

The Best Hopes Miracle: Why Solution Focused Brief Therapy has Best Hopes and Miracle  
Questions

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## **The Best Hopes Miracle: Why Solution Focused Brief Therapy has Best Hopes and Miracle Questions**

“Solution-Focused Brief Therapy (SFBT) is a future-focused, goal directed approach to brief therapy” (de Shazer et al., 2007. pp. 1). Although this is the commonly accepted description of SFBT, there are a variety of ways that SFBT clinicians go about *doing* the work of SFBT, and at times there is disagreement about what can be included as part of SFBT and what should be excluded. Some have argued that goal-orientation is no longer a major component of the approach, while other adamantly advocate that goals are the foundation of the model. McKergow (2017) has even recently argued that SFBT has evolved within some realms to include versions that are different enough to be considered SFBT 2.0; a point that we agree with. This paper is not intended to define what SFBT is or to defend a particular stance as the only way of doing SFBT work. However, this paper is intended to critically look at two commonly used questions--the *Best Hopes Question* and the *Miracle Question* (sometimes called the tomorrow question)--within the approach and provide one clarifying opinion about how these questions can be effectively used with clients to establish a clear description of the client’s hopes for therapy and to get a rich description of the client’s preferred future.

### ***SFBT is an approach that is continually evolving***

In a book entitled, *Brief Therapy: Myths, Methods and Metaphors*, (Zeig & Gilligan, 1990) Steve de Shazer was charged with the task of describing what it is about Brief Therapy that “works.” In his explanation, he alluded to the importance of evolution in the way we think about brief therapy. He went as far as to say that his own understanding of Brief Therapy was re-evaluated approximately every 10-client cases he completed (Zeig & Gilligan, 1990).

In the same spirit of constant evaluation and reassessment of how we practice and describe SFBT, this paper looks to explore how SFBT therapists can utilize the *Best Hopes Question* and the *Miracle Question* in such a way that they work together in the most meaningful way in session. Because the essence of SFBT is the co-construction of language by the client and the clinician, most of the “interventions” or therapeutic tools used by SFBT therapists are questions. On the surface, it may appear that both the *Best Hopes* and *Miracle Questions* serve to invite and engage a client(s) into a future-focused conversation; however, this paper will demonstrate how these two questions, in fact, serve two very different functions in building a co-constructed SBFT conversation. This paper will explain the difference between these questions and the value of utilizing both questions within a single session.

*Best Hopes Question:*

The *Best Hopes Question* was developed by Chris Iveson, Harvey Ratner, and Evan George. Though it is difficult to establish when this question first appeared in literature, in 2012 these three mentioned this question as a way to start the work with a client to immediately get the conversation focused on the outcome of the therapy (Ratner, George, & Iveson, 2012). Contrary to other approaches, SFBT does not generally require lengthy assessment of the problem, nor is it required that the clinician have any expertise regarding what the client should want from the therapy or what the goals of therapy should be (Ratner et al. 2012).

The central purpose of the *Best Hopes* question is focused on outcome, or what the client wants as a result of the conversation that occurs during the session. Within the first five minutes of the session a SFBT therapist should ask some version of, “What are your best hopes from our talking together?” in order to establish a contract with the client about what the focus of therapy will be and to assess the client’s desired outcome from therapy (Iveson, George & Ratner, 2012).

In fact, we would argue that this should be the very first question that is asked by an SFBT clinician. The solution-focused approach is described as a “towards” approach and not an “away from” approach. An example to explain the difference between a “towards” approach and an “away from” approach is an analogy of riding in a taxicab. When a passenger gets into a cab they expect the question, “Where to?” implying that the cab driver is interested in where the customer would like to go. It would be considered unusual, perhaps even unproductive, for the cab driver to ask, “Where would you NOT like to go?” or even, “Where have you come from?” In traditional, more problem-focused approaches, the clinician is often interested in “Where not to” as they work with the client to remove undesirable facets of his/her life (depression, anxiety, relationship problems, etc.). In these more traditional psychotherapies, a likely opening question would be, “What’s troubling you that brings you here today?” This question leads clients towards a problem-oriented conversation that, from a SFBT perspective, complicates the therapy process and makes the task of identifying a preferred future more challenging. A SFBT clinician is interested in “where to” and expresses this interest immediately in the session by asking the *Best Hopes Question* as a way to get the conversation focused on what is desirable (e.g., happiness, relationship success, etc.; Iveson, George & Ratner 2012). This may seem like a subtle difference but, as with most things, the small and subtle differences may be the ones that have the most impact on overall outcome; we suggest that this is the case here.

