

STEP III-A: "HOW MANY WAYS ARE THERE TO GET WHAT I NEED AND WANT?"

ACTION STRATEGIES

INTRODUCTION TO STAGE III

Step III-A: Strategies

Step III-B: Best-fit strategies

Step III-C: Plans

MANY DIFFERENT PATHS TO GOALS:

Help Clients Brainstorm Strategies for Accomplishing Goals

Develop Frameworks for Stimulating Clients' Thinking About Strategies

Individuals

Models and exemplars

Communities

Places

Things

Organizations

Programs

"WHAT SUPPORT DO I NEED TO WORK FOR WHAT I WANT?"

"WHAT WORKING KNOWLEDGE AND SKILLS WILL HELP ME GET WHAT I NEED AND WANT?"

LINKING STRATEGIES TO ACTION

EVALUATION QUESTIONS FOR STEP III-A

INTRODUCTION TO STAGE III

Planning, in its broadest sense, includes all the steps of Stages II and III; that is, it deals with solutions with a big S and a small s. In a narrower sense, planning deals with identifying, choosing, and organizing the strategies needed to accomplish goals. Whereas Stage II is about outcomes—goals or accomplishments "powerfully imagined"—Stage III is about the activities or the work needed to produce those outcomes.

Clients, when helped to explore what is going wrong in their lives, often ask, "Well, what should I do about it?" That is, they focus on the actions they need to take to "solve" things. But, as we shall see, action, though essential, is valuable only to the degree that it leads to problem-managing and opportunity-developing outcomes. Accomplishments or outcomes, also essential, are valuable only to the degree that they have a constructive impact on the life of the client. The distinction between action, outcomes, and impact is seen in the following example:

Lacy, a 40-year-old single woman, is making a great deal of progress in controlling her drinking through her involvement with an AA program. She engages in certain activities—for instance, she attends AA meetings, follows the 12 steps, stays away from situations that would tempt her to drink, and calls fellow AA members when she feels depressed or when the temptation to drink is pushing her hard. The outcome is that she has stayed sober for over seven months. She feels that this is quite an accomplishment. The impact of all this is very rewarding. She feels better about herself, and she has had both the energy and the enthusiasm to do things that she has not done in years—developing a circle of friends, getting interested in church activities, and doing a bit of travel.

But Lacy is also struggling with a troubled relationship with a man. In fact, her drinking was, in part, an ineffective way of avoiding the problems in the relationship. She knows that she no longer wants to tolerate the psychological abuse she has been getting from her male friend, but she's afraid of the vacuum she will create by cutting off the relationship. She is, therefore, trying to determine what she wants, almost fearing that ending the relationship might turn out to be the best option.

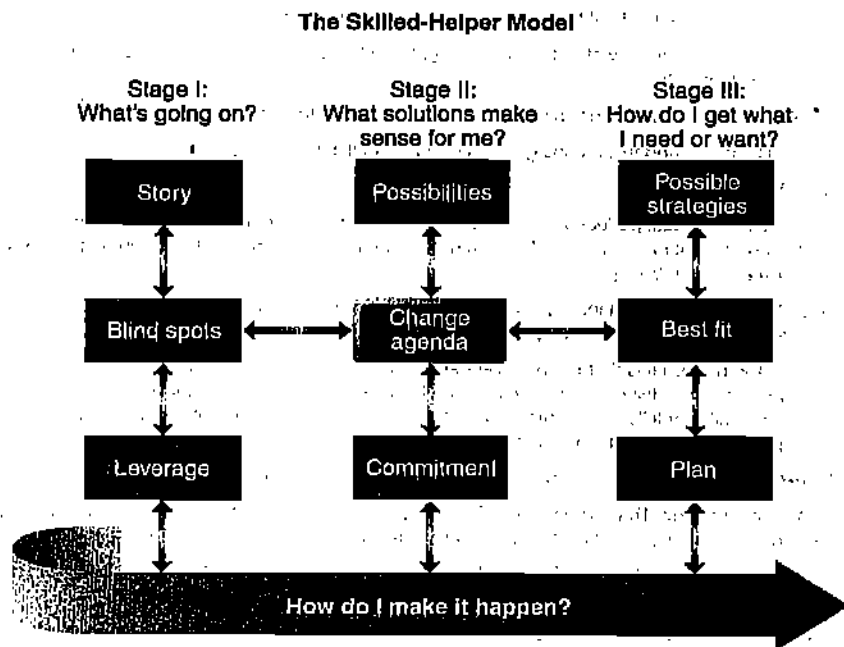
She has engaged in a number of activities in attempting to manage the relationship. For instance, she has become much more assertive with her friend. She now cuts off contact whenever her companion becomes abusive. And she no longer lets him make all the decisions about what they are going to do together. But the relationship remains troubled. Even though she is doing many things, there is no satisfactory outcome. She has not yet determined what the outcome should be; that is, she has not determined what kind of relationship she would like and if it is possible to have such a relationship with this man. Nor has she determined to end the relationship.

