

GENERAL

Stepping Into the Future: A Brief Experiential Solution-Focused Technique

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Stepping Into the Future is an experiential solution-focused technique that integrates the future-oriented principles of Solution-Focused Brief Therapy (SFBT) with embodied therapeutic practices. Building on the core SFBT interventions of scaling questions and the miracle question, the technique invites clients to physically move through successive steps representing progress toward their preferred future, transforming abstract descriptions of change into concrete, enacted experiences. Grounded in the SFBT assumptions that small changes can produce significant outcomes and that the future is created through present action, the intervention enables practitioners to collaboratively construct a detailed pathway toward clients' best hopes while maintaining a stance of not-knowing and client expertise. This article presents the theoretical foundations of the technique, situates it within the existing solution-focused literature on experiential scaling methods, provides practical guidelines for implementation, and illustrates its application through two clinical case examples involving an individual and a couple. Implications for solution-focused practice and the integration of experiential methods within brief therapy are discussed.

Theoretical Base

My foundational theoretical orientation is Solution-Focused Brief Therapy (SFBT), a future-focused therapy that helps clients explore both what has been working in their lives so they can do more of what has been useful (de Shazer et al., 2021) as well as their best hopes, preferred future, and “in-life” differences that would help them to get there (Ratner et al., 2012). It is an effective and evidence-based model (Neipp & Beyebach, 2024; Vermeulen-Oskam et al., 2024). Based on a postmodern orientation, SFBT is language-oriented (Froerer et al., 2023), where therapy is viewed as a conversation (de Shazer, 1994). Through the use of language, the practitioner helps clients move from problem talk—talk about what is not working in people's lives—to solution talk—talk about what has previously worked (Berg & de Shazer, 1993) as well as to clients' best hopes and preferred futures

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(McKergow, 2016). This occurs through helping people develop goals and/or hopes for what they want in their lives. Further, SFBT is a therapy model ripe for integrating experiential activities (Bischof, 1993).

For *Stepping Into the Future*, there are two central tenets of SFBT that I find particularly relevant. The first is that small steps can lead to big changes (de Shazer et al., 2021). This technique utilizes the client taking small steps that all build up to lead them to their preferred future—which would be a big change for them. The second tenet that is especially relevant is that the future is both created and negotiable. This tenet supports the notion that the client can develop a preferred future. *Stepping Into the Future* is an integration of two of the most famous SFBT interventions—scaling questions and miracle questions.

Scaling Questions

One of the key therapeutic questions SFBT practitioners utilize is scaling questions. During therapeutic conversations, clients may talk in generalities or abstract ways, saying they are thinking or feeling a certain way, such as being “unhappy,” “hopeful,” or “secure.” SFBT practitioners shift client language from the abstract to the concrete through the use of scaling questions (de Shazer et al., 2021). Scaling questions “are used to ‘measure’ the client’s own perception, to motivate and encourage, and to elucidate the goals and anything else that is important to the individual client” (Berg & de Shazer, 1993, p. 10).

The answer to the initial scaling question provides a baseline for the practitioner and client to work from in assessing whether change has occurred. The practitioner can also explore around the scale to bring in further possibilities of difference. This is an alternative way to construct miracles or identify solution behaviors (Franklin et al., 1997). This can be done by the practitioner asking, “You stated that you are currently at a 6. What will you notice that is different to let you know that you are at a 6.5?” There is not a set distance (e.g., .1, .5, or 1) from the client’s stated number to the practitioner’s prompt. Most practitioners use 0.5 or 1; however, I tend to use an even smaller numerical spread since the smaller the distance, the more points of difference can be noted or assumed. For instance, if the client states that they are at a 4 and 10 is the goal, and the practitioner asks what they would notice would be different when they are 1 point higher, there are only 6 aspects that would be noticed until they reach their goal. Using .5 as the difference threshold, there would be 12 different aspects before goal attainment. However, using .1 leads to 60 possible differences.

Not all scaling questions are numerical. I co-developed a process of visual scaling for use with children, where the child client was asked to scale by standing up and use their hand to determine where they were on the scale, with the floor representing the low end of the scale and as high as they could reach representing the high end (Shilts & Reiter, 2000). However it is worded

or presented, the primary outcome of the scale is that clients understand that they are not fixed in their situation but have possibilities that will allow them to move “up” the scale, bringing them closer to their overarching goal.

The Miracle Question

Perhaps the most famous solution-focused technique is the miracle question (Berg, 1994; Stith et al., 2012), which was developed by Insoo Kim Berg when a client stated that they would need a miracle for things to be better. Berg went with the client’s language and asked the client to suppose a miracle happened. Over the years, the miracle question has become more formalized (Berg & Szabó, 2005; de Shazer et al., 2021).

The importance of the miracle question isn’t the question itself, but the exploration of the miracle picture. The more pieces of the miracle that are brought into the therapeutic discourse, the more potential pathways clients can see that will let them know they are moving toward their preferred future. This helps to increase the client’s sense of hope and expectancy for positive change, which are the hallmarks of SFBT (Reiter, 2010). The concept behind the miracle question is helping clients to develop clear and identifiable mileposts that will let them know that they are moving forward in a positive direction. I utilized the miracle question’s intent in the construction of *Stepping Into the Future*. It is an alternative means of bringing into the conversation what the client believes would be signposts to a preferred future.

