Chapter 6

Moving From What Is to What Is Desired

I know I can do this!

INTRODUCTION

In order for counseling to be truly a helping process, the counselor must help the client to successfully *do this,* where the *this* is a plan that will prove effective in moving the client to the desired state.

Counseling is a helping process. It is a process that assists one individual to move from an undesirable life condition to one that is more desirable. The previous chapters presented the knowledge and skills required of a counselor to assist clients in sharing their story, identified the elements causing difficulty, and articulated the preferred state of functioning by way of goal setting. With these data in place, the counselor and the client can now move to the identification of the specific steps or strategies to be employed to facilitate this movement from what is to what is desired.

This chapter introduces the elements that go into this process of plan formulation and implementation. Specifically, after reading this chapter you will be able to do the following:

- Understand that path finding, or strategizing and intervening, is a process that happens throughout the counseling process and is not restricted to one element later in the counseling.
- Understand that intervention plans can be created from the analyses of a client's previous successes, the existing research supporting theories of counseling, and even by way of a generic problem-solving model.
- Apply the processes of brainstorming and cost-benefit analyses to the selection of a strategy for goal attainment.

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- Value the ethical need to be competent in strategies selected to implement.
- List possible challenges one may encounter during the development, implementation, and maintenance of treatment strategies.

INTERVENTION PLANNING: NOT STATIC, NOR A ONE-TIME EVENT

With the counselors and the client gaining clarity about the *what is* in terms of presenting concerns and client's resources and the *what is hoped for*, that is, the goals and outcomes for the counseling, they will increase their attention to the consideration of the strategies and techniques needed to move the client toward the desired outcome. This process of attending to strategies of change is not a one-shot operation, nor is it a fixed stage to be employed at the end of some time together. As noted throughout the previous chapters, counseling, as an intentional process, is one in which the counselor has selected and employed a variety of interventions all geared to moving the client toward some outcome. From intake to termination, clinicians must gather and analyze case information, formulate hypotheses, and implement treatment decisions (Makover, 1996; Tillett, 1996). Whether the intervention is a simple greeting aimed at relaxing the client or the use of a probe or a well-timed challenge to assist the client in gaining clarity, intervention has been occurring all along the counseling process. Having said that, we anticipate there will be a time or times when the client and the counselor turn attention to the identification and implementation of steps which will be employed in hopes of moving the client to some ultimate outcome.

THE USE OF THEORY AND RESEARCH AS GUIDES TO INTERVENTION PLANNING

James Prochaska (1995) noted that change is a process in which clients engage in covert and overt activities that alter their affect, thinking, behaviors, and relationships as related to a particular problem or pattern of living. In their attempt to identify and select specific activities that will affect such change in their clients, counselors often turn to their theoretical model or the professional research highlighting effective interventions. The theories of counseling, along with the research supporting their utility and validity, serve as the core of counseling as a discipline and a profession.

Theories: Framework for Making Meaning

As every neophyte counselor soon comes to appreciate, facilitating the sharing of the client's story often results in an overabundance of information. There are things said and unique tones and styles in saying them: The client's body signals, responses to counselor questioning, and even selected periods of silence may be essential in understanding the full meaning of the story that is unfolding. But as each of these pieces of information may be relevant and essential to the helping process, it is equally possible that they are irrelevant and potential distractions. The theory or theories a counselor employs serve as a framework within which the details of the client's story are processed. Counseling theory thus provides a guide for discerning what is important from that which is not. Theories serve as an organizing mechanism so that the counselor can not only make sense of the story being shared, but also know how best to respond to the data in order to help the client move from what is to what is desired.

Theories: All Equally Valuable and Useful?

An exercise sometimes assigned in a counseling course is for students to articulate their theory of counseling. While such an exercise invites a meaningful dialogue around the assumptions each student may bring to a helping encounter, it may be less productive if we are to assume that all such theories generated by those in the early stage of their professional development are of equal value and utility. The same can be asked of the more than 500 theories or approaches to counseling found within the literature (Kazdin, 2008). Are all 500 equally "good,"—of equal value and utility?

The tradition in science is to assess a theory against a set of standards or preferred qualities that collectively provide a measure of a theory's worth (Maddi, 1996). These include the following:

- *Precision.* A "good" theory employs constructs and concepts that are clear and precise, and their relationships are similarly specified.
- *Testability.* A good theory generates predictions that in turn are testable.
- *Parsimony.* A good theory provides the simplest explanation, assuming the other qualities are present.
- *Stimulation.* A good theory provokes research to test, to validate, to confirm, or to disconfirm.
- *Practicality.* A good theory is practical—that is, applicable—and within counseling, provides the useful framework from which to gather essential information, make meaning, and make effective practice decisions.

Theories of Counseling: A Rich History

Historically, with little understanding of psychopathology, individuals who presented with difficulties navigating life challenges would either be ignored and avoided as if possessed, or confined to institutions for warehousing. The history of counseling and therapy probably could find its origin in the early work of Sigmund Freud (1949) and those of the Vienna circle. These creative individuals moved emotional problems from the realm of the demonic to a natural illness rooted in some form of psychic conflict. It was with these early postulations of mental functioning and dysfunctioning that the treatment and the foundation for our profession as helpers found footing.

