YOU ARE THE LIGHTHOUSE

TABLE OF CONTENTS

- Training exercises and skill building activities level 1
- Training exercises and skill building activities level 2
- Training exercises and skill building activities level 3
- Training exercises and skill building activities level 4

Techniques (applying the above structure to Family therapy)

- Training exercises and skill building activities level 1
- Training exercises and skill building activities level 2
- Training exercises and skill building activities level 3
- Training exercises and skill building activities level 4

Techniques (applying the above structure to Substance-abuse therapy)

- Training exercises and skill building activities level 1
- Training exercises and skill building activities level 2
- Training exercises and skill building activities level 3
- Training exercises and skill building activities level 4

A philosophical Stance

There are a number of basic principles that support good clinical work, and increase the effectiveness of the clinician/therapist in bring desired change to the lives of those that he/she work with. This stance is can be broken down into may categories and much could be written about each element, however the purpose of this handout is to help simplify complex ideas into a readily digestible format that the clinician can use to increase their knowledge and skill in working with clinical populations. Therefore only the most general categories will be utilized in this offering.

Stance One:

Human beings have potential to improve and grow regardless of their histories, experiences, deficits, or personalities. Human beings are capable of creating and maintaining healthy lives, if accepted, believed in and supported. The therapist/clinician's task is to create a context so that clients can gain access to the inner emotional, psychological and behavioral abilities and resources.

- Change is inevitable & doesn't depend on insight; the kind of change may depend on values & motivations

Stance Two:

When performing the art of therapy one must be very directive in dealing with symptoms, but non-directive in how people choose to employ their inner emotional, psychological and behavioral abilities and resources. In other words the therapist should be aggressive in helping to reduce or eliminate the symptomatic challenges with the client, but not dictate to the client how they should behave after the symptom is resolved.

- All people have values & motivations
- People develop strategies to get needs met

Stance Three:

Human beings are complex, chaotic and incongruent beings. This complexity means that each person will respond to stimuli in completely unique ways. This unique individual response needs to be utilized by the clinician to stimulate the required and desired changes. This puts a tremendous responsibility on the clinician to learn each client's emotional, psychological and behavioral patterns and how these patterns might be used to service the changes the client desires. In the simplest terms there is no "bag of tricks" no truisms that would say in this situation you do "this".

- All technique has a potential gain & potential risk
- You tend to be most effective by using techniques in tandem, sometimes using one or more to "set up" others.

Stance Four:

Be oriented on the present and/or future. Avoid as much as possible "psychological archeology". Remember that archeology is a mediated science that starts with today's understanding and projects the meanings and definitions back in time labeling artifacts, cultures, and civilizations with meanings it may never have possessed.

- Good technique tends to be subtle, empowers in at least one way and looks artificial until applied to "real" situations
- All behavior has meaning

Stance Five:

Be flexible and agile minded

- Assess people's values & motivations
- Apply the most respectful & culturally appropriate techniques for people
- Empower others to reach their goals & potential

Stance Six:
Develop a keen curiosity about people and how the go about doing the things that they do. Curiosity is the foundation of detailed and attentive observation, which is an essential element of successful therapy.

- Assess people's values & motivations
- Determine one or more strategies to help others, based on your assessments

Stance Seven:
There is much psychological mythology that would hearken back to the infantile days of psychology as a unique science. This mythology sometimes interferes with clinician functioning, and effectiveness. Some of the popular mythologies are:

- It is necessary to know the cause of a problem in order resolve it.
- It is necessary to develop insight/awareness to create change
- Personality and character are fixed and not readily open to change
- The function and origin of the problem must be understood to resolve it
- Therapist/clinician creates changes in the client

A General Notion

Our culture is focused on problems and problem-solving. When problems arise there is a cultural tendency to look back into the history of the problem and analyze what has gone wrong and then assign blame or responsibility for the problem. Focusing on the problems is like asking the "WHY" question which by its very nature forces people deeper into the problem. *Why haven't things worked the way I wanted?* This focus on the "why" limits our ability to develop useful change strategies because it focuses on:

1. What is wrong
2. How long, how bad, and how insurmountable the problem is
3. Who is at fault for the problem

Focusing on problems blocks effective:

1. Thinking about the real results desired
2. Examining previous successes
3. Modeling previous successes
4. Learning from what worked for someone else and using those strategies

The Goal of the Counselor

1. The goal of the counselor is a activate resources within the client that can be applied toward the problem
2. Healing originates from within. Healing can occur without treatment, but treatment cannot succeed without healing.
3. All healing requires energy. Hope produces that energy and direction.
4. All change requires sustained effort, part of the goal of the counselor is to help support sustained effort
5. Resiliency is a focused use of energy for the purpose of problem resolution.