Another consideration about the *Best Hopes Question* is that SFBT is one way to get an immediate statement of the client’s desired outcome. Some argue that the *Best Hopes Question* is one way to get a clear description of the client’s goal(s) from therapy, or even more specifically, the goals from a given session. We propose that the *Best Hopes Question* is not intended to establish a client’s goal for the session or for the overall course of therapy. Rather, a *Best Hopes*

*Question* is used to establish a contract between the client and the clinician about what the conversation will focus on during a given session. The *Best Hopes Question* is simply a point of agreement between the two parties about what should be discussed.

A good *Best Hopes Question*, with appropriate follow up questions, allows the client to identify future oriented outcomes about what the client would like to be different. Another important point of clarification about the goal-oriented aspect of the *Best Hopes Question* is that this question should not lead the client/therapist team to have a problem-solving conversation, but rather should lead to a more solution-building conversation (Smock, McCollum, and Stevenson, 2010). A problem-solving conversation would 1) listen to the answer from the *Best Hopes Question*, 2) potentially brainstorm with the client what steps might work to move the client closer to this best hopes, or identify what steps the client has previously taken that get him/her closer to his/her best hopes, and 3) suggest that the client go out and make movements (or behavioral changes) toward this best hopes. Solution building conversations, on the other hand, simply allow the client to describe what he/she would notice if the best hopes were present, there is no attempt to **get** the client to make changes that might facilitate this best hopes coming to be, or to **get** the client to do anything actually. SFBT therapists do not track behavior, rather they have conversations about the preferred future and trust that the client will take from that conversation something that is useful that may **or may not** lead to behavior change (i.e. the solution may have nothing to do with the problem). This solution building conversation will be described in greater detail when we discuss the *Miracle Question* below.

### ***Miracle Question***

According to de Shazer, et al (2007), Insoo Kim Berg was the first to use the miracle question, but Steve de Shazer was the first to put the question in writing in 1988. The first written version of the miracle question was this,

Suppose that one night, while you were asleep, there was a miracle and this problem was solved. How would you know? What would be different? How will your husband know without your saying a word to him about it? (p. 5)

De Shazer, et al (2007) go on to say that a decade later other SFBT clinicians were still writing about the miracle question in much the same way. Peter DeJong and Insoo Kim Berg (1998) wrote the miracle question in this way,

Now, I want to ask you a strange question. Suppose that while you are sleeping tonight and the entire house is quiet, a miracle happens. The miracle is that the problem which brought you here is solved. However, because you are sleeping, you don't know the miracle has happened. So, when you wake up tomorrow morning, what will be different that will tell you a miracle has happened and the problem which brought you here is solved? (pp. 77-78)

Despite de Shazer, et al (2007) commenting that these versions are similar; we believe there are at least two important differences that contribute to a remarkable and valuable evolution of the miracle question. First, in the 1998 version, the miracle happens on the same night as the therapy session ("Suppose you are sleeping tonight") rather than on some arbitrary night, as is stated in the 1988 version ("Suppose that one night..."). There is an immediacy to the 1998 version that helps the client accurately visualize themselves in an exact moment. We believe that this immediacy and chance to literally imagine the specific miracle is a very important development. Instead of arbitrarily imagining some vague time and miracle, the client is now asked to describe

a specific miracle on a specific day. Although this change is important, the second change is also remarkable!

A second difference worth noting is the change in tense, at the language level, between the two versions. In the 1988 version, the client is asked twice to hypothetically guess at what *would* be different; this is done with future tense language. Although there is nothing wrong with helping clients orient to the future, this language does not require the client to place him/herself within the context of a specific moment, rather it potentially leaves the preferred future moment very broad and open to interpretation and imagination. However, in the 1998 version some of the language is in the present tense. Within the English language this is a little strange; the clinician is asking about something that will happen tomorrow (in the future), but is asking about it as if it is happening right now, in the present moment (i.e., “you are sleeping,” “you don’t know the miracle has happened,” and “when you wake up tomorrow morning”). SFBT clinicians have mentioned that the miracle question is a rehearsal of the client’s preferred future. This present tense language contributes to this in-the-moment rehearsal of the preferred future happening before it actually occurs in the client’s life.

