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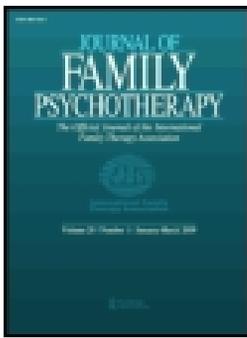


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The Use of Expectation in Solution-Focused Formula Tasks

Michael D. Reiter

ABSTRACT. Solution-focused therapy, developed by de Shazer and others at the Brief Therapy Family Center in Milwaukee, Wisconsin, has been a major force in the field of psychotherapy over the last twenty years. It is a directive, action-oriented approach that quickly gets clients focused on their own resources. Solution-focused therapists use several tasks to assist in the change process. This paper will explore how the theme running through the effectiveness of these tasks is that of expectation. The paper will begin with a discussion of expectancy in psychotherapy and how this creates an ambiance for difference. Then, the history of Solution-Focused Formula Tasks (SFFT) will be presented. Finally, a discussion of the primary principles of SFFT will be presented where the utilization of expectancy to prime the client for change will be highlighted as the main conduit of change. doi:10.1300/J085v18n01_03 [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2007 by The Haworth Press, Inc. All rights reserved.]

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INTRODUCTION

Solution-focused therapy has made significant use of helping people reach their goals through the assumption that change is constant and

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inevitable. This “expectancy” of change by the therapist is one of the hallmarks of this approach. In the evolution of Solution-Focused Formula Tasks (SFFT), the expectancy of change, originating from the therapist and then inclusive of the client, has become one of the main ingredients for the effectiveness of these interventions. This paper highlights some of the underlying principles of SFFTs, focusing mainly on how they are designed to encourage clients to expect new and more useful behavior patterns.

Expectancy

When there is an expectation that something is going to happen, there is a greater chance for a different cognitive and/or behavioral experience. O’Hanlon (1999) discussed the idea of “positive expectancy” talk. This entails creating a context for the client to expect something positive through the use of language. The therapist can “prime the pump for possibilities” (p. 98). Using keywords such as “so far,” “yet,” “up until now,” “when,” and “will” infer change and difference. Through subtle language, the therapist can suggest change, which will get the client ready for it. De Shazer (1984) explained that by using “when” instead of “if” highlights the therapist’s expectation that change is going to happen. With further questions such as “where” and “what type,” it is not a question of if change will happen, but the specifics of when, how, and where it will happen. O’Hanlon Hudson and Hudson O’Hanlon (1991) discussed the use of expectancy language. They hold that when the therapist uses language (i.e., “when,” “after you do this”) creates the expectancy for difference. This makes it more likely that the task given by the therapist to the client(s) will be completed. Even further, there is an expectancy that something will happen; something different.

One of the leading therapists to utilize the idea of expectancy was Milton Erickson. O’Hanlon (1987) discussed how Milton Erickson “attempted to orient people away from the past into the present and the future, where they could deal with difficulties more adequately” (p. 12). Erickson usually attempted to utilize the client’s own resources, yet have them alter an existing pattern. The therapist expects that change is not only possible, but that it is inevitable. O’Hanlon (1987) further delineated this notion:

The therapist’s responsibility is to create a climate, an atmosphere for change. He does this by creating an atmosphere of expectancy for success (through his words and actions) and by utilizing and

incorporating the patient's objections, style, and "resistance" into the treatment. (p. 19)

By altering existing patterns, there is familiarity yet unfamiliarity. And with unfamiliarity comes the notion that something different can happen.

