

## Prepare Yourself for Doing the Work of Stages I, II, and III

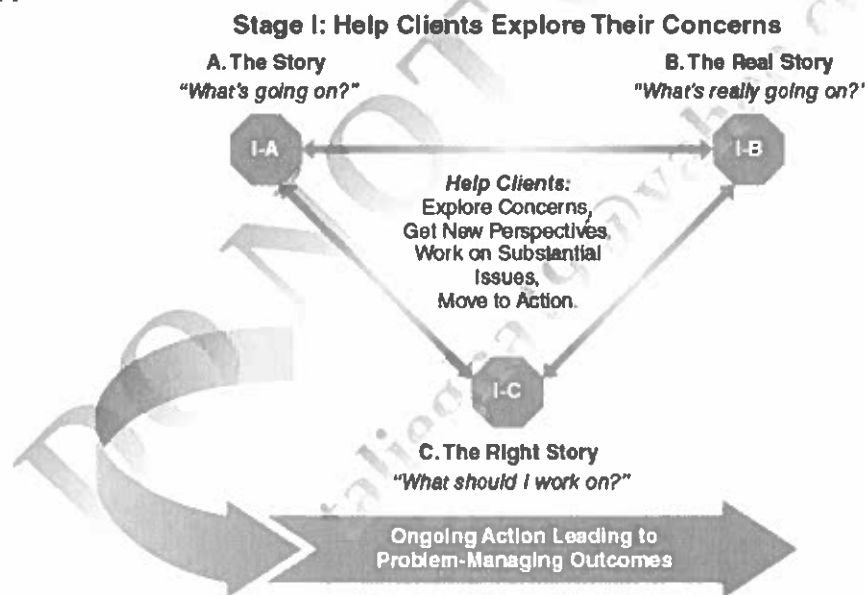
### LO 9.1

Do four things before exploring and devouring the helping framework as outlined and illustrated in Chapters 9–11. First, reread Chapter 2 to give yourself an overview of the helping process. This will help avoid unneeded repetition. Second, see the stages and the tasks within the stages, not as linear steps, but as ways of helping clients move forward as they grapple with problem situations and unused opportunities. Third, take to heart the lessons of Chapter 8 so that you can clearly see the stages and the tasks within the stages as stimuli for client action. Fourth, come to the realization that to do all this you need to be competent in all the communication skills outlined and illustrated in Chapters 4–7. Conversations with clients should be the kind of dialogues outlined and illustrated in Part II of this book.

### Review the Graphic of Stage I and Understand What Is Meant by the Term Task

Stage I illustrates three interrelated ways in which counselors can help clients understand themselves, their problem situations, and their unused opportunities with a view to managing them more effectively. Counselors help clients (A) tell their stories, (B) reframe their stories, develop new, more useful perspectives, and begin thinking about new, more constructive ways of acting, and (C) stay focused on the key issues and concerns that will make a difference in their lives. These three tasks are illustrated in Figure 9.1.

**FIGURE 9.1**  
The Tasks of Stage I



Even though these tasks are described separately, in actual helping sessions, as described in Chapter 2, they are intermingled. The two-headed arrows in Figure 9.1 highlight the fact that it is not a question of moving from the first to the second to the third task in any rigid way. Stay focused on the needs of clients.

### Explore the Challenges Clients Face in Talking about Themselves

Denise Sloan (2010) reviews the evidence that links self-disclosure in various settings including psychotherapy, to psychological well-being. People in general tend to want to talk about themselves when things are good and when things are bad. She goes on to say, "In addition to facilitating social bonds, self-disclosure also produces a wide variety of health benefits" (p. 212).

The importance of helping clients tell their stories well should not be underestimated. As Pennebaker (1995b) has noted, "An important ... feature of therapy is that it allows individuals to translate their experiences into words. The disclosure process itself, then, may be as important as any feedback the client receives from the therapist" (p. 3). Much has been written

about clients' reluctance to talk about themselves, but Farber, Berano, and Capobianco (2004) outline the bright side of client self-disclosure.

