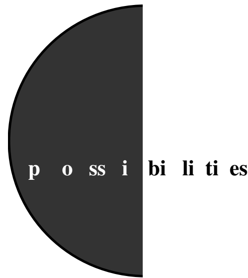
POSSIBILITY THERAPY



Because I am committed to spreading these ideas, you have my permission to reproduce them for colleagues, friends or clients. Please keep my name and contact information on them. If you want to use them for any other purpose, please contact me at: Possibilities, 223 N. Guadalupe #278, Santa Fe, NM 87501 USA, 505.983.2843, fax 505.983.2761, website: www.billohanlon.com; email: PossiBill@aol.com

Other websites of Bill's to check out if you are curious:
www.getyourbookwritten.com
www.paidpublicsspeaker.com
www.thewebwhisperers.com
Because you have participated in this seminar, you are eligible for a discount of $100 on the Solutions Intensive July 27-31, 2009. See details at:
http://www.billohanlon.com/events/intensives/solutionoriented/intensivetraining.html
Put in the coupon code: PARTICIPANT to get the discount

DISCOURAGING VS. POSSIBILITY THERAPY EXPLANATORY STYLES

Bill O'Hanlon, M.S., Possibilities, 223 N. Guadalupe #278, Santa Fe, NM 87501 USA
www.billohanlon.com; email: PossiBill@aol.com

	Discouraging therapy	*Examples*	**Possibility Therapy**	*Examples*
Permanence of Problems	Problems are persistent and lasting	*It took a long time to develop this problem, so it will take a long time to resolve it.*	Problems are temporary and changeable	*So far you haven't found a way through this problem.*
Globalization of Problems	Problems are pervasive and occur throughout the person's life, although they may be masked in some circumstances	*This symptom is just a manifestation of some deeper, underlying problem.*	Problems do not happen all the time and everywhere; there are always exceptions	*You said you have felt like killing yourself all month and yet last night was the first time you acted on that.*
Identification with Problem	The person is the problem	*He is a perpetrator; she is a borderline*	The problem is the problem, the person does, is influenced by or experiences the problem	*He molested a child; she is hallucinating. Temper tantrums have been running the show, huh?*
Determinism vs. Accountability	The past or the person or the person's family cause the problem and/or created certain unchangeable qualities in the person. The person is determined by his/her past, personality, genetics, family background, etc.	*It seems to me that your parents were so needy that they couldn't fulfill your needs and that's why you have developed this problem.*	Causes are complex and uncertain, so the focus is on what to do to change the situation in the present and the future	*So you came from a dysfunctional family and that goes a long way towards explaining why you have your current problems, but the more pressing issue is what you can do about the problems now.*

PREMISES OF POSSIBILITY THERAPY

Bill O'Hanlon, M.S., Possibilities, 223 N. Guadalupe #278, Santa Fe, NM 87501 USA
www.billohanlon.com; email: PossiBill@aol.com

People are influenced by, and not determined by, the past.

People are influenced by their sense of what is possible for their future.

People are influenced by their thoughts and feelings, but their actions and the course of their lives are not necessarily determined by either.

At any moment, unless physically compelled by someone who holds power over them or unless they are prevented by physical incapacitation, people can choose what action to take.

People are more likely to cooperate when they and their feelings and points of view are validated and respected.

We therapists can never know the truth about people because we are always influencing what aspects of that truth get spoken and heard.

No one knows for certain what causes behavioral, psychological, emotional or relational problems (although there is no shortage of people who will claim to know).

What we do in therapy either works or it doesn't. If it doesn't work, it's best to first try something different rather than deciding the person, couple or family is unmotivated or unable to change.

There are many pathways to change. No one technique, method or philosophy works for everyone, although again, there are no shortage of people who will tell you they know the one right and effective way to help people change.

What helps create change is not necessarily an indication of what caused the problem.

DISSOLVING IMPOSSIBILITY TALK

Bill O'Hanlon, M.S., Possibilities, 223 N. Guadalupe #278, Santa Fe, NM 87501 USA
www.billohanlon.com; email: PossiBill@aol.com

It is important to both acknowledge and validate clients without closing down the possibilities for change for them. Too much emphasis on change and possibility can give clients the message that the therapist does not understand or care about their suffering or dilemmas. Too much emphasis on the acknowledgment side can give the message that the client cannot change or might encourage wallowing in the pain and hopelessness. The following methods are designed to combine both acknowledgment and invitations to change and possibility. Remember that these are methods and if they start to become formulaic, they can be used disrespectfully or superficially. They are designed, however, to be respectful and to deeply empathize with clients' suffering and possibilities.

