

NICABM

Presents

The Strength-Based Approach *Positive Psychology in Change Work*

with

Bob Bertolino, Ph.D.

Bob Bertolino, Ph.D.
TCCT, LLC
P.O. 1175 – St. Charles, Missouri 63302 USA
+01.314.852.7274
bertolinob@cs.com – www.tcctinc.com

The Roots of Positive Psychology

- Abraham Maslow
- William James
- Alfred Adler
- Carl Rogers
- Milton Erickson
- Steve de Shazer
- Don Saleebey
- Martin Seligman
- David Cooperrider
- Mihaly Csikszentmihalyi

The Positive Psychology Movement

Characterized by a shift from studying why people remain stuck (explanatory-based/pessimistic) to what it is about people who are most happy, successful, and psychologically healthy.

- **Positive Emotions**
- **Positive Traits**
- **Positive Institutions**

Key Points

- Nearly 75% of “at-risk” kids do well later in life (Resilience)
- People who are more positive are better liked by others and are more open to new ideas and experiences
- People who are happier have lower blood pressure, more robust immune systems, are more productive on the job, have higher incomes, and are able to tolerate more pain—ultimately, these people live longer and more satisfying lives
- Optimistic versus pessimistic styles, similar to happiness levels, are relatively stable traits but can be influenced through attention and action
- We do poorly at predicting what will bring us happiness
- “Hedonic Treadmill” – more and more of a pleasurable thing is required to maintain the same level of happiness
- Comparisons to whom matter

MARTIN SELIGMAN'S LIST OF VIRTUES

- Wisdom and Knowledge
 - Curiosity and interest in the world
 - Love of learning
 - Judgment, critical thinking, and open-mindedness
 - Ingenuity, originality, practical intelligence, emotional intelligence
 - Perspective
- Courage
 - Valor and bravery
 - Perseverance, industry, diligence
 - Integrity, genuineness, honesty
- Love and Humanity
 - Kindness and generosity
 - Loving and allowing oneself to be loved
- Justice
 - Citizenship, duty, teamwork, loyalty
 - Fairness and equity
 - Leadership
- Temperance
 - Self-control
 - Prudence, discretion, caution
 - Humility and modesty
- Spirituality and Transcendence
 - Appreciation of beauty and excellence
 - Gratitude
 - Hope, optimism, future mindedness
 - Spirituality, sense of purpose, faith, religiousness
 - Forgiveness and mercy
 - Playfulness and humor
 - Zest, passion, and enthusiasm

Sources:

Seligman, M. E. P. (2006). *Learned optimism: How to change your mind and your life*. New York: Vintage.
[Paperback reprint]

Seligman, M. E. P. (1995). *The optimistic child: A proven program to safeguard children against depression and build lifelong resilience*. New York: HarperCollins

No More Boxes: Recalibrating Internal Compasses and Expanding Personal Worldviews

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 children, youth, and families? 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.

H – umanism

- Nurture and value relationships and connections with others

O – ptimism

- Maintain a core belief that with care and support people can change, grow, and thrive

P – ossibilities

- change brings with it a wider world of possibilities for helping others

E – xpectancy

- Change is constant; expect, encourage, and be on the lookout for positive change

The Presence of Hope

- What inspires or moves you?
- How does that increase your sense of hope?
- What does an increased sense of hope allow you to do?
- How can you promote hope with others?
- How do you maintain your sense of hope when you are struggling with clients?

Adapted from:

Bertolino, B. (in press). *Creating effective helping relationships: A collaborative, strengths-based approach*. Boston: Allyn & Bacon.

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

Bob Bertolino, Ph.D.

TCCT, LLC

P.O. 1175 – St. Charles, Missouri 63302 USA

+01.314.852.7274

bertolinob@cs.com – www.tcctinc.com

CONVERGENCE IN STRENGTH-BASED, POSITIVE PSYCHOLOGY

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 nearly 50 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 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 Convergence Principle

Within successful models, programs, and services there are universal premises, processes, and practices that increase the likelihood of positive outcomes.

Adapted from:

Bertolino, B. (in press). *Creating effective helping relationships: A collaborative, strengths-based approach*. Boston: Allyn & Bacon..

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

Bertolino, B., & O'Hanlon, B. (2002). *Collaborative, competency-based counseling and therapy*. Boston: Allyn & Bacon.

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

Bob Bertolino, Ph.D.