Since those days of the late 19th century, many others have stepped in to provide templates or models for understanding the human psyche and behavioral function and dysfunction. These theorists, some of whom are highlighted later in this chapter, articulated organizational frameworks to guide helpers in their attending to, processing of, and making meaning of each client's story.

In the 21st century, we find the theories employed across the profession of counseling to be the outcome of a rich history and evolutionary past. For example, the mid-1950s saw the influx of theories emanating from the labs and clinical experiences of J. D. Watson (1919), B. F. Skinner (1974), Joseph Wolpe (1990), and later the work of Albert Ellis, Aaron Beck (1976), and Donald Meichenbaum (1977). These individuals moved our thinking away from the psycho-historical emphasis and psychic conflict models of Freud and his followers to consider the influence of environment in shaping our behavior and our thinking. Their work has resulted in a variety of cognitive and behavioral theories, which emphasize the influence of thoughts and actions on emotions. Some have called the infusion of behavioral theory into counseling as the second force, with Freud and the psycho-dynamic models being the first force. A third force, one emphasizing the importance of emotions and sensations and the belief that individuals can and desire to take control of their lives in search of meaning and fulfillment, emerged in the 1960s with the initial work of Carl Rogers (1961) and his presentation of a humanistic, person-centered theory.

These three forces, along with our increasing awareness of alternative perspectives including those that highlight spiritual and religious experiences, the influence of gender and cultures, as well as those that offer insight from non-Western perspectives, continue to stimulate the development and use of theories to guide practice.

Contemporary Theories

There are simply too many theories for a book such as this to adequately cover. However, as a way of introducing the reader to the expanse of current theory, we have employed the organizational schema presented by Linda Seligman and Lourie Reichenberg (2010). For those seeking additional information, a list of additional resources are provided at the end of this chapter. Seligman and Reichenberg

presented four categories in which one could list specific contemporary theories. These categories, along with their description, representative theories, and reference are listed in Table 6.1.

Table 6.1 Categorization of Contemporary Counseling Theory		
Category	*Representative Theory or Theories*	*For Further Information*
Background These theories emphasized the client's history, placing importance on past experiences as formative to present concerns. The focus of helping is typically on helping the client resolve problems or issues carried from the past.	Classic psychoanalysis (Freud); individual psychology (Adler); object relations theory (St. Clair)	www.apsa.org Website of the American Psychoanalytical Association
Emotions While all theories will allow for the importance of emotions and feelings, the theories classed under this category give special attention to emotions and sensations and focus on the *experiential*—the way we experience ourselves and our world.	Person centered theory (Rogers); gestalt theory (Perls); feminist theory (Gilbert & Rader)	www.iceeft.com The Centre for Emotionally Focused Therapy
Thoughts Theories grouped within this category all share an emphasis on the role that our thoughts, our cognitions—our meaning making—plays in both causing and ameliorating our distress. The theorists within this category believe that it is our thoughts which lead to emotions and behaviors and thus it is through becoming aware of thoughts which are irrational or dysfunctional and changing these thoughts that a resultant change in feelings and action will occur.	Rational emotive theory (Ellis); cognitive theory (Beck)	www .beckinstitute .org/ Website of the Beck Institute for Cognitive Therapy and Research

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Table 6.1 Continued		
Category	*Representative Theory or Theories*	*For Further Information*
Actions Used here, action refers to overt, observable and thus measurable behavior. While our behaviors, our actions, are intertwined with our feelings and thoughts, theorists who employ action-focused theories target the modification of dysfunctional behaviors as the means through which to facilitate a client's growth.	Behavior theory, cognitive-behavior theory, reality theory, solution focus brief theory (see the work of theorists such as Albert Bandura, Joseph Wolpe, Arnold Lazarus, William Glasser, & Steve DeShazer).	www.nacbt.org Website of the National Association of Cognitive-Behavioral Therapists

A MODEL OF CHANGE AND GOAL ACHIEVEMENT

In addition to the use of intervention strategies derived from specific theories of counseling, counselors often engage general principles of problem solving in order to assist their clients. These principles are presented in the following sections as elements of a generic model of change and goal achievement. These include: the use of a creative process to identify pathways to the client's goals; the assessment of the cost and benefit of the various pathways, the selection and employment of a strategy, and the monitoring of progress toward the goal.

Identifying Pathways to Client Goals

Even when clients have clarity about their goals, they may feel frustrated, even hopeless because previous attempts have proved unsuccessful. One of the tasks of the counselor is to reenergize clients and help them feel hopeful about the possibility of achieving their goals. Employing strategies that highlight clients' competence (i.e., working with exceptions) and engage their creativity (i.e., brainstorming) can not only result in the identification of strategies that may prove effective in facilitating the desired change, but also serve to stimulate the sense of hope needed to energize clients in their own helping process.

Working With Exceptions

While a client may enter counseling feeling defeated, and believing herself to be a failure, the truth or facts of life are that while she may have hit a roadblock in her life, she has experienced numerous times and situations when she successfully navigated life challenges. The identification of these past successes not only affirms the client's competence but will be able to help the client identify the techniques or strategies that she has employed in the past to be successful. If the *exceptions* can be reviewed and analyzed, they can provide the materials for the creation of a solution to the presenting concern.

