Clinical Social Work
Association of Savannah

Presents

Day 1

BRIEF, COLLABORATIVE THERAPY

Maximizing Therapeutic Effectiveness with Difficult, Challenging, and Resistant Clients

Day 2

COLLABORATIVE, CHANGE-ORIENTED THERAPY WITH CHALLENGING YOUTH AND FAMILIES

The Next Generation of Respectful Processes and Practices

with

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March 23rd & 24th, 2006

The Georgia Coastal Center
Savannah, Georgia

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Strength in Numbers:
Philosophy and H.O.P.E.

What Do You Believe?

1. What are the core beliefs you have about the clients with whom you work?
2. How have you come to believe what you believe and know what you know? What have been the most significant influences on your beliefs?
3. How have your beliefs and assumptions affected your work with clients? With colleagues? With community?
4. Do you believe that change is possible even with the most "difficult" and "challenging" clients?
5. How do you believe that change occurs? What does change involve? What do you do to promote change?
6. Would you be in this field if you didn't believe that the clients with whom you work could change?

H.O.P.E.

Humanism
Optimism
Possibilities
Expectancy

Adapted from:

Bertolino, B. (in press). *Thriving on the front lines: A comprehensive, strengths-based guide to youth and family services.* Manuscript in preparation.

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Creating a Culture of Care and Respect:
A Matrix for Change

Philosophy

All workers and practitioners have underlying philosophies about how to work with people, change, mental illness, diagnoses, etc. The impact of philosophy on change can be enormous. It is generally much easier to teach methods and techniques than it is to teach philosophy. A starting point, therefore, is the willingness to continually reexamine what we believe and explore the role that our beliefs have on the processes and practices we employ throughout services.

Research

What is the empirical justification for the ways in which we practice? Numerous questions have resulted from 40 years of outcome data. What we can conclude at this point in time is that the majority of change that occurs in services/therapy is the result of client contributions. Further, collaboration is a key to success. The more favorable clients' views of the therapeutic relationship and the more they are involved in therapeutic processes (alliance) the more likely they are to be benefit from services.

Practice

Are the processes and practices (i.e., methods, models, and techniques) that you employ in everyday practice consistent with your philosophy? Are they supported by research? Is there consistency between the philosophy you hold and what the data indicate contributes to successful outcomes?

The "C-eeds" of Convergence

- Compassion and Care
- Client-Informed
- Collaborative
- Competency-Based
- Context/Culturally-Sensitive
- Continuity/Connection
- Community
- Creativity

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Bertolino, B., & Thompson, K. (1999). The residential youth care worker in action: A collaborative, competency-based approach. New York: The Haworth Press.

Foundations of Collaborative Therapy

Clients are the Agents of Change
- Clients and their social systems are the most important contributors to therapeutic outcome
- This is not espousing the "hidden gem theory" (evoke and teach)

Relationships are Nurtures, Honored, and Valued
- The therapeutic/worker-client relationship *is* treatment
- Client ratings of the relationship are the *most* consistent predictor of improvement
- The strength of the worker-client bond is not highly correlated with the length of treatment.
- The therapeutic alliance is a more encompassing term that emphasizes a collaborative partnership that includes preferences, goals, and methods for accomplishing those goals

Contextual Sensitivity is Essential
- Both problems and solutions can be influenced by family, social relationships, genetics, biology, cognition, culture, race, society, gender, religion/spirituality, economics, etc.
- Attention is given to individual, family, and relational development

Emphasis is on Change
- The average length of time that clients (both individual and family) attend therapy is 6-10 sessions
- All large-scale meta-analytic studies indicate that the most frequent improvement occurs early in treatment

Services are Based Needs, Goals, and Outcomes
- One of the best predictors of negative outcome is a lack of structure in services
- Goals are malleable and may change from session to session/meeting to meeting
- Outcomes are distinguished from goals in that they indicate the impact of services provided, from the perspective of clients, on major areas of their lives (i.e., individually, interpersonally, socially, etc.).

Hope is Paramount
- Most begin services with the expectation that it will help. Hope accompanies this expectation
- The presence of hope can make a significant difference in how people deal with stress, difficulty, and problems
- Placebo relates to the effect that some aspect of services can have on client improvement simply because clients *and* practitioners believe in its healing or change properties

Methods and Techniques are Matched
- All approaches with human beings involve the use of methods and techniques
- The effectiveness of methods and techniques is highly contingent on the degree to which they match clients' ideas about their concerns or problems and the means and/or methods necessary to resolve them

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Bertolino, B. (in press). *Strengths-based philosophy and practice: A clinical resource guide*. St, Charles, MO: Youth In Need, Inc.

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TRADITIONAL THERAPY APPROACHES VERSUS COLLABORATIVE, CHANGE-ORIENTED, COMPETENCY-BASED THERAPY

Traditional Therapy Approaches		C, C-O, C-B Therapy
Search for impairments/deficits	➡	Identify competencies/abilities
Focus is on discovering pathology	➡	Focus is on promoting health/well being
Belief is people are bad, have hidden agendas, and are resistant	➡	Belief is people have good intentions, are cooperative
Focus is on the therapist finding administering cures	➡	Focus is on creating small changes and that lead to bigger ones
The therapist is the "expert"	➡	Therapy is collaborative—both the therapist and client(s) have expertise
Focus is on the past/past events	➡	Focus is on the present and future
Therapists emphasize expression of emotion as necessary for change	➡	Therapists validate felt experience
Therapists diagnose stuckness	➡	Therapists are change-oriented
Emphasis is on finding identity and personality problems	➡	Emphasis is on action and process descriptions

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Promoting Collaboration in Services

- **Addressing Service Expectations** – Learn from clients their expectations about services (i.e., case management, treatment, therapy, educational programs, etc.) and dispel any myths. Work to create a match or "factor of fit" between services and client expectations.

