

## CHAPTER

## 8

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## AN INTRODUCTION TO STAGE I: IDENTIFYING AND EXPLORING PROBLEMS AND OPPORTUNITIES

Clients come to helpers because they need help in managing their lives more effectively. Stage I has three ways of helping clients understand themselves, their problem situations, and their unused opportunities with a view to managing them more effectively. The three steps can be stated in three principles:

- *Step I-A: Stories.* Help clients tell their stories in terms of problem situations and unused opportunities.
- *Step I-B: Blind spots.* Help clients identify and move beyond blind spots to new perspectives on their problem situations and opportunities.
- *Step I-C: Leverage.* Help clients choose issues that will make a difference in their lives.

These principles are not restricted to Stage I for three reasons: First, clients don't tell all of their stories at the beginning of the helping process. Often the full story "leaks out" over time. Second, blind spots can appear at any stage or step of the helping process. Blind spots affect choosing goals, setting strategies, and implementing programs. Third, leverage deals with the "economics" of helping. Choosing the right problem or opportunity to work on is just one way of delivering effectiveness and efficiency. Figure 8-1 highlights the three steps of Stage I.

Stage I of the helping process can be seen as the assessment stage—finding out what's going wrong, what opportunities lie fallow, what resources are not being used. Client-centered assessment means helping clients understand themselves, find out "what's going on" with their lives, see what they have been ignoring, and make sense out of the messiness of their lives. Assessment, then, is not something helpers do to clients: "Now that I have my secret information about you, I can fix you." Rather, it is a kind of learning in which, ideally, both client and helper participate through their ongoing dialogue.

In medicine, assessment is often a separate phase. In helping, there is an interplay between assessment and intervention. Helpers who continually listen to clients in context are engaging in ongoing assessment. In this sense, assessment is part and parcel of all stages and steps of the helping model. As in medicine, though, some initial assessment of the seriousness of the client's concerns is called for.

Members of the helping profession use many different procedures to assess clients; however, the "clinical interview," the dialogue between client and helper, is the most common assessment procedure. Other forms of assessment, such as psychological testing and applying psychiatric diagnostic categories (American Psychiatric Association, 1994), are beyond the scope of this book.

### STEP I-A: "WHAT'S GOING ON?"

The importance of helping clients tell their stories well should not be underestimated. As Pennebaker (1995b) notes, "An important . . . feature of therapy is that it allows individuals to translate their experiences into words. The disclosure

## The Skilled-Helper Model

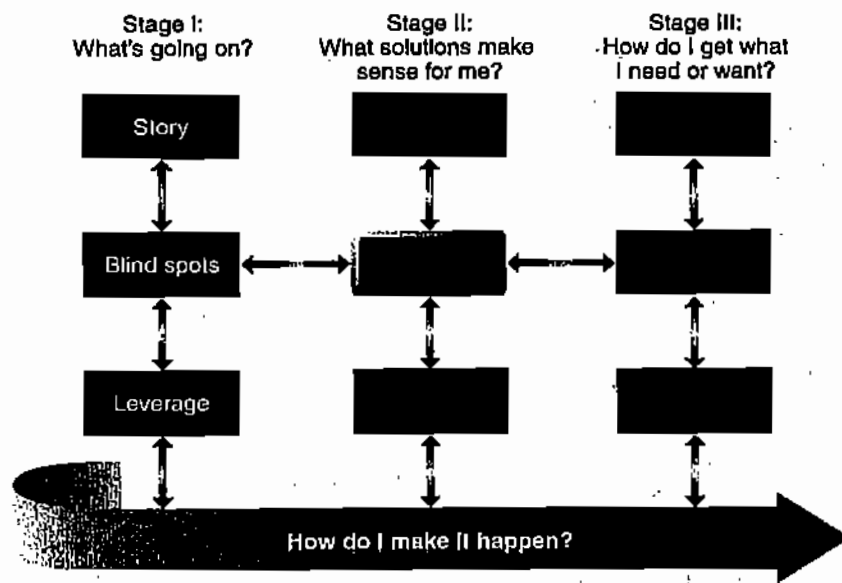


FIGURE 8-1  
The Helping Model—Stage 1

process itself, then, may be as important as any feedback the client receives from the therapist" (p. 3). Self-disclosure provides the grist for the mill of problem solving and opportunity development. Here, then, are four goals for Step I-A:

- **Initial stress reduction.** Help clients "get things out on the table." This can and often does have a cathartic effect that leads to stress reduction. Some clients carry their secrets around for years. Helping them unburden themselves is part of the social-emotional reeducation process alluded to earlier.
- **Clarity.** Help clients spell out their problem situations and unexploited opportunities with the kind of concrete detail—specific experiences, behaviors, and emotions—that enables them to do something about them. Clarity opens the door to more creative options in living. Vague stories lead to vague options and actions.
- **Relationship building.** Help clients tell their stories in such a way that the helping relationship develops and strengthens. The communication skills outlined in earlier chapters—suffused, of course, with the values of respect, genuineness, empathy, and empowerment—are basic tools for both clarity and relationship building.
- **Action.** Right from the beginning, help clients act on what they are learning. Clients do not need "grand plans" before they can act on their own behalf.

Later in this chapter, more will be said about the "bias toward client action" needed in the helping process.

Clients differ radically in their abilities to talk about themselves and their problem situations. Reluctance to disclose themselves within counseling sessions is often a window into clients' inability to share themselves with others and to be reasonably assertive in the social settings of everyday life. For such clients, one of the goals of the entire counseling process is to help them develop the skills, confidence, and courage they need to share themselves appropriately.

### HELPING CLIENTS EXPLORE PROBLEM SITUATIONS AND UNEXPLOITED OPPORTUNITIES

As with values and communication skills, there are a number of principles that can guide you as you help clients tell their stories.

#### Learn to Work with All Styles of Storytelling

There are both individual and cultural differences (Wellenkamp, 1995) in clients' willingness to talk about themselves. Both affect storytelling. Some clients are highly verbal and quite willing to reveal almost everything about themselves at the first sitting. Take the case of Martina:

Martina, 27, asks a counselor in private practice for an appointment to discuss "a number of issues." Martina is both verbal and willing to talk, and her story comes tumbling out in rich detail. Although the helper uses the skills of attending, listening, sharing highlights, and probing, she does so sparingly. Martina is too eager to tell her story.

Although trained as a nurse, Martina is currently working in her uncle's business because of an offer she "could not turn down." She is doing very well financially, but she feels guilty because service to others has always been a value for her. And although she likes her current job, she also feels hemmed in by it. A year of study in Europe during college whetted her appetite for "adventure." She feels that she is nowhere near fulfilling the great expectations she has for herself.

She also talks about her problems with her family. Her father is dead. She has never gotten along well with her mother, and now that she has moved out of the house, she feels that she has abandoned her younger brother, who is twelve years younger than she is and whom she loves very much. She is afraid that her mother will "smother" her brother with too much maternal care.

