



Evaluation Questions for Step III-A

How effectively do I do the following?

- Use probes, prompts, and challenges to help clients identify possible strategies
- Help clients engage in divergent thinking with respect to strategies
- Help clients brainstorm as many ways as possible to accomplish their goals
- Use some kind of framework in helping clients be more creative in identifying strategies
- Help clients identify and begin to acquire the resources they need to accomplish their goals
- Help clients identify and develop the skills they need to accomplish their goals
- Help clients see the action implications of the strategies they identify

STEP III-B: "WHAT STRATEGIES ARE BEST FOR ME?" BEST-FIT STRATEGIES

"WHAT'S BEST FOR ME?" THE CASE OF BUD

HELPING CLIENTS CHOOSE BEST-FIT STRATEGIES

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EVALUATION QUESTIONS FOR STEP III-B

"WHAT'S BEST FOR ME?" THE CASE OF BUD

In the last two steps of Stage III, clients are in decision-making mode once again. After brainstorming strategies for accomplishing goals, they need to choose strategies ("packages") that best fit their situations and resources and turn them into some kind of plan for constructive change. Whether these steps are done with the kind of formality outlined here is not the point. Counselors, understanding the "technology" of planning, can add value by helping clients find ways of accomplishing goals (getting what they need and want) in a systematic, flexible, personalized, and cost-effective way. Step III-B involves ways of helping clients choose the strategies that are best for them. Step III-C deals with turning those strategies into some kind of step-by-step plan.

Some clients, once they are helped to develop a range of strategies to implement goals, move forward on their own; that is, they choose the best strategies, put together action plans, and implement them. Others, however, need help in choosing strategies that best fit their situations, and so we add Step III-B to the helping process. It is useless to have clients brainstorm if they don't know what to do with all the action strategies they generate.

Consider the case of Bud, a man who was helped to discover two best-fit strategies for achieving emotional stability in his life. With these, he achieved outcomes that surpassed anyone's wildest expectations.

One morning, Bud, then 18 years old, woke up unable to speak or move. He was taken to a hospital, where catatonic schizophrenia was diagnosed. After repeated admissions to hospitals, where he underwent both drug and electroconvulsive therapy (ECT), his diagnosis was changed to paranoid schizophrenia. He was considered incurable.

A quick overview of Bud's earlier years suggests that much of his emotional distress was caused by unmanaged life problems and the lack of human support. He was separated from his mother for four years when he was young. They were reunited in a city new to both of them, and there he suffered a great deal of harassment at school because of his "ethnic" looks and accent. There was simply too much stress and change in his life. He protected himself by withdrawing. He was flooded with feelings of loss, fear, rage, and abandonment. Even small changes became intolerable. His catatonic attack occurred in the autumn on the day of the change from daylight saving to standard time. It was the last straw.

In the hospital, Bud became convinced that he and many of his fellow patients could do something about their illnesses. They did not have to be victims of themselves or of the institutions designed to help them. Reflecting on his hospital stays and the drug and ECT treatments, he later said he found his "help" so debilitating that it was no wonder that he got crazier. Somehow Bud, using his own inner resources, managed to get out of the hospital. Eventually, he got a job, found a partner, and got married.

One day, after a series of problems with his family and at work, Bud felt himself becoming agitated and thought he was choking to death. His doctor sent him to the hospital "for more treatment." There Bud had the good fortune to meet Sandra, a psychiatric social worker who was convinced that many of the hospital's patients were there because of lack of support before, during, and after their bouts of illness. She helped him see his need for social support, especially at times of stress. In the inpatient counseling groups that she ran, Sandra also discovered that Bud had a knack for helping others. Bud's broad goal was still emotional stability, and he wanted to do whatever was necessary to achieve it. Finding human support and helping others cope with their problems—instrumental goals—were his best strategies for achieving the stability he wanted.

Outside, Bud started a self-help group for ex-patients like himself. In the group, he was a full-fledged participant. Sandra, the social worker, also coached Bud's wife on how to provide support for him at times of stress. As to helping others, Bud not only founded a self-help group but also turned it into a network of self-help groups for ex-patients.

This is an amazing example of a client who focused on one broad goal—emotional stability; translated it into a number of immediate, practical goals; discovered two broad strategies—finding ongoing emotional support and helping others—for accomplishing those goals; translated the strategies into practical applications; and by doing all that, found the emotional stability he was looking for.

