

STEP III-C: "WHAT KIND OF PLAN WILL HELP ME GET WHAT I NEED AND WANT?"

HELPING CLIENTS MAKE PLANS

NO PLAN OF ACTION: THE CASE OF FRANK

HOW PLANS ADD VALUE TO CLIENTS' CHANGE PROGRAMS

- Plans help clients develop needed discipline
- Plans keep clients from being overwhelmed
- Formulating plans helps clients search for more useful ways of accomplishing goals—that is, even better strategies
- Plans provide opportunities to evaluate the realism and adequacy of goals
- Plans make clients aware of the resources they will need to implement their strategies
- Formulating plans helps clients uncover unanticipated obstacles to the accomplishment of goals

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EVALUATION QUESTIONS FOR STEP III-C

After identifying and choosing strategies to accomplish goals, clients need to organize these strategies into plans. This is the work of Step III-C. In this step, counselors help clients come up with plans, sequences of actions—"What should I do first, second, and third?"—that will get them what they want, their goals.

NO PLAN OF ACTION: THE CASE OF FRANK

The lack of a plan—that is, a clear step-by-step process to accomplish a goal—keeps some clients mired in their problem situations. Consider the case of Frank, a vice president of a large West Coast corporation.

Frank was a go-getter. He was very astute about business and had risen quickly through the ranks. Vince, the president of the company, was in the process of working out his own retirement plans. From a business point of view, Frank was the heir apparent. But there was a glitch. Vince was far more than a good manager; he was a leader. He had a vision of what the company should look like five to ten years down the line. Early on, he saw the power of the Internet and used it wisely to give the business a competitive edge.

Though tough, Vince related well to people. People constituted the human capital of the company. He knew that products *and* people kept customers happy. He also took to heart the results of a millennium survey of some 2 million employees in the United States. One of the sentences in the summary of the survey results haunted him: "People join companies but leave supervisors." In the "war for talent," he couldn't afford supervisors who alienated their team members.

Frank was quite different. He was a "hands-on" manager, meaning, in his case, that he was slow to delegate tasks to others, however competent they might be. He kept second-guessing others when he did delegate, reversed their decisions in a way that made them feel put down, listened poorly, and took a fairly short-term view of the business: "What were last week's figures like?" He was not a leader but an "operations" man. His direct reports called him a micromanager.

One day, Vince sat down with Frank and told him that he was considering him as his successor down the line but that he had some concerns. "Frank, if it were just a question of business acumen, you could take over today. But my job, at least in my mind, demands a leader." Vince went on to explain what he meant by a leader and to point out the things in Frank's style that had to change.

So Frank did something that he never thought he would do. He began seeing a coach. Roseanne had been an executive with another company in the same industry but had opted to become a coach for family reasons. Frank chose her because he trusted her business acumen. That's what meant most to him. They worked together for over a year, often over lunch and in hurried meetings early in the morning or late in the evening. And, indeed, he valued their dialogues about the business.

Frank's ultimate aim was to become president. If getting the job meant that he had to try to become the kind of leader his boss had outlined, so be it. Since he was very bright, he came up with some inventive strategies for moving in that direction. But he could never be pinned down to an overall program with specific milestones by which he could evaluate his progress. Roseanne pushed him, but Frank was always "too busy" or would say that a formal program was "too stifling." That was odd, since formal planning was one of his strengths in the business world.

Frank remained as astute as ever in his business dealings. But he merely dabbled in the strategies meant to help him become the kind of leader Vince wanted him to be. Frank had the opportunity of not just correcting some mistakes but of developing and expanding his managerial style. But he blew it. At the end of two years, Vince appointed someone else president of the company.

Frank never got his act together. He never put together the kind of change program needed to become the kind of leader Vince wanted as president. Why? Frank had

two significant blind spots that the coach did not help him overcome. First, he never really took Vince's notion of leadership seriously. So he wasn't really ready for a change program. He thought the president's job was his, that business acumen alone would win out in the end. Second, he thought he could change his management style at the margins, when more substantial changes were called for.

Roseanne never challenged Frank as he kept "trying things" that never led anywhere. Maybe things would have been different if she had said something like this: "Come on, Frank, you know you don't really buy Vince's notion of leadership. But you can't just give lip service to it. Vince will see right through it. We're just messing around. You don't want a program because you don't believe in the goal. Let's do something or call these meetings off." In a way, she was a co-conspirator because she, too, relished their business discussions. When Frank didn't get the job, he left the company, leaving Roseanne to ponder her success as an executive but her failure as a coach.