Most clients feel that therapy is a safe place to disclose, made especially so by the goodness of the therapeutic relationship; that the disclosure process initially generates shame and anticipatory anxiety but ultimately engenders feelings of safety, pride, and authenticity; that keeping secrets inhibits the work of therapy, whereas disclosing produces a sense of relief from physical as well as emotional tension; that disclosures in therapy facilitate subsequent disclosures to one's therapist as well as to family members and friends; and that therapists should actively pursue material that is difficult to disclose. (p. 340)

Of course, other research has shown that fear of self-disclosure is a leading factor in not seeking therapy (Vogel & Wester, 2005). So it is important for you to discern whether the client you are helping is eager to engage in self-disclosure or fears it. Like most of us, clients have secrets, some of which they have told to no one (Slepian, Chun, & Mason, 2017). Some of these may be related to the problem situations clients are discussing. Empathy and tact are needed to help them talk about secrets that may be haunting them. Farber and his associates (Farber, Berano, & Capobianco, 2004) note that many clients welcome and appreciate counselors' efforts to help them discuss painful issues. See Farber's (2006) book *Self-Disclosure in Psychotherapy* for a comprehensive overview of both client and helper self-disclosure.

Stage I of the helping process can be seen as the assessment stage (Hays, 2013)—finding out what's going wrong, what opportunities remain undeveloped, what resources are not being used. **Client-centered assessment** means helping clients understand themselves, find out "what's going on" with their lives, see what they have been ignoring, and make sense from the messiness of their lives. Assessment in this sense is not something helpers do to clients. Rather, it is a kind of practical learning in which both client and helper collaborate. Other forms of assessment such as psychological testing and applying psychiatric diagnostic categories may or may not be useful, but they are beyond the scope of this book.

## Review the Case That Will Be Used to Illustrate Stage I

Here is the case of Alisa and her therapist Rena. We will refer to it in describing the three tasks of Stage I.

Alisa, a biracial (Latina and White) 28-year-old woman, is meeting the first time with a behavioral health professional, Rena, after being referred by her primary care physician. She went to her lifetime family doctor for help with her persistent headaches and problems with sleeping. Alisa has been to Dr. Cooper's office multiple times over the last few months with a variety of physical concerns. More recently, her live-in boyfriend left her saying he "felt overwhelmed" by her and "couldn't breathe." He is one of several failed relationships that were typically intense, but short-lived. She has had few good female-male relationships in her life. Her Facebook and Instagram relationships lack substance. Social media interactions, though constant, seem to be nothing more than an escape from long-term unhappiness. She has worked in an accounting office for six years and essentially does the work of a CPA though for much less pay. She dropped out of college after her sophomore year because she ran out of money and felt overwhelmed trying to work and tend to her academics. Alisa was the first in her family to go to college and comes from a rural background and a traditional, conservative family with two older sisters and a younger brother. One sister and her brother work at the local car plant. Her other sister has three children and works in the home. They all live in the same community. Alisa longs for more out of life but is confused about what "more" means. And, when it comes to family, she feels that the term "black sheep" fits.

Alisa had high scores on a general distress screener that led to a "warm handoff" after the physician consulted with Rena Phelps, the staff behavioral health professional (BHP). Rena is a 41-year-old, Latina psychologist who works in a rural healthcare facility that uses an integrated care approach. She worked in a community mental healthcare agency for several years but was asked to join the family practice along with a social worker, nutritionist, and two nurse practitioners. She consults with the other team members as needed and will do intakes with patients when referred by the physician or nurse practitioners (called a "warm hand off") to further determine the needs of the patient. If the patient and Rena collaboratively decide that counseling is needed, Rena can see the patient for brief therapy (up to eight sessions). Using the communication skills outlined in Part II, she helps Alisa tell her story and review her concerns.

