Chapter 7

Empowerment and Change: The Purpose of Counselling

Preview

After reading this chapter you should be able to:

- Describe the elements of empowering clients.
- Identify motivation principles and skills.
- Explain the stages of change.
- Describe the principles and strategies of motivational interviewing.
- Describe the principles of cognitive behavioural counselling.
- Identify how thinking affects behaviour and emotions.
- Describe how to assist clients to make changes in their thinking.
- Describe how to assist clients to make behavioural changes.
- Describe principles and techniques for brief counselling.

EMPOWERMENT: MOBILIZING STRENGTHS FOR CHANGE

IN CHAPTER 2 THE CONCEPT OF **EMPOWERMENT** WAS DESCRIBED AS THE PROCESS OF HELPING clients discover personal strengths and capacities so that they are able to take control of their lives. The foundation for empowerment in counselling is the belief that clients are capable and have a right to manage their own lives. Thus, an empowerment attitude focuses on the capacities and strengths of clients. Empowerment values and methods challenge counsellors to forgo any need to control clients by taking on an "expert" role that puts clients in positions of dependency. Giving priority to empowerment constrains counsellors from hiding behind professional jargon. Moreover, counsellors who empower demystify the counselling process through open and non-jargonistic discussion with clients of their methods and assumptions.

Self-determination, an important component of client empowerment, is promoted by helping clients recognize choices and by encouraging them to make independent decisions. Counsellors should not do for clients what clients can and should do for themselves. When empowerment is the priority, clients become the experts, and there is "collaboration and shared decision making within the professional relationship (Sheafor & Horejsi, 2008, p. 79). McWhirter (1991) asserts that the potentially empowering aspects of counselling include "an underlying belief in basic human potential and in clients' ability to cope with their life problems, a collaborative definition of the problem and therapeutic goals, skill enhancement and development, recognition and analysis of systemic power dynamics and an emphasis on group and community identity" (p. 226).

Often clients come from disadvantaged and marginalized groups where they "have been 'beaten down' by oppression, poverty, abuse, and other harmful life experiences. They want better lives for themselves and their families, but they feel powerless to make the necessary changes. Some clients have a pervasive sense of failure and feel different from and rejected by other people" (Sheafor & Horejsi, 2008, p. 422).

Sometimes powerlessness arises from negative self-evaluation and low self-esteem or from lack of confidence in one's ability to alter one's life, but sometimes the systems that are set up to assist clients are themselves oppressive and contribute to powerlessness. Describing the welfare system, Carniol (1995) observes, "As for the clients, evidence shows that they often find themselves blamed for the problems they face. They find they don't get the help they need or they don't get nearly enough to make a difference—or they get 'cut off' " (p. 3).

Racism and other prejudices may also deny clients access to jobs and resources such as adequate housing, a reality which reminds counsellors that they have some responsibility to advocate for progressive system and social policy changes. Ben Carniol, a Canadian social work educator, offers this challenge: "Social and economic and environmental justice demands a transformation of power, including a basic democratization of wealth-creating activities—so that the practice of democracy comes within the reach of everyone, rather than being manipulated by those who now dominate the heights of our political and social structures" (1995, p. 158).

Client self-determination is enhanced when clients have more choices. This perspective draws counsellors into broader activities, including working to identify and remove gaps and barriers to service and encouraging more humane and accessible policies and services. In addition, as McWhirter (1991) argues, empowerment requires that clients "gain some degree of critical awareness of systemic power dynamics" (p. 225). One way counsellors can achieve this end is to provide clients with information on groups and organizations whose efforts are directed toward changing problematic elements of the system.

The counselling process itself offers empowerment to clients. The beginning phase offers many clients a unique opportunity to explore their situation and their feelings. Active listening skills help clients bring long-forgotten or misunderstood feelings to the surface. Ventilation of feelings can energize clients, and it can lead to spontaneous insight into new ways of handling problems that seemed insurmountable. For some clients the work of counselling is finished at this phase.

In the remainder of this chapter strategies for motivating clients and helping them develop and sustain change will be explored. The **stages of change model** (Prochaska & Norcross, 2001) is based on the notion that people go through different motivational stages, each of which requires different counsellor strategies for success. Motivational interviewing (Miller & Rollnick, 2002) is a tool for helping clients to deal with the ambivalence that keeps many of them from making desired and successful changes. Cognitive behavioural counselling is a collaborative (counsellor and client) approach to helping clients make changes in the three major psychological domains: thinking, behaviour, and emotions.

MOTIVATION AND STAGES OF CHANGE

CLIENTS MAY HAVE MADE CONSCIOUS DECISIONS TO CHANGE AND THEIR MOTIVATION MAY BE high, but they may also have mixed feelings about replacing established behaviour with new ways of behaving. Sometimes change involves a "selling" job, but the results are better when clients, not counsellors, do the selling. Clients need to convince themselves that the benefits of change outweigh the risks, and they need to develop positive attitudes and beliefs about their capacity for change. Counsellors with a strengths perspective believe in the capacity of their clients to change, and this belief in them can be a powerful motivating factor.

Motivation initiates and drives the change process. Johnson, McClelland, and Austin (2000) identify three factors important for motivation: "the push of discomfort, the pull of hope that something can be done to relieve the problem or accomplish a task, and internal pressures and drives toward reaching a goal" (p. 133). Thus, not only must clients want to change, but they must also believe in their capacity for change. Change is stressful; it requires risk and energy to give up established patterns of behaviour and thinking. Clients differ in the extent to which they have the skill or energy to take the associated risks. The following are the essential elements of high motivation:

1. willingness to engage in the work of counselling
2. commitment to devote energy and resources to the change process
3. capacity to sustain effort over time and in the face of obstacles
4. sufficient self-esteem to sustain the courage to change (Shebib, 1997, p. 252)

Counsellors can assess clients based on these four elements, and then design appropriate strategies to meet each client's particular need. These four elements suggest two major motivational tasks for counsellors: engaging clients to commit to change and supporting and energizing clients as they deal with the stresses of obstacles to change.

The concept of secondary gain is a useful way of understanding why some people resist change despite the obvious pain or losses involved in maintaining their current situation. *Secondary gain* refers to the benefits that people derive from their problems. These benefits may include "increased personal attention, disability compensation, and decreased responsibility, as well as more subtle gratifications, such as satisfying the need for self-punishment or the vengeful punishment of others who are forced to take responsibility" (Nicoli, 1988, p. 13).

Conversation 7.1
Working with "Lazy" Clients

STUDENT: The clients I have the most trouble with are the lazy ones—like the ones who won't even get out of bed in the morning to go looking for a job or the clients who never follow through on commitments.

TEACHER: Sure, these clients can be exceptionally difficult and frustrating to work with. Sometimes it's hard to do, but we should discipline ourselves to be nonjudgmental regarding motivation. Although it might be tempting to label some clients as lazy, we should remember that they may have given up for good reason. Perhaps society has not provided the resources or support they need for change. Clients may have given up to protect themselves from the further damage to their self-esteem that would come from repeated failure. In this way their behaviour may be seen as adaptive. It's normal for counsellors to lose patience with them and give up, but it's important to remember that that's precisely what they did to themselves—give up. That's one of the reasons they need counselling.

Stages of Change

The stages of change model, also known as the transtheoretical model (Prochaska & Norcross, 2001), has received a great deal of attention in the literature since its inception in the 1980s. In this model five stages of change are recognized: precontemplation, contemplation, preparation, action, and maintenance. As well, change is viewed as progressive and developmental in this model, with success at any phase dependent on the success of previous phases. Figure 7.1 illustrates the five stages of change. Although this figure implies an orderly progression from one phase to another, in reality clients may progress through stages and then drop back to an earlier stage (relapse) before starting again.

An essential assumption is that counselling interventions need to be selected to meet the needs and motivation of the particular stage they are in. However, a client may be at different stages of change for different problems. For example, a client may be precontemplative (not interested in changing) regarding his drinking, but ready to take action with respect to his failing marriage. Discussing strategies for cutting down his drinking with this client is likely to meet with failure, but he is likely to respond positively to exploring strategies to improve his marriage.

Precontemplative Stage: "I Don't Have a Problem." Clients at this stage have no intention of changing. These clients do not perceive themselves as having a problem, despite the fact that their behaviour is problematic for themselves or others in their lives. These clients are not thinking about change, and they may

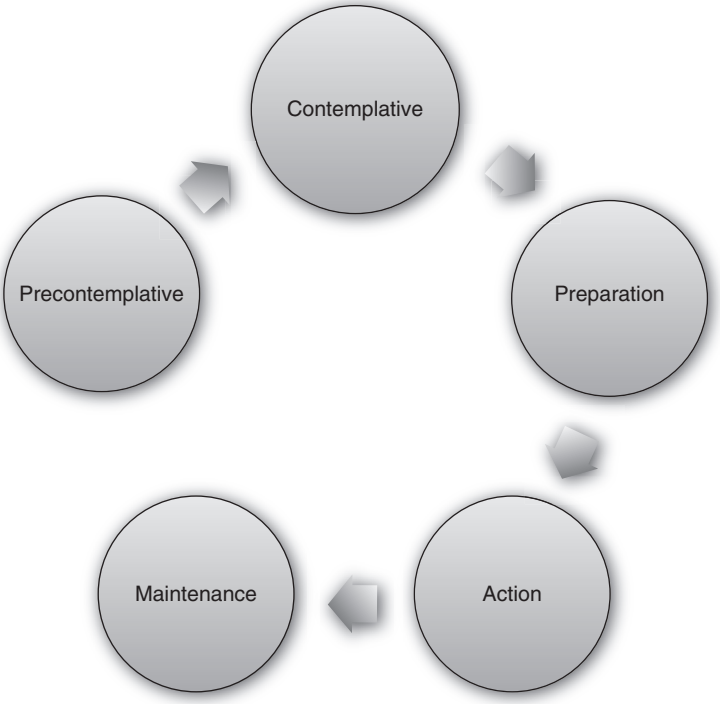


Figure 7.1 Stages of Change

rationalize their problems, minimize the consequences of their actions, or blame others.

For these clients empathic and sensitive listening that encourages them to examine their situation and its consequences can be very helpful. Counsellors can provide information, offer feedback, or encourage reflection with questions such as "Is what you're doing now working to meet your needs?" Counsellors should proceed slowly when confronting denial, and they should remember that denial may be a defence mechanism that enables people to cope, perhaps by shielding them from feelings of hopelessness (George, in McNeece & DiNitto, 1998). DiClemente and Velasquez (2002) observe that "Sometimes the reluctant client will progress rapidly once he or she verbalizes the reluctance, feels listened to, and begins to feel the tension between the reluctance to change and the possibility of a different future" (p. 205). DiClemente and Valasquez offer a counterargument—that the natural tendency is to do more when the risk is higher:

> Clinicians often believe that more education, more intense treatment, or more confrontation will necessarily produce more change. Nowhere is this less true than with precontemplators. More intensity will often produce fewer results with this group. (2002, p. 208)

Contemplative Stage: "Maybe I Should Do Something About It." At the contemplative stage clients know they have a problem and are thinking about change, but they have not developed a plan or made a commitment to take action. Contemplative clients may be ambivalent and may vacillate between wanting to alter their lives and resisting any shifts in their behaviour or lifestyle. At this stage clients may be open to new information as they self-assess their problems and the advantages and disadvantages of change.

