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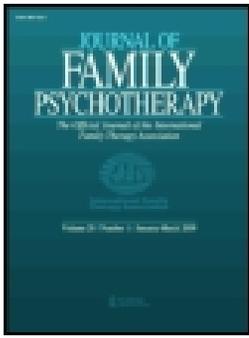
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# The Surprise Task: A Solution-Focused Formula Task for Families

Michael D. Reiter

**ABSTRACT.** This paper presents an augmentation of two solution-focused formula tasks. The Surprise Task is a specification of the “formula first session task” and the “do something different” task. The first task was designed to get people to view exceptions to their complaints while the second task directs people to take action about their complaint. The Surprise Task combines these two foci and gets one member of the household, the identified client, who is a youngster, to do something different, a surprise, while the adult member(s) of the household attempt to notice change. This noticing can then be used as exceptions and built upon to help the family construct a different view of their current situation. A case example will be utilized to demonstrate how this new task can provide impetus for change in a family. *[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>> © 2004 by The Haworth Press, Inc. All rights reserved.]*

**KEYWORDS.** Solution-focused therapy, formula tasks, exceptions, solutions

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This paper is intended to demonstrate an augmentation of a solution-focused therapeutic task. This task was developed as a specification and combination of the “formula first session task” and the “do something different” task. It can be used primarily with families presenting with a child exhibiting negative behaviors wherein the family is frustrated and believing they have done everything to rectify the situation.

Solution-focused therapy began in 1978 in Milwaukee, Wisconsin. It was an alternative approach to the problem-focused lens of the Mental Research Institute. De Shazer et al. (1986) describe the key to their approach to brief therapy as “utilizing what clients bring with them to help them meet their needs in such a way that they can make satisfactory lives for themselves” (p. 208). These client strengths, thoughts, and behaviors are then highlighted to allow the client(s) to view themselves in a slightly different manner. This is through the conceptualization of post-structuralism which “stresses the interaction of people as an activity through which meaning is constructed” (de Shazer & Berg, 1992, p. 73). Through interaction and language, people enter into relationships where they create certain meanings to situations. Part of the therapist’s position is, through language, change the meanings that people have for events, behaviors, feelings, and thoughts.

The “formula first session task” was first developed in 1982 by Steve de Shazer at the Brief Family Therapy Center (Molnar & de Shazer, 1987; de Shazer et al., 1986). The “first session formula task” is as follows:

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 family that you want to continue to have happen. (de Shazer, 1984, p. 15)

It is a formula task because it is used with almost all clients with almost any presenting complaints. By wording the task in this manner, the therapist gives an implicit expectation of change.

The task was devised to begin exploration of vague goals and designed to shift the focus temporally, from the past to the present and thus to the future (Walter & Peller, 1992). The first session formula task also helps to uncover an area that the clients were not highlighting, the strengths in their lives. This task was given at the end of the first session and directs the client in focusing in on those areas of their lives that are

working for them. This is important because most clients have a view of their lives that “things are bad.”

Clients come in with complaints and a particular way to see the world. This “either/or” thinking leads them to believe that if problematic behavior is there, then things are not good, and might be the crux of the family’s problems (de Shazer, 1985). Solution-focused therapy helps open the lens of viewing to the “non-A” (non-problematic) occurrences, thus allowing room away from definitiveness to that of options and solutions (de Shazer, 1985). Thus, when someone views his/her child as “being a troublemaker,” that child’s non-troublemaking behavior is not fully viewed and appreciated.

In 1978, the therapists at the Brief Family Therapy Center worked with a case where, at the end of the session, they instructed the client family to initiate behavior instead of just noticing what was going on (de Shazer, 1985). After positive results, the team developed a formula version of this task. This was the “do something different” task:

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. (de Shazer, 1985, p. 123)

This formula task was intended for families who came in where one person believes that they have attempted everything to rectify a problem behavior of another person. Upon repeatedly trying to fix the problem in unsuccessful ways, the person is stuck in repetitive behaviors.

The “do something different” task is based on a very basic premise; do something that they have not done before, something different than the repetitive failed solution attempts that they have been trying. The hope is that their new behavior will be change enough in the system to enact a new way of operating between people and will open up discourse of difference and change.

### ***MAKING TASKS PLAYFUL***

One of the main thrusts of solution-focused therapy is to “attempt to encourage consideration of the differences between the situations in which the problem behavior occurs and the situations in which the ex-

ceptions to the problem behavior occurs” (Molnar & de Shazer, 1987, p. 351). There are many ways to highlight exceptions. Most therapy is done through language and serious discussion. However, therapy can be made fun, which might encourage clients to be engaged more readily in the therapeutic endeavor. Humor and fun are two ways to bypass intense cognitive focus on an issue and bring a family together through joint cooperation on a shared playful task.