Similar Techniques to *Stepping Into the Future*

Although *Stepping Into the Future* was developed independently, it is not the only experiential adaptation of the solution-focused scaling question. Several solution-focused practitioners have incorporated physical movement into scaling exercises, demonstrating the value of embodying clients’ progress toward preferred futures.

Jackson and McKergow (2002) describe Peter Röhrig’s solutions consultation as an early example of this approach. Working with a large group of approximately 100 people from the same business sector, Röhrig created a physical scale extending from 1 at one end of the room to 10 at the other. Participants positioned themselves on the scale in response to a scaling question regarding how effectively they believed they were contributing to their field. Röhrig then invited participants at different points on the scale to describe what they were already doing that had enabled them to reach their current position. After this exploration, participants moved to the point representing where they hoped to be one year later and discussed, in small groups, the steps they could take to reach that preferred position.

Subsequent authors have described similar experiential applications of scaling. Jackson (2005) introduced the Scaling Walk, which he used with groups ranging from approximately five to 100 participants, while Zalter and Fiske (2005) applied a comparable exercise with individuals, couples, families,

and groups of up to 300 participants. In both approaches, a numbered scale is placed on the floor, although Jackson uses a 0-to-10 scale and Zalter and Fiske a 1-to-10 scale.

Jackson's Scaling Walk is relatively practitioner-directed. Participants begin by standing at an arbitrary point (n), typically somewhere in the middle of the scale. From this position, they are encouraged to reflect on both future possibilities and past exceptions. The group then moves first to 0, where participants explore the meaning of the starting point, and subsequently to 10, where they consider the characteristics of their preferred future. Finally, participants return to n to reflect on how their understanding of both their current position and the next incremental step ($n + 1$) has changed.

Zalter and Fiske (2005) adopt a somewhat different sequence. Participants first identify their current location on the scale and explore the strengths, resources, and previous successes that enabled them to reach that point. They then move to the position representing where they would like to be and are invited to imagine that they have already arrived there. From this future perspective, participants identify the first small step they took toward that outcome, the difference that step made, and what they learned while progressing toward their goal. Ratner et al. (2012) briefly describe a similar "walking scale" for young children, in which a physical scale is laid out on the floor and the child walks to the next point on the scale.

Collectively, these approaches illustrate the experiential potential of physically enacted scaling. Jackson (2005) rated the Scaling Walk as a 9 on a 10-point experiential continuum, while Zalter and Fiske (2005) rated their approach as a 10, reflecting the central role that embodied movement plays in these interventions. Like these earlier methods, *Stepping Into the Future* invites clients to move physically, recognize the strengths and actions that have brought them to their current position, and envision a preferred future. However, despite these similarities, the present technique differs from previous walking-scale approaches in several important respects.

The most significant distinction is that *Stepping Into the Future* intentionally utilizes every major point along the scale rather than focusing only on clients' current position and preferred future. Earlier walking-scale approaches begin wherever clients perceive themselves to be, meaning that individuals who already view themselves as close to their preferred future may have only one or two remaining steps to consider. In contrast, *Stepping Into the Future* assumes that movement toward meaningful change consists of numerous intermediate steps. By deliberately engaging each stage of the journey, the intervention encourages a richer exploration of how change unfolds incrementally.

A second distinguishing feature is the iterative nature of the process. Rather than progressing through the scale only once, clients move back and forth between positions, revisiting earlier steps as new ideas, insights, and understandings emerge. This recursive movement allows the developing conversation to reshape the client's understanding of each stage of progress.

Finally, *Stepping Into the Future* places greater emphasis on behavioral enactment throughout the intervention. At multiple points, clients are encouraged not simply to describe what they would do, but to physically perform or rehearse the actions associated with each step. This emphasis on enactment creates a more immersive experiential process by allowing clients to embody, in the therapeutic moment, behaviors they believe will move them toward their preferred future.

Steps For *Stepping Into The Future*

Stepping Into the Future is a technique that helps clients develop milestones toward their best hopes while experiencing a sense of movement toward their preferred future. It is an alternative to using the miracle question, producing a picture of what things may look like as they progress toward their hopes and goals. That picture is enhanced through a modification of solution-focused scaling, where movement is used to distinguish position on the scale rather than numerals. This movement helps to provide an experiential aspect to enhance the client's sense of hope and expectancy. The practitioner, utilizing *Stepping Into the Future*, acts as a guide, walking alongside the client, helping to shape various instances and milestones that will let the client know they are moving closer to their preferred future. This section presents generic steps to introduce and implement the *Stepping Into the Future* technique with clients and then presents two case examples of how it has been used.

Stepping Into the Future can be used at any point in the therapeutic process. However, I have typically used it during one of the first few sessions. Before starting the technique, the therapeutic conversation has likely focused on what has already worked for the client to get them to where they currently are—highlighting past incidents and exceptions. The practitioner might introduce it by stating something like,

“If it’s all right with you, we are going to do something a little bit different. If you could stand here with me and look across the room at [some point on the other side of the room] and imagine that that is the goal that you have for yourself. Now, we are over here, so it will take a bunch of steps to get there. What would be different that would let you know you are one step closer to that goal?”

