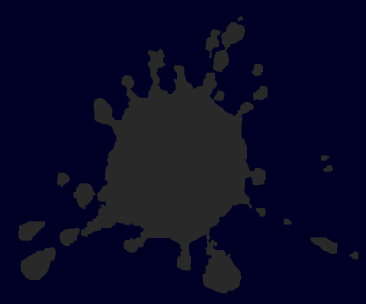



**collaborative,
change-oriented
therapy**

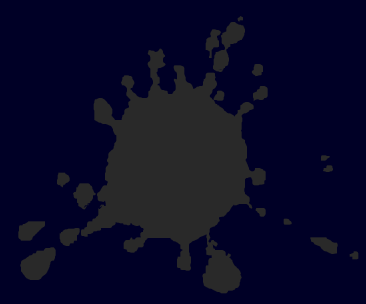



How Did I Get Here?

- By process of elimination (i.e., I tried everything else; I flunked my other classes)
- I needed a job (Walmart had a freeze on hiring)
- I'm just moonlighting
- The fringe benefits (e.g., free meals prepared by shelter residents, etc.)
- I'm a "people person"
- I enjoy having youth point out my faults
- _____ (fill in the blank)



Why
Am
I
STILL
Here?




I'd love to change the
world...but I'd better
start with myself.



What
Do
You
Believe?



“Reality Check”

1. What do you believe about youth and families?
 2. How have you come to believe what you believe and know what you know?
 3. What have been the most significant influences and/or determining factors on your beliefs?
 4. How have your beliefs and assumptions affected your work?
 5. Do you believe that change is possible even with the most “difficult” adolescents and families?
 6. How do you believe that change occurs with people? What does change involve? What do you do to promote change?
 7. Would you be in this field if you didn’t believe that the people you work with could change?
- 

The State of Research

Research on child psychotherapy is floundering. When considering the ultimate question (what treatments to apply to whom under what conditions) or the reformulated research agenda (efforts to understand how therapy works), very little can be said about the accomplishments of child and adolescent psychotherapy research in the past five years versus the five years before those years. Moreover, given the focus of therapy research, there is no reason to believe that the next few years will see the leap in knowledge we need. (p. 14)

Kazdin, A. E. (2000). *Psychotherapy for children and adolescents: Directions for research and practice*. New York: Oxford University Press.

Why Pay Attention to Research?

- We need to prove that what we do works
- 400+ distinct approaches and 1,000 specific methods outlined in over 10,000 books, book chapters, and articles
- All have valid explanations about the nature of problems *and* prescriptions for problems
- Two divergent directions in research

Two Divergent Directions in Research

1. Model-Based Research:

- How models, methods, and techniques are primary causal agents of change

2. Identifying Contributors to Successful Outcomes

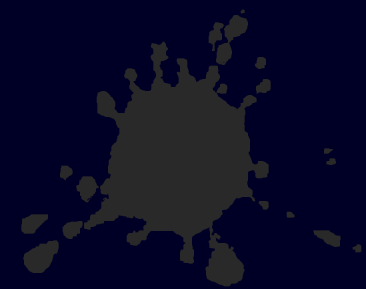
- How practitioners, therapeutic processes and practices, *and* clients make therapy work

Model-Based Research

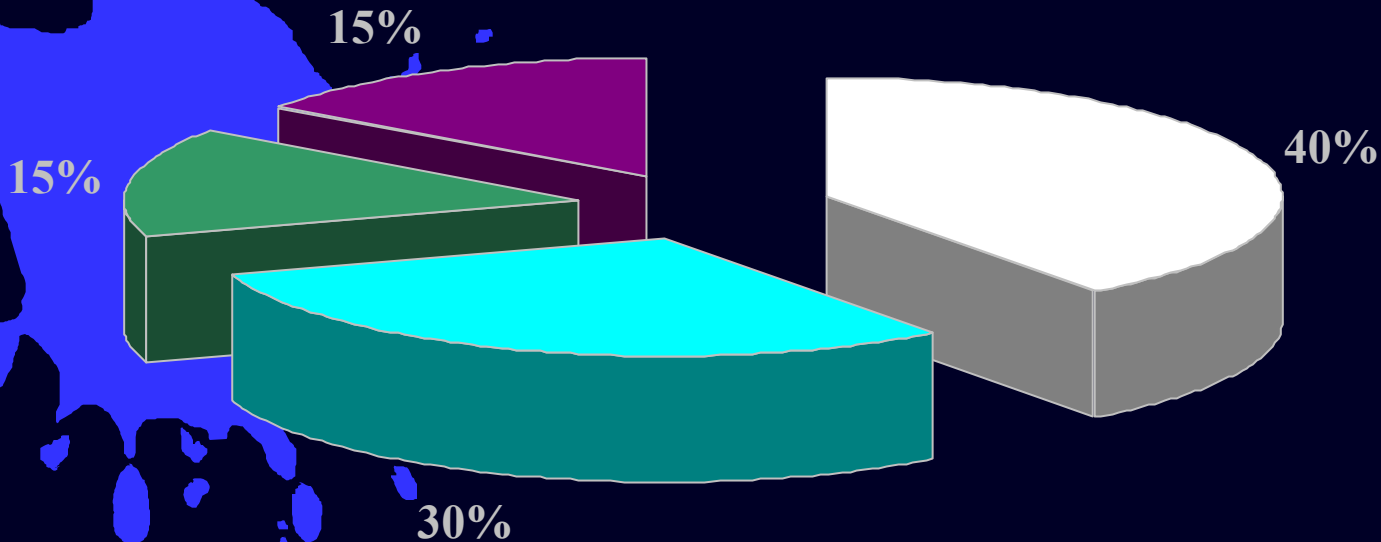
- ❑ Involves pairing treatment approaches with “disorders”
- ❑ Models chosen for study are those most common to research settings and capable of securing funding
- ❑ Two independent studies demonstrating superiority over placebo condition or no-treatment alternative
- ❑ Concerns with the model-based movement:
 - ❑ Problems with outcome measures, methodologies, research designs, and the allegiance effect
 - ❑ Where is the client? Significant omissions (e.g., client differences, culture, etc.)
 - ❑ Inconsistencies with the DSM
 - ❑ Reliant on treatment manuals
 - ❑ Efficacy vs. effectiveness studies
 - ❑ Insufficient attention to therapist variables
- ❑ The bottom line: There is no differential efficacy!