Finally, after one seriously abusive episode, she tells him that she is ending the relationship. She does what she has to do to sever all ties with him (action), and the outcome is that the relationship ends and stays ended. The impact is that she feels liberated but lonely. The helping process needs to be recycled to help her with this new problem.

Stage III has three steps, in our usual definition of step. They are all aimed at action on the part of the client.

Step III-A: Strategies. Help clients develop possible strategies for accomplishing their goals. "What kind of actions will help me get what I need and want?"

Step III-B: Best-fit strategies. Help clients choose strategies tailored to their preferences and resources. "What actions are best for me?"



Step III-C: Plans. Help clients formulate actionable plans. "What should my campaign for constructive change look like? What do I need to do first? second? third?"

Stage III, highlighted in Figure 18-1, adds the final pieces to a client's planning a program for constructive change. Stage III deals with the "game plan." However, these three "steps" constitute planning for action and should not be confused with action itself. Without action, a program for constructive change is nothing more than a wish list. The implementation of plans is discussed in Part Six.

Strategy is the art of identifying and choosing realistic courses of action for achieving goals and doing so under adverse conditions, such as war. The problem situations in which clients are immersed constitute adverse conditions; often clients are at war with themselves and the world around them. Helping clients develop strategies to achieve goals can be the most thoughtful, humane, and fruitful way of being with them. This step in the counseling process is another that helps sometimes avoid because it is too "technological." They do their clients a disservice. Clients with goals but no clear idea of how to accomplish them are still at sea.

Strategies are actions that help clients accomplish their goals. Step III-A, developing a range of possible strategies to accomplish goals, is a powerful exercise. Clients who feel hemmed in by their problems and unsure of the viability of their goals are liberated through this process. Clients who see clear pathways to their goals have a greater sense of self-efficacy: "I can do this."

MANY DIFFERENT PATHS TO GOALS

Once again it is a question of helping clients stimulate their imaginations and engage in divergent thinking. Most clients do not instinctively seek different routes to goals and then choose the ones that make most sense:

Help Clients Brainstorm Strategies for Accomplishing Goals

Brainstorming, discussed in Chapter 15, plays an important part in strategy development. The more routes to the achievement of a goal, the better. Consider the case of Karen, who has come to realize that heavy drinking is ruining her life. Her goal is to stop drinking. She feels that it simply would not be enough to cut down; she has to stop. At first, she thought the way forward was simple enough: Whereas before she drank, now she wouldn't. Because of the novelty of not drinking, she was successful for a few days; then she fell off the wagon. This happened a number of times until she finally realized that she could use some help. Stopping drinking, at least for her, is not as simple as it first seemed.