> Example: Agnes has been in an abusive relationship for years. She wishes that she could leave and start over. In fact, she has left her husband twice in the past, but each time she has returned within a few weeks.

Contemplative-stage clients like Agnes are "burnt out" from previous unsuccessful attempts at change. They are often in a state of crisis with considerable associated stress. Although they desire change, they doubt it will happen and they believe that if change is to occur, it will be beyond their control. They also lack self-esteem and believe that they do not have the skill, capacity, or energy to change.

> Example: Peter (55) has been unemployed for almost two years, but he has not looked for a job in months. He says, "There's no work out there. Besides, who is going to hire a man of my age?"

Seligman's (1975) concept of learned helplessness is a useful perspective for understanding these clients. People with **learned helplessness** come to believe that their actions do not matter; as a result, they are unlikely to extend any effort to change since they believe that they have no control over their lives and that what happens to them is a result of chance. They believe in a "luck ethic" rather than a "work ethic." Their beliefs are reflected in statements such as the following:

- "You have to be at the right place at the right time to succeed."
- "If I'm successful, it's because the task was easy."
- "It doesn't matter if I work hard."
- "There's nothing I can do about it."

The key to working with people with learned helplessness—indeed, most clients at the contemplation stage—is to assist them "in thinking through the risks of the behaviour and potential benefits of change and to instill hope that change is possible" (DiClemente & Velasquez, 2002, p. 209). Many people with low self-esteem and learned helplessness are in fact quite capable; it is the way they think and feel about themselves that is problematic. Consequently, it is important that counsellors look for ways to counter the client's self-depreciating remarks (e.g., encourage clients to see

their past failures as deficits "in the plan," not deficits in them). As well, counsellors can encourage clients to see elements of success in previous efforts (e.g., partial goal achievement, lessening of problem severity, short-term achievement). Cognitive behavioural techniques, discussed later in this chapter, have also proven to be effective.

Confrontation should be used cautiously. It may be useful as a way to help clients understand incongruities between what they believe and the way they act; self-defeating ways of thinking and behaving; behaviour that is harmful to self or others; blind spots; blaming behaviours; and communication problems. As well, confrontation can also target unrecognized or discounted strengths. As a rule, confrontation is most effective when it is invited in the context of a collaborative relationship.

Preparation Stage: "I'm Going to Do It Next Week." When clients reach this third phase, they have made a decision to change and motivating them is no longer the principal task. However, counsellors need to sustain the energy for change through support, encouragement, and empathic caring. The principal task for the counsellor is to assist the client to develop concrete goals and action plan strategies. Without concrete, systematic plans, change efforts can be quickly frustrated and abandoned like soon-forgotten New Year's resolutions. The essence of good planning consists of setting concrete goals, identifying and evaluating alternative ways of reaching goals, selecting an action plan, and anticipating potential obstacles. For clients with learned helplessness, setting small, achievable goals is crucial for establishing and maintaining a climate of success and hope.

> Example: Iris, a young single parent, is excited about the possibility of returning to school. She sees a school counsellor for assistance with enrollment in the high school's special program for teen moms, but she has not yet considered issues like daycare.

Using a strengths approach, counsellors can assist preparation-stage clients to draw from their past experiences (proven success strategies and lessons learned). As well, clients can learn about strategies that have worked for others. Finally, it is very important to coach these clients to anticipate potential obstacles and to plan strategies for addressing them, including the emotional stress of the change process.

Action Stage: "I'm Changing." At this stage clients are actively involved in the change process. They are working on the goals and implementing the plans developed in the preparation stage. DiClemente and Velasquez (2002) offer this perspective on counsellor strategies for this stage:

> Clients in action may still have some conflicting feelings about the change. They may miss their old lifestyle in some ways and be struggling to fit into this

> new behaviour. Careful listening and affirming clients that they are doing the right thing are important in this stage. It is also important to check with the client to see if he or she has discovered parts of the change plan that need revision. (p. 212)

When clients encounter anticipated obstacles, counsellors can remind them of previously developed contingency plans. If there are unanticipated obstacles, counsellors can assist with interventions to support clients as they deal with these potential setbacks.

Maintenance Stage: "I've Done It. I Need to Keep Doing It" In the final stage the challenge for the client is to maintain the changes that have been made and to deal with relapses, which may occur for a number of reasons (e.g., unexpected temptation, personal stress, letting down one's guard). Moreover, sometimes people are "actively sabotaged by others in their lives who were threatened by the changes" (Kottler, 1993, p. 81). Achievement of goals does not guarantee that there will be no relapse. "This is particularly true if the environment is filled with cues that can trigger the problem behaviour. We all know [of situations] where an individual who has stopped drinking relapses just when everyone thinks the problem is finally resolved" (DiClemente & Velasquez, 2002, p. 213). Counsellors can help clients accept that relapses, while undesired, are part of the change process and do not signify complete regression or failure. In fact, counsellors can help clients to reframe the relapse as an opportunity for better success next time. "Frequently, people who do relapse have a better chance of success during the next cycle. They have often learned new ways to deal with old behaviours, and they now have a history of partial successes to build on" (DiClemente & Velasquez, 2002, p. 213).

Table 7.1 outlines the stages of change.

MOTIVATIONAL INTERVIEWING (MI)

MOTIVATIONAL INTERVIEWING (MILLER & ROLLNICK, 2002) IS AN EMPIRICALLY VALIDATED strategy for helping people overcome ambivalence to change. Motivational interviewing requires a collaborative, nonconfrontational relationship. It assumes that motivation and capacity for change are within the client. Consequently, it honours the client's right to self-determination regarding whether change is to take place as well as the ultimate goals of any change process. "MI allows clients, both mandated and voluntary, to discover their own reasons for making change. MI allows the impetus to change to emerge from within a client, thus honoring the client's unique circumstances and worldview" (Capuzzi & Stauffer, 2008, p. 145).

Table 7.1 Stages of Change

Stage/Goal	Strategy Choices
Precontemplative Stage Clients with no desire or intention to change **Counselling Goal** Increase awareness of need for change.	• Listen empathically. • Provide information and feedback (if contracted). • Encourage clients to seek information and feedback from others. • Help clients become aware of attractive alternatives. • Use thought-provoking questions. • Avoid directive and confrontational techniques. • Use films, brochures, books, and self-assessment questionnaires as tools to increase client insight. • With involuntary clients, explore feelings concerns openly, self-disclose your own feelings about being forced, give clients choices,involve them in decision making, and encourage client-initiated goals.
Contemplative Stage Clients who are thinking about change **Counselling Goal** Resolve ambivalence to engage in the change process.	• Discuss risks and benefits of change,but avoid arguing in favour of change, which tends to make clients argue against change. • Help clients understand and manage self-depreciating remarks (e.g., reframe past failures as learning experience). • Identify elements of success in previous change efforts. • Explore deficits in previous change plans (emphasize failure of plans, not failure of clients). • Use support groups. • Convey hope.
Preparation Stage Clients who are committed to change **Counselling Goals** Develop concrete strategies for action.	• Set goals. • Plan systematic action. • Assemble/mobilize resources to support change. • Make contingency plans (anticipate obstacles).
Action Stage **Counselling Goals** Implement change and sustain momentum.	• Reward (praise, support, acknowledge) change efforts. • Assist clients to manage anticipated and unanticipated obstacles.
Maintenance Stage **Counselling Goals** Sustain change.	• Assist client to deal with periodic obstacles and/or relapses.

Four broad principles define the application of motivational interviewing:

- Express empathy.
- Develop discrepancy.
- Roll with resistance.
- Support self-efficacy. (Miller and Rollnick, 2002, p. 36)

Express Empathy

Empathy and other active listening skills create an interview climate where clients are free to explore their values, perceptions, goals, and the implications of their current situation without judgment. Motivational interviewing accepts ambivalence and reluctance to change as predictable and normal. Active listening increases intrinsic motivation for natural change. Conversely, "confrontational counselling has been associated with a high dropout rate and relatively poor outcomes" (Miller & Rollnick, 2002, p. 7).

Develop Discrepancy

The overall goal of motivational interviewing is to help people get unstuck. The method is to initiate "change talk" by taking advantage of naturally occurring opportunities in the interview to embellish client statements that suggest differences between the way their life is and the way they would like their lives to be. Simply focusing on a client's goals and aspirations can often help people appreciate how their current lifestyle is inhibiting their ideals. Motivational interviewing uses a number of strategies to evoke change talk, including the following:

- asking evocative questions about disadvantages of the status quo, advantages of change, optimism about change, and intention to change
- using scaling questions—for example, "On a scale of 1 to 10, where are you in terms of satisfaction with your life?"
- exploring the positive and negative consequences of the status quo
- using elaboration skills (e.g., asking for clarification, examples, description, and further information) to elicit further change talk
- querying extremes, such as, "Suppose you don't make any changes. What do you think might be the consequences of this in the worst-case scenario?"
- looking back to help clients remember how things were before and compare with the current situation

- looking forward by asking clients to describe their hopes and goals for the future
- exploring goals and values to target discrepancies between important goals and current behaviour (Miller & Rollnick, 2002, pp. 78–83)
- helping clients understand their ambivalence to change using the metaphor of a seesaw—when the costs of continuing present behaviour and the benefits of change outweigh the costs of change and benefits of continuing present behaviour, change will occur.

Roll with Resistance

Rolling with resistance requires that counsellors not engage in power struggles with clients, with counsellors arguing for change and clients resisting it. Client resistance is seen as a message that the counsellor needs to do something different. Power struggles are likely when counsellors:

- offer unsolicited advice from the expert role
- tell clients how they should feel
- ask excessive questions
- order, direct, warn, or threaten
- preach, moralize, or shame
- argue for change
- blame, judge, or criticize

Success Tip

"As long as your clients are going to resist you, you might as well encourage it" (Milton Erickson).

Radical acceptance is a strategy that involves encouraging expression of statements that you tend to disagree with or philosophically oppose, for example:

> **Client:** I don't see the point. The only reason I came today is the fact that if I didn't show up, I'd be cut off welfare.
>
> **Counsellor:** I'm very glad you brought this up. Many people share views such as yours but won't speak up, so I appreciate your willingness to be honest.

Amplified reflection is a technique that exaggerates what a client has said with the hope that the client will present the other side of ambivalence. However, as Miller and Rollnick (2002) stress, "This must be done empathically, because any sarcastic tone or too extreme an overstatement may itself elicit a hostile or otherwise resistant reaction" (p. 101).

> **Client:** I don't see what the problem is. What's the harm in having a few drinks after a hard day's work?
>
> **Counsellor:** So, you're saying that drinking hasn't caused any problems or given you any reason for concern.
>
> **Client:** Well, I wouldn't go that far.

Support Self-Efficacy

To begin and sustain change, clients must believe in their capacity for change. For their part counsellors can have an enormous impact on outcome if they believe in their client's ability to change and when they take steps to enhance client confidence. One choice is to help clients identify past success. Another is encouraging clients to make an inventory of their strengths and resources. Working on small achievable goals often starts a change process that gathers momentum. Counsellors can also look for opportunities to affirm their clients' efforts, strengths, and successes.