Martina is also concerned about her relationship with a man who is two years younger than she. They have been involved with each other for about three years. He wants to get married, but she feels that she is not ready. She still has "too many things to do" and would like to keep the arrangement they have.

This whole complex story—or at least a synopsis of it—comes tumbling out in a torrent of words. Martina feels free to skip from one topic to another. The way Martina tells her story is part of her enthusiastic style. At one point she stops, smiles, and says, "My, that's quite a bit, isn't it!"

As the helper listens to Martina, he learns a number of things about her. She is young, bright, and verbal and has many resources; she is eager and impatient; some of her problems are probably of her own making; she has some blind spots that could stand in the way of her grappling more creatively with her problems; she has many unexplored options, many unexploited opportunities. That said, the counselor surmises that Martina would make her way in life, however erratically, with no counseling at all.

Contrast Martina's story with the following one of a man who comes to a local mental-health center because he feels he can no longer handle his 9-year-old boy:

Nick is referred to the center by a doctor in a local clinic because of the trouble he is having with his son. He has been divorced for about two years and is living in a housing project on public assistance. After introductions and preliminary formalities have been taken care of, he just sits there and says nothing; he does not even look up. Since Nick offers almost nothing spontaneously, the counselor uses a relatively large number of probes to help him tell his story. Even when the counselor responds with empathic highlights, Nick volunteers very little. Every once in a while, he tears up a bit. When asked about the divorce, he says he does not want to talk about it. "Good riddance" is all he can say about his former wife. Gradually, almost torturously, the story gets pieced together. Nick talks mostly about the "trouble" his son is getting into and how uncontrollable he seems to be getting and how helpless this makes Nick feel.

Martina's story is full of possibilities, whereas Nick's is mainly about limitations. In both content and communication style, they are at opposite ends of the scale.

Each client is different and approaches the telling of the story in a different way. Some clients come voluntarily; others are sent. Some of the stories you help clients tell are long and detailed, others short and stark. Some are filled with emotion; others are told coldly, even though they are stories of terror. Some stories are, at least at first blush, single-issue stories—"I want to get rid of these headaches"—whereas others, like Martina's, are multiple-issue stories. Some stories deal with the inner world of the client almost exclusively—"I hate myself," "I'm depressed," "I feel lonely"—whereas others deal with the outer world—problems with finances, work, or relationships. Still others deal with a combination of inner and outer concerns.

Some clients tell their stories readily, letting them tumble out. They need little help from you. Other clients tell their stories grudgingly and need all the help you can give them. Some clients tell the core story immediately, while others tell a secondary story first to test your reactions. Some clients make it clear that they trust you just because you are a helper, but you can read mistrust in the eyes of others, sometimes just because you are a helper.

In all these cases, your job is to establish a working relationship with your clients and help them tell their stories as a prelude to helping them manage the problems and take advantage of the opportunities buried in those stories. A story that is brought out into the open is the starting point for possible constructive change. Often the very airing of the story is a solid first step toward a better life.

When a client like Martina pours out a story, you may let him or her go on, or you may insist on some kind of dialogue. When a client tells the "whole" story in a more or less nonstop fashion, it is impossible for you to share highlights relating to every core issue the client brings up. But you can help the client review the most salient points in some orderly way. Using expressions like the following can help the client review the core parts of the story:

"You've said quite a bit. Let's see if I've understood some of the main points you've made. First of all . . ."

At this point, the highlights you share will let the client know that you have been listening intently and that you are concerned about him or her. With a client like Nick, however, it's a different story. A client who lacks the skills needed to tell the



### Box 8-1 Problem Finding

Here are some questions counselors can help clients ask themselves to "find" and specify problem situations:

- What are my concerns?
- What's problematic in my life?
- What issues do I need to face?
- What's troubling me?
- What would those who know me best tell me?
- What's keeping me back from being what I want to be? from doing what I want to do?
- What do I need to resolve?

story well or who is reluctant to do so presents a different kind of challenge. Engaging in dialogue with such a client can be tough work.

Snippets of stories have been used in the last few chapters to illustrate basic communication skills. So you have some idea of the variety of stories you will run into. Box 8-1 provides questions clients can ask themselves to identify problem situations.

### Start Where Your Clients Start

Clients have different starting points when they launch into their stories. They can start with any stage or step of the helping process. Therefore, in Step 1-A, story is used in its widest sense. It does not mean, narrowly, "This is what happened to me, here's how I reacted, and now this is how I feel." Your job is to stay with your clients no matter where they are. Consider the following:

- Martha starts by saying, "I thought I knew how to handle my son when he reached his teenage years. 'He's going to want to try all sorts of crazy things, so keep the reins tight,' I said to myself. Well, now things are awful. It's not working. He's out of control." Her starting point is a *failed solution* that has spawned a new problem. Her version of problem management went wrong somewhere.

- Thad says, "I don't know whether I want to be a doctor or a politician, or at least a political scientist. I love both, but I can't do both. I mean I have to make my mind up this coming year and choose my college courses. I hate being stuck with a decision." Thad's starting point is *choosing a goal*. He has an approach-approach conflict. He wants both goals.

- Kimberley, a human resources executive for a large company, says, "I've found out that our chief executive has been involved in some unethical and, I think, immoral behavior. He's due to retire within the next six months. I don't

know whether it's best to bring all this to light or just monitor him till he goes. If I move on him, this could blow up into something big and hurt the reputation of the company itself. If I just monitor him till he goes, he gets away with it. I want to do what's best for the company." Her starting point is a dilemma about which strategy to use.

- Owen is having problems sticking to his resolve to restrain himself when one of his neighbors on his block "does something stupid." He says, "I know when I speak up [his euphemism for flying off the handle] things tend to get worse. I know I should leave it to others who are more tactful than I am. But they don't move quickly enough. Or forcefully enough." His starting point is difficulty in implementing a course of action to which he has committed himself.

Helping the client explore the context and background of each of these issues may well bring you to other steps of the helping process.

### Help Clients Clarify Key Issues

To clarify means to discuss problem situations and unused opportunities—including possibilities for the future, goals, strategies for accomplishing goals, plans, implementation issues, and feelings about all of these—as concretely as possible. Vagueness and ambiguity lead nowhere.

Consider this case. Janice's husband has been suffering from severe depression for more than a year and is seeing a therapist regularly. All the attention is on him. One day, after suffering a fainting spell, Janice talks with a counselor herself. At first, feeling guilty about her husband, Janice is hesitant to discuss her own concerns. She says only that her social life is "a bit restricted by my husband's illness." With the help of empathic highlights and probing on the part of the helper, her story emerges. "A bit restricted" turns, bit by bit, into the following broader story. This is a summary; Janice did not say this all at once.