A counselor at a city alcohol and drug treatment center helps her explore a number of techniques that could be used in an alcohol-management program. Together they come up with the following possibilities:

- Just stop cold turkey and get on with life.
- Join Alcoholics Anonymous.
- Move someplace declared "dry" by local government.
- Take a drug that causes nausea if followed by alcohol.
- Replace drinking with other rewarding behaviors.
- Join some self-help group other than Alcoholics Anonymous.
- Get rid of all liquor in the house.
- Take the "pledge" not to drink; to make it more binding, take it in front of a minister.
- Join a residential hospital detoxification program.
- Avoid friends who drink heavily.
- Change other social patterns; for instance, find places other than bars and cocktail lounges to socialize.
- Try hypnosis to reduce the urge to drink.
- Use behavior modification techniques to develop an aversion for alcohol; for instance, pair painful but safe electric shocks with drinking or even thoughts about drinking.
- Change self-defeating patterns of self-talk, such as "I have to have a drink" or "One drink won't hurt me."
- Become a volunteer to help others stop drinking.
- Read books and view films on the dangers of alcohol.
- Stay in counseling as a way of getting support and challenge for stopping.

- Share intentions to stop drinking with family and close friends.
- Spend a week with an acquaintance who does a great deal of work in the city with alcoholics, and go with him on his rounds.
- Walk around skid row meditatively.
- Have a discussion with members of the family about the impact drinking has on them.
- Eat foods, such as sweets, that can help reduce the craving for alcohol.
- Get a hobby or an avocation that demands time and energy.
- Substitute a range of self-enhancing activities, such as exercise or surfing the Web, for drinking.

This list contains many more items than Karen would have thought of had she not been stimulated by the counselor to take a census of possible strategies. One of the reasons that clients are clients is that they are not very creative in looking for ways of getting what they want. Once goals are established, getting them accomplished is not just a matter of hard work. It is also a matter of imagination.

If a client is having a difficult time coming up with strategies, the helper can "prime the pump" by offering a few suggestions. Driscoll (1984) put it well.

Alternatives are best sought cooperatively, by inviting our clients to puzzle through with us what is or is not a more practical way to do things. But we must be willing to introduce the more practical alternatives ourselves, for clients are often unable to do so on their own. Clients who could see for themselves the more effective alternatives would be well on their way to using them. That clients do not act more expediently already is in itself a good indication that they do not know how to do so. (p. 167)

Although the helper may need to suggest alternatives, he or she can do so in such a way that the principal responsibility for evaluating and choosing possible strategies stays with the client. For instance, there is the "prompt and fade" technique. The counselor can say, "Here are some possibilities. . . . Let's review them and see whether any of them make sense to you or suggest further possibilities." Or "Here are some of the things that people with this kind of problem situation have tried. . . . How do they sound to you?" The "fade" part of this technique keeps it from being advice giving. It remains clear that the client must think over these strategies, choose the right ones, and commit to them.

Elton, a graduate student in counseling psychology, is plagued with perfectionism. Although he is an excellent student, he worries about getting things right. After he writes a paper or practices counseling, he agonizes over what he could have done better. This kind of behavior puts him on edge when he practices counseling with his fellow trainees. They tell him that his "edge" makes them uncomfortable and interferes with the flow of the helping process. One student says to him, "You make me feel as if I'm not doing the right things as a client."

Elton realizes that "less is more"—that becoming less preoccupied with the details of helping will make him a more effective helper. His goal is to become more relaxed in the helping sessions, free his mind of the "imperatives" to be perfect, and learn from mistakes rather than expending an excessive amount of effort trying to avoid them. He and his supervisor talk about ways he can free himself of these inhibiting imperatives.

SUPERVISOR: What kinds of things can you do to become more relaxed?

ELTON: I need to focus my attention on the client and the client's goals instead of being preoccupied with myself.

SUPERVISOR: So a basic shift in your orientation right from the beginning will help.

ELTON: Right. . . . And this means getting rid of a few inhibiting beliefs.

SUPERVISOR: Such as . . .

ELTON: That technical perfection in the helping model is more important than the relationship with the client. I get lost in the details of the model and have forgotten that I'm a human being with another human being.

SUPERVISOR: So "rehumanizing" the helping process in your own mind will help. . . . Any other internal behaviors need changing?

ELTON: Another belief is that I have to be the best in the class. That's my history, at least in academic subjects. Being as effective as I can be in helping a client has nothing to do with competing with my fellow students. Competing is a distraction. I know it's in my bones. It might have been all right in high school, but . . .

SUPERVISOR: Okay, so the academic-game mentality doesn't work here . . .