COGNITIVE BEHAVIOURAL COUNSELLING

> *Watch your thoughts; they become words.*
> *Watch your words; they become actions.*
> *Watch your actions; they become habits.*
> *Watch your habits; they become character.*
> *Watch your character; it becomes your destiny.*
>
> *—Frank Outlaw*

Cognitive behavioural counselling (therapy), or CBT, has been empirically tested in hundreds of studies. The results have demonstrated its usefulness for a wide range of social, emotional, and mental health problems such as mood disorders (depression, bipolar disorder), anxiety disorders (obsessive-compulsive disorder, post-traumatic stress disorder), substance use problems, eating disorders, gambling problems, anger, personality disorders, stress, and unresolved grief (Butler, Chapman, Forman & Beck, 2006; Chamless & Ollendick, 2001).

American psychiatrist Aaron Temkin Beck (1921–) is considered the founder of CBT. The central assumptions behind Beck's approach are these:

- Problems/distress is caused by faulty thinking (cognitive distortions) and negative interpretation; thus, our thoughts and beliefs affect our behaviour and emotions.
- People may pay too much attention to anxiety-provoking stimuli rather than to neutral or positive stimuli.
- Behaviour is learned; it can be unlearned.

The key to changing problematic behaviour or emotions is to explore and modify distorted thinking, and then to learn and practise new responses. CBT focuses on understanding current thinking (the present) and problem solving to develop new behaviours.

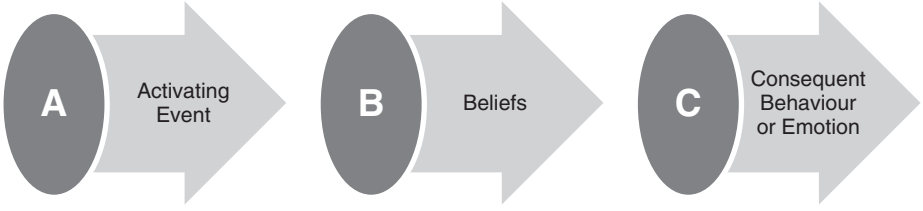
> Marie and Aiesha are passengers on the same airline flight. Marie is consumed by her fear that the plane will crash, thinking, "This is a dangerous situation. What if the engines fail? And air turbulence will surely tear the plane apart." Aiesha boards the plane and quickly immerses herself in a book with no intrusive thoughts of dying.

Ellis (2004) developed the famous ABC model (Figure 7.2) as a tool for understanding why Marie and Aiesha experience the flight so differently. In the model:

- A represents an activating event (in this case the airplane flight).
- B refers to the beliefs that are triggered by the activating event, A.
- C is the consequent emotion or behavioural reaction.

Clearly, Marie's beliefs about flying are markedly different from Aiesha's. Cognitive behavioural counselling would concentrate on how Marie can modify her thinking about flying, which is based on erroneous and distorted beliefs about its dangers.

Figure 7.2 ABC Model



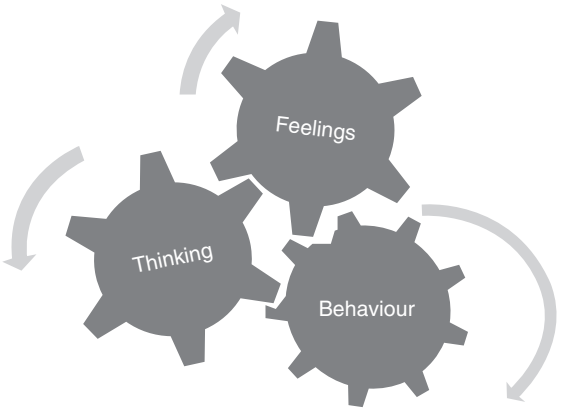


Figure 7.3 Interdependence of Feelings, Behaviour, and Thinking

Success Tip

If one's thinking changes, behaviour and emotions also change. If one's behaviour changes, thinking and emotions also change. If one's emotions changes, thinking and behaviour also change. See Figure 7.3.

Cognitive behavioural counselling uses a combination of methods to help clients learn more effective coping strategies, including:

- helping clients recognize and modify thinking patterns
- a wide range of techniques to help clients understand and modify behavioural patterns. This includes such tactics as "autopsies" (a detailed review of actions to see what went wrong), contingency planning, goal setting, relationship problem solving, anxiety management, and the use of homework. As well, exposure can be used in real or imagined situations to assist clients to systematically overcome anxiety (see Figure 7.4).

Recognizing and Modifying Thinking and Core Beliefs

Frequently, clients have difficulty breaking out of established patterns because of the way they think about issues or problems (De Bono, 1985). In addition, dysfunctional thinking patterns that affect reactions are frequently outside a client's awareness. Understanding how one thinks is crucial to the change process because thoughts precede and influence feelings and behaviours. Momentary thoughts are heavily influenced by core beliefs or schema, so it is important to recognize that how one

Figure 7.4 Selected Cognitive Behavioural Techniques

thinks is not necessarily driven by fact. Schema or core beliefs are defined as the "basic beliefs individuals use to organize their view of the self, the world, and the future" (Sperry, 2006, p. 22). Maladaptive beliefs can lead to distress, inaction, low self-esteem, depression, and reluctance to engage in healthy risk-taking such as initiating social relationships. Cognitive behavioural counselling helps clients to recognize automatic thoughts, identify "errors in thinking," and explore how thoughts hinder them from reaching goals. Once clients become aware that an automatic thought is about to happen, they can practise replacing that thought with an alternative. This interrupts the repetitive cycle of problematic behaviour. On a broader level, clients learn to understand and modify schemas that drive dysfunctional behaviour and painful emotions.

> Example: A new social setting triggers Troy's automatic thoughts: "I don't belong. I won't fit in." These thoughts originate from his core belief, "I am unlovable." His automatic thoughts and his core beliefs create anxiety and fear. His strategy is to use drugs to curb his anxiety, which in turn lead to the new belief that he won't be able to cope unless he uses drugs.

Table 7.2 Maladaptive and Adaptive Beliefs

Maladaptive (unhealthy)	Adaptive (healthy)
• I am unlovable.	• I am a person worthy of love and respect.
• To seek help is a sign of weakness.	• I can ask for and offer assistance.
• Without a relationship partner, I am nothing.	• I am responsible for my own happiness.
• I will fail. I am helpless.	• I will do my best, savour my success, and learn from my mistakes.
• I have to be loved by everyone.	• I accept that not everyone will love me.
• I must be perfect in everything that I do. I must be seen by others as the best.	• I accept my limitations; they do not diminish me.
• I am special; I can take advantage of people.	• My rights as well as the rights of others need to be respected.

Common Thinking Errors

Since major errors in thinking may be outside one's awareness and can easily lead to faulty interpretations and maladaptive behaviour, it is important to understand the major types of **thinking errors**, such as distortion, selective attention, magnification/minimization, perfectionism, and self-defeating thought.

Distortion Distortion results from misinterpretations, faulty assumptions, or cultural biases. Here are some common examples:

- Misreading another person's silence as lack of interest (mind reading).
- Assuming that others should know what we want, need, or feel without being told.
- Interpreting lack of eye contact as a sign of disrespect or lying when, in fact, the other person is from a culture where direct eye contact is discouraged.

Selective Attention Selective attention errors arise from a failure to look at all aspects of a problem or situation. For example:

- **Only listening to information and facts that support your point of view:** De Bono (1985) made this important observation: "Unfortunately, Western thinking, with its argument habits, prefers to give a conclusion first and then to bring in the facts to support that conclusion" (p. 35). Rigid thinkers act as if to say, "We'll keep talking until you agree with me."

- **Selective memory:** This behaviour involves recalling only selected aspects of the past. We might overlook events or facts that threaten our self-image. Conversely, people with low self-esteem may overlook evidence to the contrary, remembering only their failures and mistakes.
- **Losing focus on what a person is saying:** This happens because of factors such as lack of interest, preoccupation with other thoughts, or distracting noise.
- **Focusing only on the present:** For example, prison inmates may overestimate their ability to cope with life outside jail. They may become clouded by unrealistic optimism that they will be able to avoid getting caught again or beat any charges if they are caught. In addition, they may neglect to consider the long-term consequences of their criminal behaviour, a pattern of thinking that is characteristic of lifestyle or habitual criminals. Walters (1991) reached this conclusion: "Until high rate offenders realize the self-destructive nature of their superoptimism, they will continue to resist change because they are operating on the mistaken belief that they can get away with just about any crime" (p. 36). Walters sees lazy thinking as the root of the offenders' problems. Even those with the best of intentions may find themselves in trouble because they fail to think about long-term outcomes.
- **Egocentric thinking:** Errors of this kind come from a failure or inability to consider other people's ideas or to look at how one's behaviour affects others. People may adopt an arrogant position of self-righteousness, confident that their ideas and conclusions are sound. Egocentric thinkers are likely to be seen by others as aggressive and insensitive, interested in meeting only their own needs. Egocentric thinkers are not only poor thinkers but also poor listeners. Typically, they believe that the purpose of thinking, listening, and responding is to prove themselves right. De Bono (1985) contends that self-protection is a major impediment to their thinking: "The main restriction on thinking is ego defence, which is responsible for most of the practical faults of thinking" (p. 29).

Magnification/Minimization These types of thinking errors distort facts by extreme and exaggerated thinking. Some examples:

- Splitting—the tendency to interpret people, things, and experiences as either totally good or totally bad, with no shades of grey.
- Overgeneralization—drawing conclusions from a single fact or event. For example, after being turned down for a job, a man concludes that he is worthless and no one will ever hire him.
- Discounting—rejecting compliments by refusing to believe that the other person is telling the truth.
- "Catastrophizing"—magnifying small mistakes into disasters or total failures.

Perfectionism Healthy individuals set realistic, challenging, and achievable goals. They are motivated to do their best and they maintain high standards for themselves.

Conversely, people who are perfectionist set unrealistic standards of achievement with an expectation of constant success. Perfectionist individuals are under constant stress caused by the anxiety to perform, or the realization that they have failed to reach or sustain their unrealistic expectations of self. Irrational beliefs that arise from perfectionism include:

- I can't make a mistake.
- I am a failure if I am less than perfect.
- I have no value unless I achieve the very best.
- If I can't be perfect, then I might as well give up.
- I have to be the best. To win is the only option.
- I'm probably going to fail anyway, so why try?

The personal cost of perfectionism can include chronic pessimism, low self-esteem, lack of confidence, depression, anxiety, and obsessive concern with order and routine. Perfectionists frequently use the words *must*, *only*, *always*, *never*, and *should* (the MOANS acronym introduced in Chapter 5).