HELPING CLIENTS CHOOSE BEST-FIT STRATEGIES

The criteria for choosing goal-accomplishing strategies are somewhat like the criteria for choosing goals outlined in Step II-B. These criteria are reviewed briefly here through a number of examples. Strategies to achieve goals should be, like goals themselves, specific, robust, prudent, realistic, sustainable, flexible, cost-effective, and in keeping with the client's values. Let's take a look at a few of these criteria as they apply to choosing strategies.

Specific strategies. Strategies for achieving goals should be specific enough to drive behavior. In the preceding example, Bud's two broad strategies for achieving emotional stability—tapping into human support and helping others—were translated into quite specific strategies: keeping in touch with Sandra, getting help from his wife, participating in a self-help group, starting a self-help group, and founding and running a self-help organization. Contrast Bud's case with Stacy's.

Stacy was admitted to a mental hospital because she had been exhibiting bizarre behavior in her neighborhood. She dressed in a slovenly way and went around admonishing the residents of the community for their "sins." Her condition was diagnosed as schizophrenia, simple type. She had been living alone for about five years, since the death of her husband. It seems that she had become more and more alienated from herself and others. In the hospital, medication helped control some of her symptoms. She stopped admonishing others and took reasonable care of herself, but she was still quite withdrawn. She was assigned to "milieu" therapy, a euphemism meaning that she was helped to follow the more or less benign routine of the hospital—a bit of work, a bit of exercise, some programmed opportunities for socializing. She remained withdrawn and usually seemed moderately depressed. No therapeutic goals had been set, and the nonspecific program to which she was assigned was totally inadequate.

So-called milieu therapy did nothing for Stacy because in no way was it specific to her needs. It was a general program that was only marginally better than drug-focused standard care. Bud's strategies, on the other hand, proved to be powerful. They not only helped him gain stability but also gave him a new perspective on life.

Robust strategies. Strategies are robust to the degree that they challenge clients to use their resources and, when implemented, actually achieve goals. Not only was Stacy's program too general, but it also lacked bite. Bud's strategies, on the other hand, were substantive, especially the strategy of starting and running a self-help organization. What could be done for Stacy?

A newly hired psychiatrist, who had been influenced by Corrigan's (1995) notion of "champions of psychiatric rehabilitation," saw immediately that Stacy needed more than either standard

psychiatric or milieu-centered care. He involved her in a new comprehensive social-learning program, which included cognitive restructuring, social-skills training, and behavioral-change interventions based on incentives, shaping, modeling, and rewards. Stacy responded very well to the new, rather intensive program. She was discharged within six months and, with the help of an outpatient extension of the program, remained in the community.

For Stacy, this program proved to be not only robust but also specific, prudent, realistic, sustainable, flexible, cost-effective, and in keeping with her values. It was cost-effective in two ways. First, it was the best use of Stacy's time, energy, and psychological resources. Second, it helped her and others like her to get back into the community and stay there. It was in keeping with her values because, even though some staff members at the hospital had concluded that all she wanted was "to be left alone," Stacy did value human companionship and freedom. She did better in a community setting.

Realistic strategies. If clients choose strategies that are beyond their resources, they are doing themselves in. Strategies are realistic when they can be carried out with the resources the client has, are under the client's control, and are unencumbered by obstacles. Bud's strategies would have appeared unrealistic to most clients and helpers. But this highlights an important point. Just as we should help clients set stretch goals whenever possible, so we should not underestimate what clients are capable of doing. In the following case, Desmond moves from unrealistic to realistic strategies for getting what he wants:

Desmond was in a halfway house after leaving a state mental hospital. From time to time, he still had bouts of depression that would incapacitate him for a few days. He wanted to get a job because he thought that a job would help him feel better about himself, become more independent, and manage his depression better. He answered job advertisements in a rather random way and was constantly turned down after being interviewed. He simply did not yet have the kinds of resources needed to put himself in a favorable light in job interviews. Moreover, he was not yet ready for a regular, full-time job.

