems, while the 12 remaining youths thought that it was possible to find a solution. Examples of quotes are:

- “I thought that with the right words it was possible to arrange everything.”
- “I thought it was possible to solve my problem.”
- “Very difficult.”
- “For me it was impossible to get away with it, because I did not know really what to do.”

How Has the Psychological Support Service Been Useful to You?

The answers to this question indicate the factors that, from the youths’ point of view, would have contributed to the solution of problems. The answers refer to personal solutions, reflecting in part the therapist’s style of intervention and that was adapted to the student and his or her specific situation.

Some examples of answers together with the related factors that could be involved in the process of problem solving are the following:

- Storytelling and use of metaphor: “I think that the therapist’s suggestions, metaphors and reflections have been useful for me to feel better” “It was very useful, writing and telling stories to understand better what makes me strong and what, instead, makes me weak.”
- The use of personal strategies: “Instead of reacting angrily to the provocations and insults of the other guys, now I’m able to make clear to them that personal insults are painful from my point of view.”
- Counseling and dialogue with a therapist: “Thanks to the therapist’s advice, I was able to give a gift to my dad. I [had] kept it for more than a year and I had never found the courage to give it to him until now!”
- Meta-cognition: “I have reflected that about 70% of confusion depends on us and not on the teachers and so we can do something to improve the mood into the class.”

What Will You Still Need to Handle?

At this question in the questionnaire, 25 of the 32 youths expressed the need to tend to not only the problem discussed, but also other themes such as relationships with parents, friends, teachers, as well as other important aspects for their growth path. Examples of quotes:

- “Next year I have to go to the high school and so I want to try to improve myself yet still more.”
- “I’m waiting for ‘cooling’ now towards the female protagonist of *Blood Story*, a famous horror movie.”
- “I need to have a talk with my parents, even if this makes me very scared.”
- “I see my oppression a little as a big ball of cellophane, as large as the planet Jupiter. This ball grows new layers every time that I get angry again.”
- “I would like to see my daddy more often.”
- “I’m a little bit clumsy...”

The remaining seven youths did not respond to this question.

On a Scale From 0 to 10, How Much Do You Think You Have Solved Your Problem?

On the scaling question, 21 of the 32 youths answered on or above 7 (on the scale 0 to 10).

If You Want, You Can Add Other Observations or Considerations

To the final question, 19 students preferred to not respond, while the others provided some reflections freely. In comparison to the previous answers, these seemed to range from personal considerations on what they have learned to what might be useful to learn more of in the future. Examples of quotes are the following:

- “I can keep calm and I learned to overcome the fear of the dark.”
- “For the first time, I was able to communicate my problems to an adult.”
- “I’m afraid to tell my mom that I did some bad things in the past.”
- “Although we do not have super powers as Marvel heroes, maybe we could still make the world a better place to live.”
- “I mean that we should not be afraid to express our feelings and opinions openly, because it helps to open our eyes and see things more clearly.”
- “Okay, now I feel more protected! This makes me very happy.”
- “I just want to talk about my future...”

Discussion

The data collected show promising first results. The young students’ answers to the open-ended questions indicate that the sessions and the applied techniques were well appreciated. Furthermore, many students revealed that the use of metaphors helped them to better understand some aspects of their situations. This enabled them to become creative about their solutions so that they could apply these ideas in a variety of situations.

The storytelling and the creative language interventions were also described as useful by the youths. They allowed the students to learn how to deal with the problems in new and original ways, breaking the rigidity of thought and action that often prevented them from implementing positive changes.

We propose that the metaphorical aspect of language is universal. Thus, we think that it is important to have an element of storytelling during sessions with youth, because stories can animate students’ inner imaginations. It is possible that the use of metaphors in the practice helped students to identify emotions that would not come to the surface until they told or listened to a story. According to our experience, the storytelling may be very empowering for students.

We found that the use of metaphors and stories fits well with SFBT, especially when the therapist uses the child’s

own stories and imagination. Children reported less on the solution-focused techniques, though during the sessions there were many comments about these techniques' being useful from their perspective. For example, children who used to get angry in many situations found it very useful to reflect on the times in which they could keep calm under pressure. In the questionnaires, there were no specific comments relating to solution-focused techniques, only about the results the students had achieved. The written comments were just about the "know-what," not the "know-how."

Clinical Observations

Our clinical observations during the school year and the answers to the open-ended questions in the questionnaire in combination seem to indicate a change in students' self-perception during therapy. Before the treatment, several students defined themselves as "incapable" and attributed their difficulties to some internal and external factors such as lack of memory or bad luck. After the treatment, they seemed to have changed their self-perception, defining themselves as able to learn and improve their skills.

In addition to the youth's responses on the questionnaires, our research group observed that the most effective interventions were the exceptions-seeking questions and the idea to use the skills and competencies they had developed in other settings (e.g., sport, art, or music) in the context of the therapeutic work. They reported that this was very useful during the resolution of the main problem, but these first impressions need to be investigated more with further research.