### **Current Evolution of the Best Hopes Miracle Question**

These two changes highlight the importance of asking the miracle question with a precise attention to language. Clients will be as specific in their answers to the miracle question as the clinician is in how they ask the miracle question. Because of this possible precision, we propose that an additional evolution to the miracle question has occurred. This new evolution is one that incorporates the client’s specific language from his/her answer to the *Best Hopes Question* within the *Miracle Question*. In both the 1988 and 1998 versions of the miracle question, the clinician said something akin to, “the problem that brought you here is solved.” We propose that

by incorporating the *Best Hopes Question* into the miracle question, SFBT therapists can move away from language that involves the problem (even the absence of the problem), and can move toward language that will help clients begin immediately to look for and notice signs of their preferred future in the form of their individualized best hopes. George, Iveson, and Ratner (2017) refer to these details as *instances*, or “times when the preferred future is already happening” (pp. 15). We propose that clinicians could ask the miracle question in a way similar to this:

“Suppose that tonight while you are sleeping, a miracle happens and your best hopes have become a reality... what is the first clue that you notice when you wake up that tells you this best hopes miracle has happened?”

The promotion of the evolved miracle question is not to be confused with promoting creativity in asking the miracle question. We do not need to surprise, shock, or confuse the client with our “unusual or strange” miracle question, rather we should incorporate the language the client has taught us about what is important, salient, useful, or desirable for them, in the form of their best hopes. Therefore, the miracle question is reworded and is unique to each client, not because the therapist is a creative mastermind, but because they are collaborating about each detail that each individual client uses. In addition, by using the words the client speaks when describing their best hopes from this session, the therapist avoids drawing the client’s attention to the problem at all. They leave out the words, “the problem that brought you here,” and simply say something like, “you wake up and you have your confidence back,” or “you wake up and you feel that peace you are looking for.” By including the exact words the client used to describe their best hopes, the client does not even need to think about the problem in order to answer the miracle question; remember the problem may have nothing to do with the solution (de Shazer, et al, 2007)!



This proposed evolution to the *miracle question* also sets the stage for the therapist to help the client immediately begin to notice small signs about the now-present best hopes (especially when both begin to talk about the miracle in the present tense.... This will happen). By asking clients about the absence of his/her problem, as in the 1988 and 1998 versions, we may unintentionally focus our client's attention on the things that are absent or not present. Describing these absences can be difficult and, we would argue, not helpful. Rather, by including the client's self-described best hopes as the miracle, we purposefully guide our client to noticing the presence of miracle signs; this focus on the presence of indicators is much easier (and more useful) to describe than is the absence of differences. In addition, after the client leaves the therapy session it is much more likely for them to re-notice the things that were present, and described in great detail, in their *Best Hopes Miracle* than to notice things that were once present but are now missing.

The *Best Hopes Miracle* allows the client to focus completely on what will be different when the best hopes have occurred. By using the *Best Hopes Question* in combination with the *Miracle Question*, clients can have a more individualized, specific, future-focused, present-oriented conversation. We believe that this kind of conversation is what contributes to therapeutic change! An example will be provided below to illustrate how the *Best Hopes Question* and *Miracle Questions* can be used to create a *Best Hopes Miracle*.

#### *Case Example*

#### ***Best Hopes Transcript***

*When using the Solution-focused approach it is important to be able to shift the focus of the conversation from being centralized on the problem to being focused on the client's hope for future. This shift needs to be respectful, meaning it should be done without the client feeling as if they are being ignored. Instead, it should be clear that the conversation is connected to their current situation.*

Therapist: So Frankie, what are your best hopes from talking with me?

Client: Best hopes I mean, by what you tryin' to explain?

Therapist: Um, you know if talking with me is somehow beneficial to you, what difference would you like to see it make in your life?

Client: Something positive, better for me.

Therapist: Positive, and how would you know this positive or better thing was happening for you, like what would you notice?

Client: Like the changes in my life, better lifestyle through sacrifice I makin' to become a better person.

Therapist: And how would you know you were becoming a better person? Like, what would you notice happening to you that would be sign to you that these changes and sacrifices are causing you to be a better person?

Client: Because you outgrow things. And once you've outgrown things you don't wanna, like go back to the past. (T: right) You leave the past in the past and (T: ok) then focus on your future.

Therapist: Ok, so if I could help you leave the past in the past and focus on the future that would be a good thing for you?

Client: Yes.

Therapist: Ok, how would you know you were focusing on the future in a way that was right for you? What would you see happening in your life?

Client: I mean, everybody set goals and, and uh achieve things where they need to get to where they need to be. So, in order for you to catch a blessin' and get to where you need to be you gotta make a sacrifice in life to become a better person. You surround yourself around positive people that's on the same mission as you.

