

“Are You a LeBron Today?” Playfully Expanding Scaling Questions

Lori Pantaleao and Anne Rambo

Nova Southeastern University

Abstract

This paper guides the reader through the development and implementation of original, playful solution-focused scaling questions when working with adolescents. A case example, building on an adolescent's interest in the Miami Heat basketball team, is used to demonstrate the use of solution-focused brief therapy scaling questions. The creative use of the scaling question allows for emotional expression, concrete understanding, and development of a cooperative therapeutic alliance between client and therapist.

Keywords: solution-focused brief therapy, (SFBT), adolescents, children, scaling question technique

When working with children and teens, the solution-focused therapist must be mindful of his or her understanding of the issues and find an appropriate process of therapy that supports joining (Lipchik, 2002). Previously in this journal, the importance of introducing fantasy and creative language into solution-focused brief therapy (SFBT) work with children was discussed (Ciuffardi, Scavelli, & Leonardi, 2013). As these researchers noted, building on their experiences in the Italian school system, the appropriate use of metaphor can restructure the description of a problem and convey new meaning. A personalized modification of the scaling question, using a familiar metaphor that fits for a child or adolescent, can aid in both engagement and understanding. Scaling can draw on perspectives already familiar to the young client and put the conversation in reassuring, concrete terms.

Special Issues in Working With Children and Adolescents

SFBT can be especially beneficial with children and adolescents because it is a brief model and allows for joining with all age groups (Kim & Franklin, 2009). SFBT uses carefully posed, deliberate questioning to change perceptions through co-constructive language, collaborative goal setting, and the use of solution-building techniques that occur between therapist and client (Bavelas, Coates & Johnson, 2000, 2002; Bavelas, McGee, Phillips, & Routledge, 2000; McGee, Del Vento, & Bavelas, 2005).

Newsome (2005) studied the impact of SFBT with at-risk junior high school students and found SFBT

interventions to be beneficial. Franklin, Streeter, Kim, and Tripodi (2007) also found SFBT to be beneficial with children and teens. By focusing on the child's strengths and positive behaviors, the child's self-esteem and self-efficacy are positively influenced (Wheeler, 2001).

Working with children systemically allows the therapist to see them as a contributing member of the family and respect them in their own right (Milner & Bateman, 2011). In order to achieve that, professionals must consider the child's point of view. Children are typically transparent as to how they would like to be treated by adults and how they would like to be addressed. Essentially, children would like to be as addressed as adults, but in a manner they can concretely understand. Through that concrete understanding, children are able to engage and participate in therapy. Therefore, it is necessary to make therapy more understandable when working with children. Milner and Bateman (2011) stated:

Scaled questions enable children to identify where they are in relation to their problem or goal at that current time; to recognize how they have got to that particular point; to set realistic and achievable goals for the next hour, day, week, and month; and then to measure their progress in realizing these goals.
(p. 113)

Using the scaling question technique, the therapist can better grasp how the child is interpreting the information and how he or she may be evaluating therapy, as well as set achievable goals.

Scaling Questions

The development of a cooperative therapeutic alliance is the first step in establishing the therapeutic relationship. There are multiple ways for therapists to join with their clients. An important part of SFBT is to make clients feel comfortable to share their stories. A SFBT therapist's attitude is one of positivity, respect for the client and/or family, and hopefulness (de Shazer, 2007). Different ways of developing a cooperative therapeutic alliance include matching the client's body language or discussing the clients' likes, dislikes, hobbies, and other forms of enjoyment. The manner in which a SFBT therapist formulates questions is guided by techniques, which allow clients to expound upon their response, therefore guiding them to their solution. There are various types of questions utilized by SFBT therapists, including the scaling question.

The SFBT therapist usually introduces the miracle question¹ technique in the first session. Once the client has stated his or her reason for being in therapy, the therapist asks the miracle question as a way of indirectly gathering information about the client's goals. Once a client has defined his or her miracle, the SFBT therapist may ask a scaling question in order to identify whether the client believes he or she is in accordance with this goal (de Shazer, 2007). The scaling question technique allows abstract thoughts to become more concrete. The number on the scale helps the client to display his or her level of commitment to the intervention, to reflect on personal confidence level, and to measure hopefulness for reaching goals. The purpose of the scaling question is to emphasize positive changes in the situation within the client's life and to explore how the client achieved this difference (de Shazer, 2007). Change is easier to achieve when the all-or-nothing stance is removed from the equation (Nelson & Thomas, 2007).