Valuing the wealth of resources that each client brings to the situation, the counselor helps the client understand how solutions have occurred in the past (exceptions) and how the elements that contributed to that success can be called up and reshaped for application to the present issue. Consider a student who was referred to the school counselor because he lashes out at other students who verbally tease him at lunch. The counselor working with that client was able to identify the *self-talk* strategies the client employed as a star football player when experiencing an opponent's "trash" talking. The student explained that he understood that the opponent was attempting to get him angry so that he would do something that elicited a penalty for his team, or even get him removed from the game. With this awareness of why the opponent was taunting him, the client was able to dismiss the comments as meaningless, just part of the game, and something to ignore. Further, he knew that he needed to focus on the game and not the comment. The counselor working with this exception helped the student see the teasing as the other student's attempt to get him in trouble, and as a result, encouraged him to treat it like the game and dismiss the teasing at lunch; this turned the client's focus away from the comment and refocused on his friends and their discussion occurring at his lunch table. In this case, the counselor simply helped the client tap his own successful problem-solving strategy and competency, and helped him reshape them for application in the current situation.

When using exceptions as a strategy for identifying interventions, it is important for the counselor and the client to investigate the details of the exception, including the where, what, when, and how of the exception (O'Connell, 1998). The counselor, in working with exceptions, will encourage the client to describe these exceptions and to identify what different circumstances exist in that case or what the client did differently. Thus, it is not sufficient to simply say, "Well, do that again." The counselor and the client need to understand all of the factors—all of the elements that went into doing it the first time. Questions that need to be answered include: What were the client's motivations and feelings? What was the client thinking? How did the client act? What support did the client experience?

What external conditions existed that made the exception possible? These are just a few of the questions to explore in hopes of identifying the specific elements that went into the successful employment of the strategies resulting in resolution of the previous situation.

Case Illustration 6.1 provides an example of how the counselor helps the client look for exceptions.

CASE ILLUSTRATION 6.1

SEEKING EXCEPTIONS: SOCIAL PHOBIA

Andrew is a 44-year-old Caucasian American male. He comes to counseling with severe social phobia.

Counselor:	You indicated that you are anxious in various social situations.
Andrew:	That is correct.
Counselor:	Can you be a little bit more specific about it?
Andrew:	I'm anxious all the time, every situation in my whole life. I'm even anxious while I'm with my daughter and my son-in-law, even when I am with my wife. You can tell that I'm anxious now, look at my hands, trembling and sweating. This has bothered me ever since I could remember. I really don't know what I should do about it.
Counselor:	Can you think of an occasion or a situation when you are interacting with someone, maybe your wife, and you don't feel anxious or feel less anxious?
Andrew:	(pauses) No. I don't think so. I'm always anxious . . . off the charts.
Counselor:	So even at times when, for example, you are saying goodnight to your wife, you experience maximal anxiety?

Andrew:	(smiling) No, of course not . . . we're just going to bed.
Counselor:	Okay, that is true, but you are going to bed "together"?
Andrew:	(smiling) Well, if that is the kind of thing you mean . . . then when we make love, I'm not anxious.
Counselor:	Wow. So when you go to sleep or when you make love with your wife you don't experience this anxiety?
Andrew:	Yes. It is not an issue.
Counselor:	Well, you say it's not an issue, but I think that is pretty interesting. I mean these are times when you are interacting, very intimately, with your wife and yet you are not anxious. I wonder what is different about those times?

Counselor Reflection

The client has been anxious for many years. His anxiety has been so overwhelming that he has been anxious about his anxiety. It is normal that he may not be able to think of an occasion when he does not have anxiety. His sharing of his ability to share intimate moments with his wife and remain nonanxious provided a great opportunity to investigate his focus—his self-talk—during these times, which allowed him to stay in the moment rather than generate anxious thoughts. As we investigated the elements that went into making this a nonanxious event, we were able to develop specific strategies that he could take from this experience and apply in an upcoming presentation that he needed to do at work.

Brainstorming Creative Options

Another strategy to use when attempting to identify pathways toward a goal is brainstorming. A value to brainstorming is that it is nonjudgmental and the client, with the counselor's facilitation, can be stimulated to create as many ideas as possible with the result being the identification of pathways not previously considered. The goal of brainstorming is the generation of a maximum quantity of ideas (with quality being assessed later). Three simple guidelines should be considered:

1. *Target quantity not quality.* As suggested in the first rule, the goal is to develop as many ideas as possible.

2. *Suspend judgment.* Because the goal of brainstorming is to foster creativity, and generate a quantity of ideas, the client and counselor need to suspend judgment about the value or even the practicality of any idea generated. Later within the process or selecting a pathway, the pros and cons of each idea will be assessed. During brainstorming, the rule should be "the crazier the better" in that sometimes the most creative ideas provide a starting point for the crafting of a very practical, creative, and do-able intervention.

3. *Build on previous ideas.* It is useful to combine ideas previously offered, or attempt to expand on ideas previously noted. When generating an idea, the client should be encouraged to build off of that idea and generate as many permutations as possible.

Case Illustration 6.2 provides an example of the use of brainstorming with a client attempting to identify strategies to help him control his anger.