The wording can be easily changed to fit the client's context and verbal level.

The practitioner can choose to either be the first to take the step and wait there until the client steps forward and expresses something they will notice that is different, letting them know they are one step closer to their preferred future, or wait until the client moves forward first. Either way, the practitioner refrains from offering possibilities and rather relies on the client to state what will make sense for them as a marker of movement. This adheres to the solution-focused use of the concept of not-knowing, where the client

is the expert of their experience (Anderson & Goolishian, 1992; Solution Focused Brief Therapy Association Research Committee, 2025). Once the client articulates a difference, the practitioner then shapes this to fit within the confines of SFBT goal characteristics (de Shazer, 1991).

When I introduce *Stepping Into the Future* in a session, a strong foundation has already been established as to how the client has managed to get to where they currently are. Several exceptions and personal resources have likely entered the conversation so that the client's personal agency is already a focus of the session. I find this is important in that it increases the client's sense of hope and expectation that they have already taken meaningful action in their life and thus can continue down that path.

As with utilizing scaling questions to help clients to articulate what they would notice was different when they were higher on the scale than their current position, practitioners using *Stepping Into the Future* will need to decide how far of a distance they want to set up from one point to another. In a numerical scale, this difference is likely to be .1, .5, or 1 point. When engaging in *Stepping Into the Future*, the difference will be in the length of the stride from one step to another. The practitioner can take a very small step, which would equate to the .1 difference on the numerical scale. A medium step would be similar to a .5 difference, while a large step would equate to a 1-point difference. Small steps are actually beneficial, since one of the major tenets of SFBT is that "small steps can lead to big changes" (de Shazer et al., 2021, p. 2).

The following case examples demonstrate how *Stepping Into the Future* has been used with an individual and a couple (all information has been altered to provide for anonymity). These cases were seen by me, who identifies as a family therapist. They were private practice clients seen in my office in the state of Florida in the United States. I have provided the clients with pseudonyms and use the term "Practitioner" in the transcript to refer to myself to make the distinction clearer between myself and the client. The transcripts are reconstructed from actual sessions.

Case Example 1

I worked with Sondra, a 40-year-old Hispanic woman who came to therapy because she wanted to reduce the impact that anxiety was having on her. Toward the end of the first session, I introduced the *Stepping Into the Future* technique.

Practitioner: Sondra, I'd like to do a different way of talking about your goals. [I stand up and walk to the corner of the room]. Would you be okay coming over here with me?

I introduce an experiential exercise to move the conversation beyond talking about change and into physically experiencing it. Inviting Sondra to join me emphasizes collaboration and engages her in an active process rather than a purely verbal discussion.

Sondra: [Stands up and joins the practitioner in the corner.]
Ok.

Practitioner: All right. Where we are standing is where you are right now. And over there, in that corner across the room, is what you are hoping for. That's your goal. That anxiety won't play such a big role in your life. So there's not anxiety. What is there? What would you call that, over there?

I help Sondra define her preferred future using her own language instead of imposing my own description. By asking her to name the destination, I ensure that the destination she will be going to is personally meaningful and that she increases her ownership of the therapeutic process.

Sondra: [Thinks for a moment] Sanctuary.

Practitioner: Okay. So, in that far corner is Sanctuary, and that's where we are heading. However, it will take some steps for you to get over there. [Practitioner takes a small step forward]. Okay. Take this step closer to Sanctuary. What's different now in your life?

Rather than asking how she will eliminate anxiety, I invite her to notice the first small signs of progress, consistent with solution-focused principles that emphasize incremental change. Further, this is bringing forth description language, where the therapeutic conversation builds descriptions of preferred futures (McKergow, 2020).

Sondra: [Client takes a step forward] I don't freak out all the time.

Practitioner: All right. So, you're not always freaking out. What are you doing instead?

I intentionally shift the conversation from the absence of a problem to the presence of desired behaviors. This helps shape the goal into concrete actions that fit the solution-focused characteristics of effective goals (de Shazer, 1991). Further, this is a redirecting presupposition, which presumes the client knows what else they can do instead of freaking out and prompts them to provide an alternative to what they have done in the past (Froerer et al., 2023).

Sondra: Breathing rather than hyperventilating. [Client laughs]

Practitioner: [Laughs as well]. Ok. Here, you are able to breathe. What type of breathing are you doing?

The primary therapeutic process of SFBT is "Listen, Select, and Build" (Solution Focused Brief Therapy Association Research Committee, 2025), where the practitioner listens to the client's use of words and language, selecting specific words and phrases that are indications of potential solutions, resources, successes, and desires. Throughout the technique, I listen to the client's language, select those aspects that suggest or demonstrate past,

current, or future desired behaviors, feelings, thoughts, or identity statements, and then build these instances together to weave a therapeutic story of client personal agency.

Sondra: Slow breathing.