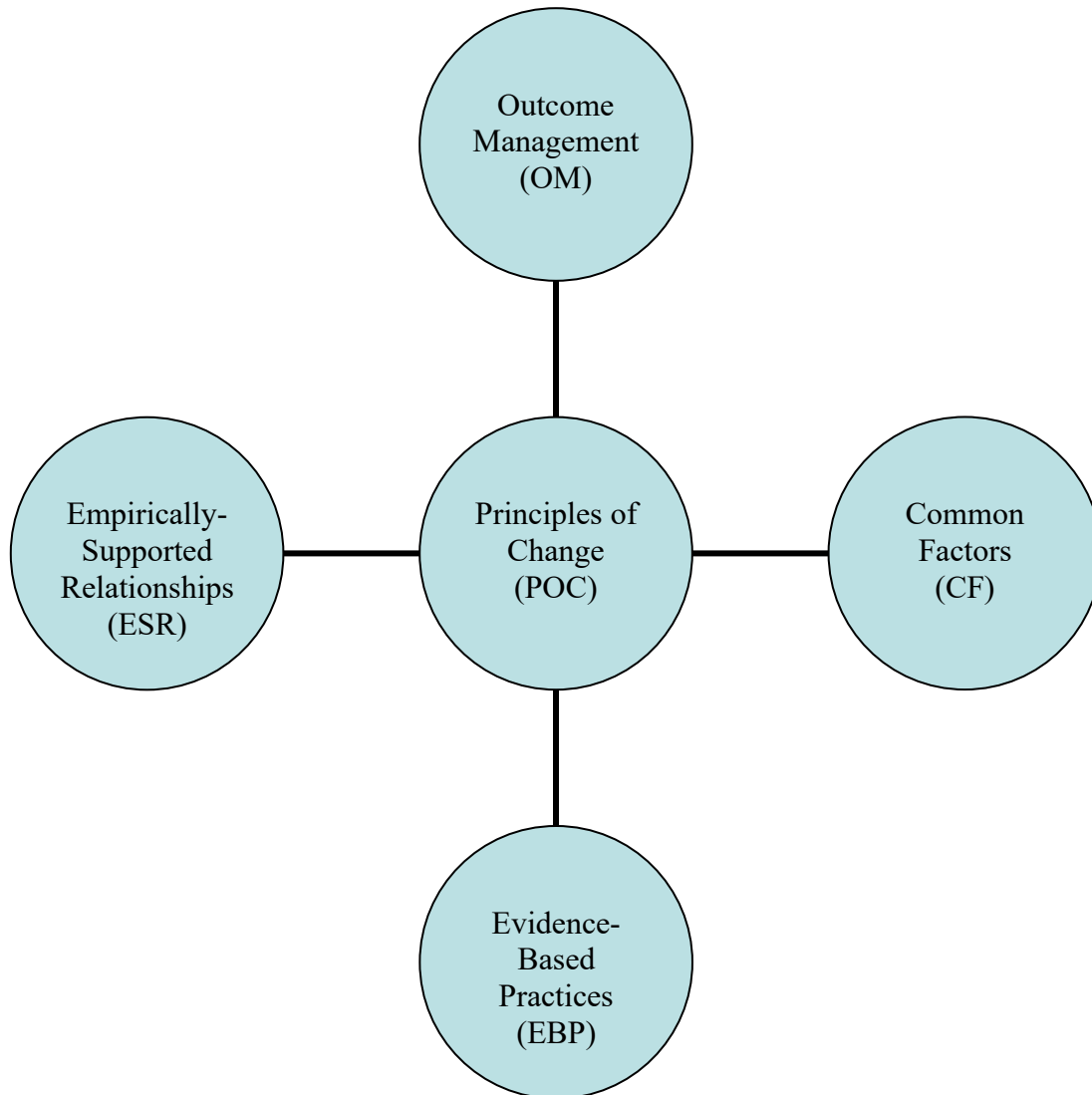
TCCT, LLC

P.O. 1175 – St. Charles, Missouri 63302 USA

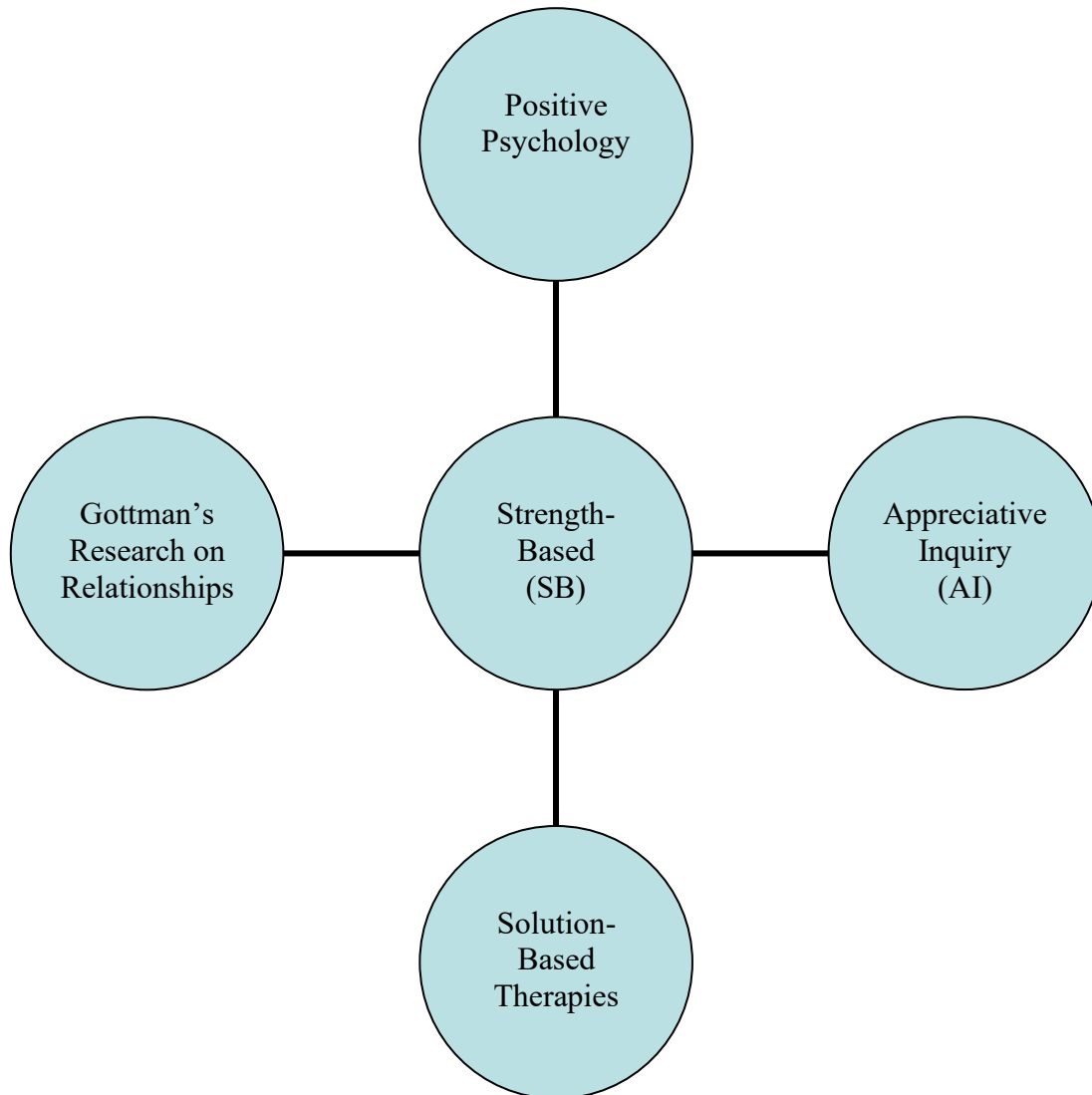
+01.314.852.7274

bertolinob@cs.com – www.tcctinc.com

Convergence in Practice and Research

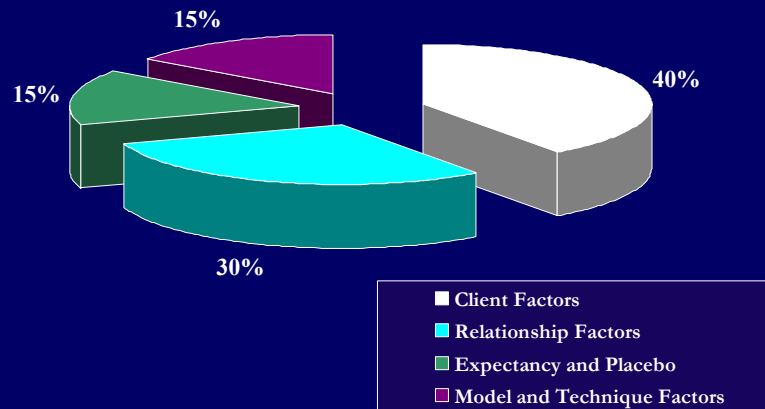


Strength-Based Convergence



CHANGE IN PSYCHOLOGY AND PSYCHOTHERAPY

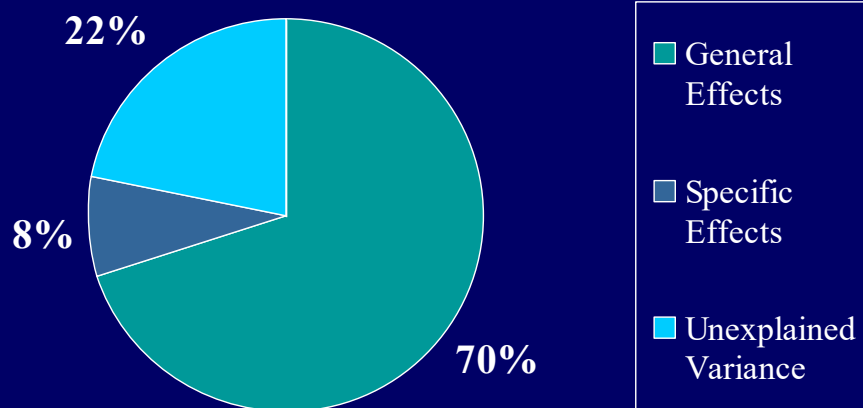
Common Factors



Hubble, M. A., Duncan, B. L., & Miller, S. D. (Eds.) (1999). *The heart and soul of change: What works in therapy*. Washington, D.C.: American Psychological Association.

Lambert, M. J. (1992). Psychotherapy outcome research: Implications for integrative and eclectic therapists. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook of psychotherapy integration* (pp. 94-129). New York: Basic Books.

Effects on Outcomes



Wampold, B. E. (2001). *The great psychotherapy debate: Models, methods, and findings*. New Jersey: Lawrence Erlbaum.

A Strength-Based Philosophy

A strength-based perspective is not a theory, but an overarching philosophical position in which people are seen as having capabilities and resources within themselves and their social systems. When cultivated, activated, and integrated with new experiences, learnings, ideas, and skills, these strengths help such persons to reduce pain and suffering, resolve concerns and conflicts, and cope more effectively with life stressors. This contributes to improved sense of well-being and quality of life, and higher levels of relational and social functioning. Strengths-based practitioners promote change through respectful educational, therapeutic, and operational processes and practices that encourage and empower others.

Traditional Approaches

Strength-Based

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”	➡	Services are 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

STRENGTH-BASED PRINCIPLES AND PREMISES

1. Clients are the most important contributors to change

Clients are the engineers of change and the most important contributors to outcome. They have abilities, strengths, and resources that are essential in solving problems and resolving conflicts. Clients are seen as in the process of learning and developing new skills *and* as having competencies—internal and external resources that have been helpful in the past, in similar or different contexts in relation to presenting concerns, and can be utilized in the present and future. Internal competencies include strengths, abilities, protective factors, resilience, and coping skills. External resources refer to services and systems that provide support and opportunities. Essential to a collaborative perspective are processes that tap into, develop, and encourage the capacities of clients. To identify competencies we ask, “What’s right?” Such a perspective does not downplay the real-life difficulties, pain, and suffering that clients have experienced or face in everyday life. As discussed earlier, it means acknowledging and attending to the hardships that they face while simultaneously focusing on the possibilities for change that exist.