De Shazer (1985), who based much of his work on the ideas of Milton Erickson, explained how clients come in with an expectation that things will move from bad to worse. The cognitive processes clients come in with help establish expectation-maintaining behaviors and where what has occurred in the past (the complaint situation) leads the individual(s) to expect more of the same. One of the therapist's goals is to introduce some change, which leads to a change in client expectancy. This new change, if done more of the same, will produce expectation-maintaining behaviors, where the expectations are more toward the client's goal. De Shazer explained this as follows:

Since a specific change is almost impossible to predict, what the therapist is after is a change in the context or context markers which will promote what the client expects to be different as a result of reaching or achieving the specific goal. (p. 77)

De Shazer described the notion of a process of building expectations as "any spontaneous change, one that is generated by the clients and is not part of a specific, therapeutic directive such as, 'next time x happens, do y,' suggests that some sort of fit has been achieved" (p. 77). Client initiative, backed by the therapist's expectancy of change, helps connect people in the therapeutic system and more easily leads to change. De Shazer stated that, "at BFTC [Brief Family Therapy Center] it is part of the therapist's task to help define the context of therapy and create certain expectations of problem solution" (p. 79). He further stated that, "any intervention even implicitly focused on change in the immediate future lets the client know that the therapist expects change and is sure that change will occur" (p. 79). This then leads to the client expecting that at some point in the future (and probably not that far into the future), the change that the therapist expected will happen. It is not a matter of "if," but more a matter of "when."

Thus, one of the main processes which leads clients from having a focus which is keeping them mired in the problem situation to a solution orientation is that of expectancy. Not only is expectancy an orientation that the therapist embodies, it is infused in the language spoken and

the interventions given to the client(s). The therapist's expectancy then shifts to the clients, where they are then looking for and expecting some type of change in their lives to occur.

History of Solution-Focused Formula Tasks

Formula tasks are standardized interventions (de Shazer, 1985) that solution-focused therapists give to clients, usually at the end of sessions. They are standardized in that the task is generic enough to fit a wide range of clients who have a wide range of presenting complaints. Formula tasks are primarily designed to initiate new behaviors from the client(s) (de Shazer, 1985). Formula tasks can also be considered "skeleton keys" in that there is not one, and only one, intervention that will work for the specific problem that is brought to therapy (de Shazer, 1985).

De Shazer first developed "formula interventions" in 1969 (de Shazer, 1985). This was known as the *write-read-burn* task. This intervention involved spending at least one hour, but no more than one-and-a-half hours per day, on odd-numbered days, writing down good and bad memories (of a boyfriend). On even-numbered days, the client was to read the previous day's notes and then burn them. After this first case, this task was generically used for clients who had complaints dealing with obsessive thoughts or depressive thoughts.

The *structured fight* task, developed in 1974, is used when both parties in a couple complain about their arguments and/or fights (de Shazer, 1985). In this task, the couple is to flip a coin. Whoever wins the coin toss gets to complain to the other person, without any feedback. After 10 minutes, the first person becomes quiet and the second person, who was silent for 10 minutes, gets to complain for ten minutes straight. After 10 minutes, both people are to be silent for 10 minutes.

The *do something different* task, developed by de Shazer (1985) in 1978, was designed for families who find themselves in a repetitive pattern around the complaint situation. The initial task goes something as:

Between now and next time we meet, we would like each of you once to, do something different, when you catch Mary watching TV instead of doing what she needs to be doing, no matter how strange or weird or off-the-wall what you do might seem. The only important thing is that whatever you decide to do, you need to, do something different. (p. 123)

It is up to the client(s) to decide which part of their failed-solution attempt s/he is to change. De Shazer stated that, “this task seems to work because it reaffirms to the clients the therapist’s expectation that change can and will happen, and that they, the clients, can change and solve the problem” (p. 132). Both of these tasks rest on an assumption that clients will reach their goal(s).

The *first session formula* task is probably the most widely known SFFT. It was designed to shift the client’s focus from an expectancy of problems to that of an expectancy of change (de Shazer, 1985). It is worded as, “Between now and next time we meet, we [I] would like you to observe, so that you can describe to us [me] next time, what happens in your [pick one: family, life, marriage, relationship] that you want to continue to have happen” (de Shazer, 1984, p. 15). This formula task is designed to shift clients’ lenses from that of a problem-focused orientation to a solution-focused orientation. Instead of doing the typical thing that the client has been doing (i.e., focusing on when things are not going well), the client now is doing something different and focusing on times of strength and resources.

