

Overview of the Helping Model

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A helping model is like a map that helps you know what to do in your interactions with clients. At any given moment, it also helps you to orient yourself, to understand "where you are" with the client and what kind of intervention would be most useful.

THE STARTING POINT: CLIENTS WITH PROBLEM SITUATIONS AND UNUSED OPPORTUNITIES

Clients constitute the starting point of the helping process. However, since they come for help because of problems and unused opportunities or potential, these, too, constitute the starting point. Focus on the person first and then the problem or opportunity.

Problem Situations

Clients come for help because they have crises, troubles, doubts, difficulties, frustrations, or concerns. These are often called, generically, "problems," but they are not problems in a mathematical sense, because often emotions run high and often there are no clear-cut solutions. It is probably better to say that clients come, not with problems, but with *problem situations* (D'Zurilla & Goldfried, 1971), that is, with complex and messy problems in living they are not handling well. They come for help on their own or because third parties, concerned about or bothered by their behavior, send them. While even those who come on their own may be resistant to help, involuntary clients—who "may well account for the majority of caseloads throughout the land" (Dyer & Vriend, 1975, p. 102)—are especially difficult to deal with, since they are both reluctant and resistant. Wife batterers might not see their violence as problematic, but their wives and society do. Dealing with reluctant and resistant clients is one of the principal challenges helpers face.

Missed Opportunities and Unused Potential

Clients' missed opportunities and unused potential constitute a second starting point for helping. In this case, it is a question not of what is going wrong, but of what could be done better. It has often been suggested that most of us use only a fraction of our potential. We are capable of dealing much more creatively with ourselves, with our relationships with others, with our work life, and, generally, with the ways in which we involve ourselves with the social settings of our lives. Counselors can help their clients empower themselves by helping them identify and develop unused or underused opportunities and potential.

In most cases, counselors interact with clients who are both grappling with difficulties and failing to take advantage of opportunities. Even when

The skilled helper model

I. Present scenario

II. Preferred scenario

III. Strategy: Getting there

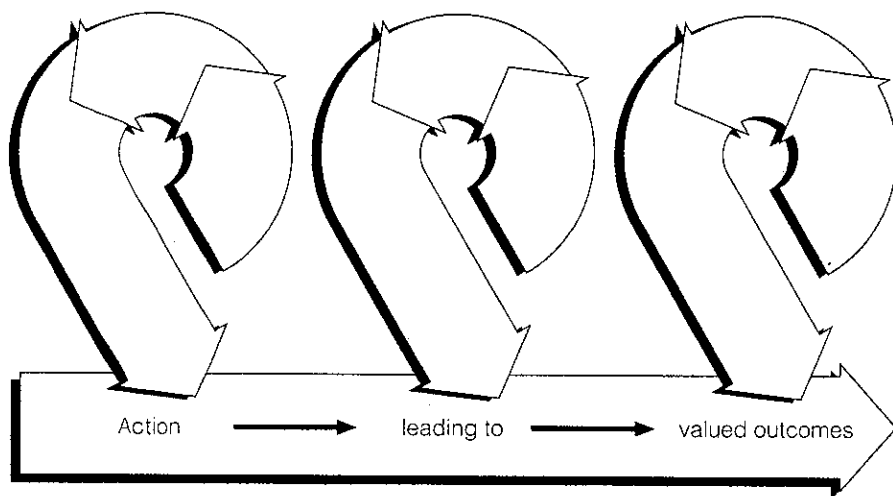


FIGURE 2-1 Overview of the Helping Model

clients talk about problems, effective helpers listen for missed opportunities and unused potential. A woman filled with self-doubt because of her sheltered upbringing and the obstacles presented by a male-dominated culture is probably also a woman who has missed opportunities and failed to develop many of her own resources. She may well be a victim of society, but she may also be a victim of her own unexploited potential.

THE STAGES OF THE HELPING PROCESS

The helping framework used in this book has three major stages. Each stage has its own set of client-focused outcomes. Figure 2-1 shows an overview of the entire model; the specific steps will be filled in as we go along.

Stage I: The Present Scenario

Help clients identify, explore, and clarify their problem situations and unused opportunities. Clients can neither manage problem situations nor develop opportunities unless they identify and understand them. Initial exploration and clarification of problems and opportunities takes place in Stage I. As indicated in Figure 2-1, Stage I deals with the present

scenario—a state of affairs that the client or those who send the client for help find unacceptable. Problem situations are not being managed and opportunities are not being developed.