Method #1 Spinning Problems into the Past

Use the past tense when people speak about current problems or limitations.

Statement: "I'm constantly suicidal."
Your response: So you've really been suicidal.

Statement: "I can't do anything right.".
Your response: You haven't done anything right.

Method #2 Going Unglobal

Respond to generalized statements by restating them with slight changes in the quantifiers and qualifiers.

Statement: "Nobody listens."
Your response: It's been close to impossible to get people to listen.

Statement: "I always leave everything 'til the last minute."
Your response: Most of the time you leave things 'til the last minute.

Method #3 Spinning Reality/Truth Claims into Perceptions

Limitations are often less in reality than in peoples' perceptions. Reflect limitation statements by inserting perception phrases into them.

Statement: "I won't be able to keep a relationship going."
Your response: You don't think you'll be able to keep a relationship going.

Statement "He'll never change."
Your response: Your sense is that he really can't change.

PROBLEMS INTO PREFERENCES: A FUTURE-ORIENTED ACKNOWLEDGMENT METHOD

Bill O'Hanlon, M.S., Possibilities, 223 N. Guadalupe #278, Santa Fe, NM 87501 USA
www.billohanlon.com; email: PossiBill@aol.com

When people first seek therapy, they are often focused on the past and what isn't working. How does the therapist gently and respectfully invite them into the future without minimizing their suffering or invalidating them? I use a method that owes a lot to both Carl Rogers (for the acknowledgment and reflection of people's experience and feelings) and Milton Erickson (for the indirect shifting of attention and frame of reference). This method helps people re-orient their attention from what they cannot change (the past) and what hasn't been working (the complaint) to what they can change (the future) and what they would prefer to have happen (their goal or direction or desire). If done respectfully and skillfully, most people do not even notice the shift consciously, but many report feeling more hopeful after it is used through the interview.

- **Rephrase from what is unwanted to what is desired or preferred**

  Client: I think I'm just too shy to find a relationship. I'm afraid of women and being rejected.
  Therapist: So you'd like be more comfortable around women and to be able to get into a relationship.

- **Redirect from the past or present to the future**

  Client: We argue all the time.
  Therapist: So you'd like to be able to work out conflicts without having so many arguments and even to have fewer conflicts if possible.

- **Mention the presence of something rather than the absence of something**

  Client: He never does anything we ask him to.
  Therapist: You'd like to see some cooperation from him.

- **Suggest small increments rather than big leaps**

  Client: I can't stand this depression.
  Therapist: You'd really like to find some way to feel a bit better and be a bit less depressed.

Questions to Open Collaboration in Therapy

Bill O'Hanlon, M.S., Possibilities, 223 N. Guadalupe #278, Santa Fe, NM 87501 USA
www.billohanlon.com; email: PossiBill@aol.com

What are you concerned or worried about?
What would you like to have happen here?
What has been working so far?
What has been frustrating or difficult in the situation up to now?
How have you dealt with that frustration or difficulty at your best moments?
At your worst moments?
If you could do one small thing that might make a difference, what would that be?
How will you know that things are heading in a good or better direction?
How will you know when the situation is resolved? Or at least better enough?
If you met someone else with the same or similar issue, what advice or compassion would you offer them?

Here's what I am concerned about.
I don't understand this part.
I think this is what you're saying. Is that right?
Is there anything you would like me to understand that you are not sure I have so far?
What would let you know that I have really understood what you are going through and have given it enough weight?
Is this conversation helpful or going in the right direction?

FOUR PLACES FOR INTERVENTION IN THERAPY

Bill O'Hanlon, M.S., Possibilities, 223 N. Guadalupe #278, Santa Fe, NM 87501 USA
www.billohanlon.com; email: PossiBill@aol.com