Identifying Contributors to Successful Outcomes

- Analysis of over 40 years of data
 - Primarily meta-analytic studies
 - Include practitioner feedback *and* client ratings of change, treatment experiences, processes, and practices
 - Common Factors, General Effects, Incidental Aspects
- 

Common Factors

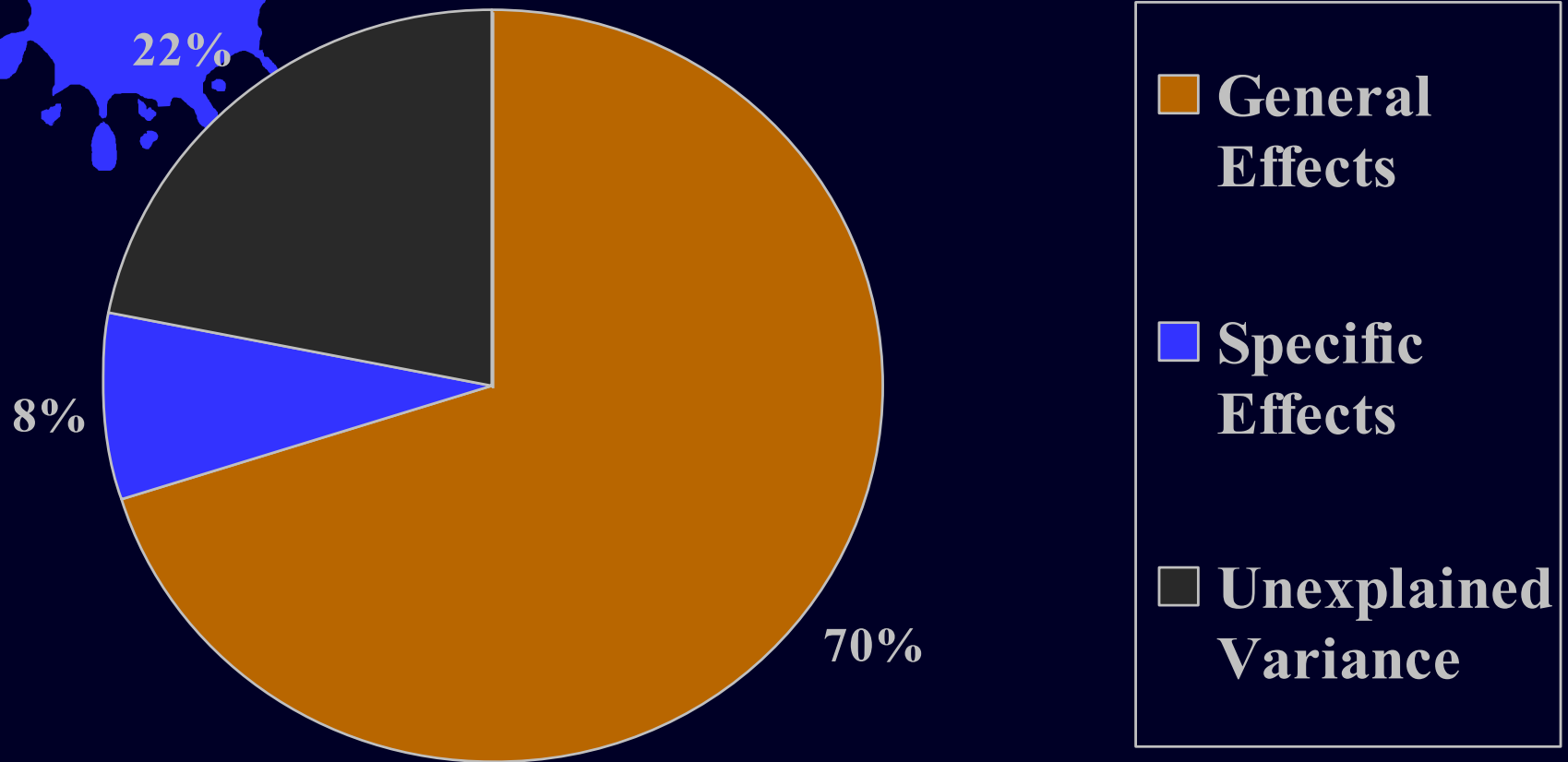


- Client Factors
- Relationship Factors
- Expectancy and Placebo
- Model and Technique Factors

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.