Therapist: Right and how would you know you were on this mission? What would be happening for you that would tell you I'm on a mission and I'm leaving the past behind me and I'm pursuing my goals. Like what would you notice that would change...

Client: It's all, it's all, it's all about the mind thing. If you really do want it, you gonna go out and get it.

Therapist: Right, ok, so uh if I helped you like go out and get this thing that would be good for you? You'd be pleased by that?

Client: Yes.

Therapist: Yes, ok, how would you know it was actually happening when you walked out of my office, what would be a sign to you that it was actually happening, this thing in my mind, this goal is actually taking place, how would you know?

*This is the transition to a preferred-future question. Notice that this isn't like the "traditional" miracle question that is commonly associated with SFBT. This question incorporates the client's language, i.e., "this thing in my mind" and "the goal". Also notice that there is no reference to a problem that brought the client to therapy. Finally, notice the immediate present tense of the question, i.e. "This goal is actually taking place." This is still some future-focused tense too, which is appropriate given the context of the statement, but it is interwoven with the present tense language.*

Client: Like I, like I told you before it's all, it's all about the mind thing. You, you gotta, you always gotta stay focused no matter what the solution is. Always stay focused, that's the, that's the major key to success.

Therapist: No, I agree. I completely agree. I completely agree, so what would start happening in your life after our talk today that would let you know this solution that you're referring to, to success was happening? What would start happening that's not happening so much now? Or what changes would happen in your life that would be a sign to you...

*Notice that Frankie did not answer the immediate question about what he would notice. For this reason the therapist asks another noticing question as a way to get the details related to the preferred future that help to co-construct this new language-reality.*

Client: Maybe by talking to you maybe become a better person, that's my motivation. That lets me know right there that there's people out there rootin' for me and I can't let that person down.

Therapist: Right, and you want to be a better person?

Client: And I want to be a better person for my future. Because in the future I'm trying to have a family and kids set up a good example. That's why you gotta think ahead you get one chance out of a lifetime.

Therapist: Right so you, so you want to have family and kids and that sort of thing. So when you walked out of my office how would you know that you were beginning to create this future? Like what would you notice yourself doing, what would you, what would you kind of catch yourself doing that would let you know you were creating this family and this future that's in line with you being a better person? How would you know that?

*Notice that Frankie hasn't mentioned what he will notice when he leaves the office yet. For this reason the therapist incorporates the language Frankie has used since the therapist asked the noticing questions last time and asks the question again.*

Client: Me seeing other people happy, happy in love. That's my motivation seein', seein' what other people have. That make me think about how I need to step on my ground. I need to focus more so I can accomplish goals.

Therapist: So if you could uh, uh see other people that were happy and in love that would help you?

Client: Yeah that would help me more, that would make me just want to go harder. By seeing the next person, you know, winnin'. I don't wanna see nobody lose, you know. It's all about positive vibes.

Therapist: Yeah so uh, if you caught yourself winnin' how would you know it was happening? What would be different in your life that would be a sign to you like it is happen, I'm winning, how would you know?

*Notice the noticing question yet again. This time the therapist uses the client's new language to point the client in the direction of noticing again. The therapist is still working to help Frankie articulate what he will notice when his best hopes are present, aka, when he walks out of this office.*

Client: Uh, the unexpected blessin' just comin' out the blue.

Therapist: Ok, what would be the type of blessin' you'd be most pleased to receive?

Client: Give feedback by me helpin' people. Knowin' God givin' me an unexpected blessin'. You never know when you gonna receive blessin' that why you should always have a good person now.

Therapist: Absolutely. And these people that would be giving you feedback, what would they notice about you that would give them a clue that something's changed with Frankie? Is... something's now different about Frankie?

Client: Mm, you can't stop that, I told you can't control that I told 'em.

Therapist: No, unh-unh, but what would these people notice that would let them know that Frankie has received a blessing and his life is moving in a different direction that is now winning?

Client: I mean they'll see me not doing things that I used to, you might be doin'.

Therapist: Like, like what, like what would they see you not doing anymore?

Client: Me back in the day, I used to be like uh, like a bad kid and you know some stuff, some got me doin' things that I wouldn't do. Let me know that you know I'm tryin' to try new things. I gotta get to where I need to be. I need to make a lot of sacrifice that I used to do so I won't, you know, be stuck in the past.

Therapist: And you don't wanna to do those things anymore?

Client: I don't wanna do things anymore.

Therapist: And, and these people would see you not doing these things anymore?

Client: Yes.

Therapist: What would they see you doing instead that would look like Frankie's on his way to winning, Frankie's on his way to receive these blessings and be successful?