CASE ILLUSTRATION 6.2

HELPING A CLIENT LEARN HOW TO BRAINSTORM

Jacob is a 17-year-old Asian-American high school junior, who is referred to counseling by his teacher for anger management. Jacob often gets angry with numerous things, some as little as waiting before the red traffic light. He frequently blows up and yells until he is hoarse. Even worse is that a couple of times he has gotten into physical fights with others. However, he has a lot of regrets later for what he does or says. Jacob's goal in counseling is to control his anger and he and the counselor now engage in strategizing around how this may be accomplished.

Counselor:	So . . . your goal is to control your anger.
Jacob:	Yeah.
Counselor:	Do you have any ideas how you can achieve the goal?
Jacob:	No, not really.

Counselor:	Maybe it would be helpful if we simply tried to generate as many ideas about how a person could control his or her anger as we can . . . you know, brainstorm?
Jacob:	We use brainstorming in creative writing class.
Counselor:	That's great. So you know that we are not going to judge if it is a good or bad idea or if it seems silly or too difficult. Let's just get as many ideas as we can out on the table and then we can come back to consider each.
Jacob:	Like what kind of things? I mean the things I do are yelling and getting into physical fights with others.
Counselor:	That's a start . . . let's put those down, but how about other ways people may deal with angry feelings?
Jacob:	I don't know . . . .
Counselor:	Well you have one here, getting into fights . . . that's pretty physical. I wonder if there are other things people do—you know, physical things—that help them deal with angry feelings?
Jacob:	You mean sports?
Counselor:	Hey . . . it's an idea . . . let's put it down.
Jacob:	Something like running or soccer?
Counselor:	Here I'll put those down.
Jacob:	That's about it . . . .
Counselor:	Well, we are getting there but I'm wondering if we really allow ourselves to think out of the box, what kind of physical activities or maybe even mental things or social things we could do to reduce feelings of anxiety?
Jacob:	Well, I yell when I'm mad . . . maybe just making loud noises, or blowing out lots of air . . . something like that.

(*Continued*)

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Counselor:	Now you are on a roll.
Jacob:	Socially, I guess I could try to call my friends or maybe just text them that I'm pissed off . . . sorry.
Counselor:	Got them . . . we are getting quite a list . . . hmm, how about anything you could do mentally . . . or with your thinking . . . .
Jacob:	Well, I know when I'm playing b-ball I try to focus and take some breaths before shooting foul shots— that calms me . . . maybe something like that?

Counselor Reflection

Jacob, like many clients, approaches the task with very narrow focus and needs a little encouragement to think out of the box. As I guided him, he became increasingly more energized by the process and more creative. We developed a number of very useful strategies and he felt as if he was the problem solver in this situation. This contributed to his ownership of the strategies we selected.

Exercise 6.2

GETTING A LITTLE HELP FROM A FRIEND

Directions: Your task is to invite two friends to participate in a process designed to help you develop strategies that will facilitate your attainment of some personal goal. As such, you are to identify a specific, concrete, observable, and measurable goal of personal improvement. Perhaps it is that you want to improve your grades, find a new job, quit smoking, or start exercising. The first step is to identify the goal and specify it in concrete terms. The next step is to explain to your friends the rules and goals of brainstorming. Remember to highlight the focus is on quantity of ideas, without judgment or criticism. Also, invite your friends to build on each other's ideas and to think out of the box.

The specific task is to generate as many strategies that could be used to achieve your goal. You have 10 minutes to generate ideas. If you end before 10 minutes, review the strategies presented, and push for more. List goal and strategy idea in the space below.

GOAL

_____

Strategies (use additional paper as needed)

As suggested by Case Illustration 6.2, clients often need encouragement to think out of the box in order to generate ideas not previously considered. It is important the counselor not only encourages such divergent thinking, but may also need to model the type of expansive thinking desire. Exercise 6.2 provides an opportunity to engage in divergent thinking by using brainstorming.

Assessing Possible Pathways

With the mandate to be nonjudgmental or nonevaluative during the brainstorming stage, the client and counselor may generate a number of strategies that prove more or less effective in helping the client reach her goal. Not all of the pathways or strategies identified are of equal value. Each has more or less potential for helping the client achieve her goal and each will require some expenditure of client resources (e.g., time, energy, etc.). As such, the counselor and client will engage in a process of assessing both the potential for benefit and positive outcome of each strategy, and weigh that against the incurred cost. With this evaluation in place, the client will be ready to select and implement a specific approach to goal attainment.

General Criteria for Judging Pathway Viability

In addressing each of the proposed strategies, the client should consider some very practical issues as well as take a more structured look at the costs and benefits of each. Before beginning a detailed analysis of the comparative cost and benefits of the generated strategies or pathways, the counselor and client should review each to insure that they meet the following criteria:

- They appear to offer a high degree of likelihood that the end goal will be achieved.
- The client understands and embraces the strategy as something do-able with which success is attainable.
- The knowledge, skills, and general resources needed to implement the strategy are available to the client.

This last point, while perhaps appearing obvious, is pivotal to the successful selection and implementation of an intervention strategy.

Available Resources

Resources are one of the key factors in the development and implementation of any problem-solving strategy. Client resources can be sorted into two categories: internal and external resources. Internal resources include things such as a client's knowledge and skills, as well as level of cooperativeness, motivation, energy level, sense of responsibilities, intellectual and physical capabilities, and so on. External resources can be identified as client's support systems including family members, community, school, churches, workplace, friends, and access to facilities and finances. Each of these has the potential for supporting clients in their effort toward problem resolution and needs to be creatively considered in the development of change strategies.