Practitioner: Got it. Your first step toward Sanctuary is slow breathing. Take a moment to slow breathe [Client and practitioner both take a moment to breathe]. Let's take another step. What are you noticing that is different here? [Practitioner and client both step forward]

Whenever I hear the client taking a step that they can actually engage in during the session, I try to have them engage in that behavior in the moment. This is another way of increasing the experiential aspect of the technique. Here, I ask the client to do the type of breathing that she says will be useful for her. I also do the breathing to join her and support this step.

Sondra: I tell myself that things are going to be okay.

Practitioner: So you have the mindset that says, "It's going to be all right." Ok. Let's back up to where we started. [Practitioner and client both move back to the corner]. Here is where you are right now. Then you take one step closer toward Sanctuary [practitioner and client step forward], and you are able to do slow breathing. Moving one more step [both step forward], you tell yourself, "It's going to be okay." Let's go one more step. [both step forward]. What is different here?

I summarize her progress and then return to the beginning so she can mentally rehearse the sequence of successful behaviors. Repetition strengthens her memory of a potential pathway toward her preferred future. Based upon the notion of equifinality, I know that we will not cover all the potential steps she can take to achieve her preferred future. However, I try to bring into the conversation steps that have previously been useful for the client or that they believe can or will be beneficial in the future.

Sondra: I'm able to plan ahead. Maybe to make a to-do list.

Practitioner: So, here you've thought about what is to come and developed a to-do list. Great. And when you move one more step [practitioner and client step forward], you're getting closer to Sanctuary. What are you doing here?

Throughout the *Stepping Into the Future* technique, I use conditional presuppositions. "Such a presupposition is one that is predicated on a specific, hypothetical situation, meaning the question considers a possible, imagined, or suggested idea as it advances the conversation" (Froerer et al., 2023, p. 427). I presume that the client will continue to move forward toward their hopes and ask questions with that view in mind.

Sondra: My partner isn't putting so much pressure on me.

Practitioner: All right. And when that's happening, how are you responding?

I redirect the focus from her partner's behavior to her own responses. Solution-focused therapy emphasizes the client's actions and strengths because those are the areas within her control.

Sondra: I'm calm.

Practitioner: Totally calm?

I gently test the description without challenging her. This encourages a more realistic and nuanced picture of progress rather than an all-or-nothing expectation.

Sondra: Well, I don't just react. I take a second to think.

Practitioner: You're able to think here. Okay. How would your partner know that you are calm?

I am trying to help Sondra to elucidate a well-described preferred future. Ratner et al. (2012) listed five essential characteristics of well-described preferred futures: positive, concrete and observable actions, detailed, multi-perspectival, and interactional. Here I try to bring in her partner's perspective and to weave her picture into her relationships, while getting details of positive actions—things she does to demonstrate she is calm in the moment.

Sondra: He'd see that I am not yelling or crying. Rather, I'm staying engaged in the conversation.

Practitioner: Ok. He'd see you continuing to talk with him yet doing so in a way that furthers the conversation. Come back to the start for a second. [Practitioner and client walk back to the corner. They then step together.]. You take one step toward Sanctuary, and you are breathing slowly. Another step, and you are telling yourself, "I'm going to be okay." One more step and you've made a to-do list. At the next step, you're able to think. You have just two more steps to go before you reach Sanctuary. [Takes another step forward]. What happens now?

Throughout the process of *Stepping Into the Future*, I use repetition, which helps to increase the intensity and validate the importance of the client's statement (Reiter, 2025a). There is not a determined amount of repetition, but usually it is a two-step-forward, one-step-back process. This provides the client with many opportunities to move back to the starting point, which represents where they are currently, and then move forward, repeating what would be different at each step. Repetition helps the client and practitioner remember what will occur at each step. Further, clients have multiple experiences of stepping forward into the preferred outlook of how they will know they are getting closer to their preferred future.

Sondra: I don't put things off. I become proactive. I actually do what I say I should be doing.

Practitioner: So, a few steps ago, you developed a to-do list. Now, you are doing those things on the list.

I connect new behaviors to earlier successes, helping Sondra see how one positive action naturally leads to another. This builds coherence in her story of change.

Sondra: That's right.

Practitioner: All right, one more step, and you are at Sanctuary. [Steps forward. The client follows]. How will you know you are here?

I ask Sondra to describe what reaching her preferred future looks like in observable terms. This encourages her to identify concrete indicators of success rather than vague feelings.

Sondra: I'm not having to take my anti-anxiety medication all the time.

Practitioner: Okay. So you're not taking the medication as much. What are you doing?

Once again, I shift the conversation away from what is absent and toward the behaviors that are present. This aligns with the solution-focused emphasis on building new actions rather than eliminating old ones.

Sondra: I'm using my coping skills.

Practitioner: Such as?

Sondra: Taking a walk, having a warm bath, journaling, those sorts of things.

Practitioner: So you are doing a lot of different things here; all of them are various coping skills that you've learned that help you to be calm. Let's go back to the beginning for a minute. I'm guessing you didn't realize that you'd be doing one of your coping skills today—taking a walk. [Both client and practitioner laugh. They both walk back to the initial corner.]. This is probably a different type of walk than you might have been thinking, but it is also a useful type of walk for you. All right. Let's walk this path together, but this time, I'd like you to list each of the steps.