Client: Treating people with respect, kind.

Therapist: Ok, ok, what else?

Client: Goin' to church, talkin', talkin' kind to people and helpin' people out.

Therapist: Right, so people, treatin' people with respect and kind and talkin' to people and helpin' people out?

Client: Yes, cause karma, karma will come back.

Therapist: Oh, karma will definitely come back.

Client: Karma, karma is real.

Therapist: Karma is very real. So, uh, they would see you doing things uh treatin' people with respect and being kind and that would be like the type of Frankie that's on his way to being better for himself, is that right? Do I understand that right?

*Notice that the therapist brings back Frankie's language about being better in this utterance. This is language that was introduced by Frankie at the beginning of the session. Holding on to the client's best hopes language and using it as an anchor throughout the whole session will help build a co-constructed "best hopes miracle." The therapist reconnects Frankie's best hopes to the signs that he will be noticing when it has occurred. This is the purpose of the SFBT session.*

Client: Yeah

Therapist: Cool. Uh, well thank you. Uh, do you mind if I ask you a few questions, get to know you a bit?

*This is a transition to resource talk. This might seem like the therapist is just chatting with Frankie. Please note, the purpose of this section of the conversation is for Frankie to teach the therapist than language (i.e. important people and important elements of Frankie's life) that should be used to discuss in further detail the presence of Frankie's best hopes.*

Client: Oh yeah.

Therapist: That'd be ok? Uh, Frankie where, where are you from?

Client: I'm from Monroe, Louisiana.

Therapist: Monroe, Louisiana?

Client: Yes, and I moved to Little Rock, Arkansas my senior year.

Therapist: In high school?

Client: Yes, my mother and them sent me to Little Rock, Arkansas my senior year and I moved back to Monroe and then now I currently live in Dallas, Texas.

Therapist: Do you like Dallas, Texas?

Client: Yes. I love Dallas, Texas.

Therapist: What do you love most about Dallas, Texas?

Client: The people, the people, the nice cars, the nice environment. It's like you know, cause I came from a struggle and all this so I'm not used to seeing this.

Therapist: So, this is different?

Client: So, this is just like a different environment.

Therapist: Right, right and um, and how long have you been in Dallas?

Client: I've been in Dallas 5 months, going on 6 months.

Therapist: 5 months? This is pretty new for you. Wow, and um, what do you do for a living, what do you do?

Client: Oh, I drive trucks.

Therapist: What kind of trucks?

Client: 18 wheelers.

Therapist: Really?

Client: Yes.

Therapist: Uh, do you enjoy that?

Client: Yes I enjoy it. I, I wasn't respectin' me, myself, to drive true but I know what I want in life and I know the pay and I'm, I'm satisfied with drivin' at night cause you know I barely get any sleep, so why not be bein' a truck driver if I like to drive cars and I love trucks. And they pay me and I'm satisfied with the pay. And the people I'm always on the road seein,' more like big cities.

Therapist: Ok, what's your favorite big city you've visited while you were driving trucks?

Client: Favorite big city I been? Shew, there's so many but, my favorite city I went to? I say Kansas City.

Therapist: Really?

Client: I had fun in Kansas City the other night.

Therapist: (laughing) That's, that's outstanding. That's outstanding, ok. And uh, are you married, kids or anything?

Client: Single, no kids.

Therapist: Single, no kids, ok. And any siblings are you... ?

Client: I got, I got approximately, I got four brothers, one sister and my daddy got other kids too.

Therapist: Alright, where are they, do any of them live here with you in Dallas, Texas?

Client: No sir, my, I'm here by myself.

Therapist: All out here by yourself?

Client: Two of my brothers stay in Pine Bluff, Arkansas. My other brother stay in Monroe, Louisiana and my little sister she went to the army. She active duty.

Therapist: She active duty now?

Client: Yes.

Therapist: Ok, how old is she?

Client: Her and my little brother they twins, they 20.

Therapist: Ok, they're 20. And where do you fall in there?

Client: Where do I fall in there? I'm the middle child.

Therapist: You're the middle child. Oh wow, ok. Excellent, excellent, and uh who's the closest person to you here in Dallas, Texas?

Client: The closest person?

Therapist: yeah, yeah

Client: I have people out here but you know...

Therapist: Yeah, who, who's someone who knows you quite well here in Dallas, Texas? Have you made a friend or?

Client: Um, my friend Kel.

Therapist: Kel?

Client: We from the same uh, neighborhood, we grew up together. He was my brother's best friend. He just watched me grow up since I was a little tiny. That's why if you see Kel, you gonna see me.