ELTON (interrupting): That's precisely it. Even the practicing we do with one another is real life, not a game. You know that a lot of us talk about real issues when we practice.

SUPERVISOR: You've been talking about getting your attitudes right and the impact that can have on helping sessions. Are there any external behaviors that might also help?

ELTON (pauses): I'm hesitating because it strikes me how I'm in my head too much, always figuring me out. . . . On a much more practical basis, I like what Jerry and Philomena do. Before each session with their "clients" in their practice sessions, they spend 5 or 10 minutes reviewing just where the client is in the overall helping process and determining what they might do in the next session to add value and move things forward. That puts the focus where it belongs, on the client.

SUPERVISOR: So a mini-prep for each session can help you get out of your world and into the client's.

ELTON: Also, in debriefing the training videos we make each week, I now see that I always start by looking at my behavior instead of what's happening with the client. . . . Oh, there's another thing I can do. I can share just what we've been discussing here with my training partner. She can help me refocus myself.

SUPERVISOR: I'm not sure whether you bring up the perfectionism issues when you're the "client" in the practice sessions or in the weekly lifestyle group meetings.

ELTON (hesitating): Well, not really. I'm just coming to realize how pervasive it is in my life. . . . To tell you the truth I think I haven't brought it up because I'd rather have my fellow trainees see me as competent, not perfectionistic. . . . Well, the cat is out of the bag with you, so I guess it makes sense to put it on my lifestyle group agenda.

This dialogue, which includes empathy, probes, and challenges on the part of the supervisor, produces a number of strategies that Elton can use to develop a more client-focused mentality. He ends by saying that all these can be reinforced through his interactions with his training partner.

Develop Frameworks for Stimulating Clients' Thinking About Strategies

How can helpers find the right probes to help clients develop a range of strategies? Simple frameworks can help. Consider the following case:

Jackson has terminal cancer. He has been in and out of the hospital several times over the past few months, and he knows that he probably will not live more than a year. He would like the year to be as full as possible, and yet he wants to be realistic. He hates being in the hospital, especially a large hospital, where it is so easy to be anonymous. One of his goals is to die outside the hospital. He would like to die as benignly as possible and retain possession of his faculties as long as possible. How is he to achieve these goals?

You can use probes and prompts to help clients discover possible strategies by assisting them in investigating resources in their lives, including people, models, communities, places, things, organizations, programs, and personal resources.

Individuals. What individuals might help clients achieve their goals? Jackson gets the name of a local doctor who specializes in the treatment of chronic cancer-related pain. The doctor teaches people how to use a variety of techniques to manage pain. Jackson says that perhaps his wife and daughter can learn how to give simple injections to help him control the pain. A friend of his has mentioned that his father got excellent hospice care and died at home. Also, he thinks that talking every once in a while with a friend whose wife died of cancer, a man he respects and trusts, will help him find the courage he needs.

Models and exemplars. Are there people presently doing what clients want to do? One of Jackson's fellow workers died of cancer at home. Jackson visited him there a couple of times. That's what gave him the idea of dying at home, or at least outside the hospital. He noticed that his friend never allowed himself to engage in poor-me talk. He refused to see dying as anything but part of living. This touched Jackson deeply at the time, and now reflecting on that experience may help him develop the same kind of upbeat attitude.

Communities. What communities of people are there through which clients might identify strategies for implementing their goals? Even though Jackson has not been a regular churchgoer, he does know that the parish within which he resides has some resources for helping those in need. A brief investigation reveals that the parish has developed a relatively sophisticated approach to providing various services for the sick. He also does an Internet search and discovers that there are a number of self-help groups for people like him.

Places. Are there particular places that might help? Jackson immediately thinks of Lourdes, the shrine to which Catholic believers flock with all sorts of human problems. He doesn't expect miracles, but he feels that he might experience life more deeply there. It's a bit wild, but why not a pilgrimage? He still has the time and money to do it. He also finds a high-tech place—an Internet chat room for cancer patients and their caregivers. This helps him get out of himself and, at times, become a helper instead of a client.