Rena, wearing a white coat over her casual dress of jeans and loafers, walks in to the exam room where Alisa is waiting. She extends her hand, saying, "Hi Alisa, I am Dr. Phelps, a behavioral health specialist. Please call me Rena. It's nice to meet you. Did Dr. Sampson explain why we are meeting?" Alisa responds that she did. Rena points to two chairs, adjusts them so they face each other and says, "How about we both sit down here so we can better talk." After they sit down, Rena warmly says, "Dr. Sampson shared a little about what is going on with you, but I would like to hear what is going on from your point of view and we can see if and how I can help." Alisa immediately becomes tearful and says, "I feel like my world has come to end and I just do not know what to do. My boyfriend moved out, I am now stuck with a townhouse I can't afford, and that is just the start. I can go on and on. My job is crummy, I hardly have any friends, and to top it all off (she exhales and gulps) my family barely speaks to me." She cries. Waiting a

have any friends, and to top it all off (she exhales and gasps) my family safety speaks to me. She cries. Waiting a moment to make sure she is finished, Rena says, "That is quite a lot. So maybe together we can sort through some of these things and make sense of them? Does that sound okay?" Alisa, head down, nods. She collects herself and notes she has tried therapy before and said it "helped some but I quit before I should have." Rena says they can talk about what was helpful before in counseling.

Before beginning the helping dialogue, Rena administers a risk- assessment survey. Although beyond the scope of our book, risk-assessment tools provide a sometimes necessary overview of the current state of the client with respect to self-harm and possible harm to others (Cormier, Nurius, & Osborn, 2016). Rena asks straightforward questions, but with warmth and concern, that is, she does not set aside her usual interpersonal style just because she is doing a risk assessment. The results show that that it is most likely that Alisa poses no harm to herself or others.

This is a complicated case and counseling is not a magic process that can easily resolve it. Rena has in mind the broad goals or outcomes described in Chapter 1: help Alisa manage key problem areas and help her learn some basic ways of helping herself. The case is not presented as a neat package. Rather we note some of the things Rena did to help Alisa. They are designed to make you think what you might do if you were Alisa's helper. Different helpers will take different approaches. See yourself as Alisa's therapist. Keep answering the question: What would I do to help Alisa at this point? Be entrepreneurial. Do not be afraid to make decisions different from those found in the text.

## Task A: Learn Ways of Helping Clients Tell Their Stories LO

### 9.2

These guidelines are not hard and fast rules. Some of the guidelines and examples here and in subsequent chapters include the kind of "nudging" and invitations to self-challenge discussed in Chapters 6 and 7. Helpers have to make a judgment about invitations to self-challenge based, not on their theories, but on the needs of clients. Clients' needs take precedence over helping models.

That said, there are a number of principles that can guide you as you help clients tell their stories. Hanna (2002) has developed a list of "precursors," which "taken together form a comprehensive picture of how people change and why they do not" (p. 6). This is Hanna's version of the readiness-for-change list outlined in Chapter 2. His "precursors" include, on the part of the client, a sense of necessity ("I've got to do something about this"), a willingness to experience anxiety or difficulty, awareness of the main factors in the problem situation, a desire to confront the problem, effort directed toward change, hope for a better future, and social support. Hanna calls these conditions "regulators of change" in the sense that "the more they are present in a person, the more quickly change will occur, and in some cases, the deeper the change will be in the psyche of the person" (p. 6). As clients tell their stories, you can listen and probe for these regulators and even help clients develop them. Here, then, is a basic set of guidelines. Ultimately, as an artist or entrepreneur, you will develop your own set.

### Help the Client Feel Safe in the Helping Encounter

Many of your clients will feel anxious as they arrive. While a reasonable amount of anxiety is actually helpful because it serves as a motivator, too much is counterproductive. It gets in the way of the work to be done. Rena's first task is to help Alisa tell her story. Here's how she begins. First, she makes sure that they are