Stage II: The Preferred Scenario

Help clients develop goals, objectives, or agendas based on an action-oriented understanding of the problem situation. Once clients understand either their problem situations or opportunities for development more clearly, they may need help in determining what they would like to do differently. Involuntary clients need to understand and buy into the changes others are demanding. As indicated in Figure 2-1, Stage II deals with the preferred scenario, that is, with *what* needs to be done or put in place. What would things look like if they were better than they are now?

Stage III: Getting There

Help clients develop action strategies for accomplishing goals, that is, for getting from the current to the preferred scenario. Clients may know what they want to accomplish and where they want to go, but still need help in determining *how* to get there. Stage III is a transition stage, dealing with ways of moving from the current to the preferred scenario.

Outcome-Producing Action: All Stages

Last, but in no way least, help clients act on what they learn throughout the helping process. In many helping or problem-management models, action or implementation is tacked on at the end. In this model, as indicated in Figure 2-1, all three stages sit on the "action arrow," indicating that clients need to act in their own behalf right from the beginning of the counseling process. As we shall see, clients need to act both within the helping sessions themselves and in their real day-to-day worlds. Involuntary clients especially need to see that it is in their own interest to act. They often need to be helped or even urged to act.

This model can be called developmental in that it is systematic and cumulative. The success of Stage II often depends on the quality of work in Stage I. Success in Stage III often depends on the quality of work in both Stages I and II. Just why this is so will become clear as we move through the model.

Each stage of the model, as we are about to see, has three "steps." I put the word steps in quotation marks for at least two reasons. First, in practice the problem-management and opportunity-development process is not as clean, clear, and linear as the stages and steps described here. Second, some steps—for instance, the "step" of helping clients manage blind

spots and develop new perspectives—refer to processes that apply to the entire model. Remember that the model is a framework or map to help you find your way as a helper. It is also an outline of this book.

STAGE I: IDENTIFYING AND CLARIFYING PROBLEM SITUATIONS AND UNUSED OPPORTUNITIES

Most people live without professional help. They handle their problems in living, whether successfully or unsuccessfully, by themselves or with the informal help of family, associates, and friends. On the other hand, people who find that they are not coping with their problems in living, and who either do not want to share them with family or friends or feel that family and friends are not competent enough to help them, might turn to a professional or paraprofessional helper—if not a psychologist, psychotherapist, or psychiatrist, then perhaps a minister, teacher, coach, supervisor, doctor, nurse, counselor, or social worker. Often they will turn to such a person (1) if the problem is serious or disturbing enough, (2) if they are serious about managing problems or developing opportunities, and (3) if they believe that the person can actually help them.

Step I-A: The Story

Help clients tell their stories. Helpers cannot be of service if clients fail to develop an understanding of the difficulties and possibilities of their lives. Therefore, as indicated in Figure 2-2, clients need to tell their stories, that is, reveal and discuss their problem situations and their missed opportunities. Some clients are quite verbal, while others may be almost mute. Some clients easily reveal everything that is bothering them, while others are quite reluctant to do so. You need only examine your own experience to discover how reluctant you are at times to share your problems with others. Involuntary clients often prefer to talk about the failings of those who sent them. Therefore, helpers need skills that enable them to help clients tell the “real” story and to provide support for them as they do so. As we shall see, these communication skills are central to the entire helping process. The outcome of this step, then, is a frank discussion of the “facts of the case.” The story needs to be told, whether it comes out all at once at the beginning of the helping process or only in bits and pieces over its entire course. If this and other outcomes are to take place, helpers need to establish effective relationships with their clients.

In this overview, the highlights from an actual case will be used to illustrate each step of the model. The case has been simplified. It is presented here in bare outline and in a step-by-step way to illustrate the stages of the helping model. The client is voluntary, verbal, and, for the