On his own, Desmond does not do well in choosing strategies to achieve even modest goals. But here's what happened next:

A local university received funds to provide outreach services to halfway houses in the metropolitan area. The university program included finding companies that were willing, on a win-win basis, to work with halfway-house residents. A counselor from the program helped Desmond get in contact with companies that had specific programs to help people with psychiatric problems. He found two that he thought would fit his needs. Some of their best workers had a variety of disabilities, including psychiatric problems. After a few interviews, Desmond got a job in one of these companies that fitted his situation and capabilities. The entire work culture was designed to provide the kind of support he needed.

There is, of course, a difference between realism and allowing clients to sell themselves short. Robust strategies that make clients stretch for a valued goal can be most rewarding. Bud's case is an exceptional example of that.

Strategies in keeping with clients' values. Make sure that the strategies that clients choose are consistent with their values. Let's return to the case of the priest who had been unjustly accused of child molestation.

In preparing for the court case, the priest and his lawyer had a number of discussions. The lawyer wanted to do everything possible to destroy the credibility of the accusers. He had dug



Box 19-1 Questions on Best-Fit Strategies

- Which strategies will be most useful in helping me get what I need and want?
- Which strategies are best for this situation?
- Which strategies best fit my resources?
- Which strategies will be most economic in the use of my resources?
- Which strategies are most powerful?
- Which strategies best fit my preferred way of acting?
- Which strategies best fit my values?
- Which strategies will have the fewest unwanted consequences?

into their past and dredged up some dirt. The priest objected to these tactics. "If I let you do this," he said, "I descend to their level. I can't do that." The priest discussed this with his counselor, his superiors, and another lawyer. He stuck to his guns. They prepared a strong case without the sleaze.

After the trial was over and he was acquitted, the priest said that his discussion about the lawyer's preferred tactics was one of the most difficult issues he had to face. Something in him said that since he was innocent, any means to prove his innocence was allowed. Something else told him that this was not right. The counselor helped him clarify and challenge his values but made no attempt to impose either his own or the lawyer's values on his client.

Box 19-1 outlines the kinds of questions you can help clients answer as they choose best-fit strategies.

STRATEGY SAMPLING

Some clients find it easier to choose strategies if they first sample some of the possibilities. Consider this case:

Two business partners were in conflict over ownership of the firm's assets. Their goals were to see justice done, to preserve the business, and, if possible, to preserve their relationship. A colleague helped them sample some possibilities. Under her guidance, they discussed with a lawyer the process and consequences of bringing their dispute to the courts, they had a meeting with a consultant-counselor who specialized in these kinds of disputes, and they visited an arbitration firm.

In this case, the sampling procedure had the added effect of giving them time to let their emotions simmer down. They agreed to go the consultant-counselor route.

Karen, the woman who, with the help of her counselor, brainstormed a wide range of strategies for disengaging from alcohol, decided to sample some of the possibilities.

Surprised by the number of program possibilities there were to achieve the goal of getting liquor out of her life, Karen decided to sample some of them. She went to an open meeting of Alcoholics Anonymous, attended a meeting of a woman's lifestyle-issues group, visited the hospital

that had the residential treatment program, and joined up for a two-week trial physical fitness program at a YMCA. She engaged in these activities frantically. She tried them out and then discussed them with her counselor. Her search for the programs that were best for her did occupy her energies and strengthened her resolve to do something about her alcoholism.

Of course, some clients could use strategy sampling as a way of putting off action. That was certainly not the case with Bud. His attending the meeting of a self-help group after leaving the hospital was a form of strategy sampling. Although he was impressed by the group, he thought that he could start a group limited to ex-patients that would focus more directly on the kinds of issues he and other ex-patients were facing.

A BALANCE-SHEET METHOD FOR CHOOSING STRATEGIES

Some form of balance sheet can be used to help clients make decisions in general. The methodology could be used for any key decision related to the helping process—to get help in the first place, to work on one problem rather than another, or to choose this rather than that goal. Balance sheets deal with the acceptability and unacceptability of both benefits and costs. A balance-sheet approach, applied to choosing strategies for achieving goals, poses questions such as the following:

- What are the benefits of choosing this strategy for myself? for significant others?
- To what degree are these benefits acceptable to me? to significant others?
- In what ways are these benefits unacceptable to me? to significant others?
- What are the costs of choosing this strategy for myself? for significant others?
- To what degree are these costs acceptable to me? to significant others?
- In what ways are these costs unacceptable to me? to significant others?