The Role of the Counselor

Healing and recovery is a behavioral protocol, where the counselor's chief role is to act as a catalyst, using the mind and the body as a remedial force. Change must always come from the client

and not from the textbook, or a bunch of memorized interventions. It is necessary for the counselor to discover the client's vision for change. In order to increase one's effectiveness, one must develop a skill at helping individuals and families recognize and be able to capitalize on their own strengths. Using the successful strategies that the individual has allows the counselor to support an environment of change. The rest of this handout is a discussion of how to go about emerging strengths and utilizing what the client brings to help them change.

In behavior health treatment, where behaviors, interactions, and motives can be interpreted in many possible ways, the orientation and assumptions of the practitioner become crucial. In fact, the practitioner's beliefs strongly influence what may mistakenly be viewed as objective assessment. In this training we will explore the importance of "presuming the positive" toward those with whom we want to collaborate, especially families.

The phrase, "presuming the positive," is intended to convey two related concepts. ***First***, during initial contacts and in neutral situations, there is a presumption of competence and good intentions on the part of the family. ***Second***, in situations of uncertainty and ambiguity, the individual postpones immediate judgment and offers the other party what is commonly is called "the benefit of the doubt," once again presuming competence and good intentions.

The concept of UTILIZATION

This material comes from the work of Bill O'hanlon (1987). Utilization is the concept that one uses what the client brings with them, in other words whatever behaviors, thoughts, habits and beliefs that the client possesses when they arrive for clinical work is used to help them move toward the changes that they desire to make. Utilization falls into three broad categories:

1. Use the client's current patterns to achieve change
2. Alter or block the patterns in a significant way to achieve change
3. Create new patterns

Utilization is more than just being accepting of the client non-judgmentally! Utilization is an adoption of the client's frame of reference as the context of change, and communication around change is always placed or seated in the frame of reference of the client. The frame of reference includes, but is not limited to the following:

1. Beliefs and expectations
2. Life experience
3. Language use
4. Interests
5. Motivations
6. Behavioral habits
7. Thought habits
8. The context or situation of the behaviors

The therapist must develop a skill at obtain precise and detailed sensory-based information about the when, where, how, what of the undesired behaviors, as well as the location, timing, duration, frequency, intensity, (and what increases or decreases each) who else is present and what is the sequence.

Once one has a good understanding of the detailed sensory-based context of the behavior then one is ready to look at employing patterns interruptions strategies to increase client's ability to reduce or eliminate their undesired behavior.

Once patterns are identified then altering or interrupting them if the pattern is creating problems (or) increasing the use of the pattern that has proven useful is a tremendously powerful intervention strategy!

Types of pattern interruptions for problem creating patterns:

- Changing the frequency or rate of the symptom pattern

- Changing the duration (time doing) the symptom pattern
- Changing the time (of day/week/month) of the symptom pattern
- Changing the location (in the body/in the world) of the symptom pattern
- Changing the intensity (severity) of the symptom pattern
- Changing some aspect of the circumstance (who is involved, what happens before or after) of the symptom pattern
- Changing the sequence (order) of the symptom pattern
- Creating a short-circuit in the sequence (jumping from the beginning to the middle or the end) of the symptom pattern
- Adding or subtracting (at least) one element to or from the symptom pattern
- Break a whole sequence into smaller elements and elevate the frequency/duration of that smaller element of the symptom pattern
- Perform the symptom pattern minus the symptom
- Reversing the sequence(order) of the symptom pattern
- Combine or link incongruent symptom patterns

Types of pattern continuations for problem resolving patterns:

- Increase the frequency or rate of the pattern
- Increase the duration (time doing) the pattern
- Focus more on performing in the location (in the body/in the world) of the pattern
- Create rituals around some aspect of the circumstance (who is involved, what happens before or after) of the pattern
- Untangle linked and incongruent symptom patterns

The structure of knowledge: How do we know what to do, what to think and what to feel?

Each person is a unique collection or assemblage of experiences. It is not only the assemblage of experiences that create individual differences though, but how we construe what those experiences mean that create the distinctive construct of one's personality. How humans create the distinctive knowledge structure that is their identity is wholly individualized. This means that even though people have the same experience they will add meaning to it in an individual way. How humans go about creating this unique and distinctive meaning is the subject of much psychological and philosophical discussion. For the purposes of this section the assembling of the knowledge structure and what it means for a clinician will be discussed as a function of ATTRIBUTION.

This process may sound very straight forward, but attributions have layers of association. For example there will be associated images, sounds, movement, maybe even tastes or smells associated with an attribution. There is much about an attribution that get's associated that has little to do with the actual event. For an example, one of the clients that came into services, had been riding a horse and been thrown when the horse was spooked by some unruly children. He had broken his back and had a long and painful recovery, and in the process of that recovery met a very nice nurse and began to date her. She had three small children, and when he was around them he recognized that his back hurt more intensely, and that the normal childhood noise of active healthy children, made him anxious and uncomfortable. This was not an intentional association or attribution that he had

developed, but an unconscious association that impacted the ability he had to interact with the nurse and her children in a satisfying way.