John has some sort of "general fatigue" illness that no one has been able to figure out. It's like nothing I've ever seen before. I move from guilt to anger to indifference to hope to despair. I have no social life. Friends avoid us because it is so difficult being with John. I feel I shouldn't leave him, so I stay at home. He's always tired, so we have little interaction. I feel like a prisoner in my own home. Then I think of the burden he's carrying, and the roller-coaster emotions start all over again. Sometimes I can't sleep; then I'm as tired as he. He is always saying how hopeless things are and, even though I'm not experiencing what he is, some kind of hopelessness creeps into my bones. I feel that a stronger woman, a more selfless woman, a smarter woman would find ways to deal with all of this. But I end up feeling that I'm not dealing with it at all. From day to day I think I cover most of this up, so that neither John nor the few people who come around see what I'm going through. I'm as alone as he is.

Here, then, is the fuller story spelled out in terms of specific experiences, behaviors, and feelings. The actions Janice takes—staying at home, covering up her feelings—are part of the problem, not the solution. But now that the story is out in the open, there is some possibility of doing something about it.

In another case, a bulimic woman, now under psychiatric care, says that she acted "a little erratically at times" with some of her classmates in law school. The counselor, sharing highlights and using probes, helps her tell her story in much greater detail. Like Janice, she does not say all of this at once, but this is the fuller picture of "a little erratic."

I usually think about myself as plain looking, even though when I take care of myself, some say that I don't look that bad. Ever since I was a teenager, I've preferred to go it alone, because it was safer. No fuss, no muss, and especially no rejection. In law school, right from the beginning, I entertained romantic fantasies about some of my classmates who I didn't think would give me a second look. I pretended to have meals with those who attracted me and then I'd have fantasies of having sex with them. Then I'd purge, getting rid of the fat I got from eating and getting rid of the guilt. But all of this didn't just stay in my head. I'd go out of my way to run into my latest imagined partner in school. And then I'd be rude to him to "get back at him" for what he did to me. That was my way of getting rid of him.

She was not really delusional, but gradually her external behavior, with a kind of twisted logic, began to reinforce her internal fantasies. However, once her story became "public"—that is, once she began talking about it openly with her helper—she began to take back control of her life.

Sometimes helping clients explore the background or context of the concern they bring up helps clarify things. Consider the following case:

In a management development seminar, YK tells his counselor that he is a manager in a consulting firm. The firm is global, and he works in one of its offices in Southeast Asia. He says that he is already overworked, but now his new boss wants him to serve on a number of committees that will take away even more of his precious time. He is also having trouble with one of his subordinates, himself a manager who, YK says, is undermining YK's authority in the wider team.

So far we have a garden-variety story, one that could be repeated thousands of times throughout the world.

The counselor, however, suspects there is more to this. Since he is Canadian and the client is Asian, he wants to make sure that he is a learner. He knows that there is an overlay of Western culture in these consulting firms, but he wants to deal with his client as a full person. In sharing highlights and by using a few probes, he learns enough about the background of YK's story to cast a new light on the problem situation. Here is the more complete story that emerges:

Not only is YK a manager in the firm, but he also has just been made a partner. The structure in these firms is relatively flat, but the culture is quite hierarchical. As a newly minted partner, YK gets the clients that are, in large part, considered the "dogs" of the region. His boss is an American who has been in this post for only four months. YK knows that his boss is going to stay for only one more year; nearing retirement, this is his "fling" in Asia. Though a decent man, he is quite distant and offers YK scant help. So YK believes that his real boss is his boss's boss. But he can't approach him because of company and cultural protocol. The subordinate who is giving him trouble is also a partner. In fact, he has been a partner for several years but has not delivered the goods. This man thought that he should have been made the manager of the unit YK is running. A bit of sabotage is brewing behind YK's back.

On the upside, a few probes reveal that YK's boss thinks that his young manager has a bright future with the company. Putting him on the various committees is his way of giving YK wide exposure. A probe in the form of a managerial personality survey dealing with career de-rallers reveals that YK scores relatively high on the "dramatic" scale. Since this does not seem to fit with this mild-mannered man, the counselor, using a couple of further probes, discovers that he is not as mild-mannered as he seems. At work, he does get angry, but it is controlled; he is seen as colorful and is considered to have spunk.

A search for some background quickly takes the client's story out of the "routine" category. Of course, you should not be looking for background just for the sake of looking. The right kind and amount of background provides both richness and context. As the counselor coaches YK, he takes a completely different approach from

the one he would have taken had YK's preliminary story been the only one. Here are some questions (adapted from a checklist devised by John Scherer, reported in *Training*, January 1993, p. 14) that you might turn into judicious probes to get at background issues relating to the problem or opportunity being discussed:

What is it about the problem situation that moved the client to seek help in the first place?

Who is being affected, besides the client?

What is the problem or the failure to develop an opportunity costing either the client or others?

To what degree is a larger problem lurking behind the symptoms the client is talking about?

### Assess the Severity of Clients' Problems

Clients come to helpers with problems of every degree of severity. Objectively, problems run from the inconsequential to the life threatening. Subjectively, however, a client can experience even a relatively inconsequential problem as severe. If a client *thinks* that a problem is critical, even though by objective standards the problem does not seem to be that bad, then for him or her it is critical. In such a case, the client's tendency to "catastrophize"—to judge a problem situation to be more severe than it actually is—becomes an important part of the problem situation. One of the tasks of the counselor in this case will be to help the client put the problem in perspective or to teach him or her how to distinguish between degrees of problem severity. Howard (1991) puts it well:

In the course of telling the story of his or her problem, the client provides the therapist with a rough idea of his or her orientation toward life, his or her plans, goals, ambitions, and some idea of the events and pressures surrounding the particular presenting problem. Over time, the therapist must decide whether this problem represents a minor deviation from an otherwise healthy life story. Is this a normal, developmentally appropriate adjustment issue? Or does the therapist detect signs of more thorough-going problems in the client's life story? Will therapy play a minor, supportive role to an individual experiencing a low point in his or her life course? If so, the orientation and major themes of the life will be largely unchanged in the therapy experience. But if the trajectory of the life story is problematic in some fundamental way, then more serious, long-term story repair might be indicated. So, from this perspective, part of the work between client and therapist can be seen as life-story elaboration, adjustment, or repair. (p. 194)

A savvy therapist not only gains an understanding of the severity of a client's problem or the extent of the client's unused resources, but also understands the limits of helping. What Howard calls life-story adjustment or repair is not the same as attempting to redo the client's personality.

Years ago, Mehrabian and Reed (1969) suggested the following formula as a way of determining the severity of any given problem situation. It is still useful today.

$$\text{Severity} = \text{Distress} \times \text{Uncontrollability} \times \text{Frequency}$$

The multiplication signs in the formula indicate that these factors are not just additive. Even low-level anxiety, if it is uncontrollable or persistent, can constitute a severe problem; that is, it can severely interfere with the quality of a client's life.

One way to view helping is to see it as a process in which clients are helped to control the severity of their problems in living. The severity of any given problem situation will be reduced if the stress can be reduced, if the frequency of the problem situation can be lessened, or if the client's control over the problem situation can be increased. Consider the following example:

Indira is greatly distressed because she experiences migraine-like headaches, sometimes two or three times a week, and seems to be able to do little about them. No painkillers seem to work. She has even been tempted to try strong narcotics to control the pain, but she fears she might become an addict. She feels trapped. For her, the problem is quite severe because stress, uncontrollability, and frequency are all high.

