

SAF-NET

COMPETENCY AND CAPACITY DISCOVERY WORKSHEET

Step #1 Sequencing the deconstruction of the situation or narrative.

Deconstruct an experience with a focus on uncovering **ACTION** oriented **MOVEMENT THROUGH** adaption and mitigation.

1. Every situation is full of data. The client has been focused on the pain, misery and hurt of their experiences based on what their system tells them is relevant. This memory has built a well-worn set of neuropathways. You going to focus the client's attention on actions they have taken to move through the situation that has several point differences from the beginning of the situation to where they are now.
2. Deconstruct the situations in "great" detail focusing on process (action taken, movement through) rather than emotion.
 - a. Discrete/distinct elements of the experience.
 - b. Serialize/sequence within a context.
 - c. Increase cognitive flexibility.
 - d. Increase ability to inhibit behavior.
 - e. Increase use of Logic.
 - f. Increase use of Reasoning.
 - g. Comparison/contrast
3. Focus on actions over thinking and emoting.
4. Since the natural focus is on the situation and the related distress, be careful to keep the client focused on their actions.

Step #2 Client organizes and connects between the deconstructed items

Encourage the client to connect different parts of that they have deconstructed and create meaning out of the connected elements.

1. Do not tell or instruct the client, instead have them make the action-oriented connections between the parts of their story or situation.
2. Encourage the client make connections with multiple parts.
3. Have client look for themes or patterns that might be present.
4. Summarize the connected ideas, themes, patterns into a short statement.
 - a. Create a brief summary statement that captures all of the elements of the connected parts.
 - b. Clarify the statement.
5. Fine tune or word smith the client's statement into a present tense, action statement.
6. Once there is a clear statement of how movement was generated create action steps.

Operationalizing the statement

 - a. Suggest 4-5 co-created action steps that the client uses.
 - b. Help client clarify the actions taken in a priority of action.
 - c. Solidify the action steps

Step #3 Imaginal practice

1. Give several differences scenarios and ask them to use this action statement and action steps to move through the imaginal scenario (strategy).
2. After successfully imaginal practice of the strategy, fine tune it or go back through the operationalized steps and see if they are still workable or is there a need to tighten or strengthen the statement or action steps and then repeat the imaginal experience.

Step #4 Give the strategy a name

Now that we understand the competency, give it a name...the more personally meaningful to the client the more effect this will be.

1. Humor or well-known characters work well.
2. Creative names are also easy for people to remember.
 - a. Like-a-tude-us
 - b. Bump, bump and sway
 - c. Taz-tastic
 - d. Pepe' Le Pew
 - e. Speedy Gonzales

Step #5 Go back to the deconstruction worksheet and have them identify times they have used the "their name" strategy.

Step #6 Give imaginal scenarios and have them use "their name" strategy

After imaginal use in several different scenarios, you are ready to layer in emotion. If you knew you could use "their name" strategy any time wanted in a situation, what would be the first change you might see in how you deal with things that used to upset or distress you?

Step #7 define the next pattern that emerges from their deconstruction of a situation. You should be able to unpack 5-6 Strategies (referred to as competencies per deconstruction)

Discovering Competency: Through Resiliency Building

A client's capacity is embedded in the living of their life

One's perceptions or attributions about the world in which their lives unfold is a construct (schema) that has been crafted through time by environmental experience and the beliefs, expectations and valuing that is placed on the environmental elements. No two people share the same perception completely. There are a number of heuristic properties that we as human beings use to organize and create meaning in our world of experience. The study of heuristics is really a social psychological field of endeavor, but one clear application should be apparent to all clinicians. There are a number of heuristic properties that we as human beings use to organize and create meaning in our world of experience. Reality is created, based on derived experience that are now related to individual beliefs, values, expectations, experiences, and the repetitious nature of behavior that is linked to individual physiological states.

This work is based on the therapeutic practices of Milton Erickson. Dr. Dan Short, Betty Alice Erickson and Roxanna Erickson Klein wrote a book titled hope and resiliency in 2006, which identified and explained much of the Ericksonian therapeutic strategies. My intent in this material is to actively apply these strategies to the building of client competency and capacity.

The six strategies are:

1. Distraction
2. Partitioning
3. Progression
4. Suggestion
5. Reorientation
6. Utilization

Distraction

The primary premise with distraction is to get the client to act in a way that allows them to move toward healing, but ordinarily they wouldn't.

(do we need descriptions of each of these concepts?)