2. Relationships are nurtured, honored, and valued

Research has continued to demonstrate the importance of relationships in human, social, health, mental health, and educational services. Genuine, caring relationships convey messages of respect and value. Beyond this, relationships represent the foundational element with the most potential to affect change. This translates to relationships at all levels of services, between all persons. Every relationship is important. Relationships can be strengthened through attending and listening. This will be explored in depth later in this guide. A collaborative posture, which emphasizes the inclusion of all people involved and their voices, is also another way of forming partnerships. In fact, the quality of client participation in services is a key determinant of outcome. The degree to which clients are included in processes, directions of services, establishment of goals, and methods to achieve those goals is paramount. Clients are therefore invited to be part of conversations and processes.

3. Cultural and contextual competence, safety, and sensitivity are ensured

Culture refers to a system of shared beliefs, values, customs, behaviors, and artifacts among various groups within a community, institution, organization, or nation. It is reflective of gender, race, ethnicity, nationality, religion/spirituality, sexual orientation, socioeconomic status, and physical abilities. Transmitted from generation to generation through learning, members of society use their cultural references to cope with their world and with one another. *Context* is an encompassing term that is inclusive of culture as well as other variables that influence thinking and behavior. These include but are not limited to family history, social relationships, development (i.e., physical, cognitive, emotional) genetics and biology, politics, and economics. Context also includes time and space (i.e., when, where, duration, intensity, etc.) and conditions and settings (i.e., cultural, philosophical, physical, psychological, and social dimensions). Culture and context are powerful filters through which behavior can be understood and yet they do not cause problems or solutions, they influence and shape them. Culture and contextual competence is a cornerstone of a strengths-based philosophy. This means having the capacity to function effectively in other cultural contexts. It is reflected through awareness and practices that involve learning new patterns of behavior and effectively applying them in the appropriate settings. This requires valuing diversity, which means accepting and respecting differences. People come from very different backgrounds, and their customs, thoughts, ways of communicating, values, traditions, and institutions vary accordingly.

4. Emphasis is on growth and change

Being strength-based means taking care to notice moments of change no matter where or when they happen and incorporating those changes into services. Change happens in multiple ways and there will be numerous opportunities to tap into it. Problems will fluctuate in frequency, intensity, duration, and so on. There will be better days, worse days, symptom-free, and symptom-laden times. A strengths-based approach orients toward how change is *already* occurring. Time is spent more productively when focus is on enhancing factors responsible for change rather than on identifying and changing factors a theory suggests are responsible or causing problems. Indoctrinating clients into a particular model of problem causation might actually undermine the very factors responsible for the occurrence of change by drawing their attention to whatever a particular theory suggests is causing their suffering.

Source:

Bertolino, B. (in press). *Creating effective helping relationships: A collaborative, strengths-based approach*. Boston: Allyn & Bacon..

Bob Bertolino, Ph.D.

TCCT, LLC

P.O. 1175 – St. Charles, Missouri 63302 USA

+01.314.852.7274

bertolinob@cs.com – www.tcctinc.com

ACTIVE CLIENT ENGAGEMENT (A.C.E.): A FRAMEWORK FOR PROMOTING POSITIVE CHANGE

- 1. Point:** Create a Context of Collaboration
Step: Keys to Collaboration
- 2. Point:** Create Listening Space
Steps: Listen and Attend to Clients' Stories through Acknowledgment and Validation.
Distinguish Between Internal Experience and Actions.
- 3. Point:** Learn Clients' Orientations/Theories of Problems and Change
Step: Listen Closely to What Influences Clients See as Attributing to Their Concerns/Problems and What May Contribute to Possibilities for Change (e.g., familial, relational, behavioral, biological, cultural, etc.).
- 4. Point:** Address Case Management Matrix
Steps: Explore Clients' Services Expectations, Program Parameters; and, the Role of Process and Outcome-Related Feedback.
- 5. Point:** Accommodate Services to Clients' Goals and Those of Outside Therapists.
Steps: 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?
- 6. Point:** Consider "Three Domains to Create Change."
Step: Consider means and methods that match clients' and others' ideas about (see #2) problems and how change positive might occur. Collaborate with clients on tasks and/or ways of achieving goals and improving outcomes.
- 7. Point:** Evaluate progress.
Step: Identify, amplify, and extend change.
- 8. Point:** In lieu of progress or positive change...
Step: Check in with clients, reassess goals and means and methods for achieving change. Consult with clients not theories. 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).

Adapted from:

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

Bob Bertolino, Ph.D.
TCCT, LLC
P.O. 1175 – St. Charles, Missouri 63302 USA
+01.314.852.7274
bertolinob@cs.com – www.tcctinc.com

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.

Bob Bertolino, Ph.D.
TCCT, LLC
P.O. 1175 – St. Charles, Missouri 63302 USA
+01.314.852.7274
bertolinob@cs.com – www.tcctinc.com

10 Keys to 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.

THE LANGUAGE OF CHANGE

- 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

⇒ Dissolving Impossibility Talk. If clients do not feel heard and understood they will likely close down, become angry, or let therapists know in some way that there is a problem. Still, as we listen and attend to clients, if we only reflect back their experiences many will continue to box themselves into corners by describing situations that seem hopeless, with no way out. What we want to do is add a twist to the idea of pure reflection.

1. Reflect back clients' responses or problem reports in the past tense.

Client: I'm always in trouble.

Therapist: You've been in trouble.

2. Take clients' general statements such as "everything," "everybody," "nobody," "always," and "never" and translate them into partial statements. This can be done by using qualifiers related to time (e.g., recently, in the last while, in the past month or so, most of the time, much of the time), intensity (e.g., a bit less, somewhat more), or partiality (e.g., a lot, some, most, many).

Client: Nobody understands me.