HOW PLANS ADD VALUE TO CLIENTS' CHANGE PROGRAMS

Some clients, once they know what they want and some of the things they have to do to get what they want, get their act together, develop a plan, and move forward. Other clients need help. Since some clients (and some helpers) fail to appreciate the power of a plan, it is useful to start by reviewing the advantages of planning.

Not all plans are formal. "Little plans," whether called such or not, are formulated and executed throughout the helping process. Tess, an alcoholic who wants to stop drinking, feels the need for some support. She contacts Lou, a friend who has shaken a drug habit, tells him of her plight, and enlists his help. He readily agrees. Objective accomplished. This "little plan" is part of her overall change program. Change programs are filled with setting "little objectives" and developing and executing "little plans" to achieve them.

Formal planning usually focuses on the sequence of "big steps" clients must take to get what they need or want. Clients are helped to answer the question, "What do I need to do first, second, and third?" The most formal version of planning takes strategies for accomplishing goals, divides them into workable steps, puts the steps in order, and assigns a timetable for the accomplishment of each step.

Formal planning, provided that it is adapted to the needs of individual clients, has a number of advantages.

Plans help clients develop needed discipline. Many clients get into trouble in the first place because they lack discipline. Planning places reasonable demands on clients to develop discipline. Desmond, the halfway-house resident discussed in the last chapter, needed discipline and benefitted greatly from a formal job-seeking program. Indeed, ready-made programs such as the 12-step program of Alcoholics Anonymous are in themselves plans that demand or at least encourage self-discipline.

Plans keep clients from being overwhelmed. Plans help clients see goals as doable, keeping the steps toward the accomplishment of goals "bite-size." Amazing

things can be accomplished by taking bite-size steps toward substantial goals. Bud, the ex-psychiatric patient who ended up creating a network of self-help groups for ex-patients, started with the bite-size step of participating in one of those groups himself. He did not become a self-help entrepreneur overnight. It was a step-by-step process.

Formulating plans helps clients search for more useful ways of accomplishing goals—that is, even better strategies. Sy Johnson was an alcoholic. When Mr. Johnson's wife and children, working with a counselor, began to formulate a plan for coping with their reactions to his alcoholism, they realized that the strategies they had been trying were hit-or-miss. With the help of an Al-Anon self-help group, they went back to the drawing board. Mr. Johnson's drinking had introduced a great deal of disorder into the family. Planning would help them restore order.

Plans provide opportunities to evaluate the realism and adequacy of goals. This aspect of planning is an example of the "dialogue" that should take place among the stages of the helping process. When Walter, a middle manager who had many problems in the workplace, began tracing out a plan to cope with the loss of his job and with a lawsuit filed against him by his former employer, he realized that his initial goals—getting his job back and filing and winning a countersuit—were unrealistic. His revised goals included getting his former employer to withdraw the suit and getting into better shape to search for a job by participating in a self-help group of managers who had lost their jobs.

Plans make clients aware of the resources they will need to implement their strategies. When Dora was helped by a counselor to formulate a plan to pull her life together after the disappearance of her younger son, she realized that she lacked the social support needed to carry out the plan. She had retreated from friends and even relatives, but now she knew she had to get back into community. Normalizing life demanded ongoing social involvement and support. A goal of finding the support needed to get back into community was added to her constructive-change program.

Formulating plans helps clients uncover unanticipated obstacles to the accomplishment of goals. Ernesto, a U.S. soldier who had accidentally killed an innocent bystander during his stint in Kosovo, was seeing a counselor because of the difficulty he was having returning to civilian life. Only when he began pulling together and trying out plans for normalizing his social life did he realize how ashamed he was of what had happened to him in the military. He felt so flawed because of what had happened that it was almost impossible to involve himself intimately with others. Helping him deal with his shame became one of the most important parts of the healing process.

Formulating plans will not solve all our clients' problems, but it is one way of making time an ally instead of an enemy. Many clients engage in aimless activity in their efforts to cope with problem situations. Plans help clients make the best use of their time. Finally, planning itself has a hefty shadow side. For a good review of the shadow side of planning, see Dornier (1996, pp. 153–183).