Often in mental health settings the therapist is making an effort to get the client to move or act in ways that can increase the likelihood that healing can occur. This can be quite challenging for many clients from a prospective of faith or confidence. The client may believe the counselor, and may even want to act in the way the counselor is suggesting, however they do not have an experience of doing so and become immobilized with fear, uncertainty, or hesitation. The client that is fearful is focused on trying to respond to the pain and hurt or the potential of experiencing both which interferes with movement through corrective action.

Capacity building is a way to focus the client's discovery of the elements, actions, processes that they have not been aware of, but are completely part of their operation. They are distracted about the elements, actions, or processes because of the natural tendency to see the pain and hurt, rather than the adaptive and mitigating responses that helped them move through a situation to whatever degree that they have done so. Through active capacity building, the therapist is distracting the client from

the focus of the pain and hurt and more on the processes that reflect choice and action. After all, pain and hurt are a distraction that has fully been operationalized, which creates the equivalent of mental “tone-deafness” to elements other than the pain and hurt. However, through active capacity building the focus can again shift to the items that are present, but been hidden quite often to the clients conscious awareness, leading to the promotion of healing

Surface Structure/ Overt behavior/Extrinsic reasoning/Externally focused

Below are examples of surface structure statements. A majority of human conversation falls into the category of surface structure exchanges. These are impregnated or loaded statements that carry layering of meaning, expectation and value when they are used.

1. The trash is full
2. If you really loved me you would waste some much money.
3. She nags all the time
4. I will never get over this betrayal
5. If you really cared you wouldn't be gone so much

The natural tendency is to respond before clarifying the assumption.

The trash is full

Underlying subtext or assumptions

- something should happen
- someone should do something
- There is a value and meaning assigned to fullness of trash as well as emptiness of trash.
- That somehow there is a deficiency in someone's character because of this full trash.
- There is an attribution of blame, and attribution of intentionality and an attribution of personality or character as well.

The toy is broken

Underlying subtext or assumptions

- It wasn't always like this
- Something has been done by someone.
- That there is value associated with brokenness and wholeness
- A demand on the hearer related to the brokenness of the toy.
- There is an attribution of blame, and attribution of intentionality and an attribution of personality or character as well.

Using subtext to build capacity and create distinctions in the narrative and experience of trauma is a key to successful resolution of that trauma.

Activity -- Positive assumptions to build hope and change the viewing of a situation

Techniques for creating distinctions in the narrative of a person or family's life

1. **Dividing consciousness:** Many people see no real distinctions in the problem situation; dividing consciousness is a way to create small and effective distinctions in the problem. (examples)
 - a. **Ego partitioning**
 - 1) Most of us have different selves, I have my better parent self and then I have my poor parent self . . . have you ever experienced something like that? For you what is the difference between the two?
 - 2) Thoughtful self/ un-thoughtful self
 - 3) Satisfied self/dis-satisfied self
 - 4) You now and you then
 - b. **Perception partitioning**
 - 1) When have you had something seem one way and then find out it was totally different than you thought?
 - 2) When are you mostly likely to (notice, be annoyed, be angered) and what happened you are least likely to (notice, be annoyed, be angered) . . what is the difference?
 - c. **Conscious/unconscious mind questions**
 - 1) When you have had one of those "gut feelings" there aren't any facts but you just have this feeling? Most often that would be your unconscious talking. What is the difference between the your conscious and unconscious self-talk?
 - 2) How do you listen to your unconscious . . . inner guide?
2. **Symptom distinction:** The purpose of this partitioning is access existent capacity and abilities, increase hopefulness and motivation for change. To facilitate and celebrate moments of mastery and competence.
 - a. Time
 - 1) When does the problem occur
 - 2) When doesn't the problem occur
 - 3) When is it less frequent
 - 4) When is it less intense
 - b. Location
 - 1) Where does the problem occur
 - 2) Where doesn't the problem occur
 - 3) Where is it less frequent
 - 4) Where is it less intense
 - c. Duration
 - 1) How long does it last
 - 2) When is last less
 - 3) What makes it last longer
 - 4) When has it stopped immediately

- d. Frequency
 - 1) When does it happen less
 - 2) When does it happen more
 - 3) What have you discovered that increases how much it happens
 - 4) What have you discovered that decreases how much it happens

3. Prognostic partitioning:

- a. Degree of recovery
 - 1) How much of the problem would need to change before you began to feel some relief?
 - 2) What would be the first thing you would notice about the change, how would you know it was happening?
 - 3) How much is good enough, since rarely is anything 100%
- b. Order of recovery
 - 1) If you were to break recovery into 7-8 steps what do you think they would be. What would be the first one . . . how would it be different from the second one
 - 2) Is the first step need to be broken into smaller steps?
 - 3) If you were to break the first step into smaller steps what would that look like
- c. Time required to recover
 - 1) Most problems have developed over time, so do most solutions. How long did it take to get this problem to this stage? How long do you think it will take to make it better?
 - 2) What would be required on your/family part to shorten the time required for recovery