Therapist: Much of the time nobody understands you.

3. Translate clients' statements of truth or reality—the way they explain things for themselves—into perceptual statements or subjective realities (e.g., "It seems to you...", "You've gotten the idea...", etc.)

Client: I'm no good at relationships.

Therapist: So you've really gotten the idea that you're no good in relationships.

⇒ The Moving Walkway. Another way to begin to open up possibilities for change through language is by using the "moving walkway." By using language as a conveyor belt, we can help clients to create a compelling sense of a future with possibilities before they even take any action.

1. Assume the possibility of clients and associated parties finding solutions by using words such as "yet" and "so far." These words presuppose that even though things feel stuck or unchangeable in the present, sometime in the future things will change. This simple shift in language can help to create a "light at the end of the tunnel."

Client: I'll never amount to anything.

Therapist: So far you haven't seen any evidence that you'll change.

2. Recast the problem statement into a statement about the preferred future or goal.

Client: I'll never be in a loving relationship with someone.

Therapist: So you'd like to be able to have a loving relationship with someone?

3. Presuppose that changes and progress toward goals will occur by using words like "when" and "will."

Client: I can't seem to find anyone I'm compatible with.

Therapist: When you are able to find someone you're compatible with, what will be different in your life?

Bob Bertolino, Ph.D.

TCCT, LLC

P.O. 1175 – St. Charles, Missouri 63302 USA

+01.314.852.7274

bertolinob@cs.com – www.tcctinc.com

⇒ *Giving Permission. While we can control actions, internal experience is another matter. We want to let clients know that whatever they are experiencing is okay, acceptable, and that they can move on. There are two kinds of permission:*

1. Permission to. “You can.”
2. Permission not to have to. “You don’t have to.”

Some clients will feel stuck, thinking that they are bad or terrible for having some experience or thought, or that they shouldn’t think or experience it. In these instances, clients will need to be given permission to think or experience whatever is going on with them internally. Perhaps the best way of doing this is to normalize, which provides validation and permission. This can let clients know that they’re not bad, crazy, or weird—others have felt similarly. It’s important to note that giving permission for internal experience does not mean giving permission for all actions. Here are some ways to give permission to:

Client: I know I shouldn’t think about ending the relationship. I just can’t help it. I must be a bad person.

Therapist: It’s okay to think about ending the relationship and that doesn’t make you a bad person.

Other clients will feel that they are being dominated by internal experiences or that they should be having some internal experience that they are not. They might need permission not to have the experience. Here are some ways of giving permission not to have to:

Client: In the support group I attend for parents who’ve lost their spouses, everyone keeps saying that I need to express my anger because that’s a stage of grieving. But I’ve never felt anger. Is something wrong with me?

Therapist: Each person goes through grief in his or her own way. Some people will experience anger and some won’t. It’s okay if you don’t go through someone else’s stages and take your own path to healing.

Although either permission can be given independently, we also have found it useful to give both permissions at the same time. Here are some ways of doing this:

Client: Should I be angry or not? I don’t know.

Therapist: You can be angry and you don’t have to be angry.

If we only give one type of permission, some clients may feel pressured to experience only one part of the equation or may find the other side emerging in a more compelling or disturbing way. For example, if we only say, “It’s okay to remember,” the client might say, “But I don’t want to remember!” We can counter this bounce-back type response by giving permission to and not to have to, “It’s okay to remember and you don’t have to remember.”

⇒ *Utilization. We can take what clients bring to counseling, no matter how small, strange, or negative the behavior or idea seems and use it as a resource to open up the possibilities for change. This is in direct contrast with more traditional approaches that often view such things as symptoms or liabilities. Here are some ways of utilizing client behaviors and ideas as vehicles for change.*

Client: My family is extremely dysfunctional and chaotic.

Therapist: So you’ve had some experience dealing with dysfunction and chaos.

Utilization allows counselors to take behaviors and ideas that are typically seen as deficits, inabilities, symptoms, or negative in general, and turn them into assets. This can be a helpful way of getting clients moving, if they aren’t already doing so, in the direction of the change they are seeking.

THE INFLUENCE OF CONTEXT, ORIENTATION, AND THEORY

Influences of Context

- Primary influences on concerns/problems, possibilities, and solutions include, but are not limited to:
 - Cultural background
 - Familial/historical background
 - Social relationships
 - Biochemical/genetic background
 - Gender training
 - Spiritual/religious

Client Orientations

- Context *influences* problems and solutions—it does not cause them
- All problems are influenced by context
- Take a “not knowing” position. Have clients teach you what it is like to be them (do not assume prior knowledge)
- Determine what clients see as the influences on their problems and concerns
- Determine how the same or different influences may offer pathways with possibilities for future change and/or solutions
- Invite, Learn, Honor, and Match

Client Theories

- An excellent predictor of outcome is the degree to which therapists match clients’ orientations to change through their therapeutic processes and practices
- Learn from clients their ideas about how change might occur with their concerns/problems including:
 - The rate of change (e.g., quickly, slowly, etc.)
 - How they expect change to occur (e.g., through insight, by taking action, etc.)
 - Who might be involved in change processes
 - Any other aspects related to time, space, or sequence

ORIENTATIONS AND THEORIES OF CHANGE

There are two parts to this exercise. In Part I, please take some time to think over the following questions about your past experiences with learning and change. Then, for each question, circle the answer or answers that best fit you. You may choose more than one answer for each.

Part I

1. I tend to learn best...

By having something told to me over and over.

By reading as much as I can on a subject.

From the experiences of other people.

By being realizing rewards when I succeed.

By making mistakes and learning from them.

By being shown where I am wrong.