Eventually, Indira is referred to a doctor who specializes in treating headaches. He is an expert in both medicine and human behavior. He first helps her to see that the headaches are getting worse because of her tendency to "catastrophize" whenever she experiences one. That is, the self-talk she engages in ("How intolerable this is!") and the way she fights the headache actually add to its severity. He helps her control her stress-inducing self-talk and teaches her relaxation techniques. Neither of these gets rid of the headaches, but they help reduce the degree of stress she feels.

Second, he helps her identify the situations in which the headaches seem to develop. They tend to come at times when she is not managing other forms of stress well, as when she lets herself become overloaded and gets behind at work. He helps her see that her headaches are part of a larger problem situation. Once she begins to control and reduce other forms of stress in her life, the frequency of the headaches diminishes.

Third, the doctor also helps Indira spot cues—early warning signals—that a headache is beginning to develop. Though she can do little to control the headache once it is in full swing, there are things she can do during the beginning stage. For instance, she learns that medicine that has no effect when the headache is in full force does help if it is taken as soon as the symptoms appear. Relaxation techniques are also helpful if they are used soon enough. Indira's headaches do not disappear completely, but they are no longer the central reality of her life.

The doctor helps the client manage a severe problem situation much better than she has been doing by helping her reduce stress and frequency while increasing control. In other words, he helps the client learn. Of course, if using Mehrabian and Reed's formula leads you to believe that a client's problem is too severe for you to handle, you need to refer the client to another helper.

### Help Clients Talk Productively About the Past

Some schools of psychology suggest that problem situations are not clear and fully comprehended until they are understood in the context of their historic roots. Therefore, helpers in these schools spend a great deal of time helping clients uncover the past. Others disagree with that point of view. Glasser (2000) puts it this way:

Although many of us have been traumatized in the past, we are not the victims of our past unless we presently choose to be. The solution to our problem is rarely found in explorations of the past unless the focus is on past successes. (p. 23)

Fish (1995) suggests that attempts to discover the hidden root causes of current problem behavior may be unnecessary, misguided, or even counterproductive. Constructive change does not depend on causal connections in the past. There is evidence to support Fish's contention. Long ago, Deutsch (1954) noted that it is often almost impossible, even in carefully controlled laboratory situations, to determine whether event B, which follows event A in time, is actually caused by event A. Therefore, asking a client to come up with causal connections between current unproductive behavior and past events can be an exercise in futility. Among the reasons this process can be frustrating is that causal connections cannot be proved; they remain hypothetical. Also, there is little evidence suggesting that understanding past causes changes present behavior. Moreover, talking about the past often focuses mostly on what happened to the client (experience) rather than on what he or she did about what happened (behavior) and therefore interferes with the bias toward action the client needs to manage the current problem.

This is not to say that a person's past does not influence current behavior. Nor does it imply that a client's past should not be discussed. But the fact that past experiences may well influence current behavior does not mean that they necessarily determine present behavior. Kagan (1996) has challenged what may be called the "scarred for life" assumption: "If orphans who spent their first years in a Nazi concentration camp can become productive adults and if young children made homeless by war can learn adaptive strategies after being adopted by nurturing families" (p. 901), that means there is hope for us all. As you can imagine, this is one of those issues that members of the helping professions argue about endlessly. Therefore, this is not a debate that is to be settled with a few words here. Instead, there are a couple of principles based on hope that might help.

**Help clients talk about the past to make sense of the present.** Many clients come expecting or wanting to talk about the past. There are ways of talking about the past that help clients make sense of the present. But making sense of the present needs to remain center stage. Thus, *how* the past is discussed is more important than whether it is discussed. In the following example, a man has been discussing how his interpersonal style gets him into trouble. His father, now dead, played a key role in the development of his son's style.

HELPER: So your father's unproductive interpersonal style is, in some ways, alive and well in you.

CLIENT: Until we began talking, I had no idea about how alive and well it is. For instance, even though I hated his cruelty, it lives on in me in much smaller ways. He beat my brother. Now I just cut my brother down to size verbally. He told my mother what she could do and couldn't do. I try to get my mother to adopt my "reasonable" proposals "for her own good"—without, of course, listening very carefully to her point of view. There's a whole pattern that I haven't noticed. I've inherited more than his genes.

HELPER: That's quite an inheritance. . . . But now what?

CLIENT: Well, now that I see what's happened, I'd like to change things. A lot of this is ingrained in me, but I don't think it's genetic in any scientific sense. I've learned a lot of bad habits.

It really does not make any difference whether the client's behavior has been "caused" by his father or not. In fact, if, by hooking the present into the past, he feels in some way that his current nasty style is not his fault, then he has a new

problem. Helping is about the future. Now that the problem has been named and is out in the open, it is possible to do something about it. It is about "bad habits," not sociobiological determinism.

In sum, if the past can add clarity to current experiences, behaviors, and emotions, let it be discussed. If it can provide hints as to how self-defeating thinking and behaving can be changed now, let it be discussed. The past, however, should never become the principal focus of the client's self-exploration. When it does, helping tends to slow down needlessly.

**Help clients talk about the past to be liberated from it.** A potentially dangerous logic can underlie discussions of the past. It goes something like this: "I am what I am today because of my past. But I cannot change my past. So how can I be expected to change today?"

CLIENT: I was all right until I was about 13. I began to dislike myself as a teenager. I hated all the changes—the awkwardness, the different emotions, having to be as "cool" as my friends. I was so impressionable. I began to think that life actually must get worse and worse instead of better and better. I just got locked into that way of thinking. That's the same mess I'm in today.

That is not liberation talk. The past is still casting its spell. Helpers need to understand that clients may see themselves as prisoners of their past. But in the spirit of Kagan's earlier comments, helper's need to assist clients in moving beyond such self-defeating beliefs.

The following case provides a different perspective. It is about the father of a boy who has been sexually abused by a minister of their church. He finds that he can't deal with his son's ordeal without revealing his own abuse by his father. In a tearful session, he tells the whole story. In a second interview he has this to say:

CLIENT: Someone said that good things can come from evil things. What happened to my son was evil. But we'll give him all the support he needs to get through this. Though I had the same thing happen to me, I kept it all in until now. It was all locked up inside. I was so ashamed, and my shame became part of me. When I let it all out last week, it was like throwing off a dirty cloak that I'd been wearing for years. Getting it out was so painful, but now I feel so different, so good. I wonder why I had to hold it in for so long.

This is liberation talk. When counselors help or encourage clients to talk about the past, they should have a clear idea of what their objective is. Is it to learn from the past? Is it to be liberated from it? To assume that there is some "silver bullet" in the past that will solve today's problem is to search for magic.