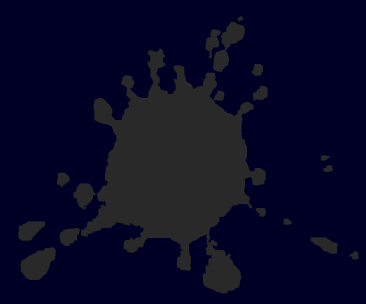

Effects on Outcomes



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

Where Do We Stand?

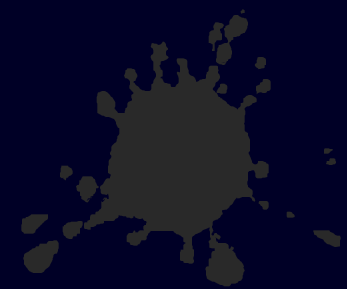
- ❑ Pure models do work for some clients. The concerns include:
 - ❑ Empirical evidence does not support differential efficacy
 - ❑ Some models are privileged over others without including clients in decision-making processes
 - ❑ Models account for a maximum of 8% of change
- ❑ General effects account for 70-92% of outcome and a minimum of 9x as much variance in outcomes as specific ingredients



Clients
are the
Engineers
of
Change!



Weaving New Threads

- Maximizing the General Effects:
Independent vs. Interrelated
 - Contextual Influences and Client
Orientations
 - The Influence of Therapist Variables
- 



Collaborative, Change- Oriented Therapy

Guiding Ideas



Clients as Agents of Change

- The client is the single most important contributor to therapy
- Clients have competencies and resources
 - Internal strengths and abilities including resilience, protective factors, and coping skills
 - Social and community resources
- Explore competencies, resources, and possibilities without minimizing pain and suffering
- Not the “hidden gem” theory
- “Who is this person?”

Honoring the Therapeutic Relationship and Alliance

- Clients' perceptions of therapists as being empathic and nonjudgmental are most important
- Accommodate therapy to the client's view of the therapeutic relationship
- Accommodate therapy to the client's goals and motivational level
- The single best predictor of outcome is the quality of the client's participation in treatment

Client Orientations as Guides to Change

- Clients have ideas about the influences on their concerns and problems and potential solutions
- Tune in to the ways in which clients describe their lives and situations and to what they attribute concerns and problems
- Match clients' theories as closely as possible
- If offering new perspectives, let clients determine the validity of those new perspectives

A Change-Orientation

- ❑ Be change-focused
- ❑ Build on or create expectancy and hope
- ❑ Emphasis is on the present and future (without downplaying the significance of the past in the eyes of clients)
- ❑ Tap into clients' worlds outside of therapy—including spontaneous chance events
- ❑ Change is predictable (most change occurs early in treatment)
- ❑ Make the most out of each interaction

Expectancy, Hope, & Placebo

- ❑ Can contribute anywhere from 15% to 50% to outcome
- ❑ Build on the expectancy and hope that accompany the start of therapy
- ❑ Promote hope through processes and practices
- ❑ Pretreatment change
- ❑ Opening moments and interactions are critical

Directions, Goals, and Outcomes

- ❑ One of the best predictors of *negative* outcome is a lack of structure in therapy
- ❑ Goals = what clients want to see change from session to session—they are ever-changing
- ❑ Outcomes = clients perceptions of the impact of the services provided on the major areas of their lives (overall, individually, interpersonally, socially)
- ❑ Collaborate with clients in the creation of goals
- ❑ Use language that fits with clients

Means and Methods


- Use of means and methods that evolve out of the therapeutic relationship and alliance
- Use means and methods that are consistent with clients' theories and their perceptions/ideas regarding what might facilitate positive change
- Use means and methods that tap into and reflect the general effects
- Involve clients in tasks to achieve goals and improve outcomes



What is Therapy That
Makes a Difference?



Therapy That Makes a Difference

- What gets in to your experience and moves or inspires you?
 - What gives you hope?
 - How do you get into the experience of your clients?
 - How do you promote hope with your clients?
 - How do you promote change with your clients?
 - What would your clients say you do that makes a difference in your work with them?
- 



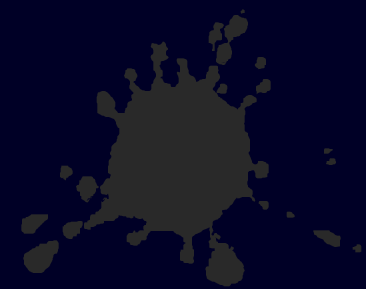
What
is
Your
Fingerprint?