De Shazer (1980) described how he applied Goffman’s idea of “changing ‘serious’ activities into ‘playful’ activities” (p. 472). The guidelines that de Shazer adapted are as follows:

1. The playful acts are so performed that their ordinary functions are not realized. Efforts are made to equalize the strength of the players
2. There is an exaggeration of some normal acts
3. The normal sequence serves as a pattern that is neither followed faithfully nor completed fully, but is subject to arbitrary starting and stopping
4. The activities called for are repetitive
5. Any player has the power to terminate play once begun
6. During the play the dominance order may become mixed up or reversed
7. The play seems independent of any external needs of the participants and continues longer than would the actual interactions it is patterned after
8. The play is social in that it involves more than one participant and the playfulness can therefore be more easily sustained
9. Signs are available to mark the beginning and the termination of playfulness (de Shazer, 1980, p. 472)

For some families, especially those where younger children are involved, framing tasks as “play” can be a very effective way to get clients motivated to engage in the tasks. Another positive aspect of play is that it engages people in interaction, all working for a common cause; and hopefully enjoying themselves while this is occurring.

### ***CRITERIA FOR THE SURPRISE TASK***

The Surprise Task is best used with clients presenting with a complaint of a preadolescent child or young adolescent. The parent(s) usually complains that the child is a “bad child” and has difficulty talking

positively about the child. The parents also think that they have done just about everything to try to get their child to act in a more proper fashion. The child, on the other hand, believes that he/she is not really problematic and that the real issue is that the parents come down on them too harshly. Usually this has been an on-going sequence of parents giving up very quickly on positive expectancy from their child and the child not wanting to put energy into pleasing their parent because of expected disappointment.

What the task is designed to do is to highlight the exceptions that are occurring in the interactions between child and adult. De Shazer (1988) has defined solutions as “what happens when the exceptions have become the rule” (p. 116). Exceptions are those times when the complaint does not happen (de Shazer et al., 1986). The idea is that the problem does not happen every second of every day. Although the parents believe that their child is continuously problematic, there are times when the child is doing some semblance of what the parents are expecting. The Surprise Task allows those actions that the identified client is already doing to be brought to be figure and the complaints of this person to become ground. The hope is that once the person’s already occurring actions are noticed, these can then be used by the family to build upon to reach their goals.

### ***IMPLEMENTING THE SURPRISE TASK***

The Surprise Task is usually done at the end of the session; however, it does not have to be the first session. With about ten minutes left, the therapist gets all motivated parties into the therapy room. The family is told that they are going to be doing a task for this week, in a sense, a game. And that task is that the child will be doing a good surprise this coming week. The game is that the parent(s) will have to guess what surprise their child intended. Then, at the next session, they will reveal what they thought it was. The parent(s) are then asked to leave the room and wait in the waiting room. The therapist tells the child that they should really try to stump their parents; to not make things easy to figure out. A few suggestions are made, such as not doing the surprise during the beginning of the period outside of therapy; not too dramatic; and not too out of the ordinary. These instructions are clarified to ensure that the son/daughter fully understands them. Then the child is walked to the waiting room and the Surprise Task is again highlighted with the parent. Upon the clients’ return to the next session, the therapist asks the parent

what surprise the child performed. Usually, many guesses are needed before the parent(s) gets the right surprise.

By focusing during the week on what the child was doing right instead of what the child was doing wrong allows the parents to view the child in a different fashion. The Surprise Task directs the clients for expectancies of change and difference. The child is freed from their role as the “black sheep” and is allowed to demonstrate their caring, thoughtfulness, and other strengths. The intention of the task is to introduce some difference (in behavior or thought) which is “a difference that makes a difference” (Bateson, 1972).

Weiner-Davis, de Shazer, and Gingerich (1987) describe a few ways in which Bateson’s notion of “a difference that makes a difference” really does make a difference:

There are several possibilities: (a) A new response occurs spontaneously and both parties in a relationship recognize that something different is happening; (b) in hindsight, one recognizes that something exceptional or different happened and, although the response was not noted as “different” at the time, it is now seen as different; or (c) one can be watching for signs of change and, therefore, anything, any new bit or any bit noticed for the first time within the ‘watching for signs context,’ might be seen as a difference; that is, the distinction lies largely in the meaning attached to the new bits of behavior. (p. 362)

It is this last way in which difference might be unique enough, new enough, to promote a differing understanding in which the “Surprise Task” is rooted. Further, once difference is seen in current behavior, there is the possibility that past behavior can be viewed in a newer, more functional way.