When asking a client to scale his or her hope that the situation will get better, the therapist places the least desirable behavior (the problem) at the 0-mark on the scale and the miracle (life without the problem) at the 10-mark. After the client places his or her hope on the scale (e.g., rates hope as 4), the therapist explores the client's reasoning for the placement. The therapist might ask, "So what is it that indicates to you that you're at 4 and not at 2?" The client will generally respond with a summary as to why he or she thinks 4 is the appropriate rating. However, the therapist must probe further to create concrete descriptions, including the client's thoughts, emotions, behaviors, and interactions. Scaling is frequently utilized by clients because when they make small steps toward their goal, they might not otherwise know how to disclose this to the therapist (Nelson & Thomas, 2007).

A co-created metaphoric expansion of the scaling question provides a more tangible understanding of the desired result. When working with children or adolescents,

a scale with simple numbers may not fully hold their attention or assist in comprehending the question. Using a metaphor that emphasizes their interests encourages engagement and produces a working knowledge of the ratings on the scale.

Case Example

Initial Family Meeting

A family² of four came into an educational clinic at the university where both authors work. The family consisted of the youngest son (11 years old) and his mother, father, and brother (17 years old). The presenting problem had to do with the 11-year-old son's difficulties separating from his parents. Both the mother and father emphasized the anxiety their son felt when they were not within his vicinity. The father went as far as to claim that his son would fit the "online diagnosis of separation anxiety". The father expressed his concerns about the son's discomfort when being separated from his immediate family members for periods of time. The father used the word "phobias" to describe the son not being able to be in the house alone, not wanting to go to school during the week, and most importantly, not sleeping alone. The father conveyed that he would lie in bed with his son until he would fall asleep and then return to his own bedroom. The entire family was present for the first session.

Joining With the 11-Year-Old Boy

In the following session, the therapist met with only the children in the family, the boy and his older brother. During this session, the therapist explored the brother's worldview regarding the family and issues he believed to be important; the therapist then proceeded to do the same with the boy. Over time, the boy began to relax and feel comfortable around the therapist. In an attempt to further join with the 11-year-old and continue to build client-therapist rapport, the therapist wore casual attire and the same brand shoes that the 11-year-old had worn the week before. This small nonverbal gesture to make the client more comfortable worked for this particular boy. After several sessions together with his brother, the boy agreed to meet with the therapist alone.

Alternative Scaling Question

Once the therapist and the boy built a positive, trusting therapeutic alliance, the boy was willing to explore and discuss his fears of being alone. The therapist initially attempted the traditional SFBT scaling question with the client, but he was not receptive. The client became uneasy when discussing his insecurities about not being able to sleep by himself. In an effort to make the client feel more at ease, the therapist asked him about his interests. The boy referred to a Miami Heat basketball game from the night before. Knowing about the team, the therapist began referencing the players as markers on the scale from 1 to 10.

¹ de Shazer's (1988) Miracle Question: "Suppose that one night, while you are asleep, there is a miracle and the problem that brought you here is solved. However, because you are asleep you don't know that the miracle has already happened. When you wake up in the morning, what will be different that will tell you that the miracle has taken place? What else?" [p. 5]

² Client details have been anonymised

PLAYFULLY EXPANDING SCALING QUESTIONS

For example, the therapist would refer to his ability to be in his room alone at night on a scale from Chris Bosh (5) to LeBron James (8) or Dwayne Wade (9), based on the players performance that week. The client would replay the week describing whether he felt like he was playing against Bosh or Wade, rating the high to low anxiety levels he experienced that week. A ten would represent him being most anxious alone in his room, having a really hard game to fight, and zero the least. LeBron James was used to signify a ten, as he was the most highly regarded and famous basketball player at the time. The other team members were ranked in terms of their status on the team, as perceived by the boy. From that point on, he scaled his weekly progress based on the Miami Heat team players in their performance in the 2010-2011 playoffs and used the Heat scaling system in his therapy sessions.