- **The Timing and Length of Sessions/Meetings/Appointments –** Collaborate with clients to determine the best time to schedule sessions/appointments and what length of sessions/meetings/appointments (e.g., fifty-minute hours, two-hour sessions every other week, etc.) works best for all involved.

- **Determining Who Should Attend Sessions/Meetings/Appointments –** Invite clients into conversations where they can determine who should attend meetings/sessions/appointments. Workers' and practitioners' ideas are not imposed but offered as possibilities in this area.

- **Determining the Location and Setting of Sessions/Meetings/Appointments –** Whenever possible, include clients in decisions as to where sessions/meetings/appointments will be held (i.e., office, home, restaurant, etc.). Also consider that some clients, particularly young people, may be more comfortable going for walks, sitting on a porch, etc.

- **Determining the Format of Sessions/Meetings/Appointments –** Invite clients to share their ideas about whether all persons present should meet together, split up, etc.

- **Determining the Frequency of Sessions/Meetings/Appointments –** In conjunction with determining the length of sessions/meetings/appointments, include clients in determining how often they ought to be held (e.g., once a week, twice a week, once every two weeks, etc.).

- **The Revolving Door –** Consider the degree to which clients are able to move in and out of services as needed. Easy access to services for clients need assistance can result in significant benefits to themselves, their families, employers, etc.

- **Preservices Change –** Suggest that clients begin to notice variances with their concerns and share them in sessions/meetings/appointments.

- **Become Process-Informed –** Talk with clients about their perceptions of services, processes, and whether they are making the progress they desire.

- **Become Outcome-Informed –** Keep an eye in the impact of services provided from the perspective of those involved.

A FRAMEWORK FOR BRIEF THERAPY

1. **Create listening space and learn clients' stories.** Listen and attend to clients' stories by using acknowledgment and validation. Make a distinction between internal experience and actions.

2. **Tune into and learn about clients' ideas/perspectives as to what are possible influences on their problems and what are possibilities for solutions.** Listen closely to what influences clients see as attributing to their concerns (e.g., cognitions, familial, relational, behavioral, biological, cultural, etc.).

3. **Address Case Management Matrix: Clients' Services Expectations; Program Parameters; and, the Role of Process and Outcome-Related Feedback.** Talk with clients about the role of collaboration, feedback, and accountability, and how these and related areas and adjoining processes will increase the possibility creating a better fit with services.

4. **Accommodate services to clients' goals and those of outside helpers. 1.** Create a focus and be clear on what needs to change. Determining what needs to change means creating a goal that is both achievable and solvable. Achievable goals consist of clients' actions or conditions that can be brought about by their actions. **2.** Determine how it will be known when things are better. When it's clear what needs to change, we want to know what the change will look like when it happens (if it isn't already). **3.** Determine how it will be known that progress is being made. Clients oftentimes will become frustrated or irritable if they don't feel that change is happening. What we want to do is help people to identify "in-between" change. That is, what will indicate that progress is being made?

5. **Use means and methods that match clients' and others' ideas about (see #3) problems and how change positive might occur.** Collaborate with clients on tasks and/or ways of achieving goals and improving outcomes.

6. **Evaluate progress.** Identify, amplify, and extend change.

7. **In lieu of positive change, "check in" with clients, reassess goals and means and methods for achieving change.** When stuck, consult with clients not theories.

8. **Check in with self and be aware of pathways of impossibility.** Consider the role you play as a practitioner and the influence it has on inhibiting or promoting possibilities for positive change (Duncan, Miller, & Sparks, 2004).

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COLLABORATIVE ASSESSMENT

It is commonplace for mental health settings to use a specific assessment to gather information. Some places will require only that minimal information such as demographic data and a brief social history be obtained. Others will require in-depth and lengthy procedures using rather complex assessment tools, often leading to psychiatric diagnosis. From a collaborative, competency-based perspective, there are two ways of using assessment:

1. *Formal Assessment* – This involves attention to both the difficulties that people experience, as well as their competencies. Most assessment instruments maintain a problem or pathology focus. Collaborative, competency-based clinicians attend to the difficulties that people face and also explore competencies such as abilities, strengths, and resources that may be of assistance is resolving concerns and complaints.

2. *Ongoing Assessment* – This begins with the first session and ends with the termination of counseling. From the opening moments of treatment, counselors attend to the therapeutic relationship and learn clients' theories of change. In addition, they begin to use language in a way that opens up possibilities. The third important element is counselors begin to work with clients to create clearly delineated goals/preferences and outcomes. In this way, assessment is ongoing and continues throughout counseling, as established goals/preferences are met, modified, and changed. People and their concerns are not static. Assessment should be flexible in meeting the needs of people at all points of counseling and in:

    - ⇨ facilitating the therapeutic relationship and alliance.
    - ⇨ building on or creating hope for the future.
    - ⇨ allowing clients to tell their stories.
    - ⇨ learning clients' ways of using language.
    - ⇨ learning about clients' concerns and complaints.
    - ⇨ exploring clients' strengths, abilities, and resources.
    - ⇨ learning clients' theories of change.

Should a particular setting require that a certain type of problem-focused or pathology-based assessment be completed, a respectful and collaborative way is to let the adolescent and family members know that every client goes through the same or similar procedure. This can normalize the process. Here are a couple of examples:

> *If it's okay with you, I'd like to ask you some questions that we ask of all people who come to see us. The information you give will help us to understand what you're concerned about and how that's affected you, what you'd like to see change, what's worked and hasn't worked for you in trying to manage your concerns, and how we can be of help to you. And as we proceed, if you feel like or think we've missed something please be sure to let us know. We want to make sure that we fully understand your needs. How does that sound?*

> *There are some questions that I'd like to ask you that we ask of everyone who comes here. The questions will help me to understand what's happening with you or in you life that's of concern. Once we get finished with those questions, we'll move on to some others that will tell me more about what you do well and what has or might work for you in the future regarding your concerns. How does that sound?*

Some assessments may be problem or pathology-focused, but allow room for the therapist to ask other questions that introduce some sort of balance by working to elicit and evoke competencies and resources. In these cases, information can be gathered about strengths, abilities, and resources in addition to problem areas. Even when the information seems to be very problematic, the therapist can consider, "What else?" and ask exception questions. Such questions ask for information about when a problem is less dominating, occurs less frequently, is absent, and so on. In turn, the information gathered can form building blocks for client change. Next are some examples of questions that search for exceptions.