Self-Defeating Thought **Self-defeating thoughts** are irrational ideas about one's own weaknesses. Albert Ellis has written a great deal about what he defined as irrational thinking and its impact on emotions and behaviour (2004, 1993a; 1993b; 1984; 1962). Ellis argues that people's belief systems influence how they respond to and understand problems and events. When their beliefs are irrational and characterized by an unrealistic *should*, they are likely to experience emotional anxiety or disturbance. This thinking is often accompanied by self-depreciating internal dialogue: "I'm no good," "Everyone must think I'm an idiot," and "No one likes me." Ellis concludes that irrational beliefs fall into three general categories with associated rigid demands or *shoulds*:

1. "I (ego) absolutely must perform well and win significant others' approval, or else I am an inadequate, worthless person."
2. "You (other people) must under all conditions and at all times be nice and fair to me, or else you are a rotten, horrible person!"
3. "Conditions under which I live absolutely must be comfortable, safe, and advantageous, or else the world is a rotten place, I can't stand it, and life is hardly worth living" (1993a, p. 7).

Wicks and Parsons (1984) offer a similar perspective when they suggest that many clients are discouraged because they set unattainable goals: "These goals are often based on irrational, simplistic views: (1) if a person acts properly, everyone will like him; and (2) either a person is totally competent or he is completely inadequate" (p. 170).

Helping Clients Change Thinking Patterns

When people learn to pay attention to their thoughts, they are more apt to test the reality of the truth of their beliefs. When people learn to recognize those thoughts that are

dysfunctional, perhaps because they impede action and goal attainment or they cause distress, they can take steps to change their thinking. Among the strategies that counsellors can use to assist clients to change maladaptive thinking are the following:

- reframing
- encouraging clients to seek out information and data
- suggesting to clients that they talk with others about their assumptions
- Socratic questioning targeting overlooked areas
- direct challenge of the validity of beliefs
- teaching empathic skills as a way to help clients learn about other perspectives
- brainstorming to generate new ideas and explanations
- thought-stopping techniques to overcome self-defeating inner dialogue

Success Tip

Help clients practise **thought stopping** to break the pattern of repetitive self-defeating thought patterns. Techniques include thought replacement (immediately substituting rational ideas or pleasant thoughts for unwanted ones), yelling "stop" in one's mind until the undesired thought disappears, snapping an elastic band on the wrist to shift thinking, and activity diversion.

Here are some examples of questions that can be used to help clients shift perspective:

- How are your thoughts consistent with the evidence?
- How do you know this to be true? Do you have facts or are you assuming?
- What are some other ways of thinking about your situation?
- If a friend thought this way about his situation, what would you say to him?

Reframing

Reframing is a counselling skill that helps clients shift or modify their thinking by suggesting alternative interpretations or new meanings. It empowers clients by focusing on solutions and redefining negatives as opportunities or challenges. Client stubbornness might be reframed as independence, or greediness as ambitiousness.

> Example: Carl, age 11, is playing baseball by himself. He throws the ball into the air and exclaims, "I'm the greatest batter in the world." He swings and misses. Once again, he tosses the ball into the air and says, "I'm the greatest batter in the world." He swings and misses. A third time he throws the ball into the air proclaiming emphatically, "I'm the greatest pitcher in the world."

(See Table 7.3 for additional examples.)

Table 7.3 Reframing

Client's Perspective or Statement	Counsellor's Initiative to Reframe
This counselling is a waste of time.	Sounds as if you've done some thinking about how our work could be more relevant to you.
I don't fit in. I come from a different culture and my ideas and values must seem strange.	Of course. Some people have not had experience with your culture, and they may be frightened. Perhaps you could look at this in a different way. Your experiences might also be fascinating for people who have not lived outside the country. They might welcome your fresh ideas.
I'm very shy. When I first join a group, I usually don't say anything.	You like to be patient until you have a sense of what's happening. People who are impulsive are working to develop this skill. You also seem to want to develop alternatives, such as being more expressive in the beginning.
For the first time in 20 years, I'm without a job.	Obviously, this is devastating. At the same time I wonder if this might also be an opportunity for you to try something different.
Whenever I'm late for curfew, my mother waits up for me and immediately starts screaming at me.	I'm curious about why she might do this. Perhaps she has trouble telling you how scared she is that something may have happened to you. It might seem strange, but her anger could be her way of saying how much she loves you.
My life is a mess. I've lived on the street for the last six months.	Sounds like you've had to survive under conditions that might have defeated most people. How did you do that?

Success Tip

The fact that a client firmly defends a lifestyle that he knows is unworkable is proof that he is in need of great assistance and support. (Wicks & Parsons, 1984, p. 171)

Before presenting reframed ideas, counsellors should use active listening skills to fully understand the client's current perspective. As well, empathy is crucial; otherwise, clients may conclude that their feelings are being discounted or trivialized.

Moreover, reframing should not be confused with platitudes, such as "It's always darkest just before dawn," which are typically not very supportive or helpful. An example of a well-meaning but misguided reframe that people give in times of grief over the loss of a child is "You're young—you can have more children." "Because strong emotions of sadness and loss are present, most people cannot accept a reframing that does not take into account the most salient feature of their experience—the grief itself" (Young, 1998, p. 282). Reframing should not trivialize complex problems with pat answers; rather, it should offer a reasonable and usable alternative frame of reference.

Clark (1998) offers guidelines for using reframing:

1. Use reframing to help clients break out of thinking that is self-defeating, constricted, or at an impasse.
2. Make sure that clients are not so emotionally distracted that they are unable to hear or process the reframed idea.
3. Offer a reframed idea in a tentative way that invites consideration.
4. Ensure that reframed ideas are plausible.
5. Allow clients sufficient time to consider a reframed idea. Clients with firmly entrenched perspectives may not immediately accept logical and sound reframes, but with gentle persuasion and patience they may begin to accept new ideas.

Even though it may be obvious that a client's thinking is distorted, it may be wise to hold back on reframing until the client's problem is fully explored. Moreover, as suggested above, it is important that the client's feelings be acknowledged through empathy. Exploration and empathy ensure that the counsellor understands the client's feelings and situation, and they provide a basis for the client to consider reframed ideas as reasonable or worthy of consideration. If counsellors push clients too quickly, clients may feel devalued and misunderstood, and in response they may resist new ideas. Empathy helps counsellors to establish and maintain credibility with their clients.

In addition, counsellors can use directives to invite clients to use different language to describe the distorted idea (Young, 1998). For example, when clients avoid responsibility for their actions with statements such as "I can't get organized," counsellors can challenge them by proposing that they rephrase with statements such as "I won't let myself get organized." A client might say, "She makes me feel hopeless." In response, the counsellor can propose that the client rephrase the statement by stating, "I have decided to feel hopeless." The latter response underscores the client's control over personal feelings. As part of this work, counsellors can empower their clients by explaining that clients have ownership over their feelings and that no one can make them feel a certain way. After offering a

reframe, counsellors should check for the client's questions and reactions to it. Then, if the reframed idea is accepted, they can encourage further exploration and problem solving based on the new perspective.

Reframing can energize clients. When clients are locked into one way of thinking about their problems, their solutions are limited. But when they consider new perspectives, problems that seemed insurmountable can yield new solutions. Moreover, reframing can serve to redirect client anxiety away from self-blame and onto other rational explanations that are less self-punishing. In these ways effective reframing empowers clients to action, problem resolution, and management of debilitating feelings. When counsellors "consider the question, 'What's good about it?' they give clients new perspectives on positive things that are already happening" (Miley, O'Melia, & DuBois, 2004, p. 327).

Interview 7.1
Cognitive Behavioural Techniques

The following interview excerpt illustrates some of the essential strategies of cognitive behavioural counselling. The client, a 40-year-old first-year university psychology student, has sought help to deal with the fact that she has been "overwhelmed and depressed" since returning to school.

Dialogue	Analysis
Counsellor: As we discussed, one of the things we will do during our sessions is to explore how your thinking affects your feelings and your behaviour. Client: I'm at the point where, if I don't do something fast, I'm going to lose the whole term. I might as well drop out.	Cognitive behavioural counselling requires a collaborative relationship. An important component of this is educating the client on how the process works. This will also help the client to make her own interventions when she recognizes problematic thinking.
Counsellor: You're feeling desperate.	In all phases of counselling, empathy is an important response. More than any other skill, it tells clients that they have been heard and that their feelings have been understood.
Counsellor: Can you remember a time in the last few days when these feelings were	Eliciting and exploring examples such as this provides a database for helping this client

(continued)

particularly strong? What was going through your mind at the time just before class?	understand how her thoughts contribute to her feelings. Significantly, probes to discover thinking patterns may reveal "inner dialogue" (self-defeating thought patterns) or images.
Client: Yesterday, I was scheduled to make my first class presentation. I was thinking that I was going to make a fool of myself in front of the whole class. Everyone else seems so confident when they talk, but I haven't been in school for 20 years.	
Counsellor: And that made you feel . . .	
Client: Stupid and terrified. I finally phoned in sick.	
Counsellor: So, here we have an example of how what you were thinking—"I'm going to make a fool of myself"—influenced how you were feeling and what you did. Does this make sense to you? Let's use the ABC model to illustrate it. *(The counsellor uses a flip chart: A [activating situation]—thinking of making the presentation; B [belief]—"I'm going to look like a fool"; C [consequent emotion]—fear, feeling overwhelmed.*	Earlier the counsellor and the client discussed the essential elements of cognitive behavioural counselling. Now the client's example can be used to reinforce the principles. Using a flip chart or drawing is very helpful for many clients, particularly for those who are less comfortable in the verbal modality.
Counsellor: If you agree, I'd like to ask you to make notes during the next week when you find yourself feeling worse. When this happens, I want you to pay attention to what's going through your mind.	Homework is essential to effective cognitive behavioural counselling. Here, the homework creates an opportunity for the client to become more familiar with how her feelings and behaviour are intimately connected to her thinking.

In the next session (excerpted below) the counsellor uses reframing and thought stopping as tools to help the client change her thinking.

Counsellor: Your journal is great. You've identified lots of great examples. Let's try something different for a minute. What if it were possible to look at your fears differently? *(Client nods approval.)*	The counsellor introduces the possibility of reframing.

(continued)

Counsellor: I think it's natural when we have a problem to dwell on all its unpleasant aspects. I know that I tend to do that unless I discipline myself not to. For example, when you think of how nervous you are, you think of all the negatives, such as you might make a fool of yourself, or your mind might go blank while you're talking.	The counsellor's short self-disclosure communicates understanding and a nonjudgmental attitude.
Client: *(Laughs.)* Or that I might throw up in front of everyone.	
Counsellor: Okay, those are real fears. But by considering only your fears, you become fixated on the negatives and you may be overlooking some important positives. If you can look at it differently, you might discover a whole new way of dealing with your class presentation.	One tenet of cognitive behavioural counselling is that people tend to pay too much attention to the negative aspects of their situations while ignoring positives or other explanations.
Counsellor: Want to try it? *(The client nods.)* Okay, try to identify some positive aspects of your fear.	As a rule, it's more empowering for clients to generate their own suggestions before counsellors introduce their ideas and suggestions. In this way clients become self-confronting and are more likely to come up with ideas that they will accept as credible.
Client: Well, I guess I'm not the only one who is scared of public speaking.	In this example the client is able to generate a reframe, which the counsellor embellishes. In other situations, counsellors might introduce reframes of their own.
Counsellor: So you know that there will be other people in the class who understand and will be cheering for you to succeed.	
Client: I never thought of that before. Here's another idea: Because I'm so nervous, I'm going to make sure that I'm really prepared.	
Counsellor: Great! Do you think it might be possible to look at your fears differently? Consider that it's normal to be nervous. Or go a step further and look at it positively. Maybe there's a part of it that's exciting—kind of like going to a scary movie.	The counsellor offers the client a reframed way of looking at nervousness.