**Help clients talk about the past to prepare for action in the future.** The well-known historian A. J. Toynbee had this to say about history: "History not used is nothing, for all intellectual life is action, like practical life, and if you don't use the stuff—well, it might as well be dead." As we will soon see, any discussion of problems or opportunities should lead to constructive action, starting with Step 1-A and going all the way through to implementation. The insights you help clients get from the past should in some way stir them to action. When one client, Christopher, realized how much his father and one of his high school teachers had done to make him feel inadequate, he made this resolve: "I'm not going to do anything to demean anyone around me. You know, up to now I think I have, but I called it something else—wit." Help clients invest the past proactively in the future.

### As Clients Tell Their Stories, Search for Resources, Especially Unused Resources

Incompetent helpers concentrate on clients' deficits. Skilled helpers, as they listen to and observe clients, do not blind themselves to deficits, but they are quick to spot clients' resources, whether used, unused, or even abused. These resources can become the building blocks for the future. Consider this example: Terry is a young woman in her late teens who has been arrested several times for street prostitution. She is an involuntary, or "mandated," client as a result of her latest arrest for possession of drugs. She ran away from home when she was 16 and is now living in a large city on the East Coast. Like many other runaways, she was seduced into prostitution "by a halfway decent pimp." Now she is very street-smart. She is also cynical about herself, her occupation, and the world. She is forced to see a counselor as part of the probation process. As might be expected, Terry is quite hostile during the interview. She has seen other counselors and sees the interview as a game. The counselor already knows a great deal of the story because of the court record. The dialogue is not easy. Some of it goes like this:

TERRY: If you think I'm going to talk with you, you've got another think coming. What I do is my business.

COUNSELOR: You don't have to talk about what you do outside. We could talk about what we're doing here in this meeting.

TERRY: I'm here because I have to be. You're here either because you're dumb and like to do stupid things or because you couldn't get a better job. You people are no better than the people on the street. You're just more "respectable." That's a laugh.

COUNSELOR: So nobody could really be interested in you.

TERRY: I'm not even interested in me!

COUNSELOR: So, if you're not interested in yourself, then no one else could be, including me.

Terry has obvious deficits. She is engaged in a dangerous and self-defeating lifestyle. But as the counselor listens to Terry, he spots many different resources. Terry is a tough, street-smart woman. The very virulence of her cynicism and self-hate, the very strength of her resistance to help, and her almost unchallengeable determination to go it alone are all signs of resources. Many of her resources are currently being used in self-defeating ways. They are misused resources, but they are resources nevertheless.

Helpers need a resource-oriented mind-set in all their interactions with clients. This is part of positive psychology. Let's contrast two different approaches.

CLIENT: I practically never stand up for my rights. If I disagree with what anyone is saying, especially in a group, I keep my mouth shut.

HELPER: So clamming up is the best policy. . . . What happens when you do speak up?

CLIENT (pausing): I suppose that on the rare occasions when I do speak up, the world doesn't fall in on me. Sometimes others do actually listen to me. But I still don't seem to have much impact on anyone.

COUNSELOR A: So speaking up, even when it's safe, doesn't get you much.

CLIENT: No, it doesn't.

Counselor A, sticking to sharing highlights, misses the resource mentioned by the client. Although it is true that the client habitually fails to speak up, he has some impact when he does speak. Others do listen, at least sometimes, and this is a resource. Counselor A emphasizes the deficit. Let's try another counselor.

COUNSELOR B: So when you do speak up, you don't get blasted. You even get a hearing. Tell me what makes you think you don't exercise much influence when you speak.

CLIENT (pauses): Well, maybe influence isn't the issue. Usually, I don't want to get involved. Speaking up gets you involved.

Note that both counselors share a highlight, but they focus on different parts of the client's message. Counselor A emphasizes the deficit; Counselor B notes the asset and follows up with a probe. This produces a significant clarification of the client's problem situation. Not wanting to get involved is an issue to be explored.

The search for resources is especially important when the story being told is bleak. I once listened to a man's story that included a number of bone-jarring life defeats—a bitter divorce, false accusations that led to his dismissal from a job, months of unemployment, serious health concerns, months of homelessness, and more. The only emotion the man exhibited during his story was depression. Toward the end of the session, we had this interchange:

HELPER: Just one blow after another, grinding you down.

CLIENT: Grinding me down, and almost doing me in.

HELPER: Tell me a little more about the "almost" part of it.

CLIENT: Well, I'm still alive, still sitting here talking to you.

HELPER: Despite all these blows, you haven't fallen apart. That seems to say something about the fiber in you.

At the word *fiber*, the client looked up, and there seemed to be a glimmer of something besides depression in his face. I put a line down the center of a newsprint pad. On the left side I listed the life blows the man had experienced. On the right I put "Fiber." Then I said, "Let's see if we can add to the list on the right side." We came up with a list of the man's resources. His fiber included his musical talent, his honesty, his concern for and ability to talk to others, and so forth. After about a half hour, he smiled weakly, but he did smile. He said that it was the first time he could remember smiling in months.

### Help Clients Spot and Develop Unused Opportunities

Early in the history of modern psychology, William James remarked that few people bring to bear more than about 10% of their human potential on the problems and challenges of living. Others since James, though changing the percentages somewhat, have said substantially the same thing, and few have challenged their statements (Maslow, 1968). It is probably not an exaggeration to say that unused human potential constitutes a more serious social problem than emotional disorders, since it is more widespread. Maslow suggests that what is usually called "normal" in psychology "is really a psychopathology of the average, so undramatic and so widely spread that we don't even notice it ordinarily" (p. 16). Many clients you will see, besides having more or less serious problems in living, will also probably be chronic victims of a self-inflicted psychopathology of the average.

Clients are much more likely to talk about problem situations than about unused opportunities. That's a pity because clients can manage many problems better by developing unused resources instead of dealing directly with their problems. Here are some examples:

- Lech was lonely. And he was somewhat socially inept. The counselor could have helped him take a look at the roots of his loneliness, determine what kind of social life he wanted, learn some social skills, and set up a program to get himself "into community." This would mean spending a lot of time living with "the problem." Instead, the counselor asked him what he liked to do most. Lech said, "Read popular books on architecture. I love buildings of all sorts." A quick Internet search showed that there were a half dozen clubs or groups or programs for architecture aficionados. Once Lech was with people who shared his passion, he lost much of his social awkwardness. He went to lectures and discussions. He went on tours. He had some meals with his cohorts. He did not cultivate many closer friendships, but he was no longer lonely. He had a ready-made community. This opportunity-development approach worked for him more efficiently than the problem-solving route.

- Jasmin, a single woman in her mid-twenties, was arrested when she broke into a government computer. She was fined and spent some time in jail, a defeated and demoralized hacker. She became friends with Marion, who one day convinced her to go to a religious service. "Just this one time," Jasmin said. She discovered that the minister was a man with lots of street smarts and "not too pious." She liked the service more than she wanted to admit. After a few weeks, she saw this man "for a bit of advice." Once he found out that she was a hacker, he rolled his eyes and said, "Boy, could we use you." She saw him on and off and discussed what she'd do "on the outside." Once out, she helped him set up a training program in computer skills for disadvantaged kids. The fact that she had been a hacker appealed to the kids. They listened to her. She supported herself by working as a consultant in the computer security business. This kept her in touch with the latest in hacking techniques. This, of course, was still her passion. Fortunately, the minister saw talent, however misdirected, rather than depravity.