Here I use humor, in one way, to see how she receives it and whether it is a coping skill she has that she didn't identify yet in the session. Further, I ask her if she can take the lead on listing the steps so that they become even more real for her.

Sondra: Am I gonna remember them all?

Practitioner: I believe so. But maybe your wondering if you'll remember is the anxiety trying to step in, so let's step forward since that will help. [Practitioner steps forward and the client follows].

I normalize the appearance of anxious thoughts without allowing them to dominate the session. Rather than debating the anxiety, I encourage movement toward the solution through action.

Sondra: I breathe slowly.

Practitioner: Okay. Take a second right now and do that. We can both breathe slowly here. [Practitioner and client breathe without talking for about one minute.] And when you take one more step, what happens here?

I continue pairing discussion with direct experience. Practicing the coping skill together reinforces Sondra's confidence that she can use it successfully.

Sondra: I tell myself, "It's okay. It's gonna be fine."

Practitioner: All right. Tell yourself that.

I invite Sondra to actively practice positive self-talk instead of merely describing it. This strengthens her ability to access the skill outside the therapy room.

Sondra: Sondra, it's fine. It will work out.

Practitioner: Nice. Now at this step? [Both step forward]

Sondra: I make a to-do list.

Practitioner: So, what are just a couple of things that you would put on your Today's To-Do list?

I help translate the preferred future into immediate, practical behaviors that she can begin implementing in daily life.

Sondra: Wow. There's a bunch. Go food shopping, make dinner, and pay the credit card bill.

Practitioner: Well, you just made the list, which was on the larger to-do list. Great. And the next step?

I highlight her success as it happens. Recognizing progress reinforces competence and helps Sondra notice that change is already occurring.

Sondra: I'm able to think.

Practitioner: Okay. Take a second and connect to your brain. You don't need to say what you are thinking about. Just get in tune with your brain and that you can intentionally think. [Practitioner pauses for a minute or so]. Let's take the next step. What's here?

I encourage mindfulness and intentional awareness of one of her identified strengths. Experiencing thoughtful reflection reinforces her sense of agency.

Sondra: I'm able to be proactive. I'm doing the things on my list.

Practitioner: One of the things on your big list is coming to therapy and being calmer. So, you're doing that right now. All right. Last step. [Both step forward]

I acknowledge evidence that Sondra is already living parts of her preferred future. Highlighting present successes helps strengthen hope and self-efficacy.

Sondra: Here, I use all of my coping skills.

Practitioner: Wow. It really seems that right now you are at Sanctuary.

I conclude by emphasizing that Sondra has already demonstrated many of the behaviors associated with her preferred future during the session. This reinforces the central solution-focused belief that clients possess strengths and resources that can be expanded beyond therapy.

Reflections on Case Example 1

In this case, I tried to demonstrate that solution-focused therapy can extend beyond conversation by incorporating experiential practices that allow clients to actively experience their preferred future rather than simply describe it. Using the *Stepping Into the Future* technique shows how physical movement, behavioral rehearsal, repetition, and in-session practice can deepen clients' connection to their strengths and desired changes. Rather than focusing on reducing anxiety, I intentionally guided the client toward identifying specific actions—such as slow breathing, positive self-talk, planning ahead, and using coping skills—that represented movement toward her preferred future. By inviting her to practice these behaviors during the session, I helped transform abstract goals into lived experiences that could increase her confidence and sense of agency.

Stepping Into the Future helps to bring forth clients' preferred futures and the steps that might be included in moving in that direction. SFBT has shifted from a primary focus on exceptions to a preferred future conversation, which “gives a much clearer focus on events which relate not simply to the absence or reduction of the problem, but connect to the best hopes and preferred future described by the client” (McKergow, 2016, p. 11). All of the steps, as well as the end goal, were developed by the client. She determined what would be at each step and what the endpoint would be.

Case Example 2

I worked with Sean and Erin, a married couple in their mid-30s, who came to therapy because they felt disconnected after ongoing arguments and the impact of alcohol on their relationship. Toward the end of the second session, I introduced the *Stepping Into the Future* technique.

Practitioner: Sean, Erin, I'd like to try a different way of talking about where you want your relationship to go. [I stand up and walk to one corner of the room]. Can you both come over here with me?

I introduce *Stepping Into the Future* to invite the couple to move beyond talking about change and begin physically engaging with it. Asking them to join me reinforces collaboration and signals that we will work together in creating their preferred future.

Erin: [Stands up, glances at Sean, then walks over]. Okay.

Sean: [Follows, a bit hesitant]. Sure.

Practitioner: All right. Where we're standing is where things feel right now—disconnected, arguments, alcohol getting in the way. And over there, in that corner, is where you want to be as a couple, when things are better between you. What would you call that place?

I help the couple externalize their current situation while inviting them to define their preferred future using their own language. By asking them to name the destination, I ensure that the goal reflects their shared hopes rather than my assumptions.

Erin: Peace.

Sean: Yeah... Peace works.