Taking advantage of resources that are under the client's control and reachable with reasonable effort is essential in the goal achievement process. For example, the counselor needs to help the client indentify the individuals who can help him to achieve his goals, or who can serve as role models or exemplars. In addition, counselors can help the client identify groups, organizations, programs, and events that will lend support to his change efforts (Egan, 2010).

Clearly strategies that are beyond the client's internal or external resources will prove ineffective, regardless of their theoretical soundness. One special internal resource that careful planning and implementation of an intervention plan can foster is client confidence. Client's confidence is the minimum requirement for client action toward goal achievement. Most clients have come to counseling having exhausted all their own efforts to resolve the difficulty they face and thus may come to counseling feeling defeated and even hopeless. Assisting a client to gain confidence can be facilitated through the creation of change strategies, which can be implemented in small steps—steps organized to maximize the probability of success. With each experience of successful implementation, a client's personal confidence as well as hopeful expectations will increase. A barrier to the client's confidence could be her fear of failure. Again, planning that attempts to insure the greatest possibility of success, while at the same time minimizing the impact of failure, assists in reducing this fear and the roadblock it may present. Case Illustration 6.3 demonstrates one counselor's attempt to assist the client's sense of confidence.

Once the strategies have been reviewed against these general criteria, those that fail to either logically lead to the outcome desired or those for which the client fails to take ownership or fails to possess the resource needed should be eliminated from consideration. For those remaining, the counselor and client may want to engage in a more focused analysis of possible costs and benefits as a way of helping the client choose the strategy or strategies to implement.

Detailing Costs and Benefits for Each Plausible Pathway

The list of possible intervention strategies can now narrow down to those which offer the biggest possibility of success at the least cost to the client and others in the client's life. The counselor and client can begin to narrow the list of pathways down to the most desirable by analyzing the expected benefits and costs to be incurred as a result of employing each of the strategies.

Costs and benefits can be grouped as physical, social, and psychological. Thus, a client who goes cold turkey in stopping smoking may experience the initial costs of physical discomfort (i.e., cravings), psychological stress, and social exclusion (i.e., not going out at break time to share a cigarette with friends). At the same time, this client may experience a personal sense of accomplishment (psychological

CASE ILLUSTRATION 6.3

BUILDING CLIENT CONFIDENCE IN SESSION

Tracey is a 28-year-old White female and a nontraditional college junior. She is also a single mother who has a 7-year-old daughter with physical disability. Tracey has a couple of part-time jobs to pay her college tuition and her and her daughter's living expenses. Tracey came to counseling as a result of having been raped and manifesting the symptoms of post-traumatic stress disorder (PTSD). The therapist attempted to provide Tracey with a set of strategies aimed at increasing her state of relaxation. However, as part of the strategy, Tracey was asked to close her eyes. This simple directive appeared too much for Tracey and clearly elicited heightened anxiety and resistance. From Tracey's perspective, closing her eyes in the presence of the therapist was too dangerous, making her too vulnerable and she simply believed it would be impossible and thus an ineffective strategy.

During the second session, Tracey formally sets her therapy goals and indicates what she wants to pursue. However, when the counselor intends to explore her emotional experience of being raped, Tracey keeps changing the topic. After the counselor brings her to the topic, Tracey openly tells the counselor that she doesn't want to go there because it is too painful and she is afraid that she would collapse if she starts talking about those heartrending experiences.

Counselor:	Thank you for letting me know your concerns about exploring your feelings that are connected with your past painful experiences.
Tracey:	I don't feel comfortable to go there now. It could be too much for me. But I can work on the stress that I have now.
Counselor:	What would you like to do?
Tracey:	I don't know. Some kind of relaxation exercise?
Counselor:	Okay. Let's do some mental relaxation exercise. I'll read some script for you while you're relaxing. Would you like to give it a try?
Tracey:	Sure. But I never did anything like that before.

Counselor:	Can you sit a little bit further to the edge of the chair, and relax your shoulders?
Tracey:	(follows the counselor's instruction and prepares for the exercise)
Counselor:	Now close your eyes.
Tracey:	No, I can't do that.
Counselor:	Do you mean you can't close your eyes?
Tracey:	No, I can't. I never close my eyes in front of anyone including my parents.
Counselor:	I think I understand. You feel vulnerable when you close your eyes and can't see what others around you are doing?
Tracey:	(looking down) Yes, it probably sounds silly but I can't help it.
Counselor:	No, actually the way you say it and the way you look when you say it suggests to me that it is not at all silly, but in some ways really frustrating to you?
Tracey:	I just wish I could relax like normal people.
Counselor:	(pauses a little bit and thinks about concept shifting) I have an idea. Can you blink?
Tracey:	Yeah, I can blink.
Counselor:	That's good. I'm thinking blinking, even though it is very quick, is in a way closing your eyes. So I'm wondering if we could try something?
Tracey:	I guess.
Counselor:	Great. I am going to count and I want you to try to blink on my count. For example, I count one, you blink once; I count two, you blink another time, so on and so forth. When you hear me say the number, you open your eyes. Do you understand what I'm trying to do?