There also exists within each one of us an internal filtering system that deletes or ignores stimulus that doesn't seem important or serve some purpose in association. Using the same case as above there were many elements that had not been associated to the experience of the horse accident that could have. The client was unconscious for about 3-4 minutes, and then was lucid enough to have conversations with the paramedics when they arrived and while they transported him to the hospital. He does not recall ever seeing the paramedics or any of their conversation. He remembers the emergency room, but when he tells the story the primary characters in his story are a little old lady dressed with a multicolored sweater which the client found rather odd, and three noisy children that were irritating and out of control. The fact that there were approximately 25 people in the room was not associated to the experience. He also remembered his parents being present when the doctor examined him, and has frequently told the story of how comforting that was for him. The problem was that his parents could not even be contacted for 6 hours and they lived 4 hours away by car. The horseman's brother who was at the hospital throughout the triage and examination claims that the parents did not arrive until the next day.

In almost all experiences there exists a tremendous amount of data and information available to an individual, those bits and pieces that they attend to, become the associated memory. The horseman case is an example of how deletions of data occur, and sometimes those deletions represent important information for a client to possess, in order to reduce the impact of the experience of give the experience a more satisfying or helpful association. Additionally the case of this young equestrian show that people can sometimes create distortions in the data they are receiving.

Of course what gets associated in the individual knowledge structure has a great deal with previous associations made, as well as how the associations that are made relate to other associations. In the work of Bargh, 1994 he discusses that associations frequently happen automatically without conscious reasoned evaluation. Reasoned associations are performed intentionally, require personal control and effort, and tend to be streamlined for efficiency. Automatic associations lack the elements of the reasoned associations and therefore are frequently unrelated to intentionality, little or no control is being exercised and there is little effort being expended to create the association. Additionally the association made is most likely not that efficient. In the case of the man injured in the horse incident, he had made unreasoned automatic associations. He didn't make these associations intentionally, nor did exercise personal control or expend effort to create the association at the time the association was being assembled. Lastly his association to little children was not efficient and in fact was creating problems for him.

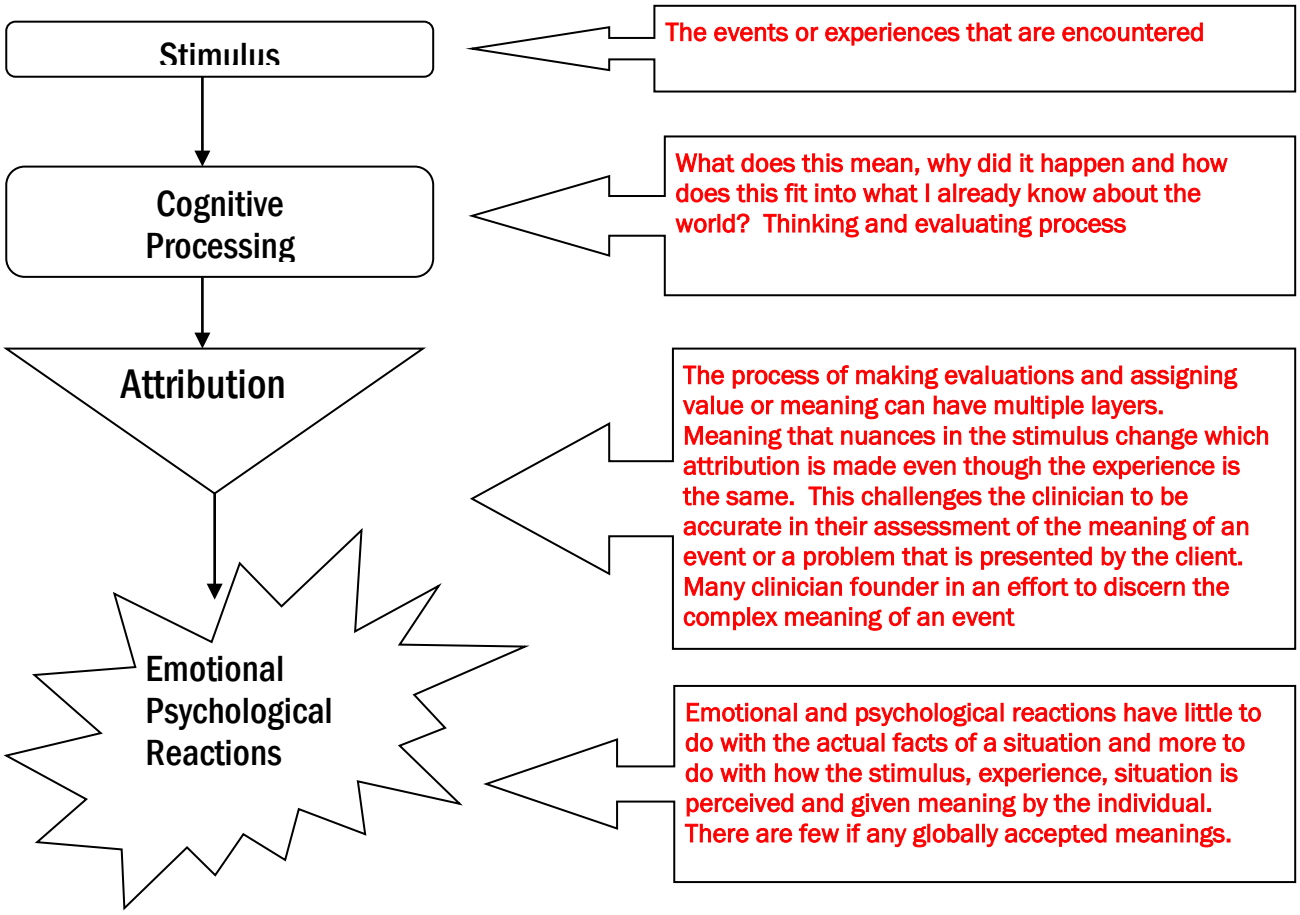
The outcome of many associations made and stored in an individual's knowledge structure are not deliberately constructed, neither are they critically evaluated in most cases. When there are a number of associations that have been automatically created and stored, a personal "truth" is born and an interesting phenomenon occurs. Similar associations become linked and reinforcing to each other as well as when one of the linked associations is triggered, the entire structure of those linked associations become active together.