Practitioner: Okay. So that corner is Peace. That's where we're heading. But it takes steps to get there. [Takes a small step forward]. Let's take the first step. What's different here?

One of the most important tools in solution-focused work is knowing where the finish line is (Berg & Szabó, 2005). Therapy is more useful when large goals that will take a long time to achieve are broken down into smaller, more manageable pieces. The more that people have goals, the higher levels of hope they have, which is important given that hope and expectancy are a primary common factor of improvement in therapy (Lambert, 1992). Hope is enhanced when people's willpower (the energy someone has to achieve the goal) is bolstered by their waypower—their plan of how they can achieve the goal (Snyder, 1994). I designed *Stepping Into the Future* to help people have a cognitive and experiential understanding of the waypower that might be useful for them to achieve their goals.

Sean: [Steps forward] We're not yelling right away.

Practitioner: So there's less immediate escalation. What are you doing instead?

I shift the conversation away from the absence of conflict and toward the presence of new behaviors. This helps the couple identify concrete actions they can intentionally repeat.

Sean: Before I respond, I pause.

Erin: And I'm not assuming the worst right away.

Practitioner: Great. So the first step is pausing and not jumping to conclusions. Let's pause for just a second and just be in the moment. Okay, now let's take another step. [All step forward]. What's different here?

I summarize the couple's identified strengths and then immediately build on them. We then take a moment to pause for them to experience what they said this step would be. By physically taking another step, I reinforce that meaningful change develops progressively.

Erin: We're actually listening... like really listening.

Practitioner: What does that look like?

I ask for greater behavioral specificity so the solution becomes observable. Rather than accepting "listening" as a general concept, I encourage the couple to describe exactly what they would be doing differently.

Erin: Not interrupting. Letting him finish.

Sean: And I'm trying to hear what she means, not just what she says.

Practitioner: So this step is active listening and trying to understand one another. Let's take another step. [They move forward]. What's happening here?

Therapeutic tools may be useful when they are put together and utilized as they create a therapeutic story that leads to clients moving toward their preferences (Reiter et al., in press). In SFBT, an exception question on its own may not lead to client movement. I tend to explain to my students that the miracle question isn't the important part of the conversation. Rather, what is more significant is the thick descriptions that come after it in creating a miracle picture. McKergow (2016) described this idea, "So, a 'preferred future' conversation is a miracle question PLUS all the follow ups about first tiny signs that the miracle has happened, who else might notice, what would they notice, what happens next, what difference that makes, to whom, and so on" (p. 6). What is presented in these transcripts is a compact description of the use of the *Stepping Into the Future* technique. When I am with clients, we spend a lot of time trying to get a thick description of their understandings.

Sean: I'm cutting back on drinking.

Practitioner: That's important. What difference does that make?

Instead of focusing on reducing alcohol use as the primary goal, I explore the positive effects that follow from Sean's decision. This shifts the conversation from eliminating a problem to increasing desired relationship behaviors.

Sean: I'm more present. I don't get as defensive.

Erin: And I feel like I can trust the conversation more.

Practitioner: So here, there's more presence and trust. Let's go back to the start for a moment. [They walk back]. Right now, things feel tense and disconnected. Then you take one step—pausing and not assuming. Another step—listening to understand. Another step—being more present and reducing alcohol. Let's take the next step. [They step forward again]. What's different here?

I use repetition to reinforce each milestone while giving the couple another opportunity to experience moving toward Peace. Rehearsing the sequence strengthens both memory and hope. Another reason that I tend to engage in repetition is for my own memory, as it helps me to keep the client's best hopes in my mind as well as the overall conversation. Further, each time we bring that milestone forward, a thicker description may occur.

Erin: We're spending time together without fighting.

Practitioner: What kind of time?

I encourage a thicker description of connection by inviting the couple to describe ordinary moments that reflect success. Small, everyday interactions often make preferred futures feel more attainable.

Erin: Simple things. Watching a show, cooking dinner.

Sean: Laughing again.

Practitioner: So connection is coming back in everyday moments. Let's take another step. [They move forward]. What's happening here?

Sean: I'm taking responsibility when I mess up.

Erin: You never take responsibility.

Sean: That's not true! I do.

Practitioner: Hold on a moment. Let's go back two steps. [We go two steps back]. You mentioned that here you wouldn't be defensive but would be more present. Tap into that. How would you respond to Erin's statement from that position?

Sean: Yeah, there have been times I'm sure I've argued with you

and not owned my shit. But there have been other times where I acknowledged I've screwed up and apologized.

Practitioner: How do you do that?

I ask Sean to explain how he takes responsibility so that accountability becomes a concrete, repeatable behavior rather than an abstract value.

Sean: I say sorry... and mean it. No excuses.

Erin: And I'm not holding onto it as long. I let things go.

Practitioner: So there's accountability and forgiveness. Let's take one more step. [They step forward]. You're getting close to Peace. What's here?