Methodological Considerations

The strength of the study is that it could be easily replicated in any school that would like to do something similar. We see a benefit in using open-ended questions about the experience and thoughts about our treatment.

Limitations refer to the instrument, the sample, and the administration of the questionnaires. The questions may not have been the best ones to understand what we were looking for. For example, the first question seemed confusing to some of the students, suggesting that it did not have validity for our purpose. Further, the sample consisted of mostly female students, suggesting that we may have learned different things from a more heterogeneous sample. Also, because we used a sample with a narrow age range, it is possible that other useful observations would be made by including younger or older students. Finally, the fact that the psychologists administered the questionnaire instead of someone not related to the therapy may have resulted in responses that the students thought the psychologists wanted.

Practical Implications

Observations of the answers given to the second (*How much did you think you could solve the problem?*), third (*What do you think would have been helpful to you?*), and sixth (*If you want, you can add other observations or considerations.*) items on the questionnaire underline the

importance of not providing standard solutions; we propose that it is better to adapt the intervention to individual problems as much as possible. In fact, this supports our understanding of the therapeutic process being not a *passe-partout* that opens all doors, but that each door needs its own key. Considering the initial doubts with which the youths approach their difficulties, expressed with the answers to the second question, the discovery of a creative solution to solve their problems is a great result.

Furthermore, the possibility of solving problems reinforces cooperation with the therapist, so much so that most of the students expressed the need to discuss different themes following the experiences of the sessions focusing on the first problem discussed. The answers to the last question seem to highlight the importance of the role of learning in the therapeutic process: When people feel they can cope with difficulties, they desire also to learn something new about their relationship skills.

Further, it could be very interesting also to test the effects of our practice with teachers and parents. It is well known that teachers sometimes consider some students as problematic (Rosenthal & Jacobson, 1992), such as when a student does not do homework or disrupts the normal school activities. We propose also that teachers can improve their relational skills with the SFBT methods, for example by avoiding labeling their students and trying instead to look beyond the simple labels. We also have had the experience that the labeling of a student as "problematic," "incapable," or "bad" can make him or her act in ways that live up to the label. Labeling is never very useful, especially in a school setting, because it produces a self-fulfilling prophecy in which the students behave as others see them.

One of the purposes for which we use SFBT is to teach people to see others in a positive way, focusing on the solutions of the problem and the changes possible rather than problems. When a teacher came to our service complaining about the behavior of a student, we tried to direct his attention to exceptions in order to develop a constructive approach to the problem. If there was no exception, then we tried to create the conditions for it, thanks to the miracle question and problem-free talk. Similarly, parents could be taught some of the techniques for helping their students do better in school and resolve their problems.

Research Implications

The youths' difficulty understanding the first question about their expectations of the psychological work could be due to a lack of attention and/or to the youths' level of psycho-linguistic development, as well as to the phrasing of the question itself. In a future study, we should rephrase this question, adapting it better to the actual linguistic level of the students and formulate the questions more clearly to be understood as intended.

The responses to the first item of the questionnaire might also suggest that in future research, the interview might be better done by someone other than the therapist. Furthermore, we could include a specific question about how the youths saw the problem at the time of the first

session. This variation could allow students to make a direct comparison between “before” and “after” the treatment, therefore making it easier for them to describe the evolution of how they perceived and coped with the situation.

It would be interesting in further studies to collect more reliability data: It may be possible to do a short interview some weeks after the last questionnaire administration to determine whether the students give similar responses.

A further hypothesis that we would find interesting to look into is how the storytelling model helps to improve the students’ communication and expression skills. We found that the models connect very well with the youths emotionally, giving them the courage and confidence to do what they really want as suggested by their responses. The stories and exception questions (e.g., When have you done something difficult? How did you do that?) may help students to attend the school not only as a place where they learn various abilities and concepts, but also as a resource with which they can build their personal identity and interpersonal intelligence. Then, the school becomes part of a wider changing process that teaches students to use their own resources and skills in a positive and constructive way. We also think a further study could be useful with three different experimental conditions: (1) storytelling alone and with defined outcomes, (2) SFBT alone, and finally (3) storytelling in interaction with SFBT.

Finally, we think the study could be improved by learning more about the outcomes. For example, did students change in terms of their confidence or ability to carry through on ideas for moving toward the future? Did they do better in school? Did parents and teachers report fewer concerns about the students?

Conclusions

One of the purposes of the project was to give students access to this service close at hand in school; they got the opportunity to talk with a therapist finding practical solutions for problems and often coping with a sense of loneliness, looking forward and making plans for the future.

For future research, we intend to improve the instrument and to also involve teachers and parents. It seems that children need to feel supported and to be understood in the middle years between 11 and 14. We think this is important for the construction of a sense of autonomy during a life-changing stage. It might be useful to implement and to add some artistic aspects during to children’s education, helping them to give constructive meaning to their fantasies. In adulthood, unfortunately, we often miss the ability to give meaning to life through art and expressive activities. This informal study is a contribution to the dissemination of solution-focused brief therapy; in our opinion, it fits very well with these concepts.

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