Linked associations are also known as schemas, when a schema is activated there are behavioral, psychological and emotional protocols connected to that schema. Those connected protocols can be conceived of as scripts. Scripts include a dynamic set of

instructions of how one should think, feel and behave. One again the script is not generally an act of intentionality. Baumister and _____, 2007 make the following statement which is very helpful in conceptualizing this dynamic.

> **"People learn schemas and scripts that influence how they perceive, interpret, judge and respond to events in their lives. These various knowledge structures develop over time, beginning in early childhood. The pervasiveness, interconnectedness, and accessibility of any learned knowledge structure is largely determined by the frequency with which it is encountered, imagined and used. With great frequency even complex knowledge structures can become automatized – so overlearend that they are applied automatically with little effort or awareness" (p. 152).**

Many times clients have developed a knowledge structure around troubling events in their lives, and so frequently review, rehearse, remember and practice it, that it becomes unintentionally automatic. Much like the horseman that felt nervous and anxious around the sounds of children. He didn't wake up one morning as say to himself, "today it the day I want to create discomfort in my life every time I hear multiple children together talking or laughing". Attributions or associations are based on the idea that we as human beings have a mechanism that assigns value or meaning to the experience of life. Attributions follow a simple pattern, which is repeated thousands of times a day.



So why belabor this point? If each individual construes their experience in a unique way, with a distinctive pattern of meaning and value then an onus of responsibility comes to rest upon the shoulders of the clinician to develop skills adequate to allow them to become engaged in this structure of personal meaning. Frequently those in the helping profession tend to focus initially on emotional reactions and feel they are obtaining useful information, and perhaps they are, however they may not understand the process of how those emotions were generated, or worse they are using their intuition to guess at the relationship between the experience and the meanings that have been attached. Sometimes expecting to the client to fit their personal meaning into the matrix of the counselor's sense of what is appropriate and functional. This stance is not culturally sensitive to the unique world view of the individual or the relational architecture that they are operating in.

In therapy like any other endeavor there are starting points, or approaches to create understanding, or be efficient in accomplishing a task or series of tasks. The starting point is personally relevant to the therapist many times; because of the attribution they have made while learning to perform the art of therapy. The starting point of this work is not on the end products of the process of attributions or associations, but on the **PROCESS.** A skilled therapist can easily observe the products of active schema and scripts. The difficulty is that when one focuses on the products of the schema and scripts (emotional and psychological reactions) it leaves the therapist to guess at the meaning. While some therapist may have highly developed intuition, not all do and this process may not be as effective or as efficient as they might wish. If one focuses on the process until it is clear then it becomes more efficient to explore the meanings of the facts rather than intuit the meaning of the facts.

Becoming effective at exploring process helps clinician and client reconnect with vital information that has been deleted, distorted or over generalized by the client, and creating problems for the client. It creates an opportunity to look examine the schema and scripts that are in operation, and help the clinician organize a way to highlight and expose the automatized schema and scripts that have been created without critical evaluation and that create troubling consequences for the client.