The Goal of using capacity building/assumptive language is to item I - XII

I. Exception finding

- Help clients see capacity in their pasts and presents
 - Ψ What is one thing you learned from your past that you use now to help you feel safe?
 - Ψ How is the you then different from the you now?
 - Ψ What did that you figure out, that has allowed you to be this. . . .
- Rekindle belief in their capacity
- Point out strength in how client copes
- Draw upon past responses to challenges
- Find and point out exceptions to the problem Use past successes to address present concerns
- Hear the positive in what the client is presenting with the problem
- Tease out successes even if only small ones

II. Therapist highlights client capacity

- Incorporate capacity to create a balance with problems
- Subtle amplification of capacity
- Therapist is observer who emphasizes capacity client minimizes or ignores
- Have the antenna up for capacity
- Amplify capacity through cognitive restructuring
- Explicit use of client capacity
- Explore and reinforce current capacity
- Amplify positive changes and client autonomous actions

III. **Client characteristics**

- Emphasize client help-seeking behavior as a ability
- Client acceptance of capacity gives therapist go-ahead to work toward change
- Capacity defined by client ego functioning
- Use of more flexible and sophisticated defenses is seen as a ability
- The way client uses capacity is indicator of what change client is capable
- Knowing client capacity helps in understanding client's resiliency during the stress of changing
- Client acceptance of capacity depends on developmental level
- Client's willingness to try something different is ability
- Open-mindedness is a client ability
- Client follow-through of therapist suggestions identifies capacity

IV. **Identification process**

- Find ways to define identity from a place of ability
- Find capacity among the chaos of deficits
- Identify social support as ability
- Identification of capacity explicitly presented to the client
- Find a small ability as a starting point
- Gain client perceptions of their capacity
- Raise awareness of capacity so client will selectively attend to them
- Help clients overcome their selective attention on problems or deficits
- Therapist expands on capacity client identifies
- Use of questioning as an assessment technique to bring out capacity
- Gain both client and therapist interpretation of capacity
- Take advantage of good times to discuss capacity and solutions
- Questions about capacity included in intake interview Confrontation to develop capacity awareness

V. **Therapeutic relationship as an ability-oriented process**

- Use interpersonal approach to convey therapist experience of client capacity and self-worth
- Working collaboratively with a client is ability related
- Here and now processing between client and therapist reveals capacity
- Development of the relationship must be a precursor to capacity work; otherwise lacks authenticity
- Therapeutic relationship as the first ability to establish
- Foundations of trust and respect are capacity upon which to base therapy
- Wait for client trust before giving feedback about how therapist sees client capacity

VI. **Goals and motivation foster capacity**

- Capacity increase ownership of changes
- Capacity increase motivation for change
- Ability work is a present and future focus
- Goals are formed through identification of capacity
- Capacity work helps with motivation and investment in therapeutic work
- Setting a goal of finding a ability
- Motivation as ability

VII. **Instilling hope and empowerment**

- Promote belief in the client's ability to handle difficulties
- Feeling empowered through awareness of capacity
- Insight as empowerment
- Therapists hold hope for clients when clients cannot
- Empowerment through autonomy
- Instillation of hope when client is hopeless
- Using capacity increases self-efficacy
- Over time clients develop faith in their capacity
- Capacity give hope; capacity increase motivation
- Create self-support
- Set a goal of instilling hope and empowerment

VIII. **Self-awareness as ability**

- Understanding the anxiety helps in dealing with it
- Increasing awareness of capacity builds ego strength
- Finding more options and seeing things realistically is a strength orientation
- Therapist helps clients recognize potential
- Facilitate self-awareness to aid in appreciation of self
- Self-knowledge promoted as strength

IX. **Use of metaphor to access capacity**

- Strength-oriented metaphors as a method of explaining client capacity
- Capacity metaphor as firm foundation for dealing with stressors
- Metaphor of taking on life's challenges like athletes
- Use of metaphor to promote capacity and hope
- Use of metaphor to explain strength in the midst of despair Using the immune system metaphor (capacity immunize the client from problems)

X. **Resiliency as strength**

- Working on resiliency and survival in trauma work
- Painful past experiences can be sources of strength
- Recognition of capacity is a source of resiliency
- Identify resiliency of successful patterns of coping through intake assessment
- Turning trauma into points of resiliency
- Resiliency is strength
- Identifying resiliency through how clients cope with and adapt to adversity