(continued)

Client: I did come back to school because I hated my boring job. One thing is for sure, I'm not bored.	The client's response suggests that this notion is plausible.
Counsellor: So the more you scare yourself, the more you get your money's worth. (The counsellor and the client laugh.)	Spontaneous humour helps the client see her problems in a lighter way (yet another reframe).
Counsellor: Here's an idea that works. If you agree, I'd like you to try it over the next week. Every time you notice yourself starting to get overwhelmed or feeling distressed, imagine a stop sign in your mind and immediately substitute a healthier thought.	Another example of counselling homework. The counsellor introduces thought stopping—a technique to help clients control self-defeating thinking (Gilliland & James, 1998; Cormier & Cormier, 1985). The basic assumption is that if self-defeating thoughts are interrupted, they will eventually be replaced by more empowering, positive perspectives.

At this point the counsellor could also help the client develop different choice strategies for dealing with dysfunctional thinking, such as an activity diversion to shift attention, use of a prepared cue card with a positive thought recorded, imagining success, or substituting a different image.

MAKING BEHAVIOURAL CHANGES

Goal Setting

> *Obstacles are those frightful things you see when you take your eyes off your goals.*
>
> *—Anonymous*

Goal setting is a counselling process that helps clients define in precise, measurable terms what they hope to achieve from the work of counselling. Two types of goals are outcome goals and process or task goals (Shebib, 1997; Jacobs, Masson & Harvill, 1998). **Outcome goals** relate to what the client hopes to achieve from counselling. These goals have to do with changes in the client's life, such as getting a job, improving communication with a spouse, dealing with painful feelings, or managing self-defeating thoughts. **Process goals** concern the procedures of counselling, including such variables as the frequency of meetings and the nature of the counselling relationship. Process goals are strategies for reaching outcome goals. In practice there may be some overlap between process and outcome goals. For example, a process goal might be to develop trust in the counselling relationship. Success in achieving this process goal might assist the client in achieving an outcome goal targeted at improving communication with family and friends.

There is wide support in the counselling literature for the importance of setting goals (Egan, 1998; Young, 1998). Goal setting serves many important purposes, including giving direction, defining roles, motivating, and measuring progress.

Giving Direction Goals help to give direction, purpose, and structure to the work of counselling. Moreover, goals help counsellors and clients decide which topics and activities are relevant. In addition, when clients are clear about their goals, they can begin to structure their thinking and action toward their attainment. Finally, setting goals helps clients make reasoned choices about what they want to do with their lives. Goal setting helps clients prioritize these choices.

Defining Roles Goals provide a basis for defining roles. When goals are clear, counsellors know which skills and techniques are appropriate, and clients know what is expected of them. Moreover, when counsellors know the goal of the work they can make intelligent decisions regarding whether they have the skills, capacity, and time to work with the client. If not, they may make a referral.

Motivating Goals motivate clients. Setting and reaching goals is also therapeutic. It energizes clients and helps them develop optimism and self-confidence about change. Goal achievement confirms personal capacity and further promotes action. Writing down goals may add an extra measure of motivation.

Measuring Progress Goals help provide benchmarks of progress, including defining when the counselling relationship should end—that is, when the goals have been reached or their pursuit is no longer viable.

Developing Effective Goal Statements

Sometimes clients are able to clearly articulate what they hope to achieve as a result of counselling. At other times they have difficulty identifying their goals; however, through systematic interviewing counsellors can help these clients define and target their goals. In addition, counsellors can use their knowledge base to develop simple checklists of potential goals, customized to the common needs and problems of particular client groups. However, these goals should always be concrete, measurable, challenging but realistic, and "owned" by the client.

Effective Goals Are Concrete One defining feature of a counselling relationship is its goal-directed nature. But some clients begin counselling with vague and undefined goals:

- "I want to feel better."
- "My husband and I need to get along better."
- "I need to make something of my life."

These goals are starting points, but they are useless until they are described as clear and concrete targets. Beginning phase work that explores problems and feelings should

lead to the development of goals that define and structure subsequent work. Then in the action phase clients can develop these goals as specific and measurable targets. This step is a prerequisite for action planning—the development of strategies and programs to achieve goals. Vague goals result in vague and ill-defined action plans, whereas explicit goals lead to precise action plans.

In Chapter 5, concreteness was introduced as the remedy for vagueness. Concreteness can add precision to unclear and ambiguous goals. For example, when clients are describing their goals, counsellors can use simple encouragers, such as "Tell me more" and "Yes, go on" to get a general overview of what clients hope to achieve. This is the first step in shaping workable goals. The next step is to use questions to identify goals, define terms, probe for detail, and develop examples. This step helps to cast the emerging goals in precise language and move from good intentions and broad aims to specific goals (Egan, 1998). Listed below are some examples of probes and directives that might be used to start the process:

- What is your goal?
- When you say you'd like to feel better, what exactly do you mean?
- Describe how your life would be different if you were able to reach your goal. Try to be as detailed as possible.
- If your problem were to be solved, what would need to be different in your life?
- What do you think would be the best resolution to your problem?
- What are some examples of what you would like to achieve?
- As a result of counselling, what feelings do you want to increase or decrease?
- What do you want to be able to do that you can't do now?
- If I could watch you being successful, what would I see?

Some clients are reluctant or unable to identify goals, and they may respond with a dead-end statement such as "I don't know" when they are asked for their goals. To break this impasse, counsellors can use some of these responses: "Guess." "What might your best friend (mother, father, teacher, etc.) suggest as your goal?" "What would you like to achieve but don't think is possible?" A good general technique is to encourage clients to visualize themselves reaching their goals.

Note also that when clients say, "I don't know," their responses may indicate friction in the counselling relationship and this answer is a way of sabotaging the work. In such cases goal setting might be premature, and the focus of the interview may need to shift to relationship problem solving (immediacy). Moreover, when clients say, "I don't know" they might also be saying, "I can't do it" or "I'm afraid." In such situations suggesting a

Success Tip

When clients say, "I don't know," don't rush in too quickly with another question or comment. Often, after a short silence, clients will generate new ideas, feelings, or thoughts.

very small goal may be a starting point (e.g., "If you could make just one tiny change in your life, what would it be?").

The **miracle question** (de Shazer, 1985; Carpetto, 2008) is widely used in brief and single-session counselling as a way to help clients shift their thinking away from problems to goals and possibilities for change (more on the miracle question below).

Effective Goals Can Be Measured When goals are measurable, clients are able to evaluate progress and they know precisely when they have reached their goals. Moreover, clear goals sustain client enthusiasm and motivation. Vague and unmeasurable goals, on the other hand, can result in apathy and vague action plans. Thus, goals need to be defined in terms of changes (increases or decreases) in behaviours, thoughts, or feelings.

> Example (skill): "My goal is to express my opinion or ask a question once per class."
>
> Example (thoughts): "My goal is to manage self-depreciating thought patterns by substituting positive affirmations."
>
> Example (feelings): "My goal is to reduce anxiety."

Help clients frame goals in quantifiable language with questions such as "How often?" "How many times?" and "How much?" Goals should also have a realistic schedule (a target date to start working on them and a target date to reach them). For example, "Target weight reduction of 9 kilograms in ten weeks" or "Make five calls per day to potential employers."

Effective Goals Are Challenging but Realistic A goal has to be something that clients can reasonably expect to achieve, even though it may require effort and commitment. So counsellors need to consider variables such as interest in achieving the goals, skills and abilities, and resources (including the counsellor) available to help in reaching the goals. In addition, the goals need to be significant enough to contribute to managing or changing the core problem situation.

But some clients may be reluctant to set challenging goals or even to set goals at all. This situation can occur for a number of reasons:

- poor self-esteem
- fear of failure
- lack of awareness of capacity for change
- fear of change and reluctance to give up established patterns
- lack of resources to support pursuit of the goal (Shebib, 1997, p. 210)

So addressing these reluctance issues is a prerequisite for goal setting. When problems are complex and the client's capacity or self-esteem is low, setting short-term goals or subgoals is particularly useful. Short-term goals represent small, attainable steps toward long-term goals. Achieving them helps build optimism and helps clients overcome a sense of inadequacy (Pincus & Minahan, 1973).

Effective Goals Are "Owned" by Clients Clients need to see goals as relevant to their needs and consistent with their values. Thus, when clients are involved in the process of deciding what their goals are, they are more likely to be motivated to work toward achieving them. Counsellors can suggest goals, as in the following example:

> Evelyn was referred to the counsellor for help in coping with Trevor, her 18-year-old stepson, who was involved in petty crime. Evelyn's immediate goal was to encourage Trevor to move out of the house, and she hoped that the counsellor might help her do this. During the interview it became apparent to the counsellor that Evelyn needed help developing parenting skills for dealing with Trevor and her two other teenage stepsons. Without dismissing Evelyn's objective, the counsellor suggested that this be part of their agenda.

When clients are forced to come to counselling by a third party, they may not feel committed to any of the goals of counselling. Thus, the chances of success are diminished greatly unless some mutually acceptable working agreement can be reached.

Understanding a client's values is an important part of goal setting. Some clients are motivated by spiritual values, some by material gain, and others by family values. Other clients focus on immediate gratification, while still others have objectives that are long-term.

> Ming left his family in China to come to North America. He has seen his wife only once in the last five years, when he returned to China for a short visit. He maintains regular contact with her and their six-year-old son. He sends much of his monthly pay home to support his wife and extended family. Although he hopes that one day his family will be able to join him, he has accepted that his purpose is to position future generations of his family for a better life.

Sometimes clients set goals that require others to change, such as "I want my husband to stop treating me so badly." Counsellors need to encourage clients to form goals based on what is under their control, namely their own feelings, behaviour, and thoughts.

Client complaints and problem statements can usually be reframed as positively worded goal statements. Here are some examples:

Example 1

Client: Everyone always takes advantage of me.

Counsellor: Sounds as though you'd like to learn to stand up for yourself.

Example 2

Client: I'm tired of not working.

Counsellor: Put simply, your goal is to get a job.

Example 3

Client: My life is a mess.

Counsellor: You would like to find a way to get your life in order.

The above responses change the focus of the interview from problems to goals. Of course, the counsellor and client will have to work together to shape these vague goals into more explicit terms.

The overall goal of any counselling relationship is change. But, depending on the needs of individual clients, the targets for change might focus on behaviour, feelings, thoughts, skills, relationship enhancement, or other areas of the client's life. Table 7.4 provides examples of vague goals and specific goals.