(*Continued*)

(Continued)

Tracey:	I think so. You want me to blink, which in a way is closing my eyes, but just a little.
Counselor:	You're correct. Would you be willing to give a try?
Tracey:	Okay. I'm willing to give a try.
Counselor:	One, two, three, four, five.
Tracey:	(follows the counselor's instructions and blinks as the counselor counts)
Counselor:	That's very good. Let's do it again.
Tracey:	Okay (looking at the counselor and prepares to do it again).
Counselor:	(purposely slowing the speed of counting) One . . . two . . . three . . . four . . . five . . .
Tracey:	(waits for number six while her eyes are closed).
Counselor:	All right. Now open your eyes. You have closed your eyes just now.
Tracey:	Have I?
Counselor:	Yes, you have.
Tracey:	(becoming excited) I can close my eyes? I can close my eyes.

Counselor Reflection

The client was raped multiple times in her life and has completely lost trust in others. That lack of trust and sense of vulnerability was making her resist the simple directive to close her eyes. It was my feeling that gaining her trust—while at the same time helping her to experience success as a way of improving her confidence—was essential. It was clear that even the simple successful experience of closing her eyes boosted her sense of confidence and she became excited. It was my belief that this achievement would bring her courage and confidence, which would motivate her to take bigger steps to achieve her ultimate goal of recovery. This was not meant to be a game or a trick; that's why I wanted her to understand that blinking was in fact closing her eyes, just for very brief periods. She clearly understood and was willing to try it.

benefit), ease of breathing (physical benefit), and affirmation from loved ones (social benefit). Prior to selecting and implementing such a cold-turkey strategy, the client should compare the cost-benefit ratio of this approach as compared to another approach, such as a slow withdrawal method. Further, when identifying costs and benefits, as a way of maximizing the benefit to cost ratio of the strategy selected, the counselor and client can attempt to identify ways in which some of the costs could be reduced and some of the benefits increased for each of the strategies. Exercise 6.3 invites you to engage in a cost-benefit analysis.

Exercise 6.3

REVIEWING PATHWAYS

Directions: Select two of the strategies identified in Exercise 6.1. Using the table below, assess the costs and benefits of each strategy. Does one appear to provide the biggest payoff for the least cost? Do you have the resources to implement that strategy?

Strategy	*Cost* *Include physical,* *financial,* *psychological, and* *social costs.*	*Payoff* *Include physical,* *financial, psychological,* *and social*
1	_____	_____
	_____	_____
	_____	_____
2	_____	_____
	_____	_____
	_____	_____

Implementing a Plan

Change is difficult, even when the strategy selected is well thought out and embraced by all involved. Our interventions, while well thought, are not perfect. When implementing a program, clients will often encounter the unexpected and, as such, need to have the freedom to revisit the plan and make adjustments as needed. One way to instill this attitude of "pilot testing" the intervention plan is to help the client introduce the intervention in small steps—steps designed to increase the possibility of early success. One process often employed for such structuring of the implementation is that of goal scaling (e.g., Berg & Miller, 1992; O'Connell, 1998)

Goal Scaling

Goal scaling is a process through which the counselor and client identify a terminal goal, describing it in full detail, and then identify where the client is in relationship to that goal. The counselor and client could, for example, draw a line with spaces designated as 0 through 10, where 10 represents the final goal. Clients could be asked not only to describe what the 10 would look like but also to place themselves on the continuum in relationship to that goal. Having a starting place and an end point in sight, the counselor and client then attempt to describe what the next step (from the current position) would look like and use that as the initial target for intervention. For example, let's assume a client wishes to quit smoking. She notes that she has "cut back" but still smokes about five cigarettes a day. When asked to place herself on the scale of 0 through 10, she notes that she is at about a 5, having once smoked a pack a day. With the help of the counselor, she is then able to identify how a 6 would look like, stating that she would smoke only one cigarette (rather than two) during her work break, and only one (rather than two) after dinner. Pilot testing the intervention on such a graded goal will increase the possibility of initial success, or in the case of failure, provide valuable information that can guide client and counselor's adjustment of the treatment plan.

The use of this scaling process can be very empowering in that it helps make goals concrete and achievable, and it empowers the client to take responsibility for the change and the evaluation of individual progress. The scaling process also provides a structure for considering sequential steps that will bring the client closer to the ultimate goal.

Maintaining Motivation and Commitment

As noted, intervention plans do not always operate smoothly, nor are our desired outcomes always readily achieved. Setbacks are to be expected and client disappointment and frustration are not unusual. When implementing a program of

change, the counselor needs to support the client in ways that maintain motivation and commitment to change. The steps that a counselor can take along these lines can be represented by the acronym ACCOUNTABLE, explained as follows:

A—Approach the client's action plan.

C—Commit to achieve the goals.

C—Calculate what the client is able to do.

O—Offer the client ongoing support, encouragement, and objective feedback.

U—Underline the urgency and importance of the established goals.

N—Nurture the client's autonomy and development of creative problem-solving abilities.

T—Tailor the interventions to the uniqueness of the client and the client's life conditions.

A—Agree upon the plan being implemented.

B—Be specific in terms of the terminal goal.

L—Link client efforts and outcomes, and the long-term benefits of goal achievement.

E—Evaluate as a process that is not restricted to the final goal achievement.