One strategy to identify schema and scripts is to explore what is referred to as surface structure. In conversations these are coded messages that are impregnated with meaning. Yet independently they give no real meaning, other than what is intuited by the hearer.

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. The toy is broken 3. If you really loved me you would waste some much money. 4. She nags all the time 5. He is so critical 6. I will never get over this betrayal 7. I wonder if he ever loved me 8. If you really cared you wouldn't be gone so much

Why is each of these statements just surface statements?

1. **The trash is full** -- which means something should happen, someone should do something and 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.
2. **The toy is broken** – It wasn't always like this, that something has been done by someone. That there is value associated with brokenness and wholeness, as well as some 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.
3. **If you really loved me you would waste some much money** – You are spending money of things that I do not value and you shouldn't do so. There is amoral judgment about spending money, and an emotional and psychological demand around the spending of money. Additionally, there is an assumption that if love was present that things that were not liked would be avoided. There is an attribution of blame, and attribution of intentionality and an attribution of personality or character as well.
4. **She nags all the time** – something is irritatingly repeated, though the theme of the irritant is not clear. There is an attribution of blame, and attribution of intentionality and an attribution of personality or character as well.
5. **He is so critical** – very similar to #4
6. **I will never get over this betrayal** – That an awful thing has happened, that the fact that it happened means that the speaker should be very upset and feel helpless. There is an attribution of blame, and attribution of intentionality and an attribution of personality or character as well.
7. I wonder if he ever loved me
8. If you really cared you wouldn't be gone so much

Profound Structure/Covert behavior/Intrinsic reasoning/internally focused

Profound structures are about the underlying value, beliefs and the individual meaning of the statements. In the world of linguistics this is called "transformational generative grammar" essentially it is the underlying value to the individual of the statement.

1. The trash is full
   a. Some action should be taken to change this status
   b. Someone should take the action to change the status
   c. Assumes one's knowledge of a process of moving from empty to full
   d. Assigns some value to fullness/emptiness
2. The toy is broken
   a. The toy was whole once
   b. Some agent broke the toy
   c. Some intent on the part of the agent may have motivated the breaking
   d. Toy is not declared so generalization will be used to fill the "toy" category from our minds
3. What a nice day
   a. What is the definition of nice
   b. The agent speaking has an expectation of agreement
   c. The agent is making a minimal effort to connect with someone else to gain their agreement
   d. Some value on niceness

Another Example:

A good example of the differences between the surface structure and the profound can be easily shown in the idea of goal setting. The goal would by nature be a surface structure, but the real value of the goal is the underlying profound qualities, which with goal setting would be the "purpose".

So one might have the goal of losing 20 pounds, which is a worthy and useful goal, but what drives behavior toward the goal is the profound purpose. For example it might be to look more attractive for a wedding within which you may be a maid of honor; You have noticed you have less energy and you want to be able to keep up with your kids. Whatever the purpose, which can be varied and multifaceted, that purpose will generate a goal.

Examples

One Sunday morning I was sitting in church listening to the service and my wife leaned over and in a quietly whisperish voice asked "do you have any gum?" to which I promptly whispered back "yes". After a short pause she gave me this look that conveyed "well?" followed by "can I have a Piece?" to which I also answered yes, but made no move toward the package of gum in my pocket, at that point she began to chuckle, and elbowed me in the ribs for teasing her. This type of exchange is a perfect example of a surface statement, or a content statement, which conveys nothing without an understanding of the assumptions, desires and underlying needs of the profound meanings of an individual.

Words are frequently inadequate in conveying what is meant. For example the word **foot** can mean a unit of measurement, a body appendage, the base of some object as well as metaphorical meanings like "foot in the door" or "foot in the mouth" It is impossible to understand the meaning of **FOOT** without understanding the underlying context or the profound under structure of the individual meaning. Similarly the word **CHERRY**, can mean a piece of circular fruit, a color, a state of being new, or perfect, or untouched. If one does not understand the profound understructure or context then the word is meaningless.

Now why belabor this point? In casual conversations it is acceptable to just assume that you know what the context means and respond according to that, which of course can be hit or miss for most of us. In therapy one must use a better quality of communication, one that doesn't rely on the native assumptions, but that is imbued with a strong desire to explore and define the profound structure of a person's individual meanings.

At the breakfast wife says to her husband: I am sure you have forgotten what day it is today?

Nonsense, I perfectly remember what today is, said husband and left for work.

At 10:30 am the doorbell rings. It is a big bouquet of red roses.
At 1:00 pm the doorbell rings. It is a box of her favorite Belgian chocolate.
At 3:00 pm doorbell. This time it is a dress from a famous designer.