Things. What things exist that can help clients achieve their goals? Jackson has read about the use of combinations of drugs to help stave off pain and the side effects of chemotherapy. He has heard that certain kinds of electric stimulation can ward off chronic pain. He explores all these possibilities with his doctor and even arranges for second opinions.

Box 18-1 Questions on Developing Strategies

- Now that I know what I want, what do I need to do?
- Now that I know my destination, what are the different routes for getting there?
- What actions will get me to where I want to go?
- Now that I know the gaps between what I have and what I want and need, what do I need to do to bridge those gaps?
- How many ways are there to accomplish my goals?
- How do I get started?
- What can I do right away?
- What do I need to do later?

Organizations. What groups or institutions are available to help clients? Jackson runs across an organization that helps young cancer patients get their wishes. He volunteers. In his role as helper, he finds he receives as much help, motivation, and solace as he gives.

Programs. Do any ready-made programs exist to help clients in this position? He learns that a new hospice in his part of town has three programs. One helps people who are terminally ill stay in the community as long as they can. A second makes provision for part-time residents. The third is a residential program for those who can spend little or no time in the community. The goals of these programs are practically the same as Jackson's.

Box 18-1 outlines some questions that you can help clients ask themselves to develop strategies for accomplishing goals.

"WHAT SUPPORT DO I NEED TO WORK FOR WHAT I WANT?"

Step III-A can also be seen as helping clients get the resources, both internal and environmental, they need to pursue goals. Many clients do not know how to mobilize needed resources. One of the most important resources is social support. A great deal is said in the literature about the kind of support helpers should provide their clients (Alford & Beck, 1997; Arkowitz, 1997; Castonguay, 1997; Yalom & Bugental, 1997). In a sense, this entire book is about that kind of support. But if clients are to pursue goals "out there" in their real lives, they also need social support. Unfortunately, as Robert Putnam (2000) shows with a great deal of evidence, such support is not always easy to find. His central thesis is that in North American society, the supply of "social capital"—both informal social connectedness and formal civic

engagement—has fallen dangerously low. Putnam reports that we belong to fewer organizations that hold meetings, know our neighbors less, meet with friends less frequently, and even socialize with our families less often. This is the environment in which clients must do the work of constructive change.

However, social support is a key element in change (see Basic Behavioral Science Task Force of the National Advisory Mental Health Council, 1996).

Social support has . . . been examined as a predictor of the course of mental illness. In about 75% of studies with clinically depressed patients, social-support factors increased the initial success of treatment and helped patients maintain their treatment gains. Similarly, studies of people with schizophrenia or alcoholism revealed that higher levels of social support are correlated with fewer relapses, less frequent hospitalizations, and success and maintenance of treatment gains. (p. 628)

In a study on weight loss and maintaining the loss (Wing & Jeffery, 1999), clients who enlisted the help of friends were much more successful than clients who took the solo path. This is called "social facilitation" and is quite different from dependence. Social facilitation, a positive-psychology approach, is energizing, while dependence is often depressing. Therefore, a culture of social isolation does not bode well for clients. Of course, all of this reinforces what we already know through common sense. Which of us has not been helped through difficult times by family and friends?

When it comes to social support, there are two categories of clients. First, there are those who lead an impoverished social life. The objective with this group is to help them find social resources, to get back into community in some productive way. But as Putnam (2000) points out, even when clients, at least on paper, have a social system, they may not use it very effectively. This second group provides counselors with a different challenge, that is, helping clients tap into those human resources in a way that helps them manage problem situations more effectively.

Indeed, the Basic Behavioral Science Task Force (1996) study previously quoted showed that people who are highly distressed and therefore most in need of social support may be the least likely to receive it because their expressions of distress drive away potential supporters. Which of us, at one time or another, has not avoided a distressed friend or colleague? Therefore, distressed clients can be helped to learn how to modulate their expressions of distress. Who wants to help whiners? On the other hand, potential supporters can learn how to deal with distressed friends and colleagues, even when the latter let themselves become whiners.