De Shazer (1985) believes that it might be the difference in expectations initially, where the client is expecting more of the same and the therapist is expecting difference, that seems to make a difference in the clients’ responses. These initial SFFTs were developed for one case, however, de Shazer realized that they had a wider applicability and could be utilized with other clients dealing with similar, or sometimes even dissimilar, complaints.

Variations of Solution-Focused Formula Tasks

There have been many variations of SFFTs. These somewhat invariant tasks can be slightly modified by the therapist and/or client to help the client move toward his/her goal(s). O’Hanlon and Weiner-Davis (1989) discussed the use of formula tasks;

Although invariant tasks can be either problem-oriented, i.e., designed to interrupt the complaint sequence pattern, or solution-oriented, i.e., designed to build on pre-existing solutions and strengths, the solution prescriptions described here prompt new behaviors and perceptions by creating the expectation of change in the future. (pp. 135-136)

It is this focus on what clients are already doing that is good for them that SFFT's utilize to help in making a connection between client(s)/therapist and client(s)/goals.

All of the various formula tasks seem to be based on the three rules (Berg, 1994) of solution-focused therapy: if it ain't broke, don't fix it; once you know what works, do more of it; and if it doesn't work, don't do it again, do something different. The primary rule that is used for most formula tasks is the third one, doing something different rather than the "more-of-the-same" behavior which is only perpetuating the problem focus.

Berg (1994), based on de Shazer (1991), discussed a technique of having the client pretend that the miracle has happened. In this task, the client is to pretend that his/her miracle has happened and that the client should notice everything that is going on that is now different about him/herself, their family, others. Berg states it as:

Pretend that a miracle has happened and the problem that brought you to our attention is solved. Do everything you would do if the miracle happened, and keep track of what you notice that is different about yourself, your family, and how other people react to you. (p. 185)

This formula task allows room for the client's specific miracle (solutions) and incorporates an expectancy that the miracle is possible. This builds off on the ideas of Madanes (1981), in that once clients pretend the situation, it shifts from being involuntary (and potentially stable and recurrent) in occurrence to one that is voluntary, based on the client's actions. Thus, this leads to a more heightened sense that the situation will not constantly be the same but can change.

Selekman (2002) discussed formula tasks in terms of solution-oriented therapeutic experiments. He uses these primarily with adolescents and their families. They are designed for connection building. One of these experiments is the Compliment Box. This task is used primarily with self-harming adolescents and families where there is a lot of negativity and blaming. The parents are asked to get an old shoebox or other box that can be opened and closed. Members of the family are asked to write down, every day, a compliment they have for each of the other members of the family. During some specified time of the day, perhaps after dinner, the family gets together, opens the box, and reads the various compliments. Family members read each other's compliments. This task is

similar to the First Session Formula Task in that it shifts people's expectations from viewing problems to viewing strengths.

Berg (1994) makes use of the Prediction Task. This is used when clients can recall exceptions to their problems but do not think these exceptions are within their control. Since they do not think these exceptions are in their control, it is hard to repeat them. Berg discussed the prediction task as follows:

A client is told to "make a prediction" each night about whether she will have a "good day" or a "bad day" the following day. The next day, she is to go about her usual routine. At the end of the day, she is to review the day and record whether it was a "good day" or a "bad day" and make another prediction for the following day. She is to repeat this until the next appointment. (p. 188)

What Berg has found is that clients predict more "bad days," but in reviewing the process of this task, the client realizes that they had a better week than they thought they had. This will then shift their expectation from thinking they will have a bad day to thinking they can have a good day or a not-so-bad day. This also shifts the view of problems from being involuntary, and somewhat more permanent, to more malleable, which increases the client's sense of possibilities.

Another formula task that was briefly discussed by Cade and Hudson O'Hanlon (1993) and Berg (1995), then further delineated by Reiter (2004), is the Surprise Task. In this formula task, used when one (or more) member(s) of a system is having difficulty shifting his/her viewpoint of another as problematic, entails the person who views the identified problematic individual as troublesome to watch for and guess what type of "positive" surprise the complained about person does. The person who has been identified as troublesome then attempts to perform some positive behavior (surprise) without making it too obvious to the first person. The first person then, at the next session, must attempt to guess the surprise behavior. This task promotes a sense of expectancy of positive behaviors from someone who was viewed as quite troublesome.