Table 7.4 Sample Goals

Target Area	Vague Goal	Specific Goal Statements
Behaviour	To do better in my courses	To improve my grade-point average from C to B– by the end of the semester
Feelings	To feel better	To overcome depression so I am able to enjoy life. That would include mixing socially with people and having a sense that life is worth living. I'll be more able to accept my problems without withdrawing or drowning in self-pity.
Thoughts	To stop putting myself down	To regard mistakes as normal and as learning opportunities. When I'm successful, I'll take credit. Overall, I'll be able to say to myself that I'm capable.
Skills	To get organized	To develop skill at organizing my time and setting priorities. I need to set up a schedule so I can plan at least a month in advance.
Relationship	To be able to communicate better with my husband	To reduce the number of fights that we have by not being so explosive. Instead of yelling, I need to remain calm. Instead of not listening, I need to check with him to make sure I understand what he wants, too.
Health and fitness	To get in shape	To lose 5 kg over the next two months
		To increase my weekly running from 5 to 10 km
Spiritual	To be closer to God	To attend religious services regularly—at least once a week
		To make prayer a daily part of my life
		To read something spiritual at least once a day
		To walk in the forest three times a week

ACTION PLANNING

COUNSELLING IS A DEVELOPMENTAL PROCESS. IN THE BEGINNING PHASE THE FOCUS IS ON the development of a strong working relationship based on a contract that describes the work to be done and the respective roles of both the counsellor and the client. The beginning phase is also concerned with problem identification and exploration. This work provides the foundation for clients and counsellors to define goals. So attention to detail in the beginning phase helps prevent problems from premature action. Problem exploration leads to goal setting, which in turn forms the foundation for action planning.

Problem Exploration → Goals → Action Planning

Some clients will need additional coaching and support to develop and implement systematic action plans to avoid the New Year's resolution syndrome discussed earlier in this chapter.

Action planning and implementation consists of a series of steps leading to the client's goal (or subgoal). Put simply, action planning involves developing strategies to help clients get where they want to go. This involves four steps: (1) identify alternatives for action, (2) choose an action strategy, (3) develop and implement plans, and (4) evaluate outcomes.

Step 1: Identify Alternatives

The first task in selecting a plan is to list alternative ideas for achieving the goals. This step serves two purposes. First, it holds clients back from impulsive action based on the first alternative available, which may simply be a repeat of previous unsuccessful attempts at change. Second, it helps ensure that clients have choices based on a full range of possibilities. When there is choice, clients can make more rational decisions. Brainstorming is one way to quickly generate a list of possibilities. To encourage clients to generate ideas, counsellors can use leads such as these: "Let your imagination run wild and see how many different ideas you can come up with that will help you achieve your goals." "Don't worry for now about whether it's a good idea or a bad one." Sometimes counsellors can prompt clients to be creative by generating a few "wild" ideas of their own.

Interview 7.2
Goal Setting

The following interview excerpt illustrates goal-setting techniques. Prior to this dialogue, exploration and active listening enabled the counsellor to develop a solid base of understanding. With this work apparently finished, it seems timely to move on to goal setting.

(continued)

Dialogue	Analysis
Counsellor: You've talked about how you're determined to change—as you put it, "now or never." That suggests to me that you're ready to set a change goal.	The counsellor recognizes the client's positive motivation for change and uses it to make a transition to goal setting. Problem statements can o ften be reframed to make goal statements.
Client: Yeah, I can't go on living like this. Something has to happen, and soon.	The client makes a general statement confirming motivation for change. This undeveloped goal is a useful starting point, but it is not yet an operational goal.
Counsellor: I think it might be helpful at this point to figure out what you want to achieve, what you'd like to change. This would give you something to work toward. What do you think?	The counsellor seeks to contract with the client to work on goal setting. The counsellor uses the criteria for effective goals as a reference point. As the interview progresses, other questions will be asked that help frame the goal. There is no secret agenda to this, and the counsellor might decide to review the process with the client. The final open question reaches for client input and agreement.
Client: Sounds good. I think it's time to do something. For one thing I really haven't invested too much in my marriage. I have to change my priorities.	The client begins to identify an area for change.
Counsellor: What do you mean by "change your priorities"?	The counsellor requests more definition (goal specificity). This ensures that no assumptions are made.
Client: If possible, I've got to stop spending so much time at work. By the time I get home I'm so tired that I have no energy or motivation to be involved with my family.	Often, as here, client goals are stated in the negative—that is, in terms of what the client would like to stop doing.
Counsellor: Okay, I think I get a sense that what you'd like is to be more committed to your family. To do that, you'd have to cut back on work.	The counsellor attempts to help the client put an emerging goal statement in behavioural terms by reframing the idea.
Client: Exactly.	
Counsellor: Just so we can be clear, can you try to be more specific? Suppose you're	This request for more specificity encourages the client to reframe the goals in

(continued)

successful. What will be different from the way things are now?	positive terms by stating what will be done differently.
Client: I don't understand. What do you mean?	The client is confused, but the relationship is strong enough that the client is able to ask for help.
Counsellor: Well, maybe you can't plan it out exactly, but what do you see happening in terms of the amount of time you'd like to spend with your family? Try to be specific, so you'll have something to aim for.	The counsellor clarifies the question. This helps to educate the client regarding some of the criteria for goal setting.
Client: *(Laughs.)* Oh, I see. You want to nail me down and close the deal. You should be a salesperson. Well, I think it's important that I free up the weekends and at least two nights a week. Sunday should be strictly family time, a time to do something with the kids.	A clear goal statement has emerged, but the work is not yet finished.
Counsellor: From your excited tone I get the sense that you'd feel really good if you could do that.	Empathy lets the client know that the counsellor has recognized the client's feelings and their importance.
Client: In my heart it's what I've always wanted.	The client confirms acceptance of the counsellor's empathy.
Counsellor: A while back you used the words "if possible" when you talked about cutting back on work. What problems do you anticipate?	An important part of goal setting is to assist the client to look at potential problems, including the relative advantages and disadvantages of goal attainment.
Client: I'd like to try for a management position at the company, but everyone's so competitive. I've got to put in the hours if I'm going to keep my sales above the others. And high sales is the first thing they look for when it's time for promotion.	Having identified this potential barrier, the client can address it—for example, by considering ways to overcome it—or make a decision about whether the costs involved are too high.
Counsellor: You're torn. To compete, you've got to put in the hours. But if you do that, it takes away from your time and energy with the family. That's a lot of stress.	The counsellor recognizes the client's ambivalence.
Client: Now that you point it out, it seems obvious. I've been under stress for so long I don't even think about it anymore. It's clear	Solutions to problems, however obvious, are often not acted upon because of such ambivalence.

(continued)

to me now that the price of success is just too much.	
Counsellor: Meaning that if you have to sacrifice time with your family to get ahead, you're not interested. *(Client nods.)*	The counsellor's empathy provides a basis for insight.
Sounds as if you've made a decision, but let me play devil's advocate. Suppose you cut back on your job and lost a promotion. How would you feel about that?	Such responses ensure that the client will not gloss over or minimize difficulties. The counsellor also prevents the client from acting impulsively. By anticipating risks, the client is challenged to decide whether the costs are acceptable.
Client: It would be hard on me, but I think not nearly so hard as what's happening now. At heart I'm really a family man. I'm certain of it. Family has to be number one. My career is important to me, but it's my second priority.	The client confirms a decision. If the counsellor is satisfied that the client has taken a serious look at all reasonable risks, it's time to move on.
Counsellor: Let's go back to your goal. What other problems do you anticipate?	The counsellor challenges the client to look ahead to see if there are other risks. Similar responses are called for until all difficulties are explored.
(20 seconds of silence.)	The counsellor must be patient and give the client enough time to complete the thought process.
Client: Here's one. My family is so used to getting along without me, they've developed lives of their own. I guess I can't expect them to drop everything for me.	
Counsellor: So how can you deal with that reality?	This type of response ensures that the client sets goals and embarks on action plans with a clear sense of direction and planning. Problems may be prevented or anticipated, and the client is far less likely to face a crisis that leads to abandonment of otherwise healthy objectives.
Client: That's easy. I guess I'll just have to negotiate with the family on how much time we'll spend together.	
Counsellor: One thought occurs to me. How will your boss react if you suddenly start spending less time on the job? Do you think that's something to consider?	It is appropriate for the counsellor to tentatively introduce some of her own ideas, leaving a lot of room for the client to respond. However, as a rule, counsellors should let the client have the first opportunity.
	Adapted from Shebib, 1997.

CASE STUDY LISA

Lisa, age 33, and her counsellor come up with a list of possibilities for Lisa to deal with her shyness and her need to meet more people. Some of the ideas they generated are listed below:

- join a singles club
- take an acting class
- learn to sing
- put an ad in a personals column
- become a volunteer
- use counselling to role-play problem situations to develop assertiveness
- forget the goal and become a nun
- use counselling to deal with self-depreciating inner talk
- try hypnosis
- join a social group at a place of worship
- participate in an assertiveness training group

Step 2: Choose an Action Strategy

Once a creative list of alternative action strategies is identified, the next task is to assist clients in evaluating alternatives and making choices. This involves helping clients intelligently consider each alternative against a number of criteria. An obvious first criterion is that the alternative is potentially effective for meeting the client's goal. It must be sufficient to make a difference and relevant to the problem being addressed. A second criterion is that the alternative is within the capacity of the client. Otherwise, failure is inevitable. A third criterion is that the alternative is consistent with the values and beliefs of the client. A fourth is that the alternative is reviewed in terms of potential cost. Cost might be measured by time, money, and energy expended in finding resources to execute the alternative. As well, alternatives might result in other losses for the client. For example, suppose a client wishes to end a pattern of alcohol abuse, but the person's friends are drinking buddies. If quitting drinking involves developing new activities, the potential loss of friends and social structure must be considered as a negative consequence that will have an impact on the client. Understanding

Success Tip

Help clients conduct autopsies (also known as post-mortems) on past experiences as a tool to help them identify errors in thinking, triggers, problematic responses, and successes. Help them answer the questions "What went wrong?" "What could I have done differently?" and "What worked well?"

and exploring this loss is important, for unless clients are aware of and prepared for these contingencies, they may be unable to sustain any efforts at changing.

Step 3: Develop and Implement Plans

Developing and implementing plans involves four substeps: (1) sequencing plans, (2) developing **contingency plans**, (3) putting plans into action, and (4) evaluating plans.

Effective plans are maps that detail the sequence of events leading to the final goal. Counsellors should avoid tailor-made plans in favour of customized strategies that are designed in collaboration with individual clients. Some of the important questions that need to be answered include the following:

- What specific strategies will be used?
- In what order will the strategies be used?
- What resources or support will be needed at each step?
- What are the risks and potential obstacles?

Contingency Planning Effective plans anticipate the potential obstacles that clients might encounter along the route. Once clients know and accept the possible barriers that could interfere with their plans, they can develop contingency plans to deal with these barriers. This preventive work helps keep clients from giving up when things don't go smoothly. A variety of different strategy choices can be used to support contingency planning, including the following:

- anticipatory questions such as "What will you do if . . . (detail possible obstacles)?"
- role playing (including counsellor modelling) to explore and practise strategies
- use of contracting—Before problems occur, counsellors can ask clients for advice on how they can respond when the time comes. For example (to a client who has just begun a job search): "What would you want me to do if a few weeks from now I notice that you're becoming frustrated with your job search?"

With flight simulators airline pilots learn to fly aircraft in emergencies. Should a real-life emergency happen, they are able to respond with confidence knowing that their training has prepared them. Similarly, contingency planning helps clients prepare for personal challenges that might arise as they implement their action plans.