Approach. It is important to set a positive expectation by approaching the clients' action plans with clear expectations of success.

Commit. After goals and expectations are set, clients need to commit to achieving them. It is not unusual to find clients who understand what needs to be done but for reasons unidentified are really not committed to engaging in the actions required to facilitate change. The drunk driver, for example, mandated to counseling as part of his DUI may truly understand the downside to his drinking and even help provide input into the development of an intervention process. However, without real ownership of both the problem and the benefit of the intervention, it is unlikely that this client will actually implement the intervention strategy.

In their basic coaching model, Ivey, Ivey, and Zalaquett (2010) proposed some powerful questions for clients to make commitment to their action. These questions are:

Are you ready and committed?

How committed are you to change and action?

On a scale of 1 to 10, how committed are you to actually doing this?

Will you do it tomorrow?

Can we write a contract for action?

Let's select something small enough that you actually want to and feel confident that you will do it. (p. 112)

These questions, as the authors indicated, will examine the clients' level of motivation—commitment—for actually reaching their goals.

Calculate. Successful implementation of a plan, along with evidence of progress, serve as major motivators to the maintenance of the intervention plan. Helping clients objectively define or calculate what they will be able to do, when they will be able to do it, and what small change could be identified as evidence of progress helps set the structure to guide clients' investment in the intervention plan. The calculation and comparison of the ongoing results to the clients' goals will help them see the gaps that require further effort.

Offer. Remembering that change is difficult, it is important for the counselor to offer clients ongoing support, encouragement, and objective feedback. According to Fishbach and Finkelstein (2012), feedback can possibly increase people's motivation by raising attainment expectancies and perception that the goals are valuable and attainable.

Underline. Underlining the urgency and importance of the established goals repeatedly is also crucial in the process of goal achievement. Goal achievement involves more than clients' commitment, tasks calculation, and feedback. Clients further need to remember why they are doing what they are doing and how they will benefit once the goals are achieved.

Nurture. While the focus is on a specific problem or goal, the counselor is also committed to the prevention of problems and the development of the whole client. Nurturing clients' autonomy and development of creative problem solving abilities is also a role for the counselor.

Tailor. Throughout the previous chapters we have emphasized the fact that counseling is *not* a formulaic, cookie-cutter process. The counselor must help clients *tailor* the interventions to the uniqueness of each client and their individual life conditions. Further, as interventions are implemented, unexpected events or unforeseen circumstances will require that the intervention be adjusted or further tailored to meet these conditions. Case Illustration 6.4 is one example of how the counselor helps the client tailor strategies on how to work on his goal to overcome his social anxiety.

CASE ILLUSTRATION 6.4

HELPING A CLIENT TAILOR STRATEGIES

Dave is a 42-year-old White male who has had problems of social anxiety for quite a few years. Dave is polite, friendly, cooperative, and motivated to change. At this point, Dave has become clear about his issue and agreed upon the goals that have been set for him.

Dave:	Well, I know there is a church in my neighborhood that has a community breadbasket where they give meals out on Friday night, and I know there is a basketball league that meets at the church and they even have singles dances. Oh yeah, and I know there is a group of people who meet at the YMCA to play racquetball.
Counselor:	Wow, they sound like some really good resources. What do you think about engaging in something like those?
Dave:	I don't know. They all seem to be a little overwhelming.
Counselor:	Well okay, but in thinking about them, are there any that seem less overwhelming or any one where you think you may be a little less anxious?
Dave:	Maybe doing the church breadbasket.
Counselor:	Well, that's super, would you be interested in trying that out?

The session continued with the counselor and client discussing the pros and cons of engaging in the breadbasket program and possible points of difficulty, and a plan was established. The client committed to participating.

(The following session)

Counselor:	Well, how did it go?
Dave:	(hesitates) I didn't do it . . . . I couldn't go.

(*Continued*)

(Continued)

Counselor:	That's okay. You know, if we look at what was going on it could really help us.
Dave:	Help? How?
Counselor:	Well, you and I gave our best shot thinking about what the challenges would be but we were doing our best guess. Now we have some real life experience—good data—that we can use to shape a new plan.
Dave:	So it wasn't a total waste?
Counselor:	Waste…absolutely not. This is tough stuff and you gave it your best shot so let's figure out what we can learn . . . .

Counselor Reflection

The client was initially committed to the plan of going to the breadbasket and we did what I thought was a good job anticipating possible problems. While the client presented as somewhat down about "failing" at his assignment, reframing the experience as one that would provide us good information to reshape our intervention helped to reengage him in the process and actually led to some creative adjustments to our original plan.

Agree. In order to have an intervention plan successfully put into action, the counselor needs to help clients fully understand what is involved in such a plan of change. In addition to understanding the plan, it is essential that clients agree to engage in the implementation of that plan. It is not unusual to experience clients who simply

comply with a counselor's suggestions without a full and clear understanding of what it is they are committing to. To maintain clients' commitment and agreement, it is essential for the counselor to check throughout the course of plan implementation that clients understand the procedures to be used, the potential positive and negative impacts of these procedures, and the resources to be employed.

Be specific. As clients engage with the treatment plan and conditions change, the client and counselor need to revisit the expected outcomes, making adjustments as needed as always, being specific in terms of the terminal goal. While goal specification previously occurred, the counselor wants to help clients revisit those goals and progress toward them. As a result, clients will understand the connection between where they were, what they are doing, and where they are going.