Principles of Solution-Focused Formula Tasks

Solution-focused therapy is based upon clients doing more of what-works behavior (exceptions), or the promotion of prototypes of exceptions. SFFT's assist clients in achieving their goals by leading clients to

begin or continue to engage in non-problem patterns, thus shifting them from doing more of what does not work to more of what works.

In exploring the various solution-focused formula tasks, it would seem they have several principles in common; doing something different, including a small change in the desired direction, the ability to be repeated, having room for the client to add his/her own uniqueness, having wide applicability, and having an expectation of change. Perhaps the most important of these is having an expectation of change. As de Shazer (1984) explained, "Once changing is seen as inevitable, the therapist's stance of expecting changing and promoting changing can be useful in helping the family to solve the puzzle that brought them to therapy" (p. 16).

By clients paying attention to those times, or even possibilities, of difference/change, they are then more predisposed to mark certain events, thoughts, or feelings as "difference" and thus as change. SFFT's are designed to move clients from a problem orientation to a solution orientation. The change does not need to be large. However, clients usually come to therapy because they are mired in a pattern of behavior that is not working for them. By changing one small part of that pattern, a new pattern emerges. This new pattern will hopefully be in the desired direction.

All of the SFFTs contain some variation of the client doing something different. This could come in the form of behavioral or cognitive change. Most of the tasks involve behavioral change. For instance, the "do something different" task gets clients to try some behavior that they have not used in a relational pattern. In the miracle task, the client behaves as if the miracle happened. In the surprise task, the client actively engages in behaviors to surprise one or more other people. For the write-read-burn task, the client is actively changing their obsessive/depressive routine by writing and burning their cognitions instead of continuing to ruminate on them. One SFFT that might not be deemed behavioral change is the first session formula task, which is designed for clients to change their perceptions or cognitions from the problem cycle to the solution sequence. By viewing the problem (or non-problem) in a different way, change is happening. Although this might not be behavioral, something different is occurring for the client.

SFFTs are not designed to "solve" the client's problems. However, they assist in getting the client in taking steps closer to the client's goal(s). These steps might be as small as looking for what they want to be different in their lives to changing one small action during a period of time. The key is movement in the desired direction, as this will help increase motivation and set an expectancy that there is the possibility for

the client to reduce or eliminate his/her complaint(s). Most clients have developed a perceptual set that includes an expectation of continued problems. When things start moving in a positive direction, even if only very small change, clients begin to develop an expectation that more positive change is possible.

SFFT's are not one-time interventions. A client could be assigned the same formula task on multiple occurrences. Since each time the task is assigned the client may be doing or viewing the non-complaint times in a different way, s/he can then take further "steps" toward the goals. For instance, the therapist can take several sessions to explore the client's miracle and each time can expand the various pieces of the client's miracle. After each expansion, the miracle task can be given. Another possibility is that the therapist can assign to the family the compliment box task for several weeks in a row. By engaging in the task on multiple occasions, clients have the freedom to explore and take risks that they might not have with only doing the task once. The write-read-burn task is useful to assign each day for the client, although de Shazer (1985) explained that it usually only takes clients several times of doing the task before they do not need to use it anymore.

Further, these tasks can be useful when repeated because the client is able to add his/her own creativity to the task. SFFT's are standardized, however, the exact behaviors that the client does is not. For the surprise task, the therapist does not state what the surprise behaviors will be. This is determined by the client. For the miracle task, it is the client's miracle pieces that will be utilized. In the do something different task, the therapist does not know what will be different. That is to be determined by the client. There is a greater possibility of ownership and application of the task by the client when the therapist allows the client room for collaboration in determining how, when, where, and with whom.