Let's return to Karen. She used the balance-sheet method to assess the viability not of a goal but of strategies to achieve a goal. Karen's goal was to stop drinking. One possible strategy for accomplishing that goal was to spend a month as an inpatient at an alcoholic treatment center. This possibility appealed to her. However, since choosing this strategy would be a serious decision, the counselor, Joan, helped Karen use a balance sheet to weigh possible costs and benefits. After filling it out, Karen and Joan discussed Karen's findings. She chose to consider the pluses and minuses for herself and for her husband and children.

A Sample Balance Sheet

Benefits of Choosing the Residential Program

- *For me.* It would help me because it would be a dramatic sign that I want to do something to change my life. It's a clean break, as it were. It would also give me time just for myself. I'd get away from all my commitments to family, relatives, friends, and work. I see it as an opportunity to do some planning. I'd have to figure out how I would act as a sober person.

- *For significant others.* I'm thinking mainly of my family here. It would give them a breather, a month without an alcoholic wife and mother around the house. I'm not saying that to put myself down. I think it would give them time to reassess family life and make some decisions about any changes they'd like to make. I think something dramatic like my going away would give them hope. They've had very little reason to hope for the last five years.

Acceptability of benefits:

- *For me.* I feel torn here. But looking at it just from the viewpoint of acceptability, I feel kind enough toward myself to give myself a month's time off. Also, something in me longs for a new start in life. And it's not just time off. The program is a demanding one.
- *For significant others.* I think that my family would have no problems in letting me take a month off. I'm sure that they'd see it as a positive step from which all of us would benefit.

Unacceptability of benefits

- *For me.* Going away for a month seems such a luxury, so self-indulgent. Also, even though taking such a dramatic step would give me an opportunity to change my current lifestyle, it would also place demands on me. My fear is that I would do fine while in the program but that I would come out and fall on my face. I guess I'm saying it would give me another chance at life, but I have misgivings about having another chance. I need some help here.
- *For significant others.* The kids are young enough to readjust to a new me. But I'm not sure how my husband would take this "benefit." He has more or less worked out a lifestyle that copes with my being drunk a lot. Though I have never left him and he has never left me, still I wonder whether he wants me back sober. Maybe this belongs under the "cost" part of this exercise. I need some help here. And, of course, I need to talk to my husband about all this. I also notice that some of my misgivings relate not to a residential program as such but to a return to a lifestyle free of alcohol. Doing this exercise helped me see that more clearly.

Costs of Choosing the Residential Program

- *For me.* Well, there's the money. I don't mean the money just for the program, but I would be losing four weeks' wages. But I've lost a lot of wages through drinking. The major cost seems to be the commitment I have to make about a lifestyle change. And I know the residential program won't be all fun. I don't know exactly what they do there, but some of it must be demanding. Probably a lot of it.
- *For significant others.* It's a private program, and it's going to cost the family a lot of money. The services I have been providing at home will be missing for a month. It could be that I'll learn things about myself that will make it harder to live with me—though living with a drunken spouse and mother is no joke.

What if I come back more demanding of them—I mean, in good ways? I need to talk this through more thoroughly.

Acceptability of costs

- *For me.* I have no problem at all with the money or with whatever the residential program demands of me physically or psychologically. I'm willing to pay. What about the costs of the demands the program will place on me for substantial lifestyle changes? Well, in principle I'm willing to pay what that costs. But I'm not sure what these are. I need some help here.
- *For significant others:* They will have to make financial sacrifices, but I have no reason to think that they would be unwilling. Still, I can't be making decisions for them. I see much more clearly the need to have a counseling session with my husband and children present. I think they're also willing to have a "new" person around the house, even if it means making adjustments and changing their lifestyle a bit. I want to check this out with them, but I think it would be helpful to do this with the counselor. I think they will be willing to come.

Unacceptability of costs

- *For me.* Although I'm ready to change my lifestyle, I hate to think that I will have to accept some dumb, dull life. I think I've been drinking, at least in part, to get away from dullness; I've been living in a fantasy world, a play world a lot of the time. A stupid way of doing it, perhaps, but it's true. I have to do some life planning of some sort. I need some help here.
- *For significant others.* It strikes me that my family might have problems with a sober me if it means that I will strike out in new directions. I wonder if they want the traditional homebody wife and mother. I don't think I could stand that. All this should come out in the meeting with the counselor.