The Concern/Problem

- *It seems that when this problem is happening things are pretty difficult. When does the problem seem less noticeable to you? What is everyone doing when it's less noticeable?*
- *When does the problem appear to happen less?*
- *What do you suppose keeps your son/daughter from going off the deep end with trouble?*
- *What is your son/daughter doing when he/she is not in trouble?*
- *Tell me what it's like when the problem is a little less dominating.*
- *What's it like when things are a bit more manageable?*
- *When do you seem to get more of an upper hand with _____ (the problem)? How do you do that?*
- *When things are going poorly, how does your son/daughter usually start/stop their behavior? What do you do to help the situation that's different?*
- *What have others failed to notice about your situation or problem?*

School

- *What's something that you can tolerate about school and maybe even enjoy about it sometimes?*
- *Which of your teachers do you get along with best? (Or, Which of your teachers drives you the least crazy?)*
- *How have you managed to pass in previous years? (Or, Pass* any *class if the youth failed all but one, for instance)*

Police and Court History

- *How come your not already locked up?*
- *How have you managed to keep from getting into further trouble with the police?*
- *What's the longest you've gone without being in trouble with the law? How did you do that?*

Social Relationships

- *Who recognizes that you have something else to offer, other than the problem for which you're here?*
- *Who can you go to when you need help?*
- *When are your friends most helpful to you?*
- *What people have you met that have made a positive difference in your life?*

Previous Therapy Experiences

- *What has been helpful about previous experiences in therapy?*
- *What made a difference for you?*
- *What wasn't so helpful?*

General Questions

- *What is that other people don't know about you?*
- *What do you want other people to know about you?*

Notice that these questions do not inquire about extremes. They don't ask: "When don't you have the problem?" That's too big a leap for most youth and family members. Instead, these questions work to elicit small exceptions. All we are searching for is a thread of hope or a ray of light. That can be enough to get the ball rolling early on. By asking exception-oriented questions along with the ones that are required on the assessment tool, the interviewer can gain valuable information from the youth and family. In addition, hope can be injected into what can often be a very negative experience. If therapy involves focusing only on everything that is or has gone wrong with a youth, it can be further invalidating and a replication of what has already heard on countless occasions. The same can hold true for parents who may feel as though they have failed. There are many areas that therapists can ask exception-based questions during an initial assessment. At the same time, because assessment is an ongoing process, these types of questions can be helpful at any point during therapy.

ESTABLISHING DIRECTIONS AND GOALS IN SERVICES

1. **Listen and attend to clients' stories by using acknowledgment and validation.**

2. **Tune into and match clients' use of language.** Listen closely to what influences they see as attributing to their concerns (e.g., familial, relational, behavioral, biological, cultural, etc.).

3. **Create a focus.** To do this we want to find out: What needs to change? Determining what needs to change means creating a goal that is both achievable and solvable. Achievable goals consist of clients' actions or conditions that can be brought about by their actions.
   - What people complain about is not always what they want to change. Sometimes will have a complaint and will just want to be reassured that what they are doing is "normal" or reasonable. They may just want to heard and acknowledged. Thus, in gaining a focus make sure that the complaint is in fact what the family members want to see change.
   - In determining what needs to change, we want to use action-talk. This involves having clients describe how they "do" the problem. This allows them to move away from vague descriptions and non-sensory-based words and phrases about situations (e.g., he's got a drug problem, she's out of control, he has ADHD, etc.) toward concrete terms and solvable problems. For example, if a parent claims that his or her son has a "bad attitude," the therapist can inquire as to how the son *does* a bad attitude. This can also be helpful with the translation of psychiatric labels into process or action descriptions. For example, it's generally easier to work with a youth not doing his or her homework and talking back than it is to globally work with a diagnosis such as ADHD. A further consideration is that action language helps to clarify for others what the concerns and what is expected of them.
   - The therapist's job is to work collaboratively with clients and others who have a voice in the therapy (i.e., probations officers, teachers, etc.) to negotiate realistic and achievable goals. In most cases there will be a different agenda and at least one complaint for each person. When there are multiple complaints we try to acknowledge and address each complaint and combine them into mutual complaints and goals on which to focus our inquiries and interventions. Acknowledgment, tracking, and linking are commonly used to coordinate complaints and goals.

4. **Determine how it will be known when things are better.** When it's clear what needs to change, we want to know what the change will look like when it happens (if it isn't already). We ask: "How will you know when it's better?" We refer to *action-talk*. This can help to translate vague descriptions such as "She'll be good" or "He won't be out of control" into clear, behavioral descriptions. If people seem to struggle with generating a view of what the change will look like in action terms, it can be helpful to give multiple choice options. For example, a therapist could say, "Will she be doing _____ or _____ or _____?" The person can either choose one of the choices or come up with a different description altogether.

5. **Determine how it will be known that progress is being made.** Clients oftentimes will become frustrated or irritable if they don't feel that change is happening. What we want to do is help people to identify "in-between" change. That is, what will indicate that progress is being made? Consider these questions:

- What will be the first sign or indication that things have begun to turn the concern you've been facing, etc.?
- What's one thing that might indicate to you that things are on the upswing?
- What will you see happening when things are beginning to go more the way you'd like them to go?
- What would have to happen to indicate to you that things are changing in the direction you'd like them to change?
- How will you know when the change you are looking for has started?
- What is happening right now with your situation that you would like to have continue?