Other (please list): _____

2. My therapist can be of greatest assistance by...

Telling you what you should do.

Asking you questions and encouraging me to look deeper into my own ideas.

Sharing his/her ideas.

Suggesting reading.

Suggesting actions to experiment with.

Just listening.

Other (please list): _____

3. I expect change to happen...

All at once.

Step by step.

In increments.

Quickly.

Slowly.

Not at all.

Other (please list): _____

4. I expect change to happen in my therapy...

By gaining insight into how I got this problem.

Through trying new things until we find something that works.

Other (please list): _____

5. I think that I need to change...

Something deep in my personality

The way I think about or look at things

Some thing(s) that I do

Someone else

Other (please list): _____

Bob Bertolino, Ph.D.

TCCT, LLC

P.O. 1175 – St. Charles, Missouri 63302 USA

+01.314.852.7274

bertolinob@cs.com – www.tcctinc.com

Part II

Oftentimes people have a pretty good hunch not only about what is causing a problem, but also about how to resolve it. Here we'll explore your ideas related to these areas. To complete Part II of this exercise, please review the questions and in the spaces provided write down your responses.

1. What ideas do you have about what is causing the concern/problem(s) that you're facing?

2. What ideas do you have about how change is going to happen with your concern/problem(s)?

3. Given the ideas that you have about the problem you're facing, what do you think would be the first step in addressing it?

4. What else might you do differently as a result of the theory you've developed?

Once you've finished, take a moment to review your responses. Consider what you have learned about yourself, the concern/problem(s) you're facing, and how you might achieve the change that you are seeking.

FUTURE PULL: CREATING COMPELLING FUTURES

1. Finding a Vision for the Future

Below is a list of questions that can be helpful with clients in creating a better present and preferred future and assist you in getting clear on their visions and what they want for themselves and perhaps, others around them:

What would you like to accomplish in your life?

(For adolescents) What do you think is important for you to accomplish during your youth/teenage years?

What is your vision of a good future?

What dreams did you or do you have for yourself in upcoming days/weeks/months/years/life?

What are you here on the planet for?

(For adolescents) What are teenagers/young people/human beings on the planet for, in your view?

What area do you think you could make a contribution in?

What would you try to do with your life if you knew that you could not fail?

2. Dealing with and dissolving barriers to the preferred future

Sometimes clients are clear on where they want to go with their lives, but they cannot get there because they perceive insurmountable barriers in their way. They have fears of success or fears of failure. They think they are inadequate to the task of making the dream happen, or they think certain things must happen before they begin to pursue their dreams. Here is a list of questions that might prove helpful in clarifying these perceived barriers:

What, in your view, stops you from getting to where you want to be with your life?

What, in your view, stops you from realizing your dreams or getting to your goals?

What do you believe must happen before you can realize your dreams/future?

What are the actions you haven't taken to make your dreams and visions come true?

What things stand in your way of realizing your dreams and visions?

What would your heroes, models, or people you admire do if they were you in order to make this dream or vision happen?

What are you not doing, feeling, or thinking that they would in this situation?

What are you doing, feeling, or thinking that they wouldn't?

3. Making an Action Plan to Reach the Preferred Future

Having a vision of the future and even realizing what the perceived barriers are will not necessarily take clients to that future. There must be a plan of action and a way to start to take some of those actions to make the future happen. Here are some ideas and questions that can help clients and others to formulate and put into practice actions that will likely create their preferred futures:

What could you do in the near future that would be steps towards getting you to where you want to be?

What could you do in the near future that would be steps towards realizing your visions and dreams?

What would be a first step toward realizing your dream/future?

What would you do as soon as you leave here?

What would you do tonight?

What would you be thinking that would help you take those steps?

With most clients who are stuck in their troubles, just getting them to turn their gaze from the past to the future is a major reorientation. This reorientation can provide information about directions for therapy, meaning and purpose in their life, and lead to the restoration of hope.

Bob Bertolino, Ph.D.

TCCT, LLC

P.O. 1175 – St. Charles, Missouri 63302 USA

+01.314.852.7274

bertolinob@cs.com – www.tcctinc.com

IDENTIFYING YOUR DESTINY, VOICE, CONTRIBUTION, AND BLISS

What is your bliss (as in Joseph Campbell's dictum, "Follow your bliss")?

- *What kinds of things compel you?*
- *What are your hobbies or soulful obsessions?*

What is your unique opportunity or area in which to make a contribution?

- *What would you talk about if given an hour of prime time?*
- *If you were made president for a week, what changes would you make?*
- *What are you here on the planet for?*
- *In what area(s) could you make a contribution?*

What is your voice and where does it show up most strongly?

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 completely 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 you explain your experience today to others who may be curious?

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 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?

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 that 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.

THREE DOMAINS TO CREATE CHANGE

EXPERIENCE	VIEWS	ACTIONS
<ul style="list-style-type: none"> ‣ Feelings ‣ Sense of self ‣ Bodily sensations ‣ Sensory experience ‣ Automatic fantasies and thoughts 	<ul style="list-style-type: none"> ‣ Points of view ‣ Attentional patterns ‣ Interpretations ‣ Explanations ‣ Evaluations ‣ Assumptions ‣ Beliefs ‣ Identity stories 	<ul style="list-style-type: none"> ‣ 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

WAYS OF PROMOTING CHANGE

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.

Bob Bertolino, Ph.D.