When working with multiple people, I try to keep in mind the solution-focused concept of bridging. Bridging is similar to mutualizing, where the practitioner helps multiple clients to develop a shared vision (Hoyt & Berg, 1998). Rather than complain about one another, bridging shifts people to be able to work together. This is important since "people are more likely to work together, and work harder, when they are focused on the same goal attainment" (Reiter, 2025b, p. 235). Here, I intentionally bridge each partner's contribution into a shared relational strength. By emphasizing accountability and forgiveness together, I reinforce that both partners are contributing to the solution.

Erin: I feel safe with him again.

Sean: And I feel like we're a team.

Practitioner: A sense of safety and teamwork. One final step. [They step into the far corner]. You're at Peace. How do you know you're here?

Sean: We don't need alcohol to connect.

Erin: Yeah. We choose each other... even when things are hard.

Practitioner: What are you doing here that keeps you in Peace?

Rather than treating Peace as a destination that simply happens, I help the couple identify the ongoing behaviors required to sustain it. This reinforces that lasting change depends on intentional action.

Erin: Talking honestly.

Sean: Checking in with each other.

Erin: And doing things together on purpose.

Practitioner: Let's go back to the beginning. [They walk back, smiling slightly]. Let's walk it again together, where you all are naming each step. Ready? [They step forward].

Sean: First, we pause.

Practitioner: Take a moment now—just pause together. [They stand quietly for a few seconds]. And the next step?

Whenever clients identify a behavior they can practice immediately, I invite them to experience it during the session. This transforms discussion into lived experience.

Erin: We listen... really listen.

Practitioner: Go ahead, look at each other, have a brief conversation, and just listen to each other for a moment.

[Pause].

I facilitate an in-session enactment of active listening so the couple experiences successful communication instead of merely describing it. This deepens the experiential quality of the intervention. Seedall (2009) presented enactments as a tool to be used in SFBT so that they were “(1) conducive, (2) generative, and (3) catalyzing to the solution-building process in SFBT” (p. 103). This solution focused enactment helps to build on their past ways of positively listening to one another and brings this in vivo.

Erin: I’m hopeful that you and I can really do this. It’s been miserable this last year. The alcohol and the arguing. They’ve really come between us.

Sean: I hear you. My drinking has been a problem, and it’s led to a lot of issues between us.

Practitioner: Next step?

Sean: I cut back on drinking and stay present.

Practitioner: Take a second to notice what it feels like to be present right now. [Practitioner pauses]. What’s going on for you?

I invite mindful awareness of the experience they are creating together. Paying attention to the emotional experience helps strengthen the connection between the identified behavior and its positive effects.

Sean: I’m disappointed in myself. I shouldn’t have let it get to this point.

Erin: We were both involved in it. We both should have done something different.

Practitioner: Hang on for a moment, Erin. Just be with one another. What’s it like to be here, right now, with your partner, doing this important work?

I gently redirect the conversation away from problem analysis and back toward the present relational experience. My intention is to help them notice the connection they are already building during the session.

Erin: It’s nice knowing that we both want the same thing.

Sean: I agree. I feel very connected to Erin right now.

Practitioner: Next step? [Practitioner steps forward and the couple follows]

Erin: We spend time together... simple things.

Practitioner: What's one simple thing you've done together this past week?

I bridge the preferred future with a past instance and exception. They have already engaged in many positive ways of spending time together. This question helps bring what is in the background into the foreground, making it easier to do more of what has worked.

Sean: On Saturday we cooked dinner.

Erin: Yeah, together.

Practitioner: Great. That's just one of many things that you've done together that led you to feel more connected. And the two of you are spending time together here, in this session. Next step?

I highlight that they are already demonstrating elements of their preferred future. Recognizing existing success strengthens hope and reinforces that meaningful change is already beginning. I also presuppose that there are many other instances they have had of engaging in actions of their preferred future.

Sean: I take responsibility.

Erin: And I forgive.

Practitioner: Take a second to connect with that. [Pause]. Next?

While *Stepping Into the Future* is experiential in that it kinesthetically gets people moving forward toward their preferred future, there are also moments within the technique that can be used to enhance the client's experience. In this moment, I asked the clients to sit with the notion of responsibility and forgiveness, letting them internalize these concepts and then have an increased experiential moment. I intentionally slow the process so the couple can emotionally experience responsibility and forgiveness rather than simply naming them. These moments of reflection deepen the experiential impact of the exercise.

Erin: I feel safe.

Sean: We're a team.

Practitioner: And the final step? [They step forward].

Sean: We choose each other.

Erin: Every day.

Practitioner: Can you vocalize that to one another?

Here, I initiated a solution-focused enactment (Seedall, 2009). I asked the couple to directly express their commitment to one another. Speaking these words aloud transforms an abstract idea into a meaningful interpersonal experience.

Sean: You're my wife. I don't want anyone else but you.

Erin: And I want you. I want us.

Practitioner: It really seems like, right now, you're standing in Peace together.

I conclude by highlighting that the couple has already experienced many aspects of their preferred future during the session itself. My intention is to reinforce their strengths, instill hope, and leave them with the experience that Peace is not simply a distant goal but something they have already begun creating together.