SHAPING THE PLAN: THREE CASES

Plans need "shape" to drive action. A formal plan identifies the activities or actions needed to accomplish a goal or a subgoal, puts those activities into a logical but flexible order, and sets a time frame for the accomplishment of each key step. Therefore, there are three simple questions:

- What are the concrete things that need to be done to accomplish the goal or the subgoal?
- In what sequence should these be done? What should be done first, second, third, and so on?
- What is the time frame? What should be done today, tomorrow, next month?

If clients choose goals that are complex or difficult, it is useful to help them establish subgoals as a way of moving step-by-step toward the ultimate goal. For instance, once Bud decided to start an organization of self-help groups composed of ex-patients from mental hospitals, there were a number of subgoals he needed to accomplish before the organization would become a reality. His first step was to set up a test group. This instrumental goal provided the experience needed for further planning. A later step was to establish some kind of charter for the organization. "Charter in place" was one of the subgoals leading to his main goal.

In general, the simpler the plan the better. However, simplicity is not an end in itself. The question is not whether a plan or program is complicated but whether it is well shaped and designed to produce results. If complicated plans are broken down into subgoals and the strategies or activities needed to accomplish them, they are as capable of being achieved as simpler ones, assuming the time frame is realistic. In schematic form, shaping looks like this:

Subprogram 1 (a set of activities) leads to subgoal 1 (usually an instrumental goal).

Subprogram 2 leads to subgoal 2.

Subprogram n (the last in the sequence) leads to the accomplishment of the ultimate goal.

The case of Wanda. Consider Wanda, a client who set a number of goals to manage a complex problem situation. One of her goals was finding a job. The plan leading to this goal had a number of steps, each of which led to the accomplishment of a subgoal. The following subgoals were part of Wanda's job-finding program. They are stated as accomplishments (the outcome or results approach).

Subgoal 1: Resumé written.

Subgoal 2: Kind of job wanted determined.

Subgoal 3: Job possibilities canvassed.

Subgoal 4: Best job prospects identified.

Subgoal 5: Job interviews arranged.

Subgoal 6: Job interviews completed.

Subgoal 7: Offers evaluated.

The accomplishment of these subgoals leads to the accomplishment of the overall goal of Wanda's plan—that is, getting the kind of job she wants.

Wanda also had to set up a step-by-step process or program to accomplish each of these subgoals. For instance, the process for accomplishing the subgoal "job possibilities canvassed" included such things as doing an Internet search on one or more of the many job search sites, reading the "Help Wanted" sections of the local newspapers, contacting friends or acquaintances who could provide leads, visiting employment agencies, reading the bulletin boards at school, and talking with someone in the job placement office. Sometimes the sequencing of activities is important, sometimes not. In Wanda's case, it's important for her to have her resumé completed before she begins to canvass job possibilities, but when it comes to using different methods for identifying job possibilities, the sequence does not make any difference.

The case of Harriet: The economics of planning. Harriet, an undergraduate student at a small state college, wants to become a counselor. Although the college offers no formal program in counseling psychology, with the help of an advisor, she identifies several undergraduate courses that would provide some of the foundation for a degree in counseling. One is called Social Problem-Solving Skills; a second is Effective Interpersonal Communication Skills; a third is Developmental Psychology: The Developmental Tasks of Late Adolescence and Early Adulthood. Harriet takes the courses as they come up. The first course she can enroll in is Social Problem-Solving Skills. The good news is that it includes a great deal of practice in the skills. The bad news is that it assumes competence in interpersonal communication skills. Too late she realizes that she is taking the courses out of optimal sequence. She would have gotten much more from the course had she taken the communication skills course first.

Harriet also volunteers for the dormitory peer-helper program run by the Center for Student Services. The center's counselors are very careful in choosing people for the program, but they don't offer much training. It is a learn-as-you-go approach. Harriet realizes that the developmental psychology course would have helped her enormously in this program. It would have helped her understand both herself and her peers better. She finally realizes that she needs a better plan. In the next semester, she drops out of the peer-counselor program. She sits down with one of the center's psychologists, reviews the schools offerings with him, decides which courses will help her most, and determines the proper sequencing of these courses. The psychologist also suggests a couple of courses she could take in a local community college. Harriet's opportunity-development program would have been much more efficient had it been better shaped in the first place.