### **CASE EXAMPLE**

The Phillips family<sup>1</sup> was involved in treatment for their 10-year-old daughter, Emi, for almost two years. Most of these sessions were individual play-therapy sessions with a doctoral student. The family consisted of mother, Joyce; father, Frank; daughter, Emi; and five-year-old brother, Austin. Both of the children were adopted. The family did not report any complaints concerning Austin. Their complaints of Emi were that she continuously lied, treated her brother poorly, did not do house-

hold tasks such as cleaning her room on time, did not follow through on self-care skills, was rude and disobedient to her parents, and that she was doing poorly in school. Joyce was the person who brought Emi to therapy sessions. She had been very reluctant to become an active member of therapy.

The case was transferred to the author after having been seen for two years in a Community Mental Health Center. After several sessions of solution-focused work, things seemed to not be going in a good direction. Joyce was still hesitant to trust in Emi and Emi was quite upset, believing that her mother did not love her. This claim was viewed because Joyce would make comments about wanting to give Emi up back for adoption if she did not behave better.

At the end of the seventh session, the therapist had Joyce and Emi in the therapy room together. There was quite a bit of tension between them. Joyce had discussed how awful of a child Emi was. The Surprise Task was then presented. The family was told that during the upcoming week, Emi was to do a surprise in the house; a good surprise. This was then to become a game. Joyce was to try to figure out what Emi did that was a surprise. She was also asked not to talk to Emi about it before the next session. Some time was spent in terms of motivation with Joyce in following through on this task. After it was surmised that Joyce would attempt the task, she was excused from the session. Next, the therapist talked with Emi about the particularities of the task. The idea of stumping her mother was put forth in terms of having Emi trump her mother. She was asked to come up with a surprise, one that she developed. This was to be something that she would do that her mother and father would appreciate. The therapist encouraged her to not do anything too dramatic, such things as presenting them with big cards, presents, or the like. Since the sessions were scheduled on Thursdays, she was encouraged to do the surprise on Tuesday or Wednesday. Further, she was reminded not to tell her mother what the surprise was, even if her mother guessed it before the next session. The therapist made sure that Emi understood the whole Surprise Task and then walked her out to the waiting room. In the waiting room, the guidelines for the task were reviewed one last time with mother and daughter, and the therapist ended the session.

At the next session, both Joyce and Emi were present. The therapist began the session by asking Emi if she had performed the surprise. Emi stated that she had. Next, the therapist asked Joyce what surprise she noticed Emi doing. Joyce stated that Emi had played with her brother in a positive manner. Emi was asked if that was the surprise, and she said

“no.” The therapist then returned to Joyce and asked her what other guesses she had. Joyce stated that perhaps it was Emi doing her homework right when she got home from school. Emi denied this being the surprise. Joyce then thought it might have been listening to her when she told her to go to bed one night and Emi did not put up a fight. Emi denied that this was a surprise. It took Joyce six attempts to guess the surprise, which was Emi cleaning her room without being told to do so.

The therapist then continued therapy with the family. Emi and Joyce came for five more sessions. Joyce was more of a participant in the sessions. Although Joyce still had some complaints about some of Emi’s actions, the “either/or” mentality that she originally had was not there. Mother and daughter began to have better interactions with each other, spending some time apart from the rest of the family. Emi’s interactions with her brother also improved. The family terminated treatment based upon the initial complaint not being as problematic for them. Emi had begun to improve her grades, her relationships, and her demeanor at home. Joyce had begun to be hopeful with Emi and was initiating more positive interactions.

### ***UTILIZING THE SURPRISE TASK***

The Surprise Task can be used whenever a family is presenting complaints about one or more members’ behavior. The identified client does not necessarily have to be a child; however, the use of verbiage such as surprises works well with this age population. Other areas where this approach might be utilized is in couples therapy where one or both partners has a steadfast view that the other person does not try at all in the relationship. The therapist could attempt to focus on exceptions, those times when the other partner does do something that the partner wants to continue to have happen. One or both members of the couple could be asked to do a pleasant surprise for the other and then each notice what that surprise is.

The Surprise Task can also be switched around where the parent is the one asked to do a good surprise during the span between sessions. This can be in families where the child is complaining that they do not feel loved and valued. Multiple members of households can be the ones doing the surprises or attempting to notice what the surprise was. Any or all members of the family can be involved in this playful activity where people focus on the already occurring strengths of other members in their family.

By utilizing what the clients want to do for each other and allowing their way of showing caring in relationships, the Surprise Task allows client families to enter into new and different ways of relating to one another. Hopefully, these new ways will be “a difference that makes a difference” so that some new, more acceptable means of interaction can occur that all members will be satisfied with.

## NOTE

1. All names and identifying information have been changed to protect for confidentiality. The author was the primary therapist.

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