Chapter Orientation

- It’s clear that clinicians should offer empathy
- It’s also clear that many clients want more than empathy; they want guidance
- This chapter focuses on techniques for moving clients toward specific action

Learning Objectives

- This chapter will help you be able to:
  - Explain how stages of change principles operate in clinical interviewing
  - Describe and apply therapeutic questions to help shift client attitudes and behaviors
  - Describe and apply psychoeducation, suggestion, agreement-disagreement, advice, self-disclosure, urging, and approval-disapproval
  - Identify ethical and cultural issues related to clinician values, cross-cultural advice, and self-disclosure
Readiness to Change

- Whether clients respond to action-oriented interventions is often a function of (at least):
  - Their motivation for change
  - The quality of your guidance

Readiness to Change II

- Prochaska and DiClemente described five stages of change
  - Precontemplation: No interest in change
  - Contemplation: Occasional thoughts of change
  - Preparation: Viewing positive change as possible and desirable
  - Action: Actively enacting positive change
  - Maintenance: Maintaining change
Skills for Action: Using Questions

The text identifies two broad forms of questions that facilitate change

- Therapeutic Questions
- Narrative and Solution-Focused Therapeutic Questions

Therapeutic Questions

One form of therapeutic question is “The question”

- Adlerian clinicians phrase this as: “What would be different if you were well?”
- It can be viewed as a precursor to the miracle question
- It's also designed to detect underlying secondary motivation for symptoms or to help clients focus on life without the symptoms

Therapeutic Questions II

The four big questions of choice theory are used to generate many other questions that can be therapeutic.

- What do you want?
- What are you doing?
- Is it working?
- Should you make a new plan?
Narrative and Solution-Focused Therapeutic Questions

- These questions include:
  - The pre-treatment change question
  - Scaling questions
  - Percentage questions
  - Unique outcomes or re-description questions
  - Presuppositional questions
  - The miracle question
  - Externalizing questions
  - Exception questions

The Pretreatment Change Question

- This is used to get new clients focused on the successes they’ve already started; for example:
  “What changes have you noticed that have happened or started to happen since you called to make the appointment for this session” (de Shazer & Dolan, 2007, p. 5)

Scaling Questions

- These questions help clients envision potential improvement more precisely:
  - On a scale of 1-10, with 1 being the “very worst possible” and 10 being the “very best possible,” how would you rate how well you’ve been handling your anger this past week? (SF & SF, 2012, p. 89)
Unique Outcomes or Redescription Questions

These are designed to direct clients toward describing the unique ways in which they've accomplished a specific task; for example:

- How did you beat the fear and go out shopping?

Presuppositional Questions

These are like projective questions; they presuppose a positive change has already occurred:

- What do you imagine will have changed when you start staying calm even when other students try to make you mad? (SF & SF, 2012, p. 90)

The Miracle Question

This is a presuppositional question, but it's also the most famous of all solution-focused therapeutic questions:

- Suppose you were to go home tonight, and while you were asleep, a miracle happened and this problem was solved. How will you know the miracle happened? What will be different? (de Shazer, 1988, p. 5)
Externalizing Questions

- These are designed to place the cause and presence of negative symptoms outside of the self; for example:
  - What exactly are you doing when you’re free from that fog of depression?

Exception Questions

- These are designed to help clients talk about times when their symptoms were gone or less severe; for example:
  - When is your anxiety less present?

Using Educational and Directive Techniques

- Explanation or Psychoeducation
- Suggestion
- Agreement-Disagreement
- Approval-Disapproval
- Giving Advice
- Self Disclosure
- Urging
Psychoeducation

- Psychoeducation is an educational process that focuses on information for clients about their diagnosis, treatment, prognosis, and intervention strategies.
- “The first step in managing depression usually involves keeping a journal of your emotions and the situations, thoughts, and behaviors linked to them” (from text)

Suggestion

- Suggestion originates from hypnosis and involves bringing something to someone’s mind indirectly
- Suggestions can be given under hypnosis or when clients are fully awake
- Suggestions can elicit resistance
- Can you think of an example from the text—or of your own?

Agreement-Disagreement

- Agreement is appealing; disagreement can be risky
- Agreeing with clients can enhance rapport and serve as reassurance
- It also may reduce the client’s motivation for personal exploration
- Disagreeing with clients can be dicey; specifically, it can be unethical to disagree with clients on values issues
Giving Advice

- Advice conveys the message: "Here's what I think you should do"
- Many people want advice
- Many people resist advice
- Before giving advice, check to see what the client has already tried, because you don't want to offer stale advice
- What are your thoughts on giving advice?

Self Disclosure

- As immediacy, self disclosure allows you to incorporate nearly any technique
- But it can also be used by itself to share personal information
- It's good to follow self-disclosure with a check-in
- It can be very helpful when working with culturally diverse clients

Urging

- Sometimes interviewers may urge clients to engage in a specific behavior
- Urging is most appropriate in crisis situations, but even then, it may be inappropriate or unhelpful
- What are your thoughts on whether urging is ever appropriate?
Approval-Disapproval

- Approval-Disapproval is about judgment
- Rendering favorable or unfavorable judgments about client behavior can be powerful
- Be very careful with approval-disapproval; consider your options carefully

Ethical and Multicultural Considerations when Encouraging Client Action

- Checking Your Values at the Door
- Cross-Cultural Advice-Giving
- Ethics, Diversity, and Self-Disclosure

Checking Your Values at the Door

- All clinicians have values
- Personal values are good, but they can also make you more judgmental
- The APA code addresses psychologist values indirectly
- The ACA code addresses counselor values directly
- Are values-based referrals acceptable? It’s good to look at all sides of this issue
20 Minute Discussion

- Consider the legal cases in the text and whatever is happening now in the U.S.
- Discuss the following in a small group:
  - What’s the prevailing legal status of values-based referrals?
  - Any thoughts on APA’s vs. ACA’s approach?
  - Are values-based referrals acceptable?
  - Be sure to look at all sides of this issue . . . And during the discussion, don’t let your values turn you into a bully.

Cross-Cultural Advice-Giving

- Consider the three cases in this section of the text
  - The Muslim couple and female education
  - The Native American and smoking cessation
  - The Black male and discrimination
- What other situations can you think of where cross-cultural advice-giving might be risky?

Ethics, Diversity and Self-Disclosure

- Self-disclosure is recommended with minority clients
- How can you use self-disclosure to join with clients and not for advice-giving
- Self-disclosure can be effective, but it’s no substitute for cultural knowledge
Summary Discussion

- What felt most important to you from this chapter?
- What do you want to remember?
- How can you apply the ideas from this chapter into your clinical work?