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Action Talk

Most people communicate in a way that makes it likely that they are understood or that their words do not produce the desired result. The most common forms of ineffective communication are:

- **Cab Driver Talk:** This is talk tat involves assessments, evaluations, judgments, opinions, who is right, who is wrong, etc. This not only does not produce much desired effect in the world, but also often alienates, angers, or shames others.

- **Politician Talk:** This is talk that uses vague, non-specific words and phrases that are easily misunderstood.

The alternative is *action talk*, which involves the use of specific words and phrases and is designed to coordinate actions between people. It is either action-based or observation-based, speaking specifically about actions or something one can observe with one's senses. An example is *video talk*, which involves describing what you could see or hear on a videotape of the situation being referred to.

Action Talk usually includes components that specify:

- When something happened or will happen
- Who, specifically, took or is to take some action
- By when some action is to occur
- How frequently some action occurred or is to occur

3 Kinds of Action Talk:

1. **Action complaints:** This involves telling another person what it is you don't like about what they have done or are doing. To qualify for an action complaint, your communication must steer away from interpretations about the person's motives or intentions, his or her character, and your explanations about his or her actions. You must also be specific, using sensory-based terms (things you can see or hear) when describing your complaint.
2. **Action requests:** This involves telling another person what actions you would like them to do in the future, again avoiding interpretations, characterizations, and vagueness.
3. **Action praise:** This involves telling another person what you have liked about what he or she has done in the past and would therefore like them to continue doing.

QUESTIONS FOR ELICITING CLIENT FEEDBACK TO INCREASE COLLABORATION

In Initial Sessions/Meetings/Appointments/Interactions:

- What is most important for us to talk about?
- What is most important for me to know about you and/or your situation/concern?
- Are there certain things that you want to be sure we talk about?
- What do you want to be sure that we discuss during our time together?
- What ideas do you have about how services and/or seeing me might be helpful?
- In what ways do you see me as being helpful to you in reaching your goals/achieving the change you desire?
- What do you feel/think you need from me right now?
- How can I be helpful to you right now?
- How will you know the services we're offering are right for you? What will be different?
- What do you see as my role in helping you with your concern?
- What, in your estimation, do workers who are helpful do with their clients?

"Checking In" as Sessions/Meetings/Appointments/Interactions Progress:

- Have you felt heard and understood?
- Do you feel/think we're talking about what you want to talk about?
- Have we been working on what you want to work on?
- How has the session been for you so far?
- Are we moving in a direction that seems right for you?
- What has the conversation we've been having been like for you?
- What has been helpful or unhelpful?
- Are there other things that you feel/think we should be discussing instead?
- Is there anything I should have asked that I have not asked?
- How satisfied are you with how things are going so far on a scale from 1 to 10, 10 meaning you are completed satisfied with things?
- Are there any changes we should make at this point?
- At this point, how has what I've been doing been for you?
- Is there anything I should be doing differently?
- To what degree has what we've been doing met your expectations for services so far?

At the End of Sessions/Meetings/Appointments/Interactions:

- How was the session/meeting/appointment for you?
- What was helpful or unhelpful?
- Did we talk about what you wanted to talk about?
- Did we work on what you wanted to work on?
- How was the pace of our conversation/session/meeting?
- Was there anything missing from our session/meeting/appointment?
- Is there anything I should have asked that I did not ask?
- Is the way we approached your concern/situation fitting with the way you expect change to occur?
- Are there any changes you would recommend if we were to meet again?
- Did you feel heard and understood?
- Is there anything you would need me to do differently if we were to meet again?
- How would explain your experience today to others who may be curious?

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Key Processes and Practices for Increasing Effectiveness

- Consider the role of setting, which can be predictive of outcome
- Have a philosophy that encourages client participation and emphasizes change
- Don't aim for clients to have "perfect," problem-free lives
- Remain aware that change is predictable—the most significant portion of change occurring early on in services
- Consider that e*verything* (e.g., the use of language, interactions, etc.) is an "intervention"
- Approach each interaction/meeting as if it will the only one
- Opening moments/interactions are critical
- Provide rationale for services – when possible, provide a range of service options
- Acknowledge the efforts (e.g., being present at a meeting, talking with you, etc.) of clients
- Build on expectancy that accompanies the start of services, change, etc. – this can build hope
- As much as possible, be clear about the expectations of those receiving services
- Learn, "Who is this person?" (Learn about contextual influences)
- Use assessment processes as opportunities to promote change and explore strengths and exceptions to problems
- Recognize that clients and their support systems are the most significant contributors to outcome
    - Identify internal strengths and abilities including resilience, protective factors, and coping skills
    - Identify and tap into past, present, and potential social and community resources
    - Explore competencies, resources, and possibilities without minimizing pain and suffering
- Wherever possible, accommodate services to clients' views of the therapeutic relationship and alliance (i.e., How do they see you being of help to them?) Consider:
    - Clients' ratings of the relationship are the most consistent and best predictor of outcome
    - Build in processes for inviting feedback and incorporate that feedback into interactions, decision-making, and service provision
- Remain present to future-focused (without downplaying the past)
- Collaborate with clients and others involved—work toward agreement on goals and tasks (approaches) to achieve those goals – the more that clients are in agreement, the more likely they are to rate those alliances higher and high alliances tend to yield better outcomes
- Avoid ambiguity: Make sure goals are clear, observable (action-based), measurable, and realistic
- The quality of the client's participation in services is an excellent contributor successful outcomes
    - Include clients and others wherever possible (e.g., staffings/ meetings, etc.)
- Learn from clients and others involved how change has occurred in the past, how it may occur in the future, and what is already changing
- Tap into clients' worlds outside of interactions/sessions/therapy/treatment—including spontaneous chance events and link that change to problem areas
- Encourage clients to have "experimental minds" and be creative
- Provide psychoeducation from a collaborative perspective
- Assist with improving social, relational, and vocational skills
- Identify small indicators of change and amplify those changes (e.g., How did you get that to happen? What did you do? What else needs to happen for that to continue?)
- Focus on change as opposed to stuckness
- Assist clients with attributing the majority of change to their own qualities and actions
- If stuck, consult with those receiving services, not theories
- Believe in what you do and how you practice