Reflections on Case Example 2

For me, solution-focused therapy becomes even more powerful when clients are invited to experience their preferred future rather than only describe it. With Sean and Erin, solution-focused experiential interventions, such as physically stepping toward their goal, pausing together, practicing active listening, and engaging in enactments, help transform abstract hopes into lived experiences. I intentionally utilized repetition, behavioral rehearsal, and moments of intentional reflection to deepen the couple's connection to one another and provide an opportunity for them to experience safety, teamwork, and hope during the session itself. Rather than simply discussing communication or recovery from the impact of alcohol, they practiced the very behaviors they identified as moving them toward "Peace." I also attempted to engage in bridging, as I continually redirected the conversation toward a shared preferred future instead of individual complaints. I integrated experiential practices with an SFBT orientation to strengthen the couple's emotional engagement, reinforce existing strengths, and allow the couple to leave the session having already rehearsed the changes they hope to sustain in their everyday lives.

The Future for Stepping Into the Future

I am a full-time faculty member, an AAMFT Approved Supervisor, a Florida state-approved supervisor, and a therapy practitioner in private practice. I have used *Stepping Into the Future* with both clients and graduate family therapy students. With my students and interns, we have utilized *Stepping Into the Future* to help the supervisee articulate the steps they view for themselves in their continued growth as a therapist.

What I presented here was a few of the basic ideas of how *Stepping Into the Future* might be used. However, as with most techniques, it is ripe for adaptation. These steps are not requirements, but general suggestions based on how I have used the technique with clients. It will be interesting to see how other practitioners will personalize and grow this technique.

There may be situations, based on people's mobility, where actually stepping may not be a possibility. In this case, modification of the *Stepping Into the Future* technique should be made. The practitioner might take the steps for the client, or some other object can be used, such as a game piece for

a board game. The client can then, in their seated position, move the game piece a step at a time. While not as experientially immersive, this still allows the client to have a greater sense of movement forward.

While I tend to take the first step from the beginning position, other practitioners might ask the client how big a step they would like to take. Or they might ask if the client wants to even take a step then. If the client declined, the practitioner might ask, “How would you know you were ready to take the first step?” Not all clients will want to participate in a technique such as this. I tend not to introduce the possibility of *Stepping Into the Future* when the client is extremely agitated, or there is significant in-session tension between partners or family members. My thought process here is that the client should be wanting to talk about what they want rather than what they don’t want. Validating clients’ full expressions is important to ensure the therapist doesn’t become solution forced (Nylund & Corsiglia, 2019). This comes by understanding where the focus is in solution-focused therapy and how it moves from client concerns to the unfocused aspects of the client’s exceptions and successes (Reiter & Chenail, 2016). I have found that once we’ve been able to identify instances of past successes and exceptions, the introduction of *Stepping Into the Future* flows better.

Further, people may think that they need to, outside of the session, take these steps in the order constructed in the session. While initially discussed in terms of one step after another, any of these steps is a sign that there is movement toward the hope/goal. It is useful for the practitioner to try to have clients break down their steps into progressive small movements; however, the practitioner should also seed the idea that any of these steps, or steps that weren’t yet articulated, can initiate change. They might also, in subsequent sessions, explore how initial steps were in place when the client mentions a later step that was taken. This process highlights how SFBT practitioners are skilled at uncovering previous instances that connect to the client’s preferred future.

Many practitioners are now engaging in telehealth. This does not prevent the use of *Stepping Into the Future*, as it has been successfully used with clients in telehealth situations. For modification, I ask the client to stand up and move as far back from their computer (or phone—depending on which device they are using for the telehealth session) as possible. I then also stand up and position myself far away from my device camera. Rather than a point on the opposing wall of the room to be the goal location, the device being used becomes that. I then complete all the steps that would be used in an in-person therapy room.

While not necessary for successful use of the technique, I tend to have the clients develop a name for the overarching goal—the endpoint of the pathway. In the case examples, these were Sanctuary and Peace. This is to connect the various steps and provide a quick and easy heuristic for accessing those steps. To support this aim, practitioners might have clients write down the specifics of each step. This could be through writing on a piece of paper

or typing into the notes or memos section of their phone. Alternatively, the practitioner could write a therapeutic letter (see Reiter & Brown, 2020), where they explicitly state the steps. This would provide a reminder for clients so that they do not forget the various points they could either be on the lookout for or intentionally implement that would let them know they are getting closer to their overarching goal.

While I have anecdotal evidence of the usefulness of this technique, with myself and my clients gaining a clearer idea of where the clients would like to go, I have not done any empirical investigation with it. This would be a useful area for future exploration, gaining an understanding from clients as to their experience of the technique and how they have found it useful, as well as how practitioners have used it as it is or have modified it to fit their particular context.

In summary, *Stepping Into the Future* is a brief experiential solution-focused technique that was designed to help clients internalize and experience positive movement toward their hopes and goals. As an adaptation of the miracle question, the technique shifts the miracle picture's intent of multi-goal development into a proximal scale. Rather than using numerals to help differentiate the points along the scale, *Stepping Into the Future* uses physical steps where the client experiences the actual stepping and moving toward their larger goal. Along the way, they develop smaller, shorter-term goals that will signal positive movement and will increase hope and expectancy of continued change.

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