Karen concludes, "All in all, it seems like the residential program is a good idea. There is something much more substantial about it than an outpatient program. But that's also what scares me."

Karen's use of the balance sheet helps her make an initial program choice, but it also enables her to discover issues that she has not yet worked out completely. By using the balance sheet, she returns to the counselor with work to do. This highlights the usefulness of exercises and other forms of structure that help clients take more responsibility for what happens both in the helping sessions and outside.

Realism in Using the Balance Sheet

Now let's look at a more practical and flexible approach to using the balance sheet. It is not to be used with every client to work out the pros and cons of every course of action. Tailor the balance sheet to the needs of the client. Choose the parts of the balance sheet that will add the most value with this client pursuing this goal or set of goals. In fact, one of the best uses of the balance sheet is not to use it directly at all. Keep it in the back of your mind whenever clients are making decisions. Use it as a filter to listen to clients. Then turn relevant parts of it into probes to help

clients focus on issues they may be overlooking. "How will this decision affect the significant people in your life?" is a probe that originates in the balance sheet. "Is there any downside to that strategy?" might help a client who is being a bit too optimistic. There's no formula.

LINKING STEP III-B TO ACTION

Some clients are filled with great ideas for getting things done but never seem to do anything. They lack the discipline to evaluate their ideas, choose the best ones, and turn them into action. Often this kind of work seems too tedious to them, even though it is precisely what they need. Consider the following case:

Clint came away from the doctor feeling depressed. He was told that he was in the high-risk category for heart disease and that he needed to change his lifestyle. He was cynical, a man very quick to anger, a man who did not readily trust others. Venting his suspicions and hostility did not make these feelings go away; it only intensified them. Therefore, one critical lifestyle change was to change this pattern and develop the ability to trust others. He developed three broad goals: reducing mistrust of others' motives; reducing the frequency and intensity of such emotions as rage, anger, and irritation; and learning how to treat others with consideration. Clint read through the strategies suggested to help people pursue these broad goals (see Williams, 1989). They included

- keeping a hostility log to discover the patterns of cynicism and irritation in one's life;
- finding someone to talk to about the problem, someone to trust;
- "thought stopping"—catching oneself in the act of indulging in hostile thoughts or in thoughts that lead to hostile feelings;
- talking sense to oneself when tempted to put others down;
- developing empathic thought patterns—that is, walking in the other person's shoes;
- learning to laugh at one's own silliness;
- using a variety of relaxation techniques, especially to counter negative thoughts;
- finding ways of practicing trust;
- developing active listening skills;
- substituting assertive for aggressive behavior;
- getting perspective, seeing each day as one's last;
- practicing forgiving others without being patronizing or condescending.

Clint prided himself on his rationality (though his "rationality" was one of the things that got him into trouble). So, as he read down the list, he chose strategies that could form an "experiment," as he put it. He decided to talk to a counselor (for the sake of objectivity), keep a hostility log (data gathering), and use the tactics of thought stopping and talking sense to himself whenever he felt that he was letting others get under his skin. The counselor noted to himself that none of these necessarily involved changing Clint's attitudes toward others. However, he did not challenge Clint at this point. His best bet was that through "strategy sampling" Clint would learn more about his problem, that he would find that it went deeper than he thought. Clint set himself to his experiment with vigor.

Clint chose strategies that fit his values. The problem was that the values themselves needed reviewing. But Clint did act, and action gave him the opportunity to learn.

THE SHADOW SIDE OF SELECTING STRATEGIES

The shadow side of decision making, discussed in Chapter 14, is certainly at work in clients' choosing strategies to implement goals. Goslin (1985) puts it well:

In defining a problem, people dislike thinking about unpleasant eventualities, have difficulty in assigning . . . values to alternative courses of action, have a tendency toward premature closure, overlook or undervalue long-range consequences, and are unduly influenced by the first formulation of the problem. In evaluating the consequences of alternatives, they attach extra weight to those risks that can be known with certainty. They are more subject to manipulation . . . when their own values are poorly thought through. . . . A major problem . . . for . . . individuals is knowing when to search for additional information relevant to decisions. (pp. 7, 9)

In choosing courses of action, clients often fail to evaluate the risks involved and to determine whether the risk is balanced by the probability of success. Gelatt, Varenhorst, and Carey (1972) suggest four ways in which clients may try to deal with the factors of risk and probability: wishful thinking, playing it safe, avoiding the worst outcome, and achieving some kind of balance. The first three are often pursued without reflection and therefore lie in the "shadows."