Promoting the General Effects Through Collaboration Keys



Collaboration Keys

- ❑ Collaboration Key #1: The Interview
 - ❑ Collaboration Key #2: The Timing and Length of Sessions
 - ❑ Collaboration Key #3: Determining Who Should Attend Sessions
 - ❑ Collaboration Key #4: Determining the Location and Setting of Sessions
 - ❑ Collaboration Key #5: Determining the Format of Sessions
- 

Collaboration Keys

- Collaboration Key #6: Determining the Frequency of Sessions
- Collaboration Key #7: The Revolving Door
- Collaboration Key #8: Pretreatment Change
- Collaboration Key #9: Become Process-Informed
- Collaboration Key #10: Become Outcome-Informed

Becoming Process and Outcome-Informed

- Learn Clients' Ratings of the Therapeutic Relationship, Including Conversational and Relational Preferences
 - To learn how clients are experiencing therapy
- Learn Clients' Ratings of Their Lives and Situations
 - To learn how clients currently view their lives and to measure the impact of services over time
- Establish Directions and Goals
 - To learn what needs to change
- Determine Progress Toward Goals
 - To determine whether gains are being made and goals are being met



Exploring Clients'
Ratings of the
Therapeutic Relationship
and Alliance
(Becoming Process-Informed)






Becoming Process-Informed

□ In Initial Sessions and Early in Therapy...

Questions

- Are there certain things that you want to be sure we talk about?
 - What is most important for me to know about you and/or your situation/what you've been experiencing?
 - What ideas do you have about how therapy/coming to see me might be helpful to you?
- 

Becoming Process-Informed

(cont.)

□ “Checking In” –As Therapy Progresses...

Questions (cont.)

- Have we been talking about what you want to talk about?
- Are we moving in a direction that seems right for you?
- What has been helpful or unhelpful to you?
- Are there other things that you feel/think we should be discussing instead?
- Is there anything that I should do differently?

Becoming Process-Informed

(cont.)

□ At the end of sessions...

Questions (cont.)

- How was the session for you?
- Did we work on what you wanted to work on?
- How was the pace of our session/conversation?
- Was there anything missing from our session?
- Are there any changes you would recommend if we were to meet again?

Session Rating Scale (SRS V.3.0)

Name: _____ Age (Yrs): _____
ID#: _____ Sex: M / F
Session #: _____ Date: _____

Please rate today's session by placing a hash mark on the line nearest to the description that best fits your experience.

Relationship:

I did not feel heard,
understood, and
respected

I-----I

I felt heard,
understood, and
respected

Goals and Topics:

We did *not* work on or
talk about what I
wanted to work on and
talk about

I-----I

We worked on and
talked about what I
wanted to work on and
talk about

Approach or Method:

The therapist's
approach is a not a
good fit for me.

I-----I

The therapist's
approach is a good fit
for me.

Overall:

There was something
missing in the session
today

I-----I

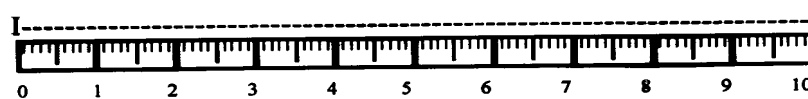
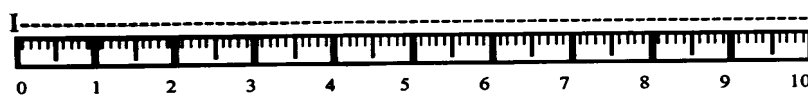
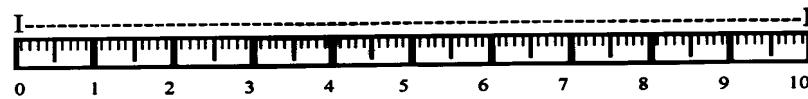
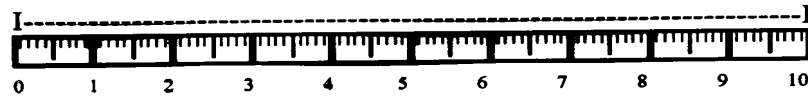
Overall, today's
session was right for
me

Institute for the Study of Therapeutic Change

www.talkingcure.com

Outcome Rating Scale (ORS)

OVERLAY





Outcome Rating Scale (ORS)

(Becoming Outcome-Informed)



Outcome Rating Scale (ORS)

Name: _____ Age (Yrs): _____
ID#: _____ Sex: M / F
Session #: _____ Date: _____

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have **been** doing in the following areas of your life, where marks to the left represent low levels **and** marks to the right indicate high levels.

Overall:
(General sense of well-being)

I-----I

Individually:
(Personal well-being)

I-----I

Interpersonally:
(Family, close relationships)

I-----I

Socially:
(Work, School, Friendships)

I-----I

Institute for the Study of Therapeutic Change

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Establishing Directions and Goals

Directions and Goals

- Accommodate clients' goals

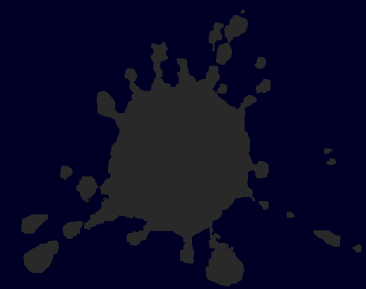
Questions

- What is concerning you most at this point?
- What do you think we should focus most of our attention on?
- What would you like to have change in your life?
- What would you like to be different/have change in your life/situation?
- What did you (hope/wish/think) would be different as a result of coming here/for treatment/to see me?