Therapist: Right, so you guys are around each other a lot?

Client: 24/7

Therapist: 24/7. Ok, and uh do you guys live together?

Client: No. Two separate houses.

Therapist: Two separate. Do, do you live, do you have a roommate? Or do you?

Client: No, by myself.

Therapist: By yourself.

Client: Yeah by myself

*The questions that came before this utterance and the one after this utterance illustrate two important components that are focused on by SFBT clinicians, but that aren't necessarily the focus of this paper. SFBT therapists that use the Miracle Best Hopes are interested in important people in the client's life that will notice signs of the best hopes, and these clinicians are interested in what qualities the client has that will make the best hopes more likely to occur. Notice that The therapist asked about these important components in succession. It doesn't always happen this way, but it is illustrated nicely here.*



Therapist: Ok, and um, what's, what, what about you makes you the type of person where you can go to a new city uh, by yourself and kinda start creatin' this new life, like what, what, what do you have within you that makes that possible? How do you do that?

Client: Shew, I love to try, I love to try new th... I want you know we, you only live once, so you should always just, you know, do it big, you gotta do it big.

Therapist: But that's, that's, that's an unusual thing. That's uh, I don't know a lot of people that have the, the whatever that is that allows you to like just go to a whole new place where you don't know anybody and kinda start over and recreate your life, so what do you draw upon to do that? What skill, what, what about Frankie makes you able to do that? While I don't know that most people could do that.

Client: Me, I'm always ready for the next challenge even with the odds stacked up against me. What don't kill you make you stronger. You can't, you can't be in the same spot forever you know, like I say, I wanna enjoy the world we live in. We only live once.

Therapist: And have you always been that way? Have you always been the type of guy that's like I'm gonna keep takin' on challenges in that way?

Client: Yes, since I was little kid. I been in like a, I been like a different one. Like everybody be like in the room, everybody just be talkin'. I just be quiet on the bed thinking about like what I'm about to do with myself. Like, I want to see the world. I want to do this, I want to do that, what I seen other people expereincin,' then I like well I want to do that too. That motivate me to do better.

Therapist: So, um, that's, that's interesting to me. Do you um, how come you were the type of person, because you mentioned earlier that you come from struggle, and you used to do things you don't want to do anymore, what about you allowed you to come out of that wanting to be a better person? Like how come you didn't get stuck in that life and you came out of it wanting to be a better person? What about you made you that way?

*This question continues to ask Frankie about the best parts of himself. We advocate that this is the best kind of questions that a clinician can ask to help orient the client to the presence of the best hopes.*

Client: As you grow older, you outgrow things. And a lot of stuff just got lame be like if I'm gonna be constantly doin' this over and over, I'm gonna be stuck here without no money. Just this and broke, and I know what I want in life. As you grow older, God puts you with things like ok, I wanna be a gansta at this age like boom boom boom. It cool when you get older, but soon the older you get, the older you get, the more people gotta leave your life. The older you get, you just stay losin' friends. You see who your real friends are and you see, you know what you need to do with yourself.

Therapist: Alright and is, is that something that would do like as a younger kid? You wanna be a gangsta?

Client: I always, I always been like that when I was a kid.

Therapist: Ok, alright, cool. Well, thank you Frankie. That helps me quite a bit. Do you have any questions for me? Is there anything you want to ask me?

Frankie: Shakes head.

Therapist: Uh, well, I'm gonna ask you a weird question. But, uh, imagine for a moment that tonight as you sleep, uh, God decides to bless you. Uh, he just decides to give you a, a, a substantial, significant blessing in your life and he uh, puts you on the path to uh being successful and, and winning and uh, accomplishing being the best person you could possibly be. (Snaps fingers) Just like that as you sleep, right God decides to grant you that blessing, but you can't know that it happened because you were asleep, right? So how could you, how could you know, you were asleep. When you woke up the next morning, what would be the very first clue that God has touched your life and helped you become the very best version of Frankie, the type of guy who's gonna be very successful and winning at life and being kind and respectful to others, what's the first clue you'd get that would signify to you something's different about me?