The Task Force study suggests two general strategies for fostering social support: helping clients mobilize or increase support from existing social networks and "grafting" new ties onto impoverished social networks. Both of these come into play in the following case:

Casey, a bachelor whose job involved frequent travel literally around the world, fell ill. He had many friends, but they were spread around the world. Because he was neither married nor in a marriage-like relationship, he had no primary caregiver in his life. He received excellent medical care, but his psyche fared poorly.

Once out of the hospital, he recuperated slowly, mainly because he was not getting the social support he needed. In desperation he had a few sessions with a counselor, sessions that proved to be quite helpful. The counselor challenged him to "ask for help" from his local friends.

He had underplayed his illness with them because he didn't want to be a "burden." He discovered that his friends were more than ready to help. But since their time was limited, he, with some hesitancy, "grafted" onto his rather sparse hometown social network some very caring people from the local church. He was fearful that he would be deluged with pity, but instead he found people like himself. Moreover, they were, in the main, socially intelligent. They knew how much or how little care to give. In fact, most of the time their care was simple friendship. Finally, he hired a couple of students from a local university to do work processing and run errands for him from time to time. They also provided some social support.

As the Task Force authors note, it's important not only that people be available to provide support but also that those needing support perceive that it is available. This may mean, as in Casey's case, working with the client's attitudes and openness to receive support.

Eventually, all clients have to make it without the help of a counselor. Therefore, effective helpers right from the beginning try to help them explore the social-support dimensions of problem situations. At the action arrow stage, questions like the following are appropriate: Who might help you do this? Who's going to challenge you when you want to give up? With whom can you share these kinds of concerns? Who's going to give you a pat on the back when you accomplish your goal?

Although social support is often key, it is not the only resource clients need to pursue their goals. Effective helpers build some kind of resource census into the helping process.

"WHAT WORKING KNOWLEDGE AND SKILLS WILL HELP ME GET WHAT I NEED AND WANT?"

It often happens that people get into trouble or fail to get out of it because they lack the needed life skills or coping skills to deal with problem situations. If this is the case, then helping clients find ways of learning the life skills they need to cope more effectively is an important broad strategy. Indeed, the use of skills training as part of therapy—what years ago Carkhuff (1971) called "training as treatment"—might be essential for some clients. Challenging clients to engage in activities for which they don't have the skills is compounding rather than solving their problems. What kinds of working knowledge and skills does this client need to get where he or she wants to go? Consider the following case:

Jerzy and Zelda fell in love. They married and enjoyed a relatively trouble-free honeymoon period of about two years. Eventually, however, the problems that inevitably arise from living together in such intimacy asserted themselves. They found, for instance, that they counted too heavily on positive feelings for each other and now, in their absence, could not "communicate" about finances, sex, and values. They lacked certain critical interpersonal communication skills. Furthermore, they lacked understanding of each other's developmental needs. Jerzy had little working knowledge of the developmental demands of a 20-year-old woman; Zelda had little working knowledge of the kinds of cultural blueprints that were operative in the lifestyle of her 29-year-old husband. The relationship began to deteriorate. Since they had few problem-solving skills, they didn't know how to handle their situation.

Jerzy and Zelda needed skills. This is hardly surprising. Lack of requisite interpersonal communication and other life skills is often at the heart of relationship

breakdowns. One marriage counselor I know works with groups of four couples. Training in communication skills is part of the process. He separates men from women and trains them in tuning in, active listening, and sharing empathic highlights. For skills practice, he begins by pairing a woman with a woman and a man with a man. Next he pairs a man and a woman, but not spouses, for skills practice. Finally, spouses are paired, taught a simple version of the problem-management process outlined in this book, and then helped to use the skills they have learned to engage in problem solving with each other. In sum, he equips them with two sets of life skills: interpersonal communication and problem solving.

The literature is filled with programs designed to equip clients with the working knowledge and skills they need to manage problems and lead fuller lives. Some of them focus on specific problems. For instance, Deffenbacher and his associates (Deffenbacher, Thwaites, Wallace, & Oetting, 1994; Deffenbacher, Oetting, Huff, & Thwaites, 1995) have devised and evaluated programs for general anger reduction. Although programs such as these need to be tailored to individual clients, they are often gold mines of strategies for accomplishing goals. Tailoring such generic programs to clients will be discussed in the next chapter.