The case of Frank revisited. Let's see what planning might have done for Frank, the vice president who needed leadership skills. In this fantasy, Frank, like Scrooge, gets a second chance.

What does Frank need to do? To become a leader, Frank decides to reset his managerial style with his subordinates by involving them more in decision making.



Box 20-1 Questions on Planning

Here are some questions you can help clients ask themselves to come up with a viable plan for constructive change:

- Which sequence of actions will get me to my goal?
- Which actions are most critical?
- How important is the order in which these actions take place?
- What is the best time frame for each action?
- Which step of the program needs substeps?
- How can I build informality and flexibility into my plan?
- How do I gather the resources, including social support, needed to implement the plan?

He wants to listen more, set work objectives through dialogue, ask subordinates for suggestions, and delegate more. He knows he should coach his direct reports in keeping with their individual needs, give them feedback on the quality of their work, recognize their contributions, and reward them for achieving results beyond their objectives.

In what sequence should Frank do these things? Frank decides that the first thing he will do is call in each subordinate and ask, "What do you need from me to get your job done? How can I add value to your work? And what management style on my part would help you most?" Their dialogue around these issues will help him tailor his supervisory interventions to the needs of each team member. The second step is also clear. The planning cycle for the business year is about to begin, and each team member needs to know what his or her objectives are. It is a perfect time to begin setting objectives through dialogue rather than simply assigning them. So Frank sends a memo to each of his direct reports, asking them to review the company's strategy and business plan and the strategy and plan for each of their functions, and to write down what they think their key managerial objectives for the coming year should be. He asks them to include stretch goals.

What is Frank's time frame? Frank calls in each of his subordinates immediately to discuss what they need from him. He completes his objective-setting sessions with them within three weeks. He puts off further action on delegation until he gets a better reading on their performance. This is a rough idea of what a plan for Frank might have looked like and how it might have improved his chaotic and abortive effort to change his managerial style—on the condition, of course, that he was convinced that a different approach to management and supervision made personal and business sense.

Box 20-1 lists questions you can use to help clients think systematically about crafting a plan to get what they need and want.

HUMANIZING THE TECHNOLOGY OF CONSTRUCTIVE CHANGE

Some years ago, I lent a friend of mine an excellent, though somewhat detailed, book on self-development. About two weeks later, he came back, threw the book on my desk, and said, "Who would go through all of that!" I retorted, "Anyone really interested in self-development." That was the righteous, not the realistic, response. Planning in the real world seldom looks like planning in textbooks. Textbooks do provide useful frameworks, principles, and processes, but they are seldom used. Most people are too impatient to do the kind of planning outlined in the previous section. One reason for the dismal track record of discretionary change mentioned earlier is that even when clients do set realistic goals, they lack the discipline to develop reasonable plans. The detailed work of planning is too burdensome.

Therefore, Stages II and III of the helping process together with their six steps need a human face. If helpers skip the goal-setting and planning steps clients need, they shortchange them. On the other hand, if they are pedantic, mechanistic, or awkward in their attempts to help clients engage in these steps—if they fail to give these processes a human face—helpers run the risk of alienating the people they are trying to serve. Clients might well say, "I'm getting a lot of boring garbage from him." Here, then, are some principles to guide the constructive-change process from Step II-A through Step III-C.

Build a Planning Mentality into the Helping Process Right from the Start

A constructive-change mind-set should permeate the helping process from the very beginning. This is part of the hologram metaphor—the whole model should be found in each of its parts—mentioned in Chapter 2. Helpers need to see clients as self-healing agents capable of changing their lives, not just as individuals mired in problem situations. Even while listening to a client's story, the helper needs to begin thinking of how the situation can be remedied and through probes find out what approaches to change the client is thinking about—no matter how tentative these ideas might be. As mentioned earlier, helping clients act in their real world at the start of the helping process helps them develop some kind of initial planning mentality. If helping is to be solution-focused, thinking about strategies and plans must be introduced early. When a client tells of some problem, the helper can ask early on, "What have you done so far to try to cope with the problem?"