Success Tip

HALT (hungry, angry, lonely, tired) is an acronym for common feelings that can trigger relapses. Help clients explore what they tend to do, and what they might do differently, when they are hungry, angry, lonely, or tired.

CASE STUDY LISA (CONTINUED)

Lisa decided that joining a singles group would be a great way for her to meet people, but she admitted that she would probably back out before going to the first meeting. With her counsellor's help, she came up with two ideas for managing this problem. She recruited a friend to go with her to the group, and she phoned the group leader to volunteer to bring refreshments. Lisa knew that she wouldn't back down if it meant that others would be affected by her actions.

Lisa said that what bothered her most was the idea of first meeting someone. She told her counsellor, "I already feel so awkward. I just won't know what to say." Her counsellor helped Lisa accept that feeling awkward is normal under such circumstances. The counsellor self-disclosed some of her own anxieties and suggested that they could role-play some ideas for handling these tough moments.

Counsellors need to support and encourage clients as they deal with the stress of change. One way they can help is to remind clients that anxiety, awkwardness, and periodic slumps are normal when change is occurring. Meanwhile, counsellors can look for ways to reframe failure or setbacks as learning opportunities. Wilson's (1994) comments might be offered to clients:

> Although you may fail to reach the goal, there are benefits of having worked toward it. One benefit is the practical education of making the effort. Another is the opportunity to practice specific skills. A third is the recognition that meeting some goals and failing to meet others is part of the ebb and flow of life. Recognize that you probably will not achieve significant goals without some failures. Failing provides unique learning opportunities that ultimately contribute to your personal growth. (p. 18)

Moreover, empathy is particularly important at this time to support clients dealing with feelings that accompany change. During implementation, counsellors should also encourage clients to use family, friends, and support groups to assist them.

Step 4: Evaluate Outcomes

Effective plans include continual evaluation during the implementation phase. Evaluation recognizes and confirms success and is a powerful motivator. However, evaluation may also uncover problems that need to be addressed. For example, it may become apparent that the goals are too unrealistic. If they are too challenging and unreachable, counsellors can help clients define smaller goals. Similarly, if goals prove to be too easy, they can be modified to provide more challenge. Thus, regular review of progress ensures that goals and action strategies remain relevant and realistic.

When evaluation reveals that the plan is unlikely to be successful, efforts can be redirected toward redesigning the plan or selecting a different strategy for action. In some cases the client may need help that is beyond the capacity of the counsellor; in this case, referral to another counsellor or service is appropriate.

Conversation 7.2
I've Tried Everything

STUDENT: I get stuck when a client says, "I've tried everything and nothing seems to work."

TEACHER: You feel stuck, which is precisely how the client feels. Clients often bring out in counsellors the same feelings that they are experiencing. This reality can be a useful tool for empathy. When clients say they've tried everything, it's important not to get into a "yes, but" game, whereby counsellors generate ideas and clients dismiss them with a "yes, but" response.

STUDENT: So what are my choices?

TEACHER: I'd be interested in exploring what the client did. Did he or she try long enough? At the right time? In the right way? Sometimes problems get worse before they get better, and clients may give up too soon. A mother might try ignoring her child when he has a tantrum and then tell you ignoring doesn't work, but she may have abandoned this tactic after a few minutes when it appeared that the intensity of her child's tantrum was increasing. In this situation you could help her anticipate this obstacle so that she would not be demoralized if it recurred. Or maybe she has been giving her child lots of nonverbal attention, not realizing how this has been reinforcing the tantrum.

STUDENT: I can think of another example. One of the members of my work group was having trouble with her supervisor. She told us that there was no point in talking to him because he didn't listen anyway. But from the way she described how she talked to him, I wouldn't listen either. She was vicious and cruel.

TEACHER: So, if she were your client, she would need some help developing awareness about how she affects others.

BRIEF COUNSELLING

Be kind whenever possible. It is always possible.

—Dalai Lama

Brief counselling is an approach to counselling characterized by a focus on resources and solutions rather than problems. The purpose of brief counselling is "to provide people with a pleasant experience that turns problems into challenges, fosters optimism, enhances collaboration, inspires creativity, and, above all, helps them to retain their dignity" (Furman & Ahola, 1994, p. 65).

How Brief Counselling Helps

Often counselling relationships are brief, sometimes limited to a few sessions, a single session, or even a brief encounter. Michael Hoyt (1994) reviewed the literature and found that single-session therapy is often the norm and that a significant number of clients and

counsellors found it desirable and useful. In three systematic studies of the effectiveness of single-session therapy (SST), more than 50 percent of clients showed improvement (Hoyt, 1994, p. 41). Moreover, many people solve psychological problems without professional consultation. For others the "light touch" of a single visit may be enough, providing experience, skills, and encouragement to help them continue in their life journey (p. 153).

Furthermore, a change in some part of a client's life can affect other aspects of his or her life, including relationships with significant others. Thus, brief counselling that helps a client achieve some success (e.g., insight, reduction of painful feelings, new skills), however small, can have a dramatic long-term impact if it switches the client from a point of despair to a position of optimism and a ripple effect occurs. "When clients alter their behaviors ever so slightly, it causes a chain reaction in response to the initial change. Those affected by the change find themselves adjusting their responses, which in turn elicits further changes in clients" (Sklare, 1997, p. 11).

De Shazer (1985) argues that it is not necessary to spend time searching for the root causes of a problem, nor is it necessary to have elaborate knowledge about the problem. In brief counselling the goal is to help clients do something different to improve their situation rather than repeat the same ineffectual solutions.

Brief counselling may help in many ways. Because of its emphasis on action and change, brief counselling helps clients to become "unstuck" from ineffectual ways of thinking, feeling, and acting. Clients can be encouraged to reframe by focusing their attention on what's working, thus interrupting their preoccupation with problems and failure. This focus may generate or renew the clients' optimism that change is possible. In addition, brief counselling, even a single session, can be therapeutic for clients if they are able to unload pent-up feelings. A caring and empathic counsellor can encourage such ventilation and reassure clients that their reactions and feelings are normal. This can significantly reduce feelings of isolation by disputing the belief that many clients hold: "I'm the only one who feels this way."

Brief counselling can also provide important information to clients. For example, they can be referred to appropriate alternative services. Or they can be given information that might help them deal with their situation. Finally, brief counselling can be used to demystify the counselling process and to help clients understand what they might reasonably accomplish in counselling. In this way brief counselling may be useful for motivating reluctant clients to engage with or to continue with counselling.

Brief or single-session therapy is not appropriate for all clients. It is less likely to be effective with these client groups: clients who need inpatient psychiatric care, including those who are suicidal; clients with schizophrenia, bipolar disorder, or drug addiction; clients who need help in dealing with the effects of childhood abuse; and clients with chronic eating disorders (Hoyt, 1994).

Selected Brief Counselling Techniques

Precounselling Change Momentum for change is often established at the moment that clients seek counselling. Carpetto (2008) notes that studies have shown that changes frequently occur in the interval between the time clients make an appointment to see a

counsellor and the first meeting. Thus, counsellors can make use of the fact that some clients realize progress while waiting for their first scheduled appointment.

Success Tip

Capitalize on the possibility of precounselling change by asking questions such as, "Since making your appointment, have you noticed that things have improved in any way, however small?" If the response is positive, sustain this change movement by helping the client identify the feelings, thoughts, and behaviour associated with it.

The Miracle Question A typical miracle question might be formulated as follows: "Suppose that tonight while you're sleeping a miracle happens and your problem is solved. When you wake up, what will be different about your life?" Variations of this question may need to be developed to accommodate different clients. For example, some clients may object to the religious overtones in the question and a more neutral term, such as *something remarkable*, could be used. The example below illustrates the process:

Counsellor: Suppose when you woke up tomorrow something remarkable has happened and your problem is gone. How would you know that your problem is solved?

Client: Well, for one thing, I'd be worrying less.

Counsellor: What might your family see as different?

Client: I'd be more willing to get involved in family activities.

Counsellor: Activities?

Client: Things like sports, family outings—movies and so forth.

Counsellor: What else would they find different? (Note: It is important for the counsellor to use probes such as this to elicit detail. If a change can be imagined, the more possible it will seem and the more the behavioural changes to make it possible will become apparent.)

Client: I think that we'd be happier. Not just because we're doing fun things together, but we'd be arguing less about money and our other problems.

Counsellor: How much of this is already happening?

The above excerpt shows how quickly the counsellor can move the interview to focus on solution possibilities. When clients engage with the miracle question they begin to identify potential changes that might occur, and they often become more hopeful about their situation. As Carpetto (2008) concludes, "they are already on their way to finding solutions to their problems" (p. 181). Since the client has imagined and described some of what needs to happen to solve the problem, the counsellor's next task is to get clients moving in the direction of the "miracle" with questions such as "What would you need to do now to begin to move toward the miracle?" or "What would it take to make the first step?"

Success Tip

When using the miracle question, it is important that the client, not the counsellor, generates the vision of the situation where the problem has been removed (response to the miracle question). Similarly, it is the client who must describe what changes or solutions need to happen for the miracle to occur. The role of the counsellor is to manage the exploration and solution-finding process.

Helping Clients Get on Track Counsellors need to shift their own thinking away from believing that they have to stay with clients until the clients' problems are solved and their lives are in order. For example, counsellors might assist clients to organize their thinking about grieving, but the process of grieving is normal and might last a long time, and counsellors do not have to be present for the entire grieving process (Walter & Peller, 1994). Counselling ends with the client still grieving but with a much greater sense of control and of being on track. If clients have a plan in mind for dealing with their problems, they have the capacity to put that plan into action. Moreover, if they are already implementing that process, counsellors should consider getting out of their way.

Looking for Exceptions Huber and Backlund (1991) propose working with the exceptions to the times when clients are having difficulty. They contend that regardless of the severity of their clients' problems, there are moments when clients are managing their troubles. Moments when anxious persons feel calm, acting-out children listen to their parents, and angry people are peaceful can all be studied to discover potentially successful answers to chronic problems. Huber and Backlund believe that clients become fixated on their problems and on what doesn't work. By doing so, they often fail to notice those times when their problems have abated. In fact, they often continue to repeat or exaggerate "solutions" that have already proved unworkable. Using this exceptions approach, counsellors ask clients to focus on those moments, however rare, when they are coping successfully.

So when clients are asked, "What is different about those occasions when your child obeys you or at least responds more receptively to your requests?" or "What is different about those times that you're not angry or only minimally upset?" the counsellor is requesting that clients report on experiences to which they have paid almost no attention. Consequently, they have given little or no credence to the more successful manner in which they were resolving what at other times they experienced as a persistent difficulty (Huber and Backlund, 1991, p. 66).

Working with exceptions provides a dramatic and quick way to motivate and energize clients to think about solutions rather than problems. In the following brief excerpt, the counsellor uses the technique to assist a client who is having trouble dealing with her teenage son.

Counsellor: From what you've been saying, it's a rare moment when you and your son can sit together and talk calmly.

Client: Maybe once or twice in the last year.

Counsellor: Let's look at those two times. I'm really curious about what was different about them that enabled you to talk without fighting. Pick one time that worked best.