- A therapist in a state mental hospital also led a marriage therapy group for members of the local community. When one couple "graduated" or dropped out, another couple took their place. One new couple almost undid the group. They fought like cats and dogs, disrupted group meetings, and made no progress. If anything, they got worse. The therapist, at his wits' end, had a special meeting with them. As they entered the room, a light went on in his head. He said something like this: "I've never seen anyone as bad as you two. But it just struck me that you're so bad that you'd be good for something. I'd like to film you in the raw, as it were. Just as you are. Fight. Scream. Refuse to do anything constructive. I'd like to say things like this to the audience: 'If you let your marital problems fester, this is what could happen to you' and 'If this couple could get better, anyone could.' How about it?" The couple looked at each other and said, "Why not?" The therapist added, "No national rollout. I'll use the film in these kinds of groups. With your permission, of course." However, when the couple tried to be bad on the films, they couldn't. When they watched the films, they discovered how sadly comic they were. This proved to be the turning point for them in the group.

Of course, the opportunities you help clients spot and develop need not have this kind of dramatic flair. If you are to help others spot opportunities and unused resources in their lives, you must become good at spotting them in your own.

### See Every Problem as an Opportunity

Clients don't come with just problems or opportunities. They come with a mixture of both. Although there is no justification for romanticizing pain, the flip side of human problems is human opportunities. Here are a few examples:

- Kevin used his diagnosis of AIDS as a starting point for reintegrating himself into his extended family and challenging the members of his family to come to grips with some of their own problems, problems they had been denying for a long time.
- Beatrice used her divorce as an opportunity to develop a new approach to men based on mutuality. Because she was on her own and had to make her own way, she discovered that she had entrepreneurial skills. She started an arts and crafts company.
- Jerome, after an accident, used a long convalescence period to review and reset some of his values and life goals. He began to visit other patients in the rehabilitation center. This gave him deep satisfaction. He began to explore opportunities in the helping professions.
- Sheila used her incarceration for shoplifting—she called it "time out"—as an opportunity to finish her high school degree and get a head start on college.
- An actor suffering from a traumatic disability found new life by becoming a public advocate for those suffering a similar fate.
- A couple mourning the death of their only child started a day-care center in conjunction with other members of their church.

William Miller (1986) talked about one of the worst days of his life. Everything was going wrong at work. Projects were not working out, people were not responding, the work overload was bad and getting worse—nothing but failure all around. Later that day, over a cup of coffee, he took some paper, put the title "Lessons Learned and Re-learned" at the top, and wrote down as many entries as he could. Some hours and seven pages later, he had listed 27 lessons. The day turned out to be one of the best of his life. So he began to keep a daily "Lessons Learned" journal. It helped him avoid getting caught up in self-blame and defeatism. Subsequently, on days when things were not working out, he would say to himself, "Ah, this will be a day filled with learnings!"

Sometimes helping a client spot a small opportunity, be it the flip side of a problem or a standalone, provides enough positive-psychology leverage to put him or her on a more constructive tack. Box 8-2 provides some questions clients can ask themselves to identify unused resources and opportunities.

### STEP I-A AND ACTION

Shakespeare, in the person of Hamlet, talks about important enterprises—what he calls "enterprises of great pith and moment"—losing "the name of action." Helping, an "enterprise of great pith and moment," can lose "the name of action." One of the principal reasons clients do not manage the problem situations of their lives



### Box 8-2 Opportunity Finding

Here are some questions counselors can help clients ask themselves to identify unused opportunities:

- What are my unused skills/resources?
- What are my natural talents?
- How could I use some of these?
- What opportunities do I let go by?
- What ambitions remain unfulfilled?
- What could I accomplish if I put my mind to it?
- What could I become good at if I tried?
- Which opportunities should I be developing?
- Which role models could I be emulating?

effectively is their failure to act intelligently, forcefully, and prudently in their own best interests. Covey (1989), in his immensely popular *The Seven Habits of Highly Effective People*, named "proactivity" as the first habit: "It means more than merely taking initiative. It means that as human beings, we are responsible for our own lives. Our behavior is a function of our decisions, not our conditions. We can subordinate feelings to values. We have the . . . responsibility to make things happen" (p. 71).

### The Importance of Proactivity

Inactivity can be bad for body, mind, and spirit. Consider the following workplace example:

A counselor at a large manufacturing concern realized that inactivity did not benefit injured workers. If they stayed at home, they tended to sit around, gain weight, lose muscle tone, and suffer from a range of psychological symptoms such as psychosomatic complaints unrelated to their injuries. Taking a people-in-systems approach (Egan & Cowan, 1979), she worked with management, the unions, and doctors to design temporary, physically light jobs for injured workers. In some cases, nurses or physical therapists visited these workers on the job. Counseling sessions helped to get the right worker into the right job. The workers, active again, felt better about themselves, and the company benefitted.

Counselors add value by helping their clients become proactive. Helping too often entails too much talking and too little action.

Here is a brief overview of a case that illustrates the almost-magic of action. Ricardo's "helpers" are his sister-in-law and a friend.

Life was gangling up on Ricardo. Only recently "retired" from his job as office manager of a brokerage firm because "they" did not think that he would fit into the new e-commerce strategy of the business, he discovered that he had a form of cancer the course of which was unpredictable. He had started treatment and was relatively pain free, but he was always tired. He was

also beginning to have trouble walking, but the medical specialists did not know why. It may or may not have been related to the cancer. Healthwise, his future was uncertain. After losing his job, he took a marketing position with a software company. But soon, health problems forced him to give it up. His daughter had been expelled from high school for using drugs. She was sullen and uncommunicative and seemed indifferent to her father's plight. His wife and daughter did not get along well at all, and the home atmosphere was tense whenever they were together. Discussions with his wife about their daughter went nowhere. To top things off, one of his two married sons announced that he was getting a divorce from his wife and was going to fight for custody of their 3-year-old son.

Given all these concerns, Ricardo, though very independent and self-reliant, more or less said to himself, "I've got to take charge of my life or it could fall apart. And I could use some help." He found help in two people: Sarah, an intelligent, savvy, no-nonsense sister-in-law who was a lay minister of their church and, Sam, a friend of many years who happened to be a counselor.

Sarah helped Ricardo stay in touch with the religious principles that had guided his life up to that point. Her nonjudgmental style helped him turn these principals into practical guides for everyday living.

Sam helped Ricardo maintain his self-reliance by supporting his finding out as much as he could about his illness through the Internet. Without becoming preoccupied with his search, Ricardo learned enough about his illness and possible treatments to become a partner with his doctors in choosing the way forward. He also drew up a living will and gave Sam power of attorney to avoid getting caught in the trap of using every possible remedy in a futile attempt to prolong his life at the end. Sam also helped him pursue some intellectual interests—art, literature, theater—that Ricardo hadn't had time for because of business.