PATHWAYS TO CREATE CHANGE

EXPERIENCE	VIEWS	ACTIONS
◗ Feelings ◗ Sense of self ◗ Bodily sensations ◗ Sensory experience ◗ Automatic fantasies and thoughts	◗ Points of view ◗ Attentional patterns ◗ Interpretations ◗ Explanations ◗ Evaluations ◗ Assumptions ◗ Beliefs ◗ Identity stories	◗ Action patterns ◗ Interactional patterns ◗ Language patterns ◗ Nonverbal patterns ◗ Time patterns ◗ Spatial patterns

EXPERIENCE	VIEWS	ACTIONS
Give messages of acceptance, validation and acknowledgment. There is no need to change or analyze experience as it is not inherently a problem.	Identify and challenge views that are: Impossibility Blaming Invalidating Non-accountability or determinism. Also: Offer new possibilities for attention.	Find action and interaction patterns that are part of the problem and that are the "same damn thing over and over." Then suggest disrupting the problematic patterns or find and use solution patterns.

Adapted from Bill O'Hanlon © 1996

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POSSIBILITIES FOR FACILITATING CHANGE

INTERNAL EXPERIENCE

- Take care to avoid platitudes and glib explanations
- Acknowledge and validate throughout
- Use acknowledgement with possibility-laced language
- Listen deeply and sit with clients' pain and suffering
- Give permission for all internal experience, not all actions
- The Inclusive Self: Address binds and injunctions in internal experience

CHANGING PATTERNS OF VIEWING

- *Time* – Shifting attention away or toward the past, present, or future
- *Sensory perceptions* – Shifting attention away or toward visual, auditory, kinesthetic/tactile, gustatory, or olfactory modalities
- *Internal or external focus* – Shifting attention away or toward internal or external experiences
- *What clients do well* – Shifting attention toward differences, exceptions, strengths, abilities, coping skills, and resources as opposed to mistakes or problems
- *Actions* – Shifting attention toward changing actions and interactions as opposed to searching for explanations to problems

1. **Use Language that Promotes Hope –** Move from stigmatizing terms and phrases to words that promote possibilities and change. Use competency-based descriptions as opposed to problem-focused ones.
2. **Invite accountability –** Use language that encourages and reinforces accountability.
3. **Use externalizing language –** Separate the person from the problem by exploring the influence of the problem over the person and the person's influence over the problem.
4. **Search for Counterevidence, Exceptions, and Unique Outcomes –** This involves having the client or other tell you something that doesn't fit with the problematic story.
5. **Find Alternative Stories or Frames that Fit the Same Evidence or Facts –** Sometimes a client or other's interpretation of another person, event, or situation is closed down and a therapist's interpretation can offer a different point of view and lead to the dissolution of a problematic story.
6. **Listen for and evoke coping skills, protective factors, resilient qualities and actions associated with those qualities –** Explore the qualities that clients possess that allow them to stand up to adversity and manage very difficult situations to any degree.
7. **Listen for and evoke meaning-making influences and resources (culture, ethnicity, spirituality, family, etc.) that have gone unnoticed or underutilized**
8. **Create or Rehabilitate a Vision for the Future with Future Pull** – Help clients to get a sense of the future and gain a vision of the outcomes they prefer.
9. **Use Self-Disclosure, Metaphor, and Stories –** Help to normalize the experiences of clients, promote hope, tap into competencies and resources, and offer possibilities for future changes.
10. **Suggest changes in sensory attention –** e.g., shift focus from visual to auditory, from auditory to tactile (kinesthetic), etc.
11. **Tap into social support systems (i.e., community, school, employment, church, friendships, etc.) –** This can be individuals or groups of people who have or could be helpful to clients.
12. **Explore relationships that have made or could make a difference –** Find out about people who have played more significant roles in the lives of clients. In recalling these figures clients may be able to shift their views and perceptions. Significant others also can become future resources.
13. **Use team approaches –** By expanding the therapeutic system multiple views can be offered to clients. Oftentimes, new perspectives that are offered by others lead to the creation of new meanings for clients.

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CHANGING PATTERNS OF ACTION AND INTERACTION

1. **<u>DEPATTERNING</u> – Find and alter repetitive patterns of action and interaction that are involved with the problem (aspects of context)**

➧ **To identify problematic patterns, the therapist wants to attend to the following things:**
➞ How often does the problem typically happen (once an hour, once a day, once a week)?
➞ Find the typical timing (time of day, time of week, time of month, time of year) of the problem.
➞ Find the duration of the problem (how long it typically lasts).
➞ Where does the problem typically happen? (spatial patterns).
➞ What does the person and others who are around usually do when the problem is happening?

Alter, Interrupt, or Disrupt Repetitive Patterns of Action and Interaction Involved in or Surrounding the Problem

- Change the *frequency/rate* of the problem or the pattern around the problem
- Change the *duration* of the problem or the pattern around the problem.
- Change the *time* (hour/time of day, week, month or time of year) of the problem or the pattern around the problem.
- Change the *intensity* of the problem or the pattern around the problem.
- *Interrupt* or otherwise prevent the occurrence of the problem.
- *Add a new element* to the problem.
- *Reverse the direction of striving* in the performance of the problem (Paradox).
- *Link the* occurrence of the *problem to* another pattern that is *a burdensome activity* (Ordeal).

2. **<u>REPATTERNING</u> – Find and use solution patterns of action and interaction.** Elicit, evoke, and highlight previous solution patterns, abilities, competencies, strengths, and resources. This does not mean trying to convince clients of their competencies and abilities. For example, we wouldn't say, "You can do it. Just look at your all your strengths!" This can be very invalidating to clients who are stuck. Instead, we want to continue to acknowledge what is being experienced internally and begin to investigate clients' wealth of experience and expertise.