The wife can hardly wait for her husband to show up. Finally he comes home. **"Oh! Dear! First flowers, then chocolate, and then a dress! It is the most wonderful Air Traffic Controller's day in my life"!**

Two hunters are out in the woods when one of them collapses. He doesn't seem to be breathing and his eyes are glazed. The other guy whips out his phone and calls the emergency services. He gasps: "**My friend is dead! What can I do**?"
The operator says: "Calm down, I can help. **First, let's make sure he's dead**."
There is a silence followed by loud shot. Back on the phone, the guy says: "OK, now what?"

The need for analysis and care when listening and asking questions

One's perceptions or attributions about the world in which their lives unfold is a construct (schema) that has been crafted through time by our beliefs, expectations and how value is placed on elements in the world. 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. Reality is created as an aspect of the individuals' beliefs, values, expectations, experiences and the repetitious nature of behavioral, emotional and psychological scripts they utilize to interact with their world.

Each act of creation has within it some flaws or mental short cuts that impact and effect perceptions, memory, knowledge and one's personal "truth". There are many flaws, but the three main ones to deal with as a clinician are:

1. We delete part of our experience, particularly those parts that do not have immediate relevancy.
2. We distort parts of our experience that seem more emotionally charged or less, more consistent with our values or less, or more aligned with our beliefs or less.
3. We tend to over generalize the meaning and value of an experience, and over-layer it on new and novel situations.

Deletions:

In the case of the horseman that was injured, it is clear that a number of deletions were made.

Distortions:

One of the areas people tend to distort is in the areas of choices. Many people "pretend" to have made a certain choice **(call in A),** when in fact their behavior and actions shows that they have made a totally different choice **(call it B).** When they start to see the consequences of **(B)** closing in then they react with genuine surprise, frustration, disappoint and sometimes just outrage . . .saying to themselves How did I get this (B Consequence) when I so clear chose **(A)** (McWilliams and McWilliams, 1991).

- **What might be some of the possible reasons for this distortion?**
  1. The fear of consequences – what might have to be given up to get the desired choice, or what might be required (cost) to achieve the choice.
  2. When we make one choice we by nature limit our alternatives to other choices.
  3. Lack of faith in one's ability to achieve the desired choice.

4. Claiming to want A because it is what others think is right and correct, and there is a desire to belong, though not a desire to belong strong enough to take action to achieve (A).

Generalizations:

Binary Thinking (inclusion VS exclusion)

As human beings we are very complex, holding a variety of contradictory and chaotic thoughts, feelings and behaviors within the fabric of our self. Our society doesn't do much to honor the complexity of humanity, and this dismissal or lack of self-awareness can in part be attributed to the thought processes that we use as a society. **Binary opposition** is the core feature of binary thought where one is constantly looking for pairs of opposites. Additionally, there is also an accompanying associated thought process that assumes one of the opposites is superior or has dominance over the other. The categorization of binary oppositions is "often value-laden and egocentric", with an (erroneous personalized belief /personal mythology) of the socialized norms and superficial meaning that is generally accepted as true without critical analysis or thought.

A classic example of a binary opposition is the **presence-absence dichotomy.** In much of binary thought opposites are polar opposites; this is a fundamental element of thought in many cultures.

- Here/not here,
- Right/wrong,
- good/bad,
- What are the assumptions
- True/false,
- Man/woman,
- Honest/dishonest,

There are problems with binary thinking:

1. The first is simple reality: far more of the universe is made up of things that are continuous in nature, with no neat distinctions and many intermediate values between any two points, than is made up things with discrete, binary characteristics.
2. The second and more serious problem is that binary thinking divides the universe into us/them you/me creating exclusions rather than inclusions. This creation of opposing camps raises the banners of conflict which interfere with us understanding the value of both sides and using what is most effective.
3. When one aligns with one pole of the binary dichotomy, one automatically excludes the value and worth of the opposite, effectively limiting the one's ability to help, or gain insight into the client.

Binary thought is related to inhibiting-compelling-intrusive injunctions

1. Inhibiting injunctions
    - Including language of can't/shouldn't/don't (injunctions arising from judgment)
        - You shouldn't feel sexual feelings
        - I can't be angry
        - Big boys don't cry
2. Compelling intrusive injunctions
    - Including language of hove o/should/must/ought to

- I must be perfect
- I should always smile and be happy
- Men should be strong
- I must be competent

Starting the journey of pattern discovery (asking complex questions that elicit change as well as information)