TCCT, LLC

P.O. 1175 – St. Charles, Missouri 63302 USA

+01.314.852.7274

bertolinob@cs.com – www.tcctinc.com

CHANGING PATTERNS OF ACTION AND INTERACTION

1. DEPATTERNING – 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. REPATTERNING – 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, 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.
- Bertolino, B. (1999). *Therapy with troubled teenagers: Rewriting young lives in progress*. New York: Wiley.
- Bertolino, B., & O'Hanlon, B. (2002). *Collaborative, competency-based counseling and therapy*. Boston: Allyn & Bacon.
- 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.

Bob Bertolino, Ph.D.

TCCT, LLC

P.O. 1175 – St. Charles, Missouri 63302 USA

+01.314.852.7274

bertolinob@cs.com – www.tcctinc.com

Bob Bertolino, Ph.D.
TCCT, LLC
P.O. 1175 – St. Charles, Missouri 63302 USA
+01.314.852.7274
bertolinob@cs.com – www.tcctinc.com

THE THREE Cs OF SPIRITUALITY:

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

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

Seven Pathways to Spirituality Through Connection

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

1. *Connection to the soul, the deeper self, the spirit.* The deepest level within. This involves having a connection with oneself that is beyond the rational, logical or even the emotional. Many people find that meditating, journaling or just spending time alone helps them find this connection.
2. *Connection to through the body.* This may come through dancing, sex, athletics, yoga, eating fine foods, etc. Seeing Michael Jordan in the air about to make a basket or other great athletes in action can show the spiritual through the body—they seem to do things that are beyond usual human abilities and that seem transcendent.
3. *Connection to another.* Intimate one to one relationships. Martin Buber calls this the I-Thou relationship. This pathway does not always need to refer to a relationship with another person; it could be with an animal. For example, I know someone who is suicidal and the only thing that keeps her alive is her connection with her dog.
4. *Connection to community.* This pathway involves one’s relationship to one’s group, causes greater than oneself that contribute to the community or the planet. If you have ever felt part of a family, extended family group, neighborhood, church group or workplace, you have taken this pathway.
5. *Connection through nature.* Being in and noticing nature and the physical environment. How many of us need to spend time in the outdoors every so often or we begin to feel small and disconnected? “I believe in God, only I spell it Nature,” said Frank Lloyd Wright. One may also experience this sense of connection through a deep understanding and appreciation of the laws of nature, such as physics, mathematics. Being a liberal arts major, I think I’ll stick with mountains and forests and lakes for my nature connection.
6. *Connection by participating in making or appreciating art.* Ever seen someone standing in front of a painting in a museum and being moved to tears or listening to a piece of music and feeling energized or moved? Depending on one’s preferences, this may come through literature, painting, sculpture, theater, movies, photography, dance, etc. Many artists refer to a sense that they are not making the art they produce, but that it is coming to or through them.
7. *Connection to the Universe or higher power or God or Cosmic consciousness* or whatever word one uses for the sense that there is a greater being or intelligence than ourselves at work in life. This connection can happen through prayer, conversion, meditating, etc.

Source: O’Hanlon, B. (2005). *Pathways to spirituality: Connection, wholeness, and possibility for therapists and clients*. New York: Norton.

Bob Bertolino, Ph.D.

TCCT, LLC

P.O. 1175 – St. Charles, Missouri 63302 USA

+01.314.852.7274

bertolinob@cs.com – www.tcctinc.com

STRENGTH-BASED INQUIRY

Scaling Questions

Designed to get continual assessment and feedback from people to get them to realize changes or gray areas in the problem situation.

Example: On a scale of one to a hundred, one hundred being no depression and one being the most depressed you could be, where have you been in the past week?

Example: What would it take to get you to have a “seven” week instead of the “six” week you had last week?

Difference Questions

Designed to highlight differences and get the person to compare and contrast things about the problem, exceptions or solutions.

Example: So was that different from the way you have usually handled it?

Example: So his asking questions was different from his typical mode of making accusations?

Accomplishment Questions

Designed to get the person or family to recognize that something positive happened as a result of their efforts.

Example: How did you manage to stop bingeing?

Example: How did you do that?

Goal Questions

Designed to get the person or family to tell you what they are interested in accomplishing or setting the end point for therapy or problem resolution.

Example: How will you know when therapy is successful and we can end?

Example: What will you be doing after therapy? How will others know you've changed?

Compliments/Praise

Designed to give clients credit for their accomplishments, good intentions or level of functioning.

Example: Wow! How did you do that?

Example: Most couples wait until their relationship is on the verge of divorce to seek help. How did you two decide to come in while your relationship was still doing relatively well?

Atypical Experiences in Regard to the Problem (Exceptions)

Designed to elicit descriptions of times when things went differently from the usual problem situation.

Example: Can you recall a time when you thought you would binge, but instead you resisted the urge?

Example: Can you tell me about a time when John was able to sit quietly and surprised you or himself?

Description Questions

Asking people to describe problem or solution situations in observable terms.

Example: How did you know that he was having a better day? What would I have seen on a videotape on that day?

Example: How would I know he was doing something you call passive-aggressive?

Smaller Step Questions/Comments

Designed to get people to scale back their grand ideas about their goals or progress into more achievable ends or progress.

Example: That sounds like a big goal and dream. What kinds of things would be happening in the next week if you were headed in the direction of those big dreams?

Bob Bertolino, Ph.D.

TCCT, LLC

P.O. 1175 – St. Charles, Missouri 63302 USA

+01.314.852.7274

bertolinob@cs.com – www.tcctinc.com

Example: What is the first sign you would see that you were doing what you needed to do to get over your depression?

Highlighting Change/New Stories

Designed to get people to notice or acknowledge changes or differences in their perceptions of themselves or other people's views of them.

Example: What do you think your friends would think about you since you have come to think of yourself as able to stand up for yourself?