➧ ***Find out about previous solutions to the problem, including partial solutions and partial successes***

➧ ***Find out what happens when the problem ends or starts to end***

➧ ***Find out about any helpful changes that have happened before treatment began***

➧ ***Search for contexts in which clients feel competent and have good problem-solving or creative skills***

➧ ***Find out why the problem isn't worse***

➧ ***Use rituals that promote continuity or connection***

Resources:

Bertolino, B. (2003). *Change-oriented therapy with adolescents and young adults: The next generation of respectful and effective processes and practices*. New York: Norton.

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Bertolino, B., & Schultheis, G. (2002). *The therapist's notebook for families: Solution-oriented exercises for working with parents, children, and adolescents*. New York: The Haworth Press.

Bertolino, B., & Thompson, K. (1999). *The residential youth care worker in action: A collaborative, competency-based approach*. New York: The Haworth Press.

MANAGING CRISIS WITH AN EYE ON POSSIBILITIES

Safety First

- In times of crisis, training and common sense are perhaps the best assets a practitioner can possess. We should be clear about what signs to look for when a youth might be suicidal or homicidal. Proper assessment and attention to "high risk" youth including their thoughts and actions is crucial.

Crisis Intervention

- Remember to acknowledge and validate youth. Helping a youth to feel heard and understood can to diffuse many crises.
- Do not interpret a youth's high risk verbal or non-verbal behavior as manipulation. It may be that a youth doesn't want to harm his or herself or others and is seeking some other outcome, but there is no way to truly know that in the middle of crisis. Actions such as suicide are most often impulsive acts even though a plan may have been developed much earlier.
- Involve your co-workers and use each other as well as on-call workers as consultants or for advice.
- If what you're doing isn't working do something else.
- Try to reduce the anxiety of situation and bring it down a few notches. Most problems will not be resolved in the heat of crisis. However, once things are calmer the likelihood that resolution can be gained is greatly increased.
- Remain collaborative and avoid giving directives. Many youth are used to this. Instead, ask the youth what he or she needs.
- Use open-ended questions that encourage youth to talk.

Intervention

- The best predictor of future behavior is past behavior. In regard to violence, an actual history of overt, violent behavior may be the single best predictor of future violence. This is even the case if the youth has a history of multiple violent acts.
- The P.A.A.T. strategy can be used as a way of working to eliminate future violence.
    - Plan – Have a plan so you and/or your team/co-workers know what to do in a potentially violent situation. The type of theory used is less important that having specific steps to follow. Keep the plan simple and involve a supervisor.
    - Alliance – The major determinant of therapeutic success is the quality of the youth and family's (if involved) participation. When youth are engaged in treatment will benefit the most. Include youth in establishing goals and tasks. Most youth who act dangerously do not have an alliance with a provider. Anything that we can do that strengthens the alliance bolsters safety.
    - Time – The saying, "Time heals all wounds," may be an overstatement, but the passage of time can help. Indeed, time provides more room for doubt and reason to come forward, replacing the strong grip on irrationality. It also allows opportunities for passions to subside and for youth to bow out of dangerous intentions gracefully. A practical application of time is to keep youth talking. Youth who are talking are not acting. Time in talking provides openings for rapport to be established and understanding to prevail.
    - Talk – Besides nonverbal communication, talk is a powerful medium for reaching out to youth at risk for violence to themselves or others. We know talk we should avoid and talk we should use. Thus we want to avoid premature interpretations and let youth be heard and understood. Interpretations can feel like put downs and may contribute to defensiveness or escalation.

CREATIVE INTERVENTIONS WITH YOUTH

- Distinguish between internal experience (i.e., feelings) and actions
- Change some aspect of time or space
- Use distraction techniques (e.g., humor, stories, external objects, etc.)
- Shift attention (i.e., from internal to external, auditory to visual, etc.)
- Recruit the youth as a helper during a time of day or activity that is typically problematic
- Play the "prediction" game
- Reenact a situation and help the youth to learn and utilize more positive ways of behaving
- Use the "illusion of alternatives"
- Use a meaningful ritual
- Use externalizing language
- Suggest the behavior to remove the spontaneity (do not do this with behaviors that present risk to self or others)

POST-CRISIS DEBRIEFING

1. How was the safety of the youth and staff ensured?
2. Is there anything that ought to be done differently in regard to safety?
3. Was there time for staff consultation? If so, what was helpful about the consultation?
4. How did the crisis end?
5. What did staff do to help bring the crisis to an end?
6. What else did staff do that was helpful?
7. What else worked in this particular crisis situation?
8. What was learned from this incident?
9. What, if anything, ought to be done differently in the future?
10. What, if anything, might have prevented this particular crisis?
11. What else may be helpful in preventing future crises?

Source: Bertolino, B., & Thompson, K. (1999). *The residential youth care worker in action: A collaborative, competency-based approach*. New York: The Haworth Press.

IDENTIFYING, AMPLIFYING, AND EXTENDING CHANGE

➡ When change has occurred, amplify those changes and associated solution patterns.

- What have you noticed that's changed with your situation?
- What specifically seems to be going better?
- When did you first notice that things had changed?
- How did the change come about?
- What did you do differently?
- How did you get yourself to do that?
- Who first noticed the change? Who else noticed?
- What else changed?

➧ By using the questions outlined above as well as others, changes that have occurred in relation to the problem can be more easily identified. These questions also serve as a way of amplifying any identified change. Furthermore, using exception-oriented questions can be especially helpful in drawing out solution patterns and actions that have contributed to change

➡ **When change has been identified and amplified, get an idea of how that change is situated in relation to the problem and/or the goals of treatment.** Does the client or others feel that the change indicates that the problem has been resolved? Have the initial treatment goals been met? We want to know how the change relates to the overall goals of therapy. Consider:

- Last time you indicated that if your daughter was able to get back on track with her school attendance you would know that things were better. Now that's she's gone for two weeks straight how do you see things?
- You mentioned last time that when you are able to stay drug-free for 19 out of 20 days that would represent an eight. Now that you've accomplished that, what else, if anything, do you feel needs to happen?
- How does the change that's happened relate to the goals we set in the first/last session?
- What else, if anything, needs to happen so that you'll be convinced that the problem is no longer a problem?