SFFT's are useful to the clinician because they have wide applicability for a general classification of client complaints. For instance, those couples who enter treatment and are not getting along, the first session formula task or the structured fight task might be useful. For clients where one person has a very negative perception of the other, the surprise task or the do something different task could be useful. For clients who are feeling somewhat hopeless that things could change, the miracle task or the prediction task would seem useful. The therapist can assign the write-read-burn task or the do something different task when a client is obsessing about a person or event. Or for families that are mired in constant bickering, the first session formula task or the compliment box task could be given.

Finally, expectancy would seem to be the most potent of factors in the effectiveness of SFFT's. Every formula task involves the client developing an expectancy of change/difference. In the structured fight task, there is the expectancy that there will be a new pattern of fighting, which will lead to a change (and lessening) of the complaint around fighting. In the first session formula task, there is an expectancy that there are many behaviors occurring that the client will want to build upon. In the prediction task, there is an expectancy that not every day will be a bad day; thus, there will be good days. Or at least, there will be "not as bad" days. In the surprise task, there is an expectancy that the identified patient will be engaged in positive and productive behaviors. In the compliment box task, there is an expectancy that each family member is doing one or more things that are productive and can be complimented on. For the write-read-burn task, there is an expectancy that the way in which the client is currently experiencing depression or obsessive thoughts will not last too much longer and that the client can expect to have cognitions other than the ones s/he came in complaining about. In the do something different task, there is an expectancy that a new and different pattern of relating can and will happen. Having been primed for a different experience around the complaint situation, clients seem to be more likely to accept the difference in the situation; whether the difference is in behaviors, cognitions, experiential, or a combination.

In developing new formula tasks, three criteria would seem to be useful: expectancy, change/difference, and room for client creativity. By developing a task that is generic enough that clients can use their own particular strengths/resources/solutions, the task would then have wider applicability than to that one case. Further, the task should highlight the notion that the same failed solution-attempts will not occur. Something different will be occurring, whether this difference is in cognitions or behavior. Lastly, and seemingly most importantly, a sense of expectancy should infuse the task. By expecting that change/difference will occur for the client, based on the way that it makes most sense for the client, the therapist is sending a message to the client(s) that a new more useful mode of operation is not only possible, but will occur some time in the near future. Incorporating these basic principles into the development of tasks, clinicians can utilize SFFT's with a multitude of other models, types of clients, and classes of complaints.

REFERENCES

- Berg, I. K. (1994). *Family based services: A solution-focused approach*. New York, NY: W. W. Norton & Company.
- Berg, I. K. (1995). *I'd hear laughter: Finding solutions for the family*. [Motion picture]. (Available from the Brief Family Therapy Center. P.O. Box 13736, Milwaukee, Wisconsin, 43213).
- Cade, B. & Hudson O'Hanlon, W. (1993). *A brief guide to brief therapy*. New York, NY: W.W. Norton & Company.
- de Shazer, S. (1984). The death of resistance. *Family Process*, 23, 11-21.
- de Shazer, S. (1985). *Keys to solution in brief therapy*. New York, NY: W. W. Norton & Company.
- de Shazer, S. (1991). *Putting difference to work*. New York, NY: W.W. Norton & Company.
- Madanes, C. (1981). *Strategic family therapy*. San Francisco, CA: Jossey Bass.
- O'Hanlon, B. (1999). *Do one thing different*. New York, NY: William Morrow and Company, Inc.
- O'Hanlon Hudson, P. & Hudson O'Hanlon, W. (1991). *Rewriting love stories*. New York, NY: W. W. Norton & Company.
- O'Hanlon, W. H. (1987). *Taproots*. New York, NY: W. W. Norton & Company.
- O'Hanlon, W. H. & Weiner-Davis, M. (1989). *In search of solutions*. New York, NY: W. W. Norton & Company.
- Reiter, M. (2004). The surprise task: A solution-focused formula task. *Journal of Family Psychotherapy*, 15, 37-45.
- Selekman, M. D. (2002). *Living on the razor's edge: Solution-oriented brief family therapy with self-harming adolescents*. New York, NY: W. W. Norton & Company.

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