Directions and Goals (cont.)

- Action-Talk/Videotalk
 - Move from vague, nonsensory-based descriptions to clear, observable, behaviors
- Creative approaches:
 - Crystal ball, time machine, dream description, etc.
- General future-oriented questions



Directions and Goals (cont.)

General Future-Oriented Questions

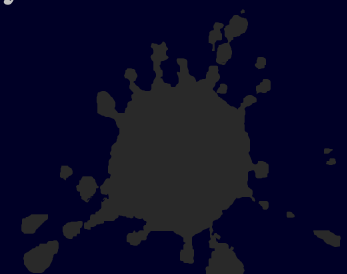
- How will you know when things are better?
- How will you know when the problem is no longer a problem?
- How will you know when you no longer need to come to therapy? (or, how will others know?)
- What will be different?



Progress Toward Goals

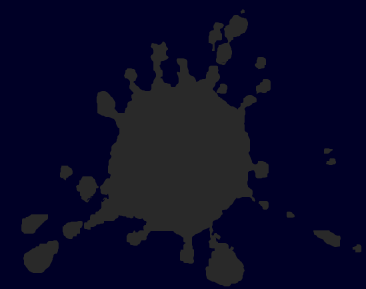
- How will we know that progress is being made?

Questions

- What will be the first sign or indication that things have begun to turn the corner with the problem you're facing?
 - 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?
 - How will you know when the change you're looking for has started?
 - What is happening right now with your situation that you would like to have continue? What else?
- 



Assessment as Intervention

- Strengthen the therapeutic relationship and alliance
 - Build on or create hope for the future
 - Allow clients the space to tell their stories
 - Learn clients' ways of using language
 - Learn about clients' orientations and theories of change
- 

Assessment as Intervention (cont.)

- Make small changes in clients' statements that reflect impossibility
- Learn about clients' concerns and complaints
- Learn about clients' strengths, abilities, and resources
- Create a collaborative relationship if assigning diagnoses

Formal Assessment

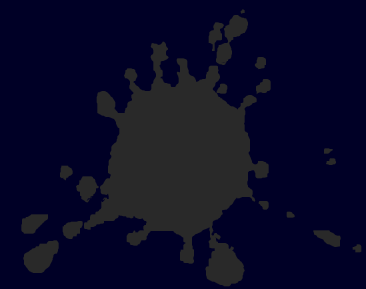
- Problems are not static
- Explore areas relating to both problems and competencies
 - The concern/problem
 - School
 - Family/social relationships
 - Law enforcement/court involvement
 - Previous therapy experience
- Search for exceptions



Four Pathways to Possibilities and Change

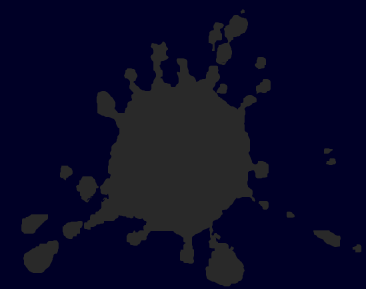
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Four Pathways to Possibilities and Change

- Experience
 - Context
 - Views
 - Action
- 
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Experience

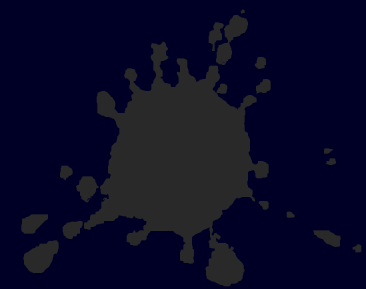
- Feelings
 - Sense of self
 - Bodily sensations
 - Sensory experience
 - Automatic fantasies and thoughts
- 

Context

- Cultural/racial background and propensities
- Familial/historical background and propensities
- Social/relational propensities
- Biochemical/genetic background and propensities
- Gender training and propensities
- Spirituality/religious ideologies
- Community (church, neighborhood, clubs, connection to others)

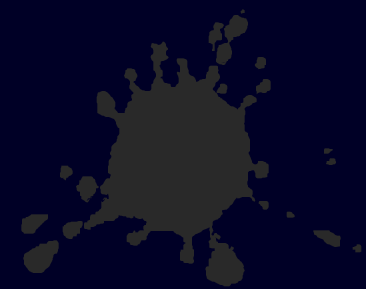
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Views

- Points of view
 - Attentional patterns
 - Interpretations/Explanations
 - Evaluations
 - Assumptions
 - Beliefs
 - Identity Stories
- 
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Actions

- Action patterns
 - Interactional patterns
 - Language patterns
 - Nonverbal patterns
 - Time patterns
- 
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Pathway #1

Internal Experience



Internal Experience

- Acknowledge and validate throughout all interactions and encounters
- Inclusion: Give permission for all internal experience, not all actions
- Take care to avoid:
 - Platitudes: “Everything will work out.”
 - Glib explanations: “I wonder what you were meant to learn from this?”