LINKING STRATEGIES TO ACTION

Although all the steps of the helping process can and should stimulate action on the part of the client, this is especially true of Step III-A, which deals with possible actions. Many clients, once they begin to see what they can do to get what they want, begin acting immediately. They don't need a formal plan. Here are a couple of examples of clients who, once they were helped to identify strategies for implementing their goals, acted on them.

Jeff had been in the army for about ten months. He found himself both overworked and, perhaps not paradoxically, bored. He had a couple of sessions with one of the educational counselors on the base. During these sessions, Jeff began to see quite clearly that not having a high school diploma was working against him. The counselor mentioned that he could finish high school while in the army. Jeff realized that this possibility had been pointed out to him during the orientation talks, but he hadn't paid any attention to it. He had joined the army because he wasn't interested in school and, being unskilled, couldn't find a job. Now he decided that he would get a high school diploma as soon as possible.

Jeff obtained the authorization needed from his company commander to go to school. He found out what courses he needed and enrolled in time for the next school session. It didn't take him long to finish. Once he received his high school diploma, he felt better about himself and found that opportunities for more interesting jobs opened up for him in the army. Achieving his goal of getting a high school diploma helped him manage the problem situation.

Jeff was one of those fortunate ones who, with a little help, quickly set a goal (the "what") and identified and implemented the strategies (the "how") to accomplish it. Notice, too, that his goal of getting a diploma was also a means to other goals: feeling good about himself and getting better job opportunities in the army.

Grace's road to problem management was quite different from Jeff's. She needed much more help.

As long as she could remember, Grace had been a fearful person. She was especially afraid of being rejected and of being a failure. As a result, she had an impoverished social life. She had held a series of jobs that were safe but boring. She became so depressed that she made a half-hearted attempt at suicide, probably more an expression of anguish and a cry for help than a serious attempt to get rid of her problems by getting rid of herself.

During her stay in the hospital, Grace had a few therapy sessions with one of the staff psychiatrists. The psychiatrist was supportive and helped her handle both the guilt she felt because of the suicide attempt and the depression that had led to the attempt. Just talking to someone about things she usually kept to herself seemed to help. She began to see her depression as a case of "learned helplessness." She saw quite clearly how she had let her choices be dictated by her fears. She also began to realize that she had a number of underused resources. For instance, she was intelligent and, though not good-looking, attractive in other ways. She had a fairly good sense of humor, though she seldom gave herself the opportunity to use it. She was also sensitive to others and basically caring.

After Grace was discharged from the hospital, she returned for a few outpatient sessions. She got to the point where she wanted to do something about her general fearfulness and her passivity, especially the passivity in her social life. A psychiatric social worker taught her relaxation and thought-control techniques that helped her reduce her anxiety. As she became less anxious, she was in a better position to do something about establishing some social relationships. With the social worker's help, she set goals of acquiring a couple of friends and becoming a member of some social group. However, she was at a loss as to how to proceed. She thought that friendship and a fuller social life were things that should happen "naturally." She soon came to realize that many people had to work at acquiring a more satisfying social life, that for some people there was nothing automatic about it at all.

The social worker helped Grace identify various kinds of social groups that she might join. She was then helped to see which of these would best meet her needs without placing too much stress on her. She finally chose to join an arts and crafts group at a local YMCA. The group gave her an opportunity to begin developing some of her talents and to meet people without having to face demands for intimate social contact. It also gave her an opportunity to take a look at other, more socially oriented programs sponsored by the Y. In the arts and crafts program, she met a couple of people she liked and who seemed to like her. She began having coffee with them once in a while and then an occasional dinner.

Grace still needed support and encouragement from her helper, but she was gradually becoming less anxious and feeling less isolated. Once in a while, she would let her anxiety get the better of her. She would skip a meeting at the Y and then lie about having attended. However, as she began to let herself trust her helper more, she revealed this self-defeating game. The social worker helped her develop coping strategies for those times when her anxiety seemed to be higher.

Grace's problems were more severe than Jeff's, and she did not have as many immediate resources. Therefore, she needed both more time and more attention to develop goals and strategies.