*Some readers might wonder, "If The therapist already asked the Best Hopes Miracle Question, why is he asking this again?" He asked this Best Hopes Miracle Question because he didn't like the description that he was getting above. He asked a preferred future question above, but it wasn't a Best Hopes Miracle Question. He determined to ask additional questions that would help himself to learn Frankie's language better and ask a "better" question. He took "God" from Frankie's recent utterance, mixed it with "blessings" that Frankie mentioned many utterances ago, asked again about the presence of Frankie's best hopes, i.e., being "successful", "winning at life" and "being kind and respectful." The therapist held on to important language that Frankie used as various points in the session and now has successfully brought them together into a beautiful best hopes question. Add all of this to "the very best version of Frankie" that is inserted into the question, and it doesn't get better than that. This question has the three components of the Best Hopes Miracle Question 1) happens immediately, 2) incorporates the language of the best hopes, and 3) has present tense language that orients the client to a specific miracle.*

Client: My mind set, I wanna go try this.

Therapist: Ok and uh what, about what time would you wake up on a day like this?

Client: Mm, it varies.

Therapist: Ok, what do you think on a day where you woke up after a blessing like that about what time would you wake up?

Client: Around, in the morning I, I wake up early.

Therapist: Ok, how, so how early, what, what would, what would you guess?

Client: Like it, it's so awful. I go to sleep at 4 or 5am, wake up at 9am.

Therapist: Really?

Client: Yeah, it's just, it's just if I sleep during the day time, I go to sleep for a long time. It just varies.

Therapist: You just vary. So on this day, what do you imagine what time you manage to wake up and kinda...?

Client: I woke this morning at 7:00 am.

Therapist: 7:00, ok, so if you woke up on this day, at 7:00, what would be the first clue that would let you know, uh God has touched my life and I'm no longer the Frankie I used to be. I'm now the Frankie I'm going to be. What would you notice?

Client: My attitude.

Therapist: Ok and what would be different about your attitude?

Client: It just, everything just vanish like I want try new things. A new, another day, another dollar.

Therapist: Right. Right so and, and would you be pleased to notice this attitude change in you?

Client: I'd be like, you know, you know, I would like I told, said before, there's just some things I wouldn't be doing no more like I want to try something new. I gotta grow that.

Therapist: Would you be happy about it? Would you be?

Client: Yes I'd be happy about it to myself, but my goal is to make sure that you know be financially well, make sure that I'm actually wantin' to do it. Make sure it, it benefit me in a good way. Not just moneywise, you can't, you can't just do everything for money you gotta make sure that you satisfied with doin' it. That it makes you happy, it makes you feel comfortable.

Therapist: Right. And what's the first that you would do as you woke up on this new day, with this new attitude, it's 7:00 in the morning, what's the first thing you would do, uh with yourself on this day?

Client: I mean, with a new attitude and everything?

Therapist: Yeah, a new attitude and everything. You, you've let the old stuff go, first thing you'd do?

Client: Try something that I never did before. A new something positive.

Therapist: Ok, and uh, what's the first type of positive thing you might be interested in trying?

Client: It just, it just basically depend what God got in store for me. Like what God want me to do.

Therapist: Ok and how would you, how would you be aware what God wanted you to do? You know what I mean, like how would you listen to God? How would you get in touch with what God wanted you to do?

Client: Something that tell me "no that's not good." Like, you know if I be like oh that look intriguing. God tell me to do it, I'll do it. Cause God ain't gonna, God ain't gonna put you through no solution that he gonna have you stuck in. What don't kill you, make you stronger.

Therapist: Yeah, so what's the, wh-what's the type of thing you think God would ask you to do on this day? Now that he's blessed your life, what do you imagine God would ask you to do?

Client: Help people.

Therapist: Ok and how would you do that? How would you help people? Such an interesting answer. How would you help people?

Client: You know, if I know somebody's strugglin' this and that, I'll help them out. Feed, give feedback.

Therapist: Give feedback?

Client: Yeah feed, yeah like give back. What God bless me with, bless somebody else with.

Therapist: Ok and uh, as you were getting up on this day, a day where you were gonna help somebody and give feedback, what would be different about the way you got dressed? What would be different about the way you kinda went through your morning as you were preparing to have this day where you were gonna help people?

Client: Me my style, my style. Everybody already know one thing about me, I wear any kind, I not just casual, regular clothes, you know I'm a, I'm like a fashion designer too.

Therapist: Really?

Client: I love designer clothes, that's all in my closet.

Therapist: Is that something that interests you? So as you...

Client: Look I love designer, everybody just you know it's just me. I don't do it cause other, I love designer.

Therapist: You just love designer.

Client: I just love designer clothes. That's just me.

Therapist: So when you went into the closet on a day where you were at your very best Frankie what, how would you go about picking the clothes you wanted to wear on this day where you were gonna touch people's lives and help them by givin' feedback? How would you do that?

Client: I, well it be like a nice like Gucci or Fendi Belt.