Attribute Change to Client Qualities

One of the ways that we attribute change to clients is by inquiring about their internal qualities. These questions relate to aspects of "personhood." We consider our root question to be, "Who are you?", and assume that clients' possess positive characteristics that they can tap into when needed. Here some questions that we use to assist with this process and help clients to internalize change:

- Who are you such that you've been able to _____?
- Who are you such that you've been able to stand up to _____?
- Who are you such that you've been able to get the upper hand with _____?
- What does that say about you that you've been able to face up to _____?
- What kind of person are you that you've been able to overcome _____?
- Where did the wherewithal come from to _____?
- What kinds of inner qualities do you possess that allow you to manage difficulty/adversity?
- What would others say are those qualities that you possess that help you when you need them?

By helping clients to attribute change to internal qualities we contribute to the idea that even though external factors may have had some influence in producing change, it is clients who are in charge of their lives.

Use Speculation

When change has happened speculate about what may have contributed to the change from a position of curiosity. The reason for this is it allows the therapist to speak about things without drawing conclusions or trying to establish truths. Speculation in this sense means offering possible interpretations as to what has contributed to the change. One possibility is to speculate as to how the change came about. In doing this it's usually a good idea to speculate

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about things that are unlikely to be rejected by clients. These include, but are not limited to, age, maturity, becoming wiser, and thinking more of other people's feelings. Here how to do this:

Mother: She has done well lately. I really haven't had to get on her about getting up on time and making it school on time.
Therapist: (To daughter): That's great! How have you done that?
Daughter: I just did it. I don't know.
Therapist: That's okay if you're not sure. It may become clearer as you go along. But I have to wonder if part of it is because your getting older and more mature and are making better decisions, or if it's related to you thinking more about your future and how your education might open up door for you. Other people might say that you're just thinking more of others. Who knows?

- Most will not say, "No, I'm not getting more mature!" It's also helpful to use this type of speculation as an adjunct when people can identify what is different. For example, if a client said, "I knew I better stop so I focused on something else," I might add, "That's great that you were able to focus on something else. I wonder if that's in anyway related to you becoming wiser." If a client does not respond to speculation, don't worry—just mentioning something that may have contributed to the change ensures that people will think about it and consider it at least momentarily, thereby facilitating change and promoting an improved sense of self.

Move to an Experiential Level

Change is not solely an internal or external phenomenon. It involves a combination of both realms. For some, an invitation to experience change at an internal, experiential level can be significant. Similarly, with some clients, when they are able to connect with an experience internally it is more profound. Thus, it can be helpful to move to an experiential level when change is evident. The therapist can ask, "What was that like for you that _____ happened?" Or, "When you saw your son/daughter do _____ how did you feel?"

Share Credit for Change

If change has occurred some or all of those involved won't seem convinced that it's genuine, it's often because they don't have a sense that they've contributed to the change. Thus in some instances it can be important to share the credit for change with those involved. Here are a few ways of doing this:

- I'm really impressed with how you instilled in your relationship the value of _____.
- What part of your parenting do you think contributed most to your son/daughter's ability to overcome _____?
- What did you learn from your parent/guardian/family about how to overcome _____?

➡ **Anticipate roadblocks, hurdles, and perceived barriers.** It's important to ask clients about any concerns that they might have about *potential* future concerns in relation to the problem. We are not implying that there will be a setback, we are merely helping clients to orient toward their abilities, strengths, and resources should there be a barrier to staying on track. Here are a couple of questions therapists can ask to inquire about any future areas of concern:

- Can you think of anything that might come up over the next few weeks/months or until we meet again that *might* present a challenge for you in staying on track?
- Is there anything that might happen in the near future that might pose a threat to all the changes you've made?

If clients identify a potential future concern the therapist can inquire as to how he/she/they might respond differently than they have in past situations. Here's one way of asking about this:

- Let's suppose that down the road you were to face the same or a similar situation that posed difficulty for you in the past. What will you differently? How will that make a difference for you? For others?

PROBLEMATIC STORIES

Stories of Impossibility
Stories of impossibility are when youth or others hold ideas that suggest that change with a youth or a situation is impossible. When people abide by such stories they will often say things such as, "He'll (I'll) never change," "He's (I'm) conduct disordered, don't expect much," or "She's (I've) always been that way and always will be."

Stories of Blame
A second type of problematic stories are those that blame. With these stories, youth or others blame youth for bad intentions or bad traits. It is suggested that an adolescent's bad intentions are purposeful, intentional, or preconceived. When stories of blame are being played out youth or others will say things such as, "She has no intention of changing," "He's always playing head games and never serious about anything," or "I guess I do act out to get my mom's attention."

Stories of Invalidation
Stories of invalidation are the third kind of problematic story. These types of stories are related to ideas that lead to an adolescent's personal experience or knowledge being undermined by others. This can be by parents, family members, mental health professionals, or any person that is involved in the individual's personal life. Statements associated with stories of invalidation might include, "You shouldn't feel that way," "Just let it go," or "You must pass through five stages to fully resolve your problem."

Stories of Non-Accountability
The final type of story that often shows up with youth is stories of non-accountability—non-choice or determinism. In these cases it is suggested that a youth has no choice about what he or she does voluntarily. That is, the idea becomes that the youth has no ability or control to make any difference in what happens in their life. The distinction here is that what youth do voluntarily with their bodies they are accountable for and have choice in. This is different from what others do to them and their bodies that they do not have a choice in. When youth are subscribing to stories of non-choice or determinism, they will sometimes say things like, "He started it," "If she would leave me alone I wouldn't hit her," "It's just the way my family taught me so it's all I know. You know, an eye for an eye."