Questions	Assumptions
1. How do you manage to hold on when things are most difficult?	1. That something was actively done 2. That client is powerful and competent 3. That skills are possessed by the client 4. That the client is capable of putting situation into prospective 5. That the client recognizes that things could be worse than they are
2. How have you managed to keep the spark alive even when you have_____ (temptation/problem/challenge/fear)?	1. That the client is capable of thinking about a problem rationally 2. That the client is capable of discerning their own motivation and strategies 3. That something was actively done 4. That client is powerful and competent
3. How has habit pushed you into doing things you don't want to?	1. Externalizes a habit to be discussed objectively 2. That the client is capable of thinking about a problem rationally 3. That the client is capable of discerning their own motivation and strategies 4. That something was actively done 5. That client is powerful and competent 6. That skills are possessed by the client 7. That the client is capable of putting situation into prospective

Reframing as a philosophical construct for change

In the text "taproots" written by Bill O'hanlon (1987) he shows the importance of understanding the entire FRAMING process, both de-framing ideas and concepts that are not helpful and reframing those ideas and concepts that are helpful. The following material is happily commandeered and summarized from Bill's writing.

Postulate #1

There is a significant difference between facts and meanings. Facts are sensory based, observable phenomena that occur in an environment. For an example one might see a ball falling from a higher place toward the ground. Those facts have little if any meaning; they are patterns, processes and behaviors. Meaning however is far more powerful, it is the attribution of interpretation, conclusions, intention or value assigned to the facts that becomes significant. This relates to the concept above when discuss the surface vs the profound levels of understanding. What seems consistently true is that we as human beings create our personalized truths based on rapid decisions about what certain processes, patterns or behaviors mean, and then begin acting as if our decision has actually made it the "truth".

When therapists begin to explore the anatomy of individualized construal of the "facts" as a method of first understanding and then reconstructing the meaning attributed by the client to an event, pattern or process they are essentially reframing the client. For many therapists this process is difficult to conceptualize.

Social psychologists have looked at a variety of influencing psychological properties that can support clinical understanding. Bill O'hanlon (1987) suggests that some of the psychological properties defined by social psychology support a better and more thorough understanding of the reframing process. Below you will find an explanation of these properties with examples of how they are used in a clinical setting.

Causal Attributions

This is when the facts (behavior, patterns and processes) have been given meaning. The meaning is very straightforward and would suggest that these facts create the certain meaning. How one makes attributions gives **order and predictability** to our lives. When making an attribution, human beings analyze the situation by **making inferences** (going beyond the information or facts) about the dispositions of others as well as inferences about the environment and how it may be causing a person to behave. What this leads to is a set of personal judgments around not only causation but also intentionality and personality.

The purpose of this section is to elucidate some of the constructs that can be reframed and how the process works.

The term reframing actually is referring to three separate and distinct processes, which may be used together, alone or in some combination.

1. DEFRAMING
2. DEFRAMING FOLLOWED BY REFRAMING
3. REFRAMING DIRECTLY

Example from clinical practice of deframing followed by reframing:

A couple came into marriage counseling because their 16 Y/O daughter had been heard having a conversation about something that happened when she was 5 or 6 and the authorities were called. The step father was investigated and the case was closed as not being substantiated. This incident created tremendous discord and pain in the family and they were seeking counseling about what they needed to do. The father, as one would expect was very ego-defended and the wife torn by feelings of having to decide between her husband and daughter. The framing of the problem was creating rigidity and closing off options and alternatives that would allow healing. Some of the statements made by the parents during the session were illustrative of how they had framed the situation:

- *"She is just a liar!"*
- *"She has to confess that she lied, and tell everyone that she was wrong, and why she said such things"*
- *"She has ruined our family; we will never get over this!"*
- *"Why does she hate me all of a sudden?"*
- *"She is just trying to get attention!"*
- *"This is just teenage rebellion because she doesn't like how strict we are."*

How the facts were being attributed value and meaning did not appear to be supporting the family in finding a resolution. This led the therapist to begin to clarify the processes of this family (facts) and deframe the meanings that the parents had been attributing to those facts. Therapist asked the parents to explain the behaviors of their daughter, and it was discovered that she was generally very responsible about chores, was a solid performer in school maintaining an A-B in most classes, she was kind to her siblings, did not show a history of being vengeful or mean to her siblings or cousins, accepted correction gracefully,

disliked chaos or tension, was a peace maker with siblings and friends. After summarizing these patterns of behavior therapist revisited parent's statements regarding the daughter and they said that the statements were unfair, but that they were confused and just couldn't figure things out about why this happened.

The rest of the session couple and therapist collaborated looking for possible meanings, and the therapist began to reframe the "facts" in alternative ways. What was finally decided was that the family had been going through a significant amount of stress in the prior 18 months, and the children had been really nervous about the family, having expressed that concern on several occasions. That the facts related to the daughter's behavior might be seen as a heroic sacrifice of her own comfort to create change in the family. The parents seemed very passionate with this new reconstruction of the facts, and began to talk about how much sense that made to them. The shift to problem solving occurred and a discussion about how can "we" (the parents) can make our family better and a nicer place to live emerged.