BEING	VIEWING	DOING	CONTEXT
❖Feelings ❖Sense of self ❖Bodily sensations ❖Sensory experience ❖Automatic fantasies and thoughts ❖Imagery and intuition	❖Points of views ❖Attentional patterns ❖Interpretations ❖Explanations ❖Evaluations ❖Assumptions ❖Beliefs ❖Identity stories	❖Action patterns ❖Interactional patterns ❖Language patterns ❖Nonverbal patterns ❖Time patterns	❖Community (church, neighborhood, clubs) ❖Social relationships (friends, non-nuclear relatives, teachers, mentors, neighbors, role models/heroes) ❖Physical environment/spatial location ❖Cultural/racial background and propensities ❖Family/historical background and propensities ❖Biochemical/genetic background and propensities ❖Gender training and propensities ❖Spirituality
Give messages of acceptance, validation and acknowledgment. There is no need to change or analyze experience as it is not inherently a problem.	Challenge problem views that: ❖*Blame* ❖*Impossibility* ❖*Invalidation* ❖*Non-accountability.* Offer new possibilities for attention.	Find patterns that are part of the problem and that are the "same damn thing over and over." Then suggest disrupting the problematic patterns or use solution patterns.	Suggest shifts in the context around the problem (e.g. changes in biochemistry, time, space, cultural habits and influences, etc.) Use these areas to normalize (and therefore value and validate).

First, acknowledge and validate clients' experience and sense of themselves as okay (if you don't do that, they probably won't be available to change). Then, when working on change, focus on the three other columns: Changing the viewing, changing the doing and changing the context. There are typically two ways to change these areas. One is to find out what hasn't been working or is problematic in these areas and shift clients out of those unworkable patterns. The other is to find out what works, has worked or that clients would imagine would work in these areas and encourage clients to increase the workable patterns.

INVESTIGATING HOW PEOPLE "DO" THEIR PROBLEMS

Bill O'Hanlon, M.S., Possibilities, 223 N. Guadalupe #278, Santa Fe, NM 87501 USA
www.billohanlon.com; email: PossiBill@aol.com

- Get people to teach you how you could reproduce the problem if you tried to create it.

Example: If I were going to gain weight, as you said you have, how would I go about it?
Example: Teach me your method for doing depression.

- Get details of the thoughts, feelings, sensations, fantasies, actions, interactions and contexts when the problem typically happens.

Example: Tell me what kind of thoughts go through your mind just before you make yourself vomit.
Example: What do you notice in your experience as you are getting anxious?

1. If you had control of all the body's physiological functions, how would you create this problem?

Example: If I were going to do a good anxiety attack, I would increase the body's heart rate and increase sweating in the hands.
Example: If I were going to create impotence, I would decrease the blood flow to the genitals.

- How would the person make the problem worse or better, if they could?

Example: If I was going to learn how to make the insomnia even worse than it is, what would I have to do if I were you?
Example: Is there anything you have done that seems to help you go to sleep and stay asleep?

EVOKING CLIENT SOLUTIONS AND COMPETENCE

Bill O'Hanlon, M.S., Possibilities, 223 N. Guadalupe #278, Santa Fe, NM 87501 USA
www.billohanlon.com; email: PossiBill@aol.com

The idea is not to convince clients that they have solutions and competence, but to ask questions and gather information in a way that convinces you and highlights for them that they do.

1. Ask clients to detail times when they haven't experienced their problems when they expected they would

- ❖ Exceptions to the rule of the problem
- ❖ Interruptions to the pattern
- ❖ Contexts in which the problem would not occur (e.g. work, in a restaurant, etc.)

2. Find out what happens as the problem ends or starts to end

- ❖ What is the first sign the client can tell the problem is going away or subsiding?
- ❖ What has the person's friends/family/co-workers, etc. noticed when the problem has subsided or started to subside?
- ❖ What will the person be doing when their problem has ended or subsided different from what he or she is doing when the problem is happening or present?
- ❖ Is there anything the person or significant others have noticed that helps the problem subside more quickly?

3. Find evidence of choice in regard to the problem

- ❖ Determine variations in the person's reactions or handling of the problem when it arises. Are there times when he or she is less dominated by it or have a different/better reaction to it or way of handling it than at other times?
- ❖ Have the person teach you about moments of choice within the problem pattern.

4. Resurrect or highlight alternate identity stories that don't fit with the view that the person <u>is</u> the problem

- ❖ Find out from the person (or from his or her intimates) about times when the person has acted in a way that pleasantly surprised them and didn't generally fit with the view that the person is the problem.
- ❖ Get the person (or intimates) to trace back some evidence from the past that would explain how or why the person has been able to act in a way that doesn't fit with the problem identity.

5. Search for other contexts of competence

- ❖ Find out about areas in the person's life that he or she feels good about, including hobbies, areas of specialized knowledge or well-developed skills, and what other people would say are the person's best points.
- ❖ Find out about times when the person or someone he or she knows has faced a similar problem and resolved it in a way that he or she liked.