Cora, a battered spouse, did not want to leave her husband because of the kids. Right from the beginning, the helper saw Cora's problem situation from the point of view of the whole helping process. While she listened to Cora's story, without distorting it, she saw possible goals and strategies. Within the helping sessions, the counselor helped Cora learn a great deal about how battered women typically respond to their plight and how dysfunctional some of those responses are. Cora also learned how to stop blaming herself for the violence and to overcome her fears of developing more active coping strategies. At home, she confronted her husband and stopped submitting to the violence in a vain attempt to avoid further abuse. She also joined a local self-help group for battered women. There she found social support and learned how to invoke both police protection and recourse to the courts. Further sessions with the counselor helped her gradually change her identity from battered woman to survivor and, eventually, to doer. She moved from simply facing problems to developing opportunities.

Constructive-change scenarios like this must be in the helper's mind from the start, not as preset programs to be imposed on clients but as part of a constructive-change mentality.

Adapt the Constructive-Change Process to the Client's Style

Setting goals, devising strategies, and making and implementing plans can be done formally or informally. There is a continuum. Some clients actually like the detailed work of devising plans; it fits their style.

Gitta sought counseling as she entered the "empty nest" period of her life. Although there were no specific problems, she saw too much emptiness as she looked into the future. The counselor helped her see this period of life as a normal experience rather than a psychological problem. It was a developmental opportunity and challenge (see Raup & Myers, 1989). It was an opportunity to reset her life. After spending a bit of time discussing some of the maladaptive responses to this transitional phase of life, they embarked on a review of possible scenarios. Gitta loved brainstorming, getting into the details of the scenarios, weighing choices, setting strategies, and making formal plans. She had been running her household this way for years. So the process was familiar even though the content was new.

Here's another case:

Connor, in rebuilding his life after a serious automobile accident, very deliberately planned both a rehabilitation program and a career change. Keeping to a schedule of carefully planned actions not only helped him keep his spirits up but also helped him accomplish a succession of goals. These small triumphs buoyed his spirits and moved him, however slowly, along the rehabilitation path.

Both Gitta and Connor readily embraced the positive-psychology approach embedded in constructive-change programs. They thrived on both the work and the discipline to develop plans and execute them. Many, if not most, people, however, are not like Gitta and Connor. The distribution is skewed toward the "I hate all this detail and won't do it" end of the continuum:

Kirschenbaum (1985) challenges the notion that planning should always provide an exact blueprint for specific actions, their sequencing, and the time frame. There are three questions:

- How specific do the activities have to be?
- How rigid does the order have to be?
- How soon does each activity have to be carried out?

Kirschenbaum suggests that, at least in some cases, being less specific and rigid about actions, sequencing, and deadlines can "encourage people to pursue their goals by continually and flexibly choosing their activities" (p. 492). That is, flexibility in planning can help clients become more self-reliant and proactive. Rigid planning strategies can lead to frequent failure to achieve short-term goals.

Consider the case of Yousef, a single parent with a mentally retarded son. He was challenged one day by a colleague at work. "You've let your son become a ball and chain, and that's not good for you or him!" his friend said. Yousef smarted from the remark, but eventually—and reluctantly—he sought counseling. He never discussed any kind of extensive change program with his helper, but with some stimu-

lation from her, he began doing little things differently at home. When he came home from work especially tired and frustrated, he had a friend in the apartment building stop by. This helped him to refrain from taking his frustrations out on his son. Then, instead of staying cooped up over the weekend, Yousef found simple things to do that eased tensions, such as going to the zoo and to the art museum with a woman friend and his son. He discovered that his son enjoyed these pastimes immensely despite his limitations. In short, he discovered little ways to blend caring for his son with a better social life. His counselor had a constructive-change mentality right from the beginning but did not try to engage Yousef in overly formal planning activities.

On the other hand, a slipshod approach to planning—"I will have to pull myself together one of these days"—is also self-defeating. We need only look at our own experiences to see that such an approach is fatal. Overall, counselors should help clients embrace the kind of rigor in planning that makes sense for them in their situations. There are no formulas; there are only client needs and common sense. Some things need to be done now, some later. Some clients need more slack than others. Sometimes it helps to spell out the actions that need to be done in quite specific terms; at other times it is necessary only to help clients outline them in broad terms and leave the rest to their own sound judgment. If therapy is to be brief, help clients start doing things that lead to their goals. Then, in a later session, help them review what they have been doing, drop what is not working, continue what is working, add more effective strategies, and put more organization in their programs. If you have a limited number of sessions with a client, you can't engage in extensive goal setting and planning. "What can I do that will add the most value?" is the ongoing challenge in brief therapy.