Commentary — Some reading the example might say that the "true" underlying cause of the problem was never dealt with. An alternative explanation, is that the deep intrapsychic meaning of the problem was never really fixed, but always a function of the attributions of those involved, that the reframing of the "facts" in a more helpful way shifted that deep intrapsychic meaning .

Strategy One: beginning to develop precise and detailed sensory-based information

- Partitioning is a psychological function that breaks down negative associations by dividing an overwhelming reality into smaller more easily assimilated parts. (Bundle of sticks Metaphor)

Techniques

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 . . . when have you ever experienced something like that? For you what is the difference between the two . . .?
         What are the associated assumptions in this question?
         - ✓ That skills are possessed by the client
         - ✓ That the client is capable of thinking about a problem rationally
         - ✓ That the client is capable of discerning their own motivation and strategies
         - ✓ That something was actively done
         - ✓ That client is powerful and competent
         - ✓ That the client is capable of putting situation into prospective
      2) Thoughtful self/ un-thoughtful self
      3) Satisfied self/dissatisfied 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?
         What are the associated assumptions in this question?
         - ✓ That skills are possessed by the client
         - ✓ That the client is capable of thinking about a problem rationally
         - ✓ That the client is capable of discerning their own motivation and strategies

- ✓ That something was actively done
- ✓ That client is powerful and competent
- ✓ That the client is capable of putting situation into prospective

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?

What are the associated assumptions in this question?

- ✓ That skills are possessed by the client
- ✓ That the client is capable of thinking about a problem rationally
- ✓ That the client is capable of discerning their own motivation and strategies
- ✓ That something was actively done
- ✓ That client is powerful and competent
- ✓ That the client is capable of putting situation into prospective

c. Conscious/unconscious mind questions

1) When was a time you 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?

2. Symptom distinction:

Sometimes the person you are talking with is speaking at a surface or shallow level, covering general ideas and themes with little detail or explanation of the assumptions or intuition behind the talk. Question for profound information helps you get more detailed information and an improved understanding of the client's thoughts, assumptions and belief system. Additionally, this can create the context where you can identify existent strengths and abilities, increase hopefulness and motivation for change, as well as facilitate and celebrate moments of mastery and competence.

a. Time
   1) **When** does the problem occur
   2) **How** is it, that it occurs then
   3) **When** doesn't the problem occur
   4) **What** is different about those times **When** it doesn't occur
   5) **When** is it less frequent
   6) **When** is it less intense

Amplify self-control!

How did you decide to . . .
How did you get that to happen . . .
How were you able to . . .
What have you learned that has helped . .

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

4. Microcosmic Examination: This is where the parts are looked at.
a. Where in your body do you feel….?
b. How is that feeling different when…..?
c. What part of the behavior is most annoying . . . ?
d. What is the next most annoying part of the behavior?

5. "WHAT ELSE"
All the above questions can be added to by simply asking "What Else"

6. Dealing with the "I Don't Knows"
a. Acknowledge the client --- "I know it's a hard question" --- wait 6-10 seconds, then ask "Suppose you did know, how would things be different?"
b. "If you were to hazard a guess, what might be different?"

7. Interviewing the problem (an externalization intervention)
a. The client may sit in a different chair and become the externalized problem. Clearly this requires a certain imagination and may not suit all clients. "I would really like to talk to MS/MR problem about how they operate".
i. How long have you been at work?
ii. What are your intentions?
iii. How long are you going to be around?
iv. Do you enjoy your work
v. What do client's friends and family think of you?
vi. Do you push other members of the client's family about as well?

b. "I heard that yesterday . . . the client got the better of you, can you confirm that?"

Strategy II: Progression

- The psychological Function of progression is building a series of small gains, thereby creating increased hope and momentum, the "snowball effect." Comparable to the practice of taking one small step at a time.

1. Pattern recognition
a. The clients language
b. The clients interests and motivations
c. The clients behavior

d. The clients belief system (rules and rituals)
e. The clients frame of reference
f. Matching and bio-rapport
g. The clients process of symptom presentation
h. The clients process of holding firmly
i. Move clients out of content into process, process is malleable, content is not.

- Pattern interruption
  a. Use of story
  b. Use of examples and metaphors

2. Future Progression: Establishing clear action steps, discussions of what is desired rather than what is to be avoided.
3. Seeding or Priming: Discuss the process of change and where the client is in the process, predict the experience of small steps, use metaphor to illustrate ideas
4. Pattern Interruption: postponing, changing the frequency, changing the objects used in a compulsive ritual, changing the order of the pattern, or changing the location of the behavior

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