Here's a man who, "with a little help from his friends," uses adversity as an opportunity to get more fully involved with life. He redefines life, in part, as good conversations with family and friends. Refusing to become a victim, he stays active. Ricardo died two years later, but he managed to live until he died.

### Using the Time Between Sessions Productively

If the future of helping is brief, or at least briefer, therapy sessions, then counselors must help clients use the time between sessions as productively as possible. "How can I leverage what I do within the session to have an impact on what the client does the rest of the week?" Or month, as the case may be. This does not deny that good things are happening within the session. On the contrary, it capitalizes on whatever learning or change takes place there.

Many helpers give their clients homework from time to time as a way of helping them act on what they're learning in the sessions (Kazantzis, 2000; Kazantzis & Deane, 1999). Mahrer and his associates (1994) reviewed the methods helpers used to do this. They came up with 16 methods, including the following:

- Mention some homework task, and ask the client to carry it out and report back because he or she is now a "new person."
- Wait until the client comes up with a postsession task, and then help the client clarify and focus it.
- Highlight the client's readiness or seeming willingness to carry out some task, but leave the final decision to the client.
- Use some contractual agreement to move the client to some appropriate activity.

Counselors provide help in defining the activity and custom fitting it to the client's situation. Some helpers exhort clients to carry out some action. Some even mandate

some kind of action as a condition for further sessions: "I'll see you after you've attended your first Alcoholics Anonymous meeting."

Broder (2000) has further suggestions on how to incorporate homework into your helping sessions. He not only offers many techniques but discusses why some clients resist the idea of homework and suggest ways of addressing such resistance. Broder, in conjunction with Albert Ellis, the originator of Rational Emotive Behavior Therapy, has developed a series of audiotapes dealing with many of the problems clients encounter. Clients use these tapes to further their understanding of what they learned in the therapy session and to engage in activities that will help them resolve their conflicts (see [www.therapistassistant.com](http://www.therapistassistant.com)).

There is no need to call what the client does between sessions homework. The term *homework* puts some clients off. It is also too "teacherish" for some helpers. It sounds like an add-on rather than something that flows organically from what takes place within the helping sessions. But *flows* is a wide term. For instance, if you are using some kind of manualized treatment (see Chapter 1) for treating anxiety, then work between sessions, an essential dimension of the treatment, is part of the flow. The principle behind homework is more important than the name, and the principle is clear. Use every stage and every step of the helping process as a stimulus for problem-managing and opportunity-developing action. Use the term *homework* if it works for you; "assign" it if that works for you and your client. But have a clear picture of why you are assigning any particular task. Don't routinely assign homework for its own sake.

Homework often has a predetermined cast to it. But encouraging clients to act in their own behalf can be a much more spontaneous exercise. Take the case of Mildred.

Mildred, 70, single, was a retired teacher. In fact, she had managed to find ways of teaching even after the mandatory retirement. So she was newly retired. Given her savings, her pension, and social security, she was ready for retirement financially. But she had not prepared socially or emotionally. She was soon depressed and described life as "aimless." She wandered around for a few months and finally, at the urging of a friend, saw a counselor, someone about her age. The counselor knew that she had many internal resources, but they had all seemed to go dormant. In the second session, he said to her, "Mildred, you're allowing yourself to become a wreck. You'd never stand for this kind of behavior from your students. You need to get off your butt and seize life again. Tell me what you're going to do. I mean right after you get out of this session with me." This was a bit of shock treatment for Mildred, except that no electricity was involved. After a brief pause, a revived Mildred looked at him and asked, "Well, what do you do?" They went on to discuss what life can offer after 70. Her first task, she decided, was to get into community in some way. The school had been her community, but it was gone.

Whether you use homework assignments or find other, perhaps more organic, ways of helping clients move as quickly as possible to action is not the issue. Your role demands that you be a catalyst for client action.

### Appreciating the Self-Healing Nature of Clients

Helpers should not underestimate the "agency" of their clients. Bohart and Tallman (1999), in a book on "how clients make therapy work," lay out the principles of client self-healing, principles which, they say, must be respected if therapy is to

be a collaborative enterprise. These principles are part of a positive-psychology approach to helping. I have taken their principles and have both reworded and re-ordered them while making every attempt to retain their spirit (see pp. 227–235 in their book for a full description of each of their principles):

- Respect clients' ability to act in their own best interest.
- Be aware that clients have widely differing world views.
- Support clients' capability for thinking for themselves.
- Respect clients' wisdom and actively elicit their ideas and intuitions.
- Give clients time to think things through and avoid premature closure.
- Support clients' efforts to generate new ways of thinking about themselves and their problems and to act on what they discover.
- Believe that clients are capable of learning and help them amplify small signs of learning and change.
- Be convinced that clients prefer positive, proactive rather than immature, defensive solutions.
- Help clients in their efforts to understand and deal creatively with the constraints that keep them stuck in old ways.
- Remember that clients are agents in their own lives and do not always need our guidance.

While the ideal might be "the client as active self-healer, co-director, and collaborator in therapy" (Bohart & Tallman, p. 141), the authors realize that neither all clients nor all therapists live up to the ideal. But one message is clear—don't sell clients short.

### IS STEP I-A ENOUGH?

Some clients seem to need only Step I-A. That is, they spend a relatively limited amount of time with a helper, they tell their story in greater or lesser detail, and then they go off and manage quite well on their own. Mildred, once blasted out of her torpor, was one of those. Here are two ways in which clients may need only the first step of the helping process.

**A declaration of intent and the mobilization of resources.** For some clients, the very fact that they approach someone for help is sufficient to help them begin to pull together the resources needed to manage their problem situations more effectively. For these clients, going to a helper is a declaration not of helplessness but of intent: "I'm going to do something about this problem situation."

Declan was a young man from Ireland living illegally in New York. Even though he had a community of fellow countrymen to provide him support, he felt, as he put it, "hunted." He lived with the fear that something terrible was going to happen. He talked to an older friend about his concerns. The friend listened carefully but had no advice to give him. But the talk provided the stimulus Declan needed. He acted. He returned to Ireland, became skilled in computers, moved to England, and got a job with the British arm of a German computer firm. Just as important, he felt "whole" again.

Merely seeking help can trigger a resource-mobilization process in some clients. Once they begin to mobilize their resources, they begin to manage their lives quite well on their own.

**Coming out from under self-defeating emotions.** Some clients come to helpers because they are incapacitated, to a greater or lesser degree, by negative feelings and emotions. Often when helpers show such clients respect, listen carefully to them, and understand them in a nonjudgmental way, those self-defeating feelings and emotions subside. That is, the clients benefit from the counseling relationship as a process of social-emotional reeducation and repair. Once that happens, they are able to call on their own inner and environmental resources and begin to manage the problem situations that precipitated the incapacitating feelings and emotions. In short, they move to action. These clients, too, seem to be "cured" merely by telling their stories.