Example: What effect does knowing that you're resolved not to cut yourself anymore have upon your view of yourself?

Stage of Change Questions

Designed to assess people's stage of change.

Example: What's your part, if any, in what's going on with your family?

Example: On a scale of one to ten, how involved would you say you are with the problem?

Orientation/Theory of Change Questions

Designed to learn more about clients' theories of problem development, possibilities for change, and potential solutions

Example: What ideas do you have about what has contributed to the problem you're facing?

Example: What ideas do you have about what it will take to solve the problem you're facing?

Resiliency Questions

Designed to learn about the qualities and actions that allow people to cope with diversity.

Qualities

- What qualities do you possess that you seem to be able to tap into in times of trouble?
- What is it about you that seems to come to the forefront when you're facing difficult situations/problems?
- How have you managed, in the midst of all that has happened, to keep going? What does that say about you?
- What are the qualities that you have that enable you to continue to deal with adversity?
- What does that say about the type of person that you are?
- What would others say are the qualities that you have that help you to deal with adversity?

Actions

- What have the qualities that possess allowed you to do that you might not have otherwise done?
- How have you used your inner qualities to prevent things from heading downhill any further?
- Tell me about a time when you were able to deal with something that could have stopped you from moving on in life. How were you able to do that?
- What else have you done to keep things from getting worse?
- How has that made a difference with your situation?

PROBLEMATIC STORIES

Stories of Impossibility

Stories of impossibility when ideas are held which suggest that change with a person or a situation is impossible. When people abide by such stories they will often say things such as, “He’ll (I’ll) never change,” “She’s (I’m) Borderline, 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 people are blamed and seen as having bad intentions or bad traits. It is suggested that a person’s bad intentions are purposeful, intentional, or preconceived. When stories of blame are being played out people 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 am a provoker.”

Stories of Invalidation

Stories of invalidation are the third kind of problematic story. These types of stories are related to ideas that lead to a person’s personal experience or knowledge being undermined by others. This can be by 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 is stories of non-accountability—non-choice or determinism. In these cases it is suggested that a person has no choice about what he or she does voluntarily. That is, the idea becomes that the person has no ability or control to make any difference in what happens in their life. The distinction here is that what people 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 people 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 practitioners 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, we want to challenge or cast doubt with them. That is, open up possibilities where there doesn’t seem to be any.

4 CHARACTERISTICS OF CHRONIC AND IMPOSSIBLE CLIENT SITUATIONS

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, countertransference 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 therapists, 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.

Bob Bertolino, Ph.D.

TCCT, LLC

P.O. 1175 – St. Charles, Missouri 63302 USA

+01.314.852.7274

bertolinob@cs.com – www.tcctinc.com

Bob Bertolino, Ph.D.
TCCT, LLC
P.O. 1175 – St. Charles, Missouri 63302 USA
+01.314.852.7274
bertolinob@cs.com – www.tcctinc.com

ATTENDING TO AND ALTERING SELF-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 to 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 ideas 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.

Bertolino, B., & O'Hanlon, B. (2002). *Collaborative, competency-based counseling and therapy*. Boston: Allyn & Bacon.

10 STRATEGIES FOR RESOLVING STUCKNESS

1. Consider the role of setting, which can be predictive of outcome
2. Approach assessment processes as opportunities to initiate positive change
3. Individualize services (avoid “one-size-fits-all” approaches)—include and collaborate
4. Incorporate “real-time” feedback processes
5. Scan for spontaneous change and build on those changes
6. Approach each interaction/meeting as if it will be the only one
7. Emphasize possibilities for change through a future focus
8. Attribute the majority of change to client efforts (as opposed to external factors) and give caregivers credit for the efforts
9. Explore exceptions (i.e., times when things have gone *a little* better or when concerns or problem behaviors are absent altogether)
10. Consult others who share cultural similarities and expertise with the client being served

PIVOTAL POINTS THAT STIMULATE POSITIVE CHANGE

- Recognize clients as having capacities to adapt, change, and grow
- Recognize clients as teachers and experts on their own lives and experiences
- Acknowledge the efforts of clients (e.g., being present at a meeting, talking with you, etc.)
- Identify and encourage clients’ abilities and strengths and help such persons to more actively use those competencies in the pursuit of possibilities and solutions
- Identify and assist with developing supportive social systems and networks (with family, friends, educators, employers, religious/spiritual advisors, and other outside therapists and community members)
- Create safe, nurturing cultural, physical, psychological, and social environments and settings
- Create expectancy for change by using language that is respectful and emanates hope
- Create opportunities for acquiring and developing new skills
- Recognize that specific racial and cultural factors influence service and treatment process—each person’s cultural heritage and practices are understood and respected
- Emphasize a multi-level understanding, encompassing the client, family, community, helping systems, culture, and other influences
- Exercise care in matching methods (i.e., that fit) with clients

MAINTAINING INTEGRITY AND ACCOUNTABILITY IN PRACTICE

- Be “you”
- Utilize supervision and team meetings as opportunities to learn, develop, and grow
- Believe in what you do and “walk the talk”
 - Take action and make good on your word
- Be an energy-giver, not an energy drainer
 - Instead of being part of a “staff infection,” be a source of optimism and support to others
- Give your unconditional energies (body, mind, heart, and soul) (“Only when you invest your full energies in your mission will extraordinary things happen.”)
- Be strengths-based, not just “positive”
- Recognize what others have to offer—their contributions to change
- Be a resource to others (clients and staff)
- Check in with yourself (What kind of day of you had? What else is going on with you?)
- Build in restorative “recovery time” every day
- Find what inspires you and gives you hope – this can create more energy for you!
- Hope is contagious!