Devise a Plan for the Client and Then Work with the Client to Revise It as Needed

The more experienced helpers become, the more they learn about the elements of program development and the more they come to know what kinds of programs work for different clients. They build up a stockpile of useful programs and know how to stitch pieces of different programs together to create new programs. And they can use their knowledge and experience to fashion plans for clients who lack the skills or the temperament to pull together plans for themselves. Of course, their objective is not to foster dependence but to help clients grow in self-determination. For instance, a helper can first offer a plan as a sketch or in outline form rather than as a detailed program. Then the helper can work with the client to fill out the sketch and adapt it to the client's needs and style. Consider the following case:

Katrina, a woman who dropped out of high school but managed to get a high school equivalency diploma, was overweight and reclusive. Over the years, she had restricted her activities because of her weight. Sporadic attempts at dieting had left her even heavier. Because she was chronically depressed and had little imagination, she was not able to come up with any kind of coherent plan. Once her counselor understood the dimensions of Katrina's problem situation, she pulled together an outline of a change program that included such things as blame reduction, the redefinition of beauty, decreasing self-imposed social restrictions, and cognitive restructuring activities aimed at lessening depression (see Robinson & Bacon, 1996). She also gathered information from health-care sources about obesity and suggestions for dealing with

It. She presented these to Katrina in a simple format, adding detail only for the sake of clarity. She added further detail as Katrina got involved in the planning process and in making choices.

Although this counselor pulled together elements of a range of already existing programs, counselors are, of course, free to make up their own programs based on their expertise and experience. The point is to give clients something to work with, something to get involved in. The elaboration of the plan emerges through dialogue with the client and in the kind of detail the client can handle.

The ultimate test of the effectiveness of plans lies in the problem-managing and opportunity-developing action clients engage in to get what they need and want. There is no such thing as a good plan in and of itself. Results, not planning or hard work, are the final arbiter. The next and final chapter deals with turning planning into accomplishments.

TAILORING READY-MADE PROGRAMS TO CLIENTS' NEEDS

There are many ready-made programs for clients with particular problems. They are often tried-and-true constructive-change programs. The 12-step approach of Alcoholics Anonymous is one of the most well known. It has been adapted to other forms of substance abuse and addiction. Systematic desensitization, a behavioral approach, has been used to treat clients with PTSD, or post-traumatic stress disorder (Frueh, de Arellano, & Turner, 1997). This program includes sessions in muscle relaxation, the development of a fear hierarchy, and, finally, weekly sessions in the systematic desensitization of these fears. The program helps alleviate such debilitating symptoms as intrusive thoughts, panic attacks, and episodic depression. The manualized treatment programs outlined in Chapter 1 are also examples of ready-made programs. Donald Meichenbaum (1994) published a comprehensive handbook for dealing with PTSD that includes a practical manual.

Counselors add value by helping clients adapt "set" programs to their particular needs. Consider the following cases.

A prevention program for pedophilia. While there are many treatment programs for pedophilic clients *after* the fact, prevention programs are much scarcer. Consider this case:

After a couple of rather aimless sessions, the helper said to Ahmed, "We've talked about a lot of things, but I'm still not sure why you came in the first place." This challenged Ahmed to reveal the central issue, though he needed a great deal of help to do so. It turned out that Ahmed was sexually attracted to prepubescent children of both sexes. Although he had never engaged in pedophilic behavior, the temptation to do so was growing.

The counselor adapted a New Zealand program called *Kia Marama* (Hudson et al., 1995), a comprehensive cognitive-behavioral program for incarcerated child molesters, to Ahmed's situation. The original program includes intensive work in challenging distorted attitudes, reviewing a wide range of sexual issues, seeing the world from the point of view of the victim, developing problem-solving and interpersonal-relationship skills, stress management, and relapse-prevention training. The helper and Ahmed spent some time assessing which parts of the program might be of most help before embarking on an intensive tailored program.

The economics of prevention far outweigh the economics of rehabilitation. Not only did Ahmed stay out of trouble, but much of what he learned from the program—for instance, stress management—applied to other areas of his life.