*Katrina was very depressed after undergoing a hysterectomy. She had only two relatively brief sessions with a counselor. Katrina, helped to sort through the emotions she was feeling, discovered that the predominant emotion was shame. She felt wounded and exposed to herself and guilty about her incompleteness. Once she saw what was going on, she was able to pick up her life once more.*

Of course, not all clients fall into these two categories. Many need the kind of help provided by one or more of the other stages and steps of the helping model.

### THE SHADOW SIDE OF STEP I-A

There are a number of shadow-side dimensions to Step I-A. Two are discussed here. The first relates to the ways clients tell their stories. The second deals with the nature of discretionary change.

#### Clients as Storytellers

When clients present themselves to helpers, there is no instant or easy way of reading what is in their hearts. This is revealed over the course of helping sessions. And some helpers are much better than others in discovering "what is really going on." As we have seen, clients approach storytelling in quite different ways. Let's consider a couple of shadow-side versions.

Some clients who tell stories that are general, partial, and ambiguous may or may not have ulterior motives. For instance, one subtext in the shadows is, "If I tell my story too clearly and reveal myself warts and all, I will be expected to do something about it." The accountability issue lurks in the background. Another issue is the accuracy of the story. At one end are clients who tell their stories as honestly as possible. At the other end are clients who, for whatever reason, lie—or fudge. Anyone who has done any marital counseling doesn't have to prove this. They just watch it.

Fudging seems to have something to do with self-image. Some clients are not especially concerned about what their helpers think of them. They have no particular need to be seen in a favorable light. Other clients ask themselves, at least subconsciously, "What will the helper think of me?" Some are extremely concerned

about what their helpers think of them and will skew their stories to present themselves in the best light. Kelly (2000a; see also Kelly, Kahn, & Coulter, 1996) sees therapy, at least in part, as a self-presentational process. She suggests that clients benefit by perceiving that their therapists have favorable views of them. Therefore, if therapy contributes to clients' positive identity development, we should expect some fudging. Hiding some of the less desirable aspects of themselves, intentionally or otherwise (see Kelly, 2000b), becomes a means to an end. Hill, Gelso, and Mohr (2000) object to this hypothesis, suggesting that research shows that clients don't hide much from their therapists. Arkin and Hermann (2000) suggest that all of this is really more complicated than the others realize. So, here we have an example of how you must use your own common sense in coming to grips with client self-presentation.

Take an example. Relatively few male victims of childhood sexual abuse discuss the residue of that in adulthood (Holmes, Offen, & Waller, 1997). This used to be explained by the now-discounted myths that few males are sexually abused and that abuse has little impact on males. Rather it seems that it is just harder for males, at least in North American society, to admit both the abuse and its effects. We know that some clients fudge and some clients lie. We can only hypothesize why. But we do know that the vagaries of client self-presentation muddy the waters.

Throw all these factors together with their various combinations and permutations, add in all other variables that might affect client storytelling, and you have an "infinite" number of self-presentation styles. In the end, each client has his or her own style. Add the enormous diversity found in clients and in story content, and it is clear to savvy helpers that each client represents an  $N = 1$  (sole subject) research project. The competent, caring, and knowledgeable helper tackles each project without naiveté and without cynicism.

#### The Nature of Discretionary Change

Step I-A is the first step—that is, the first logical step—in a process of constructive change. And so the distinction between discretionary and nondiscretionary change is critical for helpers. Nondiscretionary change is mandated change. If the courts say to a divorced man negotiating visiting rights with his children, "You can't have visiting rights unless you stop drinking," the change is nondiscretionary. There will be no visiting rights without the change.

In contrast, a husband and wife having difficulties with their marriage are not under the gun to change the current pattern. Change here is discretionary. "If you want more productive relationships, then you must change in the following ways." The shadow-side principle here is quite challenging.

In both individual and organizational affairs, the track record for discretionary change is quite poor.

It's the Okavango/Kalahari phenomenon. The what? The Okavango River, which rises in the highlands of Angola, gives way to a beautiful inland delta, a blue-green wilderness of fresh water teeming with life. Where does it go? It never finds the sea.

Its water disappears, somehow, into the Kalahari desert. It's a metaphor for much of both personal and organizational change. "Whatever happened to that [lush] management-development program we started two years ago?" The answer: "It's in the Kalahari." Much of counseling is planning. Don't let clients take the (blue-green) planning they do with you and let it disappear into the Kalahari.

The fact of discretionary change is central to the psychopathology of the average. If we don't *have* to change, very often we don't. We need merely review the track record of our New Year's resolutions. Unfortunately, in helping situations, clients probably see most change as discretionary. They may talk about it as if it were nondiscretionary, but deep down, a great deal of "I don't really have to change" pervades the helping process. "Other people should change; the world should change. But I don't have to." This is not cynical. It's the way things are. The sad state of discretionary change is not meant to discourage you but to make you more realistic about the challenges you face as a helper and about the challenges you help your clients face.

A pragmatic bias toward client action on your part—rather than merely talking about action—is a cardinal value. Effective helpers tend to be active with clients and see no particular value in mere listening and nodding. They engage clients in a dialogue. During that dialogue, they constantly ask themselves, "What can I do to raise the probability that this client will act on her own behalf intelligently and prudently?" I know a man who years ago went "into therapy" (as "into another world") because, among other things, he was indecisive. Over the years, he became engaged several times to different women and each time broke it off. So much for decisiveness. Again, savvy helpers know that in some ways, or at least in some cases, the deck is stacked against them from the start. But if we can believe the outcome studies reviewed in Chapter 1, the best helpers consistently win against the odds.



### Evaluation Questions for Step I-A

How effectively am I doing the following?

#### Establishing a Working Alliance

- Developing a collaborative working relationship with the client.
- Using the relationship as a vehicle for social-emotional reeducation.
- Not doing for clients what they can do for themselves.

#### Helping Clients Tell Their Stories

- Using a mix of tuning in, listening, empathy, probing, and summarizing to help clients tell their stories, share their points, discuss their decisions, and talk through their proposals as concretely as possible.
- Using probes when clients get stuck, wander about, or lack clarity.
- Understanding blocks to client self-disclosure and providing support for clients who have difficulty talking about themselves.
- Helping clients talk productively about the past.

#### Building Ongoing Client Assessment into the Helping Process

- Getting an initial feel for the severity of a client's problems and his or her ability to handle them.
- Noting and working with client resources, especially unused resources.
- Understanding clients' problems and opportunities in the larger context of their lives.

#### Helping Clients Move to Action

- Helping clients develop an action orientation.
- Helping clients spot early opportunities for changing self-defeating behavior or engaging in opportunity-development behavior.

#### Integrating Evaluation into the Helping Process

- Keeping an evaluative eye on the entire process with the goal of adding value through each interaction and making each session better.
- Finding ways of getting clients to participate in and own the evaluation process.