Therapist: Okay. Do you have those things in your closet?

Client: I don't have, I don't have a Fendi belt no more. I still got my Gucci belt. Somebody broke in my apartment, stole all my clothes when I was back in, before I moved to Dallas.

Therapist: Oh wow, ok. Ok, so you might pick like the Gucci belt?

Client: I pick a Gucci belt. I probably wear some Jordans.

Therapist: Yeah, ok, ok. What else?

Client: If it's cold, I'll get a hoodie. Everybody know that's all I wear are hoodies.

Therapist: Is wear hoodies?

Client: I wear hoodies.

Therapist: You're wearin' one right now. (laughing)

Client: I'm wearin' one now. (laughing) I love, I love hoodies man. And you know, dressin' casual, I got my blades, I got like approximately a lot of blades in my closet.

Therapist: Ok. And when you, when you walked in front of a mirror now that you're dressed wearin' your Jordans and a hoodie and your Gucci belt, like how would you know I look just right for a day where God has blessed me and asked me touch the lives of others? How would, how would someone interested in fashion know that I, that I look just like I'm supposed to look on a day where I'm gonna do these things?

Client: Because, I mean it ain't all about the clothes. It ain't all about what, looks could be deceiving. It could be somebody wearin', wearin' you know a suit, tie, this and that, they could be you know a fake person like a hypocrite or something, somebody tryin' to sell, it ain't all looks, looks can be deceivin'. Whatever God want me to put on, I can put on like, I know plenty of people don't really got enough clothes, like they don't got no money like that, they're various people on this earth, when people with all the money this and that look like they got money this and that be fake as well.

Therapist: Absolutely, so what would you notice about yourself that would tell you that what, what I see matches with what's now inside of me? You know what I mean like, I look on the outside just as good as I feel on the inside as a result of this blessing, like how would you know that they match up?

Client: By, it all about the mind thing.

Therapist: Ok and what would be going on in your mind that, that was just right for a day where you were gonna touch people and be helpful and give feedback and, and receive God's blessing? What would be going on in your mind?

Client: I just, you know, I wouldn't just walk up to nobody, but if I know, if I know somebody's strugglin,' I call up on them, check up on them like you know, like is you doin' alright?

Therapist: Right, but what, what would be goin' on in your mind when you looked in the mirror and you saw like I look like a guy whose mind is right and his clothes are right, like he's right, like what would be goin' on in your mind at that moment as you were lookin' in the mirror now that you're fully dressed?

Client: I just put on clothes and just you know but if I was in that situation, I just look at myself, yeah I look really nice, you know.

Therapist: And would that make you happy? Would that be a good thought for you to have?

Client: Yeah, a good thought for me because, you know, I like it. It don't matter if nobody else like it. I, I like it, you know. I'm doin' this for me not nobody else. I'm not doin' this to please nobody else and make nobody else look happy.

Therapist: Absolutely!

Client: I'm doin' this for me.

The session continues with a description of the best hopes following the client through his day in great detail.

### **Conclusion**

The evolution of the *best hopes miracle question*, although a subtle shift, may have some significant therapeutic implications. SFBT was built on the foundation of evaluating what works and doing more of it (de Shazer et al, 2007). Within therapeutic settings integrating the best hopes and miracle questions in this way will serve to reduce the amount of problem-talk present in the session and could serve to increase the likelihood of the client experiencing more positive affect, due to this avoidance of problem-saturated language. As discussed by Kim and Franklin (2015), when clients experience a solution-building conversation (of which the *best hopes miracle question* could be a part), they are more likely to experience positive emotion and therefore, therapeutic change. This evolutionary change is consistent with the move toward eliminating drawing the client's attention to the problem, even in the minutest way. It is also consistent with the findings from Franklin, et al (2016), that co-constructing meaning with clients through language is one of the components of SFBT that makes it most effective. We assert that by incorporating the *best hopes miracle question* therapists are able to most effectively co-construct with their clients, and therefore help them more effectively.

We hope that this paper and the clinical example help to demonstrate one way that SFBT continues to evolve. We hope that the *Best Hopes Miracle* can continue to help people focus on their preferred future in a way that does not involve problem language, even as the absence of the problem. As we continue to look at how SFBT is evolving perhaps, we should stop asking, "What did Steve and/or Insoo say?" but rather we should be asking ourselves, "What might

Steve and/or Insoo be asking today?” Our best hope is that this evolution is in line with where Steve and Insoo would be today i.e., using the client’s language, linking the best hopes to the preferred future description, and making the preferred future description valuable for the client.



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