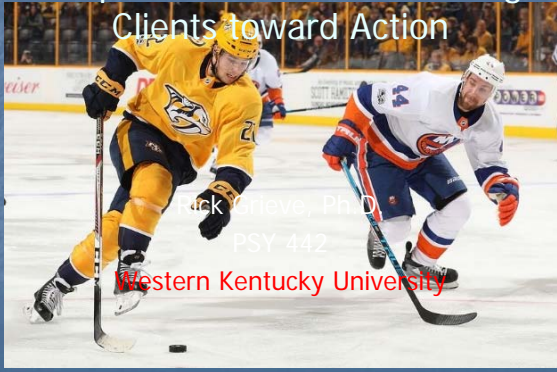


Chapter 6 – Skills for Directing Clients toward Action



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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

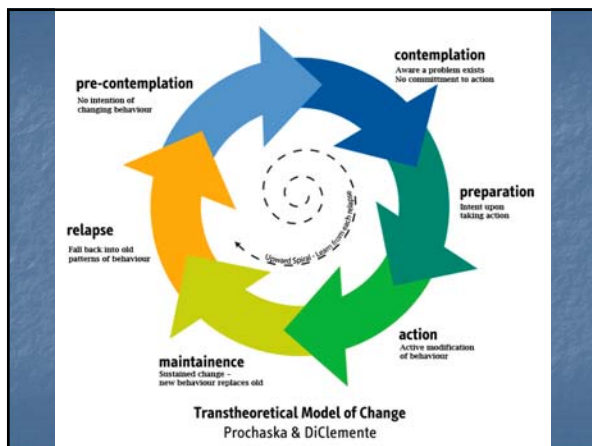
- This chapter will help you be able to:
 - Explain how stages of change principles operate in clinical interviewing
 - Describe and apply therapeutic questions to help shift client attitudes and behaviors
 - Describe and apply psychoeducation, suggestion, agreement-disagreement, advice, self-disclosure, 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?