Pathway #2

*Contextual Influences and
Propensities*



Contextual Influences and Propensities

1. Client Orientations

- Learn from clients their ideas about how change is likely to occur with their concerns and problems
- An excellent predictor of outcome is the degree to which therapists match clients' orientations to change through their therapeutic processes and practices

The Role of Context: Learning Clients' Orientations

- ❑ What ideas do you have about what needs to happen for things to improve?
- ❑ Oftentimes people have a pretty good hunch not only about what's contributing to the problem, but also about how to resolve it. Do you have any ideas about how change is going to happen here?
- ❑ Given the ideas that you have about the problem you're facing, what do you think would be the first step in addressing it?
- ❑ If you had this theory about someone else, what would you suggest that he or she do to resolve it?

Contextual Influences and Propensities

2. Influences

- Have clients and others involved teach you what it is like to be them (do not assume)
- Have clients teach you what you need to know about the influences on their problems and concerns
- All problems are influenced by context
- Contextual propensities *influence* problems and solutions—they do not cause them

The Role of Context: Learning Clients' Orientations

- ❑ What experiences or influences in your life have contributed most to who you are? What else?
- ❑ What has it been like to grow up with these influences in your life?
- ❑ How have these influences been helpful to you?
- ❑ When have these influences created challenges for you?
- ❑ What aspects of yourself and your life have you drawn on to face up to these challenges?
- ❑ What aspects of your background/life can you draw on in the future should you face difficulty?

Tapping Contextual Influences and Propensities

- Listen for and evoke meaning-making influences (culture, ethnicity, spirituality, family, etc.)
- Tap into social support systems (i.e., employment, school, community, church, friendships, etc.)
- Identify people who have made a difference in the client's life

Viewing and Action

- Listen for “I” or “We” statements as opposed “He,” “She,” or “They” statements

Possible Questions:

- Who would you say is involved with this dilemma?
- What’s your part, if any, in what’s going on with your family?
- One a scale of one to ten, how involved would you say you are with the problem?
- Listen to how clients describe their concerns—as related to thinking, individual actions, interactions, etc. – as closely as possible, match means and methods to those descriptions



Pathway #3

Changing the Viewing



Changing the Viewing

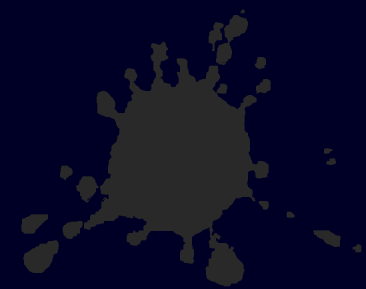
1. Monitor our personal theories, biases, and practices that may inhibit change

- Anticipation of Impossibility
- Theory Countertransference
- Repeating Unhelpful Methods
- Inattention to Clients' Motivation



Changing the Viewing (cont.)

2. Identify and challenge views that suggest:
 - Impossibility, Blame, Invalidation, Non-accountability or determinism
3. Offer new possibilities for attention



Changing the Viewing (cont.)

4. Use language that promotes hope
5. Transform the story by acknowledging and adding the element of possibility
6. Listen deeply and sit with clients' pain and suffering

Changing the Viewing of Problems (cont.)

7. Search for counterevidence, exceptions, and unique outcomes

- What was different before the problem began to have such influence in your life?
- Tell me about a time when things went a little different in regard to the problem?
- How far back would you have to go to find a time when things went just a little better in regard to the problem?

Changing the Viewing (cont.)

8. Find alternative stories or frames that fit the same evidence or facts

- “Some would say that _____.”
- “Could it be that _____.”
- “What other possible explanations have you considered _____?”

Changing the Viewing (cont.)

9. Search for resilient qualities and actions associated with those 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?
- What does that say about the type of person that you are?

Changing the Viewing (cont.)

- What have the qualities that you possess allowed you to do that you might not have otherwise done?
- Given the type of person that you are, what do you do a regular basis to manage the challenges that you face?
- How have you managed in the midst of all that's happened to keep going?

Changing the Viewing (cont.)

10. Create or rehabilitate a vision of the future

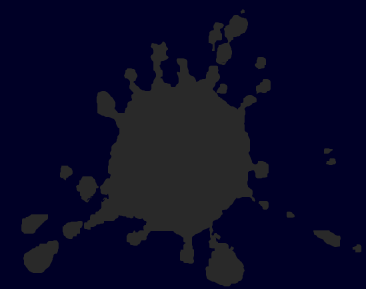
- Find a vision for the future
- Deal with and dissolve barriers to the preferred future
- Make an action plan to reach the preferred future



Changing the Viewing (cont.)