6. Ask why the problem isn't worse

- ❖ Compared to the worst possible state people or this person could get in, how do they explain that it isn't that severe? This normalizes and gets things in perspective.
- ❖ Compare this situation to the worst incident and find out if it is less severe. Then track why or how.

7. Get clients to teach you how to do what they do when things work

- ❖Could they teach you or someone else how to do what works?
- ❖ Play other people in the situation and get them to coach you on how to act in a way that would produce better responses.

EXAMPLES OF COMPETENCY-EVOKING QUESTIONS

"What is different about the times when _____(you are getting along, there are dry beds, he does go to school, and so on)?"
When a person reports something which appears to be new or different, even if they place little emphasis upon it, ask, "How is that different from the way you might have handled it _____(one week, or one month, etc.) ago?"
When people talk about the problem pattern, ask about how the problem ended. "How did you get her to stop ____(throwing the temper tantrum, nagging)?" "How did you get the fight to end?"
"Have you ever had this difficulty in the past?" If yes, "How did you resolve it then? What would you need to do to get that to happen again?"
Ask about hobbies, interests and things they do well. For example, "What subjects do you like best in school?" "What kinds of things do you do for fun?" "What do you do for a living?"
"You're a marketing expert. Tell me how you sell things to people. Can you use similar ideas with your spouse?"
"Mother, you said you used to be shy and awkward around people, just like your kids are now. How did you overcome that?"
"Your marriage is in bankruptcy right now. How would you turn around your business if it were in danger of going under?"
"Tell me about the last time you started to get anxious or scared but somehow calmed yourself. What things did you do differently then?"
"You've had down times before and come out of them. So when you start coming out of the depression, what things do you start to do differently?"
"If you were on the golf course and you faced this kind of situation, how would you handle it?"
"I know you are unhappy with how much you weigh, but I am curious, how come you don't weigh more?"
"You say you've already dealt with your sexual abuse and don't need to talk about it any more. Can you tell me what you have learned from your dealing successfully with this issue that others might find helpful?"
"Most couples wait until their relationship is on the verge of divorce to seek help. How did you two decide to come in while your relationship was still doing relatively well?"
"Can you recall a time when you thought you would binge, but instead you resisted the urge?"
"Can you tell me about a time when John was able to sit quietly and surprised you or himself?"
"What do you think your friends would think about you since you have come to think of yourself as able to stand up for yourself?"
"What effect does knowing that you're resolved not to cut yourself anymore have upon your view of yourself?"

FUTURE TALK

Bill O'Hanlon, M.S., Possibilities, 223 N. Guadalupe #278, Santa Fe, NM 87501 USA
www.billohanlon.com; email: PossiBill@aol.com

Method #1 Expectancy Talk

Use phrases that create expectancy, such as "yet," "so far," "up to now," and "when."

> *Example: So far you haven't figured out any way to live and not be in misery.*
> *Example: When you've gotten a handle on your anger, you won't have so much trouble at work.*

Method #2 Problems into Goals

Turn problem statements into goal statements.

> *Statement: I can't stand this depression.*
> *Your response: So you'd really like to find some way to feel better and be less depressed.*

Method #3 The Crystal Ball

Ask people to envision a future in which the situation is better, a problem is resolved or a goal is reached. Then work backwards from that future to the present.

> *Example: I knowyou sometimes feel it's impossible, but let's just imagine it's a year from now and you are feeling better, what kinds of things would you be doing if the depression weren't dragging you down?*

Method #4 The Miracle Method

Ask people to imagine that the barriers to reaching the goal are eliminated by a miracle while everyone is sleeping. Then ask them what things would be happening once the miracle had occurred. This does not involve hoping for a miracle, but freeing imagination and action from unnecessary limitations.

> *Example: Imagine that while you are asleep tonight, a miracle occurs and the depression has vanished. How would things change? What is the first thing you would notice or do when you woke up that would let you know the depression was gone?*

Method #5 First Signs of Change

Ask people to tell you what the first signs of change will be that will indicate that they and the company are moving in the direction of the goals, the crystal ball vision or the miracle. [Hint: The first signs may already be happening.]

Example: What's the first thing you would think or do when you are on the right track or have you already done something before we met that let's you know you are heading in the right direction already?