Wishful thinking. In this case, clients choose a course of action that might (they hope) lead to the accomplishment of a goal regardless of risk, cost, or probability. For instance, Jenny wants her ex-husband to increase the amount of support he is paying for the children. She tries to accomplish this by constantly nagging him and trying to make him feel guilty. She doesn't consider the risk (he might get angry and stop giving her anything), the cost (she spends a great deal of time and emotional energy arguing with him), or the probability of success (he does not react favorably to nagging). Wishful-thinking clients operate blindly, engaging in courses of action without taking into account their usefulness. At its worst, this is a reckless approach. Clients who "work hard" and still "get nowhere" may be engaged in wishful thinking, persevering in using means they prefer but that are of doubtful efficacy. Effective helpers find ways of challenging wishful thinking: "Jenny, let's review what you've been doing to get Tom to pay up and how successful you've been."

Playing it safe. In this case, clients choose only safe courses of action, ones that have little risk and a high degree of probability of producing at least limited success. For instance, Liam, a manager in his early forties, is very dissatisfied with the way his boss treats him at work. His ideas are ignored, the delegation he is supposed to have is preempted, and his boss does not respond to his attempts to discuss career development. His goals center around his career. He wants to let his boss know about his dissatisfaction, and he wants to learn what his boss thinks about him and his career possibilities. These are instrumental goals, of course, since his overall goal is to carve out a career path. However, he fails to bring these issues up when his boss is "out of sorts." On the other hand, when things are going well, Liam doesn't want to "upset the applecart." He drops hints about his dissatisfaction, even joking about them at times. He tells others in hopes that word will filter back to his boss. During formal appraisal sessions, he allows himself to be intimidated by his boss. However, in his own mind, he is doing whatever could be expected of a "reasonable" man. He does not know how safe he is playing it. The helper says, "Liam, you're playing pretty safe with your boss. And, while it's true that you haven't upset him, you're still in the dark about your career prospects."

Avoiding the worst outcome. Often clients choose means that are likely to help them avoid the worst possible result. They try to minimize the maximum danger, often without identifying what that danger is. Crissy, dissatisfied with her marriage, sets a goal to be "more assertive." However, even though she has never said this either to herself or to her counselor, the maximum danger for her is losing her partner. Therefore, her "assertiveness" is her usual pattern of compliance, with some frills. For instance, every once in a while, she tells her husband that she is going out with friends and will not be around for supper. He, without her knowing it, actually enjoys these breaks. At some level of her being, she realizes that her absences are not putting him under any pressure. She continues to be assertive in this way. But she never sits down with her husband to review where they stand with each other. That might be the beginning of the end. Early in one session, the counselor says, "What if some good friend were to say to you, 'Bill has you just where he wants you.' How would you react?" Crissy is startled, but she comes away from the session much more realistic.

Striking a balance. Ideally, clients choose strategies for achieving goals that balance risks against the probability of success. This "combination" approach is the most difficult to apply because it involves the right kind of analysis of problem situations and opportunities, choosing goals with the right edge, being clear about one's values, ranking a variety of strategies according to these values, and estimating how effective any given course of action might be. Even more to the point, it demands challenging the blind spots that might distort these activities. Since some clients have neither the skill nor the will for this combination approach, it is essential that their counselors help them engage in the kind of dialogue that will help them face up to this impasse:



Evaluation Questions for Step III-B

How well am I doing the following, as I try to help clients choose goal-accomplishing strategies that are best for them?

- Helping clients choose strategies that are clear and specific, that best fit their capabilities, that are linked to goals, that have power, and that are suited to clients' styles and values
- Helping clients engage in and benefit from strategy sampling
- Helping clients in selected cases use the balance sheet as a way of choosing strategies by outlining the principal benefits and costs for self, others, and relevant social settings
- Helping clients manage the shadow side of selecting courses of action—that is, wishful thinking, playing it too safe, focusing on avoiding the worst possible outcome rather than on getting what they want, and wasting time by trying to spell out a perfectly balanced set of strategies
- Helping clients use the act of choosing strategies to stimulate problem-managing action