Results of Intervention

This use of Miami Heat basketball players was the tipping point. Small changes are thought to naturally lead to other changes and, therefore, to “changes in the system-as-a-whole” (de Shazer et al., 1986, p. 209). The client’s increased interest in the team’s performance proved to be isomorphic with his engagement in therapy. It became a family event to watch the Miami Heat games and the Heat scaling system became a relational way for family members to interact with one another. The client’s brother would describe his younger brother’s behaviors in school as a Mike Miller (6 or 7) on the scale. The mother and father became engaged in watching the games and asked their youngest son to explain the specifics. This encouraged the entire family to commit on a weekly basis.

When the family came in each week, the therapist would commence each session by checking in with each family member. The mother and father typically described the week as “good” or “better”. However, the boy and his brother would define the week in accordance with the Heat scaling system. The older brother typically reported experiencing a “Bosh—about a 4” week because of a verbal disagreement he had with his father, the lack of interest he had in his girlfriend that week, or because he submitted a number of job applications and had not yet heard back. Friedman (1993) described that even “seemingly concrete numbers can be fluid and changeable as consequences of the changing perceptions resulting from the client-therapist conversation” (p. 16). The older brother’s view of the desired goal for the week typically changed, given the therapist’s interest in whether parts of it had been reached.

The boy often had the same type of conversation with the therapist at the beginning of session each week. He typically reported experiencing a “LeBron-about an 8” week in regards to his feelings of anxiousness when being separated from his parents or brother. Throughout the conversation, the mother indicated that she had noticed an increase in his grades and homework submissions at school. The father noted that his son had attended school all week. His brother reported that one night he even saw his younger brother asleep in his room without his father in bed next to him. Each family member noted that the boy could not

possibly have had as bad of a week as he reported because of all the positive things they had noticed. At that point, the therapist asked the family as a unit, “What would the son’s week be rated as?”. The reply was a unanimous “Bosh or Miller—a 4 or 5”. This case example shows how scaling can allow the therapist and client to use language that is natural to the client to agree upon a unique way of communicating progress. According to Friedman (1993), “Since neither therapist nor client can be absolutely certain what the other means by the use of a particular word or concept, scaling questions allow them to jointly construct a way of talking about things that are hard to describe, including progress toward the client’s goal(s)” (p. 19).

Outcome

Upon termination of therapy, the father reported that the family unit as a whole benefited from attending. The younger son’s anxious feelings or fears of being alone were not completely eliminated; however, he did make progress in his attendance at school and social engagements with friends, and reported a decrease in the need for his father at bedtime. Although the son did not get down to a Bosh (5 on the scale), he was able to move from a Wade (9) to a LeBron (7 or 8). The older brother came to therapy believing he did not need it and was attending to appease his parents. However, upon termination, he reported better communication and connection with his immediate family members.

Discussion

In the case example above, the boy was unresponsive until he built rapport with the therapist. Through active listening and an effective conversation, the therapist was able to hone in on the client’s interests and co-create a useful tool in therapy. The client and therapist were able to discuss personal issues by using the client’s language and by simplifying his comprehension through the use of concrete words with a scaling question that felt unforced.

For the client, the Miami Heat was a tangible point of interest, which allowed him to express himself in therapy. The client’s expansion of the scaling question was effective in helping him rate his progress throughout the week and his hopefulness of being able to sleep alone. He and his family also experienced shifts in how they related to one another. Instead of asking about the negative aspects of his life, his family began to focus on what he was doing well.

The metaphoric expansion of the SFBT scaling question is a unique and helpful way of approaching children and adolescents in various therapeutic settings. Creating new meaning using the scaling question is significant and useful for the client, as it allows his or her ideas to take on more tangible characteristics. Rather than just asking how a client feels on a scale from 1 to 10, the SFBT therapist can utilize this technique to co-create a metaphor that provides the client with a working understanding of his or her stated goals and progress.

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