INCLUSIVE THERAPY

Bill O'Hanlon, M.S., Possibilities, 223 N. Guadalupe #278, Santa Fe, NM 87501 USA
www.billohanlon.com; email: PossiBill@aol.com

Injunctions

Determine the injunctions that may have dominated the person. These are conclusions that the person has made about himself or herself or ideas that other people have suggested to them or told them are true. They can usually be thought of in two forms:

❖ Have to/Should/Must (as in, "You must always be perfect," or "I have to hurt myself.")

or

❖ Can't/Shouldn't/Don't (as in, "You shouldn't feel sexual feelings," or "I can't be angry.")

Binds

Sometimes the person is stuck with dueling or seemingly opposite injunctions operating simultaneously. For example, "You must be perfect," paired with "You never do anything right!"

Self-Devaluing

Sometimes the person has come to the conclusion, consciously or unconsciously, that he or she is bad or that parts of him/her is bad. He might say, "If you only knew what I am like inside, you would see that I am evil." She might have the sense that anger is bad and she shouldn't feel it or show that she is angry. If she does she thinks she is very bad or anger is very bad.

Generalizations about oneself or life

Sometimes people generalize about themselves or life. "All men are creeps." "Women don't like sex as much as men." "I'm always nice." These generalizations can be distortions and can lead to shame and bad feelings when things aren't congruent with our ideas.

Valuing, permission and inclusion as antidotes

1. Give the person permission to and permission not to have to experience or be something. For example, "You can feel angry and you don't have to feel angry." Or, "It's okay to be sexual and you don't have to be sexual." Be careful when giving permission about actions.
2. Suggest the possibility of having seeming opposites or contradictions coexist without conflict. For example, "You can tell me and not tell me about the abuse."
3. Include the opposite possibility when speaking about the way it was, is or will be. "You'll either get better or you won't." "That was either a terrible thing or it wasn't." "I'm shy except when I'm not."

THE THREE Cs OF SPIRITUALITY:

Bill O'Hanlon, M.S., Possibilities, 223 N. Guadalupe #278, Santa Fe, NM 87501 USA
www.billohanlon.com; email: PossiBill@aol.com

1. **Connection** – Moving from beyond your little, isolated ego or personality into connection with something bigger, within or outside yourself.
2. **Compassion** – Softening towards yourself or others by "feeling with" rather than being against yourself, others or the world.
3. **Contribution** – Being of unselfish service to others or the world.

Spirituality refers to what is beyond the "little self," or the personality. Anything that gives one an experience of the "bigger self," or what is beyond the limited personality can be a component of spirituality. These are possible pathways for people to connect with that something beyond. Any one may work. Some may not work for or appeal to some people.

Seven Pathways to Spirituality Through Connection

[The word *religion* derives from Latin *re-ligare*=to reconnect]

1. *Connection to the soul, the deeper self, the spirit*. The deepest level within. This involves having a connection with oneself that is beyond the rational, logical or even the emotional. Many people find that meditating, journaling or just spending time alone helps them find this connection.

2. *Connection to through the body*. This may come through dancing, sex, athletics, yoga, eating fine foods, etc. Seeing Michael Jordan in the air about to make a basket or other great athletes in action can show the spiritual through the body—they seem to do things that are beyond usual human abilities and that seem transcendent.

3. *Connection to another.* Intimate one to one relationships. Martin Buber calls this the I-Thou relationship. This pathway does not always need to refer to a relationship with another person; it could be with an animal. For example, I know someone who is suicidal and the only thing that keeps her alive is her connection with her dog.

4. *Connection to community*. This pathway involves one's relationship to one's group, causes greater than oneself that contribute to the community or the planet. If you have ever felt part of a family, extended family group, neighborhood, church group or workplace, you have taken this pathway.

5. *Connection through nature*. Being in and noticing nature and the physical environment. How many of us need to spend time in the outdoors every so often or we begin to feel small and disconnected? "I believe in God, only I spell it Nature," said Frank Lloyd Wright. One may also experience this sense of connection through a deep understanding and appreciation of the laws of nature, such as physics, mathematics. Being a liberal arts major, I think I'll stick with mountains and forests and lakes for my nature connection.

6. *Connection by participating in making or appreciating art*. Ever seen someone standing in front of a painting in a museum and being moved to tears or listening to a piece of music and feeling energized or moved? Depending on one's preferences, this may come through literature, painting, sculpture, theater, movies, photography, dance, etc. Many artists refer to a sense that they are not making the art they produce, but that it is coming to or through them.