Client: That's easy. My son was excited because he was going to a rock concert, and he was in a really good mood. I felt more relaxed too. He just seemed more approachable that day.

Counsellor: Have you considered that part of your success might have to do with your mood? Perhaps your son was more approachable because you were more relaxed.

Client: Interesting point.

Counsellor: Let's explore that a bit further. Because you were more relaxed, what else was different about the way you handled this encounter?

Client: I didn't feel stressed, so I think I was more open to listening to him.

Counsellor: What were you doing differently?

Client: I let him talk without jumping in to argue.

The counsellor's goal in the above interview is to find what works and then to encourage the client to apply successful solutions more frequently. The process is as follows:

1. Identify exceptions to those times when the client is having difficulty.
2. Explore what was different about those times, including what (specifically) the client was doing differently.
3. Identify elements (e.g., behaviour, setting, and timing) that contributed to a successful solution.
4. Help the client increase the frequency of the success-related elements when dealing with the problem situation.

Clients are often more experienced in using ineffectual strategies to deal with their problems. Despite the fact that these strategies do not work, clients may compulsively repeat them to the point where they give up and conclude that their problems are hopeless. Consequently, counsellors need to encourage clients to apply the elements of success. For example, a behavioural rehearsal (role play) that focuses on systematic exploration of the elements of success can be used. Counsellors also need to encourage clients to pay attention to what they are doing when they are managing their problem, as in the following case:

> Rodney came to counselling asking for help to quit what he described as "compulsive marijuana use." He was concerned that he might slip into heavy drug use. The counsellor asked him to observe what he was doing when he was not using marijuana and what he did to overcome his urge to use. This technique empowered Rodney by helping him become aware of successful strategies he was already using. Subsequently, he was encouraged to increase the frequency of these successful behaviours.

Finding Strengths in Adversity Hardships and difficulties often have positive spin-offs in that people develop skills to deal with their misfortunes or discover capacities that they did not know they had. Below are some sample probes:

- How have you managed to keep going in conditions that would have defeated a lot of people?
- You have dealt with this problem for a long time. Many people would not have survived. How did you manage to keep going? What strengths were you able to draw on?
- What have you learned from life's trials and tests?
- Have hardships helped to shape your values and character in positive ways?
- People often develop talents or discover strengths from facing challenges. How has this been true for you?

Using Solution Talk Furman and Ahola (1994) introduced the idea of "solution talk" as a way to evoke a solution-oriented focus to the counselling interview. The goal is to create a climate of discovery and action. For example, to get clients to notice their skills and capacities, counsellors can use statements and questions such as, "When you've successfully coped, how did you do it?"

In addition, counsellors need to be alert for opportunities to reinforce clients' strengths. Personal qualities, actions that underscore their determination, attitudes, positive decisions, accomplishments, effort toward change, and courage in the face of adversity can all be used to bolster clients' sense of capacity and self-esteem.

Clients may already have a rich understanding of their problems and the ways in which they might be solved. So counsellors need to tap their clients' expertise about possible answers to their problems. The central assumption here is that clients have the capacity to resolve their distress.

- What solutions have you already tried?
- What would your best friend advise you to do?
- Suppose one day you received an invitation to give a lecture to professionals about the kind of problem you have had to live with. What would you tell them? (Furman & Ahola, 1994, p. 51)
- To solve your problem, what will you have to do?

Creative solution finding can be stimulated with statements and questions such as these:

- Let's try to identify something different for you to do to solve your problem.
- Let's brainstorm ideas. Don't censor anything. The wilder the idea, the better.

Earlier in this chapter reframing was introduced as a way to help clients modify their thinking. Reframing suggests another way of looking at problems, which in turn generates new ways of looking at solutions. The miracle question (Sklare, 1997; Hoyt, 1994) can also be used to direct clients to think about solutions:

- If a miracle occurred and your problem was solved, what would be different in your life?
- How could you make that miracle happen? What would you have to do differently?

A variation is to use the miracle question to probe for examples of success and exceptions to clients' problems:

- Tell me about the times when part of this miracle has already happened, even just a little bit (Sklare, 1997, p. 68).

Success Tip

> Use a question such as, "What do you want to change about yourself today?" as a quick way to set a goal-directed sessional contract.

The Change Continuum Often clients are overwhelmed with the number and depth of their problems. Their despair can easily infect counsellors. The continuum is a tool to assist clients to become motivated in the direction of positive change. When clients can gain some control over their situation through small successes, this promotes further optimism and change. Counsellors do not have to be involved for the whole change process. Sometimes helping clients head in the right direction is the extent of their involvement.

Kim, a young woman of 19 who is heavily involved in drugs, seeks counselling for help "to get her life in order."

Counsellor: *(Uses a flip chart to draw the continuum depicted below.)* Kim, think about an area of your life where you would like to make a change. The continuum represents things as bad as they could be if things got worse at one end, and your ultimate goal at the other end.

Kim: I need to change my whole life.

Figure 7.5a

Counsellor: Okay, let's work on the big picture. Let's add descriptors that represent each end of the continuum.

Kim: *(Response depicted below.)*

Figure 7.5b

Counsellor: Where are you on the continuum?

Kim: *(Draws a circle.)* I'm about here, pretty near the bottom.

Figure 7.5c

Counsellor: What direction are you heading?

Kim: *(Draws an arrow.)* "My life is a mess, and it's getting worse."

Figure 7.5d

Counsellor: Maybe you'd agree that the direction you're heading in is ultimately more important that where you are on the continuum.

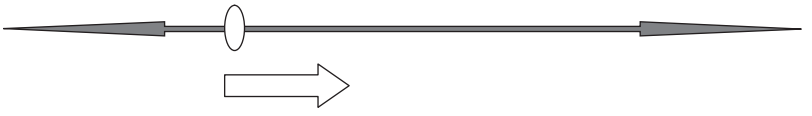
Kim: Absolutely, I can see that.

Counsellor: So what's one thing that would need to happen for you to change directions?

Kim: That's easy. I need a place of my own, and I need to get out of this area.

Counsellor: Let's start there and make that the focus of our work.

Figure 7.5e



Comments: The continuum has a number of useful features. It is visual, which makes it easier for some clients to understand. It is a quick way to prioritize complex problems and goals. This helps clients generate a sense of control and direction. Once completed, it provides shorthand communication for counsellors and clients. The two basic questions of the continuum can be used at the beginning of subsequent interviews to assess progress and to identify emergent issues: "Where are you on the continuum?" and "What direction are you headed?"

SUMMARY

The foundation for empowerment in counselling is the belief that clients are capable and have a right to manage their own lives. To empower clients, counsellors need to forgo controlling them, demystify the counselling process, promote client self-determination, advocate for progressive changes in the system, and assist clients to change established patterns of thinking and acting that are interfering with their lives. Counsellors can help clients change established patterns with strategies such as motivational interviewing, cognitive behavioural counselling, and brief counselling. Motivating involves engaging clients in a change process as well as supporting and energizing them as they deal with the rigours of change. Counsellors may face a range of motivational challenges, and they can employ different strategies to address each of them. The stages of change model (precontemplative, contemplative, preparation, action, and maintenance) provides a useful framework for understanding where clients are at in the process of change.

Motivational interviewing is a practice approach that uses the stages of change model to help clients overcome ambivalence to changes. Its central features include active listening, especially empathy, developing discrepancies, and rolling with resistance. Cognitive behavioural counselling helps clients understand how to break out of established patterns of thinking and behaviour. One central feature includes helping clients understand and modify dysfunctional thinking through strategies like reframing, a tool for helping clients examine problems from another perspective. A variety of strategies help clients modify behaviour, including the use of "autopsies," contingency planning, anxiety management, relationship problem solving, and goal setting.

Goal setting serves many important purposes, including giving direction, defining, roles, motivating, and measuring progress. Effective goals need to be concrete, measureable, challenging but realistic, and owned by clients. Effective goals can be developed from problem statements.

Action planning consists of a series of steps leading to the client's goal or subgoal. Selecting a plan involves systematic identification and evaluation of the possibilities for action, then choosing one or more alternative action plans. Action planning involves four substeps: identifying alternatives, choosing an action strategy, developing and implementing plans, and evaluating outcomes.

Often counselling relationships are limited to a few sessions or even a single session. Nevertheless, these brief encounters have the potential to be helpful for clients. Brief counselling works on the assumption that a change in some part of a client's life will affect other aspects of his or her life, including relationships with significant others. Brief counselling techniques include the use of the miracle question, looking for exceptions, finding strengths in adversity, using solution talk, and the change continuum.

Exercises

1. Consider areas in your life where change is possible, is necessary, or has already occurred. Classify your stage of change with each issue, based on the stages of change model: precontemplative, contemplative, preparation, action, maintenance. What could potentially "move" you from one stage to another?
2. Suggest questions you might ask clients to assess their stage of change.
3. Identify which stage of change best describes each of the following clients:
   a. "I hardly know anyone who smokes anymore. I'll get there too one day."
   b. "What's the point of looking for work? Since the big stock market crash there aren't any jobs out there anyway."
   c. "It's been almost six months since my last drink. I don't even crave it like I used to."

4. Working with a colleague, take turns exploring a time in your life when you were unmotivated. What feelings were associated with this period? What helped you get unstuck?
5. Start a log that chronicles your automatic thinking, for example, when you meet someone new, before asking a question in class, when you want to ask for help, etc.
6. Identify errors in thinking for each of the following client statements.
   a. "I'll never get a job."
   b. "She didn't even say hello when she saw me at the store. I guess she doesn't like me."
   c. "I have to be number one."
7. Suggest reframed responses for each of the following client statements.
   a. I can't do it.
   b. *(A student counsellor.)* I feel so unnatural and phony expressing empathy all the time.
   c. I really want my kids to avoid making the same mistakes I did. I don't know why they don't listen to me.
   d. If he really loved me, he'd send me flowers.
   e. My life is a mess.
   f. I'm tired of being depressed all the time.
8. Name at least ten different ways to motivate clients.
9. Evaluate how effectively the following statements meet the criteria for effective goals:
   a. to be a better person
   b. to get my boss to stop hassling me
   c. to drink less
   d. to be able to disagree with someone without dismissing them or their ideas
   e. to improve my fitness by next year to the point where I can run 1 kilometre in 15 minutes
10. Practise brainstorming techniques. Identify 15 different action strategies for a client who wishes to quit drinking.
11. Use the concepts from this chapter to practise goal setting and action planning for yourself. Pick one or more target areas (behaviour, feelings, thoughts, skills, or relationship).
12. Working with a partner, use selected brief counselling techniques from this chapter to help him or her deal with a problem area.

Weblinks

Links and resources on the topic of motivational interviewing:
www.motivationalinterview.org

Links to articles and resources on goal setting:
www.selfgrowth.com/goal.html

Website of the Beck Institute for Cognitive Therapy and Research:
www.beckinstitute.org

Substance Abuse Mental Health Service Administration (SAMHSA) publication, "Brief Interventions and Brief Therapies for Substance Abusers":
www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.59192

Athabasca University Centre for Psychology—offers brief overviews of a number of different therapeutic approaches:
http://psych.athabascau.ca/html/Resources/Psych388/CanadianSupplement/Chapter7/04_constructivist.shtml