11. Use self-disclosure

- Use metaphor and stories
- Use movies, music, writing, and other mediums that surround and inform the lives of youth

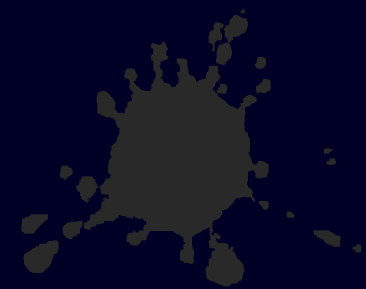


Metaphor, Stories, Movies, and More

- Normalize the experience of clients
- Acknowledge realities and experiences
- Offer hope
- Offer new perspectives and possibilities
- Bypass everyday conscious ways of processing information
- Remind clients of previous solutions and resources



Reflective Conversations

- Offers multiple perspectives to clients
 - The difference that makes a difference
 - Can use at any point during therapy
 - An excellent way to learn how to utilize language to create change
 - Can teach reflective processes easily
 - Multiple variations
- 

Basic Format for Reflecting Teams

- The therapist/counselor/social worker/psychologist/case manager etc., is part of the family system (second order cybernetics)
- The clinician meets with family for 30-35 minutes
- The team observes during this time
- The family and the team switch places

Basic Format for Reflecting Teams (cont.)

- The team members talk with one another for approximately 8-12 minutes
- The family and the clinician observe the team during this time
- The family and the team switch once more
- The family is given a few minutes to reflect (3-5 on average)

Reflecting, Consultation, and Conversational Teams

Rationale

- ❑ There exists no objective reality or truth. We create our own new meaning or “truths” based on the distinctions we draw from our own experiences and beliefs
- ❑ In the therapeutic system, the therapist is a participant in the construction of the therapy system’s reality
- ❑ Meanings and behaviors interact recursively. Each can change and influence change in the other
- ❑ Positive connotation is extremely important. It is difficult for people to “leave the field” or to change under negative connotation

Reflecting, Consultation, and Conversational Teams (cont.)

Operational Ideas

- We base our comments on what actually happens in the room, wondering about and giving personal responses to what happens in the session
- We situate our ideas in our own experience believing that this invites family members to adapt what we say to fit their personal experience
- We strive to keep our comments nonevaluative. We wonder about or focus on differences or new occurrences around which family members may choose to perform meaning
- We have a conversation to develop ideas rather than a competition for the best idea

Reflecting, Consultation, and Conversational Teams (cont.)

Operational Ideas (cont.)

- We address ourselves to other team members rather than through the mirror to the family
- We try to respond to everyone in the family
- We don't talk behind the mirror, believing that this keeps our conversations fresher and more multifaceted
- We aim for brevity, especially if there are small children in the family
- We try not to instruct or lead the family, striving instead to bring forth many perceptions and constructions, so that family members can choose what is interesting or helpful to them

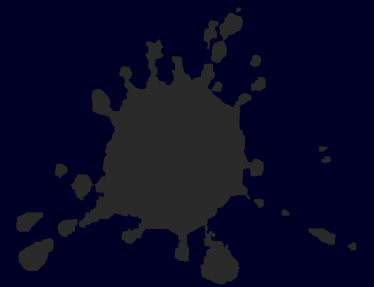
Variations

- ❑ Teach and utilize staff outside of discipline to be part of a team
- ❑ Teach and utilize parents, adolescents, and other family members as part of a team
- ❑ Teach parents and/or adolescents reflective processes for groups
- ❑ Videotape sessions and have a team watch the tape. Then, have the team tape their conversations for the family to observe
- ❑ Discuss a case while 2-3 clinicians listen in. Then, have the team converse and offer reflections



Pathway #4

*Changing Action and
Interaction*



Changing Action and Interaction

1. Distinguish between internal experience and actions/behaviors
2. **DEPATTERNING:**
 - Find and alter repetitive patterns of action and interaction that are involved with the problem (Aspects of Context)
3. **REPATTERNING:**
 - Find and use solution patterns of action and interaction

Changing Action and Interaction (cont.)

DEPATTERNING:

- How often does the problem typically happen?
- Find the typical timing
- Find the duration of the problem
- Where does the problem typically happen?
- Who is around and what do they usually do when the problem is happening?

Changing Action and Interaction (cont.)

DEPATTERNING:

- Change some aspect, quality, sequence, or pattern associated with the problem
- (examples)
 - Change the location of the performance of the complaint
 - Change the duration of the complaint or the pattern around the complaint
 - Change the time of the complaint or the pattern around the complaint

Changing Action and Interaction (cont.)

REPATTERNING:

- Find out about previous solutions to the problem, including partial solutions and partial successes
 - Tell me about a time when the problem happened and you were able to get somewhat of a handle on it. What was different? What did you do?

Changing Action and Interaction (cont.)

- Find out about any helpful changes that have happened before treatment began (pretreatment change)
 - What's been different between the time that you made this appointment and now?
 - What have you noticed that's been just a little bit better?
 - How did this change come about?

Changing Action and Interaction (cont.)

- Find out what happens when the problem ends or starts to end
 - How do you know when the problem is coming to an end?
 - What is the first sign that the problem is going away or beginning to subside?
 - What are you or others doing when the problem is coming to an end?

Changing Action and Interaction (cont.)

- Search for contexts in which the youth, family member, or other feels competent and has good problem-solving or creative skills
 - How have you managed to hold _____ at bay when you're _____?
 - What do you do differently when you're _____ as opposed to _____ that helps you to better manage the problem?

Changing Action and Interaction (cont.)