7. *Connection to the Universe or higher power or God or Cosmic consciousness* or whatever word one uses for the sense that there is a greater being or intelligence than ourselves at work in life. This connection can happen through prayer, conversion, meditating, etc.

Seven Steps in Possibility Therapy

Bill O'Hanlon, M.S., Possibilities, 223 N. Guadalupe #278, Santa Fe, NM 87501 USA
www.billohanlon.com; email: PossiBill@aol.com

1. Create an atmosphere of change and possibility (through language, assessment methods and nonverbals)
    a. Use possibility language
    b. Assume change can happen
    c. Do not assume irrevocable damage or pathology
    d. Ask about future preferences for therapy outcomes and for life
2. Acknowledge pain, suffering, problems, explanations, feelings and points of view while keeping possibilities for change open
    a. Validate current reality without assuming that things will stay the same
    b. Listen without trying to make things more positive than they seem to the person who is speaking about the situation
3. Orient to preferred future and goals
    a. Find out what people want out of therapy or what the minimal change they would hope for would be
    b. Connect people to hope and futures with possibilities
4. Track problem patterns (viewing/doing/context)
    a. Have people teach you how to "do" the problem
    b. Find typical viewpoints of people involved in the problem situation
    c. Find where the attention is focused in the problem situation
    d. Find out what happens around the problem situation socially
    e. Find any time or spatial patterns or regularities in the problem situation
5. Elicit solution patterns (viewing/doing/context)
    a. Explore exceptions to the problem
    b. Explore positive coping methods and times
    c. Find any context in which the problem would not occur
    d. Find out where attention is focused in non-problem moments or times
    e. Identify any alternate stories or ideas that are different from typical or problematic stories or ideas
6. Introduce or notice small changes
    a. Identify anything anyone involved in the problem situation is willing or able to do to make a small change in viewing, doing or context
    b. Usually this will involve some rigidly repetitious aspect of the problem situation; It might involve deliberately taking some action that is part of the solution patterns evoked or identified
7. Connect with or evoke motivation
    a. What are people involved in the problem situation motivated for and what are they motivated away from or to avoid?
    b. Experientially connect people to their motivations in order to bring about change in the problem situation

POSSIBILITY THERAPY BIBLIOGRAPHY

Bill O'Hanlon, M.S., Possibilities, 223 N. Guadalupe #278, Santa Fe, NM 87501 USA
www.billohanlon.com; email: PossiBill@aol.com

- Friedman, S. (Ed.) (1993) **The New Language of Change: Constructive Collaboration in Psychotherapy.** NY: Guilford.
- Furman, Ben and Ahola, Tapani (1992) **Solution Talk: Hosting Therapeutic Conversations.** New York: Norton.
- Hudson, Patricia O. & O'Hanlon, William H. (1992) **Rewriting Love Stories: Brief Marital Therapy.** New York: Norton
- O'Hanlon, William H. (1987) **Taproots: Underlying Principles of Milton Erickson's Therapy and Hypnosis.** New York: Norton.
- O'Hanlon, William H. and Weiner-Davis, Michele (1988/2003) **In Search of Solutions: A New Direction in Psychotherapy.** New York: Norton.
- O'Hanlon, Bill and Beadle, Sandy (1998) **A Guide to Possibility Land.** New York: Norton.
- O'Hanlon, Bill and Bertolino, Bob (1998) **Invitation to Possibility-Land: A Teaching Seminar with Bill O'Hanlon.** Philadelphia: Brunner/Mazel.
- O'Hanlon, Steffanie and Bertolino, Bob (1999) **Evolving Possibilities: Bill O'Hanlon's Selected Papers.** Philadelphia: Brunner/Mazel.
- O'Hanlon, Bill (2000) **Do One Thing Different: 10 simple ways to change your life.** New York: HarperCollins/Quill.
- O'Hanlon, Bill and Bertolino, Bob (2002) **Even From a Broken Web: Brief, Respectful Solution-Oriented Treatment of Sexual Abuse and Trauma.** New York: Norton.
- O'Hanlon, Bill and Rowan, Tim (2003) **Solution-Oriented Therapy with Chronic and Severe Mental Illness.** New York: Norton.
- O'Hanlon, Bill (2003) **A Guide to Inclusive Therapy.** New York: Norton.
- O'Hanlon, Bill (2005) **Thriving Through Crisis: Turning Tragedy and Trauma Into Growth and Change.** New York: Penguin Perigee.
- O'Hanlon, Bill (2006) **Change 101.** New York: Norton.