XI. **Generalization of capacity**

- Generalize or expand the use of client capacity is a treatment goal
- Comparing the strength of the therapeutic relationship with other relationships and more problem-oriented relationships
- Explicit transfer of capacity in one domain to current problems or circumstances

XII. **Reframing a deficit as a strength**

- Understanding context in which a problem occurs can be strength
- Externalization of problems so that the client can see capacity
- Reacting less to problems is a way of turning problems into capacity
- Counteracting selective attention on problems by refocusing on capacity
- Using client's language
- Reframing perceived deficits
- Reframing to highlight resiliency
- Therapist using positive attribution to reframe client struggles in capacity-based language

Experience Worksheet

Experiences –sensory and physiology based			
Physical sensations			
Emotional sensations			
Psychological sensations			
Self	Relationships	World at large	
Physical sensations	Physical sensations	Physical sensations	
Emotional sensations	Emotional sensations	Emotional sensations	
Psychological sensations	Psychological sensations	Psychological sensations	
Time	Duration	Frequency	Location
Physical sensations	Physical sensations	Physical sensations	Physical sensations
Emotional sensations	Emotional sensations	Emotional sensations	Emotional sensations
Psychological sensations	Psychological sensations	Psychological sensations	Psychological sensations

1. Take a client statement and work through it with a partner/supervisee using the seven descriptors one at a time to help them see the situation more clearly.
2. Then using the seven descriptors review and then combine relevant ones. For example Relationships & location

Sensory/Somatic Experience

Physical/Sensory Sensations

Emotional Sensations

Psychological Sensations

Self		Significant Others		The world	
Intensity	Duration	Location	Time	Frequency	

Example combinations

Physical sensation+self+intensity+duration+location+time+frequency

Physical sensation+others+intensity+duration+location+time+frequency

Physical sensation+world+intensity+duration+location+time+frequency

Emotional sensation+self+intensity+duration+location+time+frequency

Emotional sensation+others+intensity+duration+location+time+frequency

Emotional sensation+world+intensity+duration+location+time+frequency

Psychological sensation+self+intensity+duration+location+time+frequency

Psychological sensation+others+intensity+duration+location+time+frequency

Psychological sensation+world+intensity+duration+location+time+frequency

Perceptions

Seeing

Hearing

Touching

Smelling

Tasting

Inner world

Outer world

Self		Significant Others		The world	
Intensity	Duration	Location	Time	Frequency	

Example combinations

Visual Perception+self+intensity+duration+location+time+frequency

Visual Perception+others+intensity+duration+location+time+frequency

Visual Perception+world+intensity+duration+location+time+frequency

Hearing perception+self+intensity+duration+location+time+frequency

Hearing Perception+others+intensity+duration+location+time+frequency

Hearing Perception+world+intensity+duration+location+time+frequency

Inner world+self+intensity+duration+location+time+frequency

Inner world+others+intensity+duration+location+time+frequency

Inner world+world+intensity+duration+location+time+frequency

Actions and Behaviors

Those moving toward/against
 Those away/avoid
 Ritualized
 Sequenced actions/behaviors
 Degree of awareness

Self		Significant Others		The world
Intensity	Duration	Location	Time	Frequency

Example combinations

+self+intensity+duration+location+time+frequency
 +others+intensity+duration+location+time+frequency
 +world+intensity+duration+location+time+frequency

Attribution/Assigned Meaning

Beliefs
 Assumptions
 Bias
 Stereotypes
 Relevancy

Self		Significant Others		The world
Intensity	Duration	Location	Time	Frequency

Example combinations

+self+intensity+duration+location+time+frequency
 +others+intensity+duration+location+time+frequency
 +world+intensity+duration+location+time+frequency

Positive assumptions to build hope and change the viewing of a situation

What was the first thing you remember doing to move this from there to where it is now?

1. That something was actively done
2. That client is powerful and competent
3. The client can be logical and intentional
4. That skills are possessed by the client
5. That the client is capable of putting situation into prospective
6. That the client recognizes that things could be worse than they are
7. That the client is able to verbalize
8. That the client is capable of thinking about a problem rationally
9. That the client is capable of discerning their own motivation and strategies

One of the reasons to create a narrative for a trauma experience is to be able to build capacity into the narrative. Below are example statements....work in dyads to come up with as many assumptions as possible.

- ✓ If you were going to teach me how to what would get me to do first?
- ✓ What is the first thing that stopped you?
- ✓ What is the first alternative explanation that might account for this?
- ✓ Maybe you haven't yet, what would your first permission to do . . . **be**?