Link. The work of counseling and intervention implementation needs to be counterbalanced by a clear awareness of the benefits to be accrued. Linking client efforts and outcomes, and the long-term benefits of goal achievement is necessary to the maintenance of a successful intervention plan.

When clients see the link between the goals and how the goals benefit them personally, they are most likely to make the effort to take action and be willing to hold themselves accountable for the results.

Evaluate. Evaluating is a process that is not restricted to the final goal achievement. It is also important for the client and counselor to monitor progress. The counselor must engage clients in the process of ongoing evaluation of not only the implementation of the intervention, but also the value of the working alliance. When the results are positive, the counselor may use them to inspire clients for further progress. When the results are negative, the counselor may work with clients to indentify and remove the barriers to client success. Strategies may be developed to overcome the identified barriers and goal modification may be made accordingly. Strategies a counselor can employ to evaluate progress and outcome are presented in Chapter 7.

CHALLENGES TO PROGRESS

In his poem "To a Mouse," Robert Burns (1785) stated that the best laid schemes of mice and men often go awry. This is certainly true for the best of a counselor's plans. While a counselor may ground her intervention plans in good theory, solid research, and a strong working alliance with the client, she may still experience challenges to progress. The following is but a brief sampling of the types of challenges that may be encountered within the counseling dynamic.

Client Resistance

It is not unusual for a counselor to encounter a client who exhibits reluctance or resistance to the plans developed. From a psychoanalytic point of view, "resistance refers to any idea, attitude, feeling, or action (conscious or unconscious) that fosters the status quo and gets in the way of change" (Corey, 2005, p. 72). The fact that a client exhibits resistance does not automatically signal something is wrong with the client. Resistance can also signal a legitimate hesitancy on the part of the client to proceed with a plan that is either too difficult to implement or one with which the client's perspective will not work.

A client's resistance may reflect a number of issues and concerns experienced by the client. Consider the client who is mandated to counseling by the courts, his company, teacher, or manager. This client may be resisting as a reaction to this coercion (Egan, 2010). The client's resistance under these conditions may simply be a form of asserting his own power and autonomy. While the resistance may be frustrating for the counselor, the client's right to autonomy and self-determination needs to be recognized and accepted, and the plans which are developed need to reflect the input of that client.

Clients With Special Needs

Most of the classic theories and techniques taught to those in counselor training were developed from a perspective of a male, who exhibits Western and capitalist values and worldviews. Moreover, the majority of the counseling textbooks employ as illustrations clients who speak standard English, exhibit logical thinking, and share similar values and worldviews with the counselor. Further, these illustrative cases most often involve individuals of average IQ and who respond well to questions posed by the counselor, understand the counselor's intention, and are willing to follow the prescription offered. Clearly, counselors' lived experiences do not reflect this profile as representative of all of those whom they serve.

Yet, given this "template," it is clear that clients who are under age 5, intellectually challenged, language incapable, English deficient, or from a culture different from that of the counselor present as a challenge to those counselors who lack training and experience with these unique populations. It is essential then that counselors seek training in applying intervention strategies with diverse populations and, if confronted with clients whose needs exceed the training and competency of the counselor, employ referral as the intervention of choice.

Clients Exhibiting Reactance

Reactance is a term applied to an individual's emotional reaction when experiencing a loss of personal control and pressure to accept a particular view or attitude. Counselors who present autocratically and inflexibly in pushing their point of view

can elicit resistance, in the form of reactance, from the client. The client may simply adopt a view or attitude that is contrary to that of the counselor as a way of establishing a sense of freedom and autonomy.

For counselors encountering challenges such as those described, it is essential to first recognize the nature of the challenge and accept, even value, the challenge as providing essential information about the client and the counseling process. It is important that the counselor not simply view the client as stubborn and thus discount the basis upon which progress may have stalled. The counselor should instead view such challenges to progress as reflecting important information about the client and the helping relationship. This information, once understood, will allow for adjustments to be made and progress continued.

COUNSELING KEYSTONES

- This process of attending to strategies of change is not a one-shot operation for the client and counselor, nor is it a fixed element to be employed at the end of some time together.
- Change is a process in which clients engage in covert and overt activities that alter their affect, thinking, behaviors, and relationships as related to a particular problem or pattern of living.
- In developing intervention strategies, counselors employ counseling theory and research.
- In recent years, a shift has occurred toward the promotion of specific approaches for specific problems based on empirical support for those treatments.
- Strategies for change can be developed by analyzing clients' previous successes, and crafting the elements of those successes into a prescription for the current situation.
- A generic approach to the development of intervention strategies involves the use of brainstorming techniques, cost-benefit analysis of various options, and selection of those strategies that offer the greatest possibility of success with least cost.
- Goal scaling is a technique that helps clients set small achievable goals on their way to the ultimate outcome.
- Regardless of theoretical or empirical support for an intervention, plans selected must be those for which the counselor is competent to employ.
- Counselors often encounter challenges along the way during their counseling—challenges reflecting the uniqueness of their client or an artifact of their own style. In these cases, counselors do well to see these challenges as offering valuable information, which, once understood, can facilitate continued progress.

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