A common thread between these four problematic stories is that they all create a mirage or smokescreen. Problematic stories are deceiving in that they appear to be so real that therapists can become entranced by them. We want to recognize that what actually exists behind these mirages is a person who is bigger than any one story or narrative. Instead of becoming participants in the four types of problematic stories about youth, we want to challenge or cast doubt with them. That is, open up possibilities where there doesn't seem to be any.

PATHWAYS TO IMPOSSIBILITY

Just as clients can become stuck by viewing their situations as impossible and unchangeable, professionals can fall into the same trap. Below are four pathways that practitioners need to guard against in order to be helpful to their clients.

➡ Anticipation of Impossibility

Through language, diagnosis, and descriptions, workers can create *problems* or situations that are unsolvable and suggest impossibility. When mental health, educational, and/or social services professionals anticipate impossibility they often begin to label their clients as resistant, unmotivated, and unwilling to change.

➡ Theory Countertransference

Inherent to assessment procedures, models, and methods are ideas that can close down pathways of possibilities. While traditions are important in all human pursuits, they can also inhibit change and even have damaging consequences. Theory countertransference represents workers' loyalties to theoretical constructs. Unfortunately, some workers are convinced that the observations they make are "real" and objective. They are certain they have discovered *real* problems. In its strictest, technical meaning, countertranference refers to an emotional, largely unconscious process, taking place in the therapist and triggered in relationship to the client, that intrudes into the treatment. A similar process of projection can take place in the theoretical realm, with the worker unconsciously intruding on the client with his or her theoretical biases and unrecognized assumptions. It's important that therapists are aware of how their theoretical constructs influence the content, process, and direction of services. Truly, workers will have ideas, thoughts, and theories. The same is true with clients, outside helpers, and so on. Clients' points of view must be acknowledged from the start of services and throughout the process or the situation can close down quickly. The premise here is to remain in collaborative relationship where clients' perspectives are honored.

➡ Workers Repeating Unhelpful Methods, Techniques, and Practices

Oftentimes workers fall into the habit of repeating methods even though they fail to facilitate positive results. They do more of the same despite the fact that what they are doing is not effective. Once again, when clients do not respond favorably to workers' preferred methods they are sometimes considered resistant, not ready to change, and so on. Keep in mind that it's workers who fall in love with methods, not clients.

➡ Inattention to Clients' Motivation

One of the best predictors of outcome is the client's participation in services. Too often workers establish and work on their goals and what they want to see change as opposed to tuning into clients' ideas. It is not an issue of whether or not the client is motivated. The question is: What the client is motivated for?

Adapted from:

Duncan, B. L., Miller, S.D., & Sparks, J. A. (2004). *The heroic client: A revolutionary way to improve effectiveness through client-directed, outcome-informed therapy* (Revised Paperback Edition). San Francisco: Jossey-Bass.

ATTENDING TO AND ALTERING WORKERS' PATTERNS

When things are not improving or are deteriorating with clients, or if as a practitioner you are stuck, there are several ways that can help in becoming unstuck. A first way is to ask clients questions related to their conversational and relational preferences. Find out what their perceptions are of what is working and what is not. It is not uncommon for clinicians to get stuck in repeating unhelpful patterns that are unnoticeable to them. Here are some questions that can assist with this process:

- *How has the way that we've worked toward resolving your concerns been helpful to you?*
- *What specifically has been helpful?*
- *How has the way that we've worked toward resolving your concerns been unhelpful you?*
- *What specifically hasn't been helpful?*
- *What, if anything, should I do differently?*
- *What else, if anything, should I do differently?*
- *What if anything have I not done, that I should be doing?*
- *What difference might that make for you for me to do that?*
- *What do you think I've missed about your situation?*
- *What do you think I've not understood about you or your concerns?*

It's important to note that at times workers may feel or think that they are working with clients in ways that are completely ineffective or are being unhelpful. In such cases, what we need to remember is that clients often have different perspectives. For example, in an effort to get things going in a better direction, some clinicians will make changes based on "gut feelings." However, therapists' ideas and internal guidance systems about what needs to change may or may not be consistent with clients' views. The best way to determine what is working, what is not, and what needs to change is to ask clients about their perceptions and preferences.

When clients provide little or no feedback about conversational and relational preferences or when a therapist remains stuck, a second possibility for attending to and altering therapist patterns is to videotape sessions. Because therapists don't always recognize when they are working in ways that are helpful or unhelpful, taping can reveal aspects of sessions that therapists might not otherwise remember. Once a tape has been made, the therapist reviews the tape and considers some of the following questions:

- *What did I do well?*
- *How do I know it was helpful to the client?*
- *What should I consider doing more of in the next session?*
- *What should I consider doing differently in the future?*
- *What changes should I consider making in the next session?*
- *What difference might that make?*

By reviewing a videotaped session the therapist can watch the therapeutic discourse unfold from a different position. This can help to generate new ideas and possibilities for future sessions. Another tack that can be helpful is to get a "second perspective" from another colleague or supervisor. Using the same or a similar set of questions, the person offering the second perspective can help to generate other idea about what might be helpful in future sessions.

Sources:

Bertolino, B. (2003). *Change-oriented therapy with adolescents and young adults: The next generation of respectful and effective processes and practices*. New York: Norton.

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CONGRUENCE AND LONGEVITY

- Be "you"
- "Walk the talk" (practice what you preach)
- Check in with yourself periodically
- Build in restorative "recovery time" every day
- Find what inspires and gives you hope – this can create more energy for you
- Surround yourself with energy-givers, not takers
- Give your unconditional energies to clients, supervisees, and relationships (body, mind, heart, and soul) ("Only when you invest your full energies in your mission will extraordinary things happen.")
- Stop multitasking! (ok, for at least 10 seconds)

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