A program for helping people on welfare become successful at work. One community-based mental-health center worked extensively with people on welfare. When new legislation was passed forcing welfare recipients to get work, they searched for programs that helped people on welfare get and keep jobs. They learned a great deal from one program sponsored by a major hotel chain (see Milbank, 1996). The hotel targeted welfare recipients because it made both economic and social sense. Because of the problems with this particular population, however, the hotel's recruiters, trainers, and supervisors had to become paraprofessional helpers, though they never used that term. The people they recruited—battered women, ex-convicts, addicts, homeless people, including those who had been thrown out of shelters, and so forth—had all sorts of problems. In the beginning, the hotel's staff did many things for the trainees.

They drive welfare trainees to work, arrange their day care, negotiate with their landlords, bicker with their case workers, buy them clothes, visit them at home, coach them in everything from banking skills to self-respect, and promise those who stick with it full-time jobs. (Milbank, 1996, A1)

But the trainers also challenged their "clients" mind-set that they were not responsible for what happened to them, enforced the hotel's code of behavior with equity, and persevered. The hotel program was far from perfect, but it did help many of the participants develop much-needed self-discipline and find new lives both at work and outside.

The counselors from a local mental-health center who acted as consultants to the program learned that some of the new employees benefitted greatly from wholesale upfront involvement of trainers and supervisors in their lives. It kick-started a constructive-change process. They also saw that the recruiters, trainers, and supervisors also benefitted. So they started a volunteer program at the mental-health center, looking for people willing to do the kinds of things that the hotel trainers and supervisors did. They knew that both the clients and the volunteers would benefit.

General well-being programs: Exercise. Some programs that contribute to general well-being can be used as adjuncts to all approaches to helping. Exercise programs are probably one of the most underused adjuncts to helping (Burks & Keeley, 1989). McAuley, Mihalko, and Bane (1997) have explored the multidimensional relationship between exercise and self-efficacy. There is evidence showing that exercise programs can help in the treatment of schizophrenia and alcohol dependence. Such programs also help more directly to reduce depression, manage chronic pain, and control anxiety (Tkachuk & Martin, 1999). The self-discipline developed through exercise programs can be a stimulus to increased self-regulation in other areas of life. Kate Hays has done a comprehensive review of the positive psychology possibilities of exercise in *Working It Out: Using Exercise in Psychotherapy* (1999). To end on a personal note regarding exercise: Once, I got my gear together and started out to get some exercise. When I hesitated, I asked myself: "Have you ever regretted exercising?" I answered, "Never," and headed out the door.

Finally, not all useful ready-made programs are found in sophisticated manuals. Many are found in the best of the self-help literature. Books like *Thoughts and Feelings* (McKay, Davis, & Fanning, 1997) are filled with systematic strategies for the treatment of a wide variety of psychological problems. The best are realistic, practical translations of some of the best thinking in the field.



Evaluation Questions for Step III-C

Helpers can ask themselves the following questions as they help clients formulate the kinds of plans that actually drive action:

- To what degree do I prize and practice planning in my own life?
- How effectively have I adopted the hologram mind-set in helping, seeing each session and each intervention in the light of the entire helping process?
- How quickly do I move to planning when I see that it is what the client needs to manage problems and develop opportunities better?
- What do I do to help clients overcome resistance to planning? How effectively do I help them identify the incentives for and the payoff of planning?
- How effectively do I help clients formulate subgoals that lead to the accomplishment of overall preferred scenario goals?
- How practical am I in helping clients identify the action needed to accomplish subgoals, sequence those actions, and establish realistic time frames for them?
- How well do I adapt the specificity and detail of planning to the needs of each client?
- Even at this planning step, how easily do I move back and forth among the different stages and steps of the helping model as the need arises?
- How readily do clients actually move to action because of my work with them in planning?
- How human is the technology of constructive change in my hands?
- How well do I adapt the constructive change process to the style of the client?
- How effectively do I help clients tailor generic or ready-made change programs to their specific needs?

**THE ACTION ARROW:
MAKING IT ALL HAPPEN**



The action arrow of the helping model represents the difference between planning and action. The nine steps of Stages I, II, and III all revolve around planning for change, not change itself. However, the need to incorporate action into planning and planning into action has been emphasized throughout the book. That is, the "little actions" needed to get the change process moving right from the start have been noted and illustrated. We now take a more formal look at results-producing action—both the obstacles to action and the ways to overcome those obstacles.