- Find out why the problem isn't worse
 - How come things aren't worse?
 - What have you done to keep things from getting worse?
 - What steps have you taken to prevent things from heading downhill further?
 - What or whom else has helped to prevent things from deteriorating further?

Rituals of Continuity and Connection

- Regularly repeated activities
 - Daily, Weekly, Monthly, Yearly, seasonal, holidays
 - Activities youth can count on; stability
 - Make connections to people or situations

Rituals of Continuity and Connection (cont.)


- Continue existing rituals
- Restore previous rituals
- Create new rituals

Identifying and Amplifying Change

- Between session/interaction change

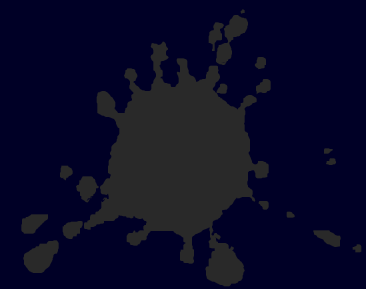
Questions

- What have you noticed that's been different with your situation?
- What specifically seems to be going better?




Identifying and Amplifying Change (cont.)

Questions (cont.)

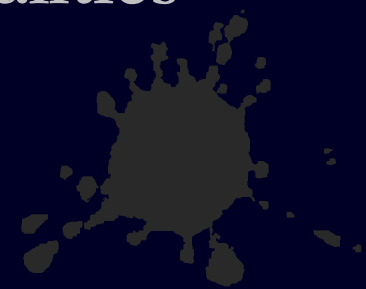
- When did you first notice that things had changed?
 - How did the change come about?
 - What did you do differently?
 - What did others do differently?
 - Who first noticed the change?
 - Who else noticed the change?
- 

Identifying and Amplifying Change (cont.)

- To help anchor change:
 - Use speculation
 - Share credit for change
 - Move to an experiential level



Identifying and Amplifying Change (cont.)

- Recognize clients' contributions to change and help them to attribute some part of that change to their own efforts
 - Even when clients have benefited from therapists, therapeutic processes, medication, or other external factors, help them to attribute the bulk of change to their own inner qualities and efforts
- 

Keeping the Ball Rolling

- Help clients to identify what works and what it will take to continue moving toward established goals
- Anticipate roadblocks, hurdles, and perceived barriers
- Suggest the transfer of new learnings to future contexts

Keeping the Ball Rolling (cont.)

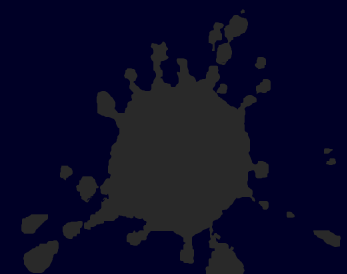
Questions

- What do you need to do to keep things going in the direction you like?
- What do you need from others?
- What will you do differently in the future if faced with the same or a similar problem?



Keeping the Ball Rolling (cont.)

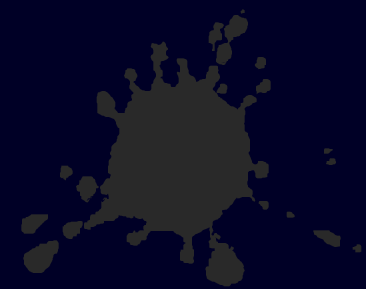
Questions

- How can you put your new learnings to work in the future?
 - What will you be doing differently in the future that you might not have otherwise done?
- 



Strengthening the Valued Story

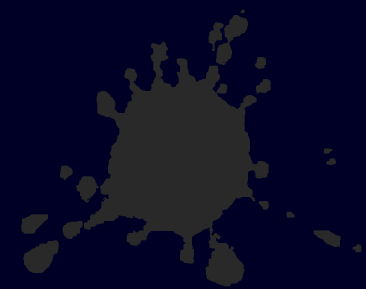
- Letters of Evidence
- Evidence logs
- Scrapbooks
- Journals





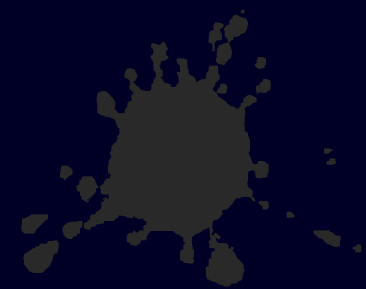
Strengthening the Valued Story (cont.)

- Share valued story with larger social context
- Encourage clients to volunteer to help others and share their expertise



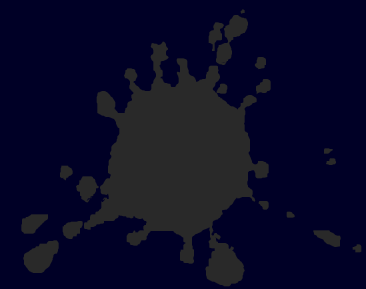


Transitions

- Celebratory/Transition Rituals
 - Certificates
 - Open-Door Policy
- 



Are We There Yet?

- How is the change situated in relation to the overall goals?
 - Have the goals of therapy been met?
 - What else needs to happen?
 - When to meet again?
- 



In the Search for
Possibilities and
Change...

be YOURSELF