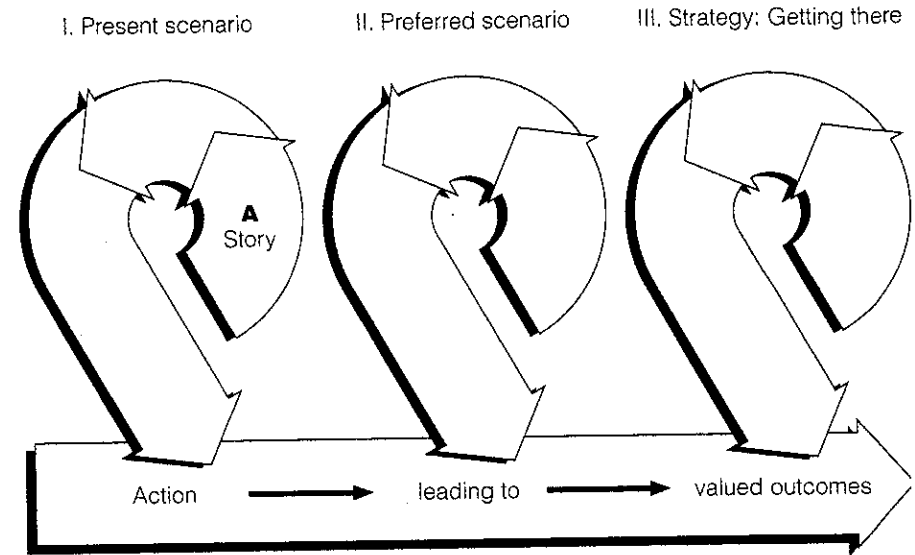


FIGURE 2-2 The Helping Model: Step I-A

most part, cooperative. It goes without saying that in actual practice cases do not flow as easily as this one.

Ray, 41, is a middle manager in a manufacturing company located in a large city. He goes to see a friend of his, an older woman whom he trusts and who happens to be a counselor, because he is experiencing a great deal of stress. She is supportive and helps Ray tell his story, which proves to be somewhat complex. He is bored with his job, his marriage is lifeless, he has poor rapport with his two teenage children, he is drinking heavily, his self-esteem is low, and he has begun to steal small things, not because he needs them but because he gets a kick out of taking them. He tells his story in a rather disjointed way, skipping around from one problem area to another. His agitation in telling the story reflects the anxiety he is experiencing. The counselor's nonjudgmental attitude and facilitative communication style help Ray overcome the unease he is experiencing in talking about himself and his problems. Since Ray is a talented person, the counselor assumes that missed opportunities for growth also form part of the overall picture, even though he does not talk about this point directly.

Since Ray is quite verbal, a great deal of the story comes tumbling out in a spontaneous way, and its telling is merely supported by the helper. However, involuntary clients, clients with poor verbal skills, or clients who are hostile, confused, ashamed, or highly anxious provide a much greater challenge for helpers in this first step.

I. Present scenario

II. Preferred scenario

III. Strategy: Getting there

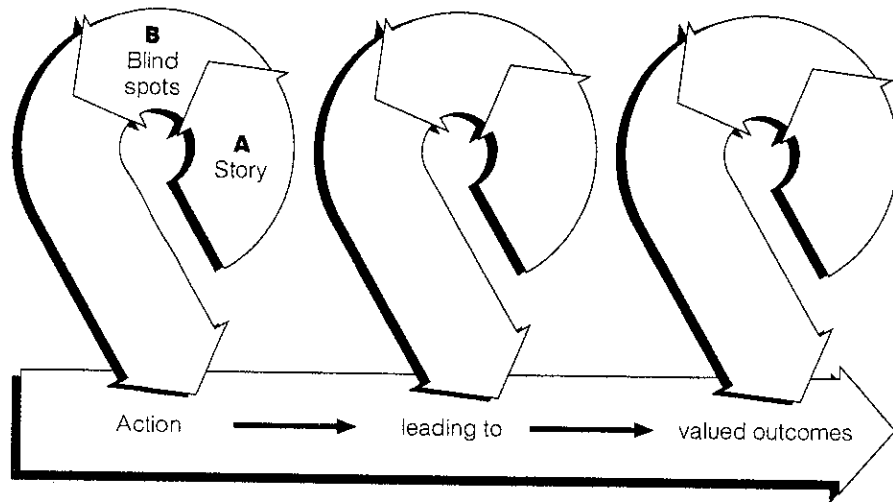


FIGURE 2-3 The Helping Model: Step I-B

As helpers listen, they need to assess rather than judge their clients. They assess such things as the nature and severity of the problem situation, hints at further problems that are not being discussed, the impact of clients' environment on their problems, the personal, interpersonal, and environmental resources to which clients have access, and the ways in which problems might be, paradoxically, opportunities (as in the Zen saying, "The obstacle is the path"). This kind of assessment, as we shall see later, is not limited to Stage I.

Step I-B: Identifying and Challenging Blind Spots

Help clients become aware of and overcome their blind spots and develop new perspectives on themselves and their problem situations. One of the most important things counselors can do is help clients identify blind spots and develop new, more useful perspectives on both problem situations and unused opportunities. As shown in Figure 2-3, this is the second step of Stage I.

Most clients need to move beyond their initial subjective understanding of their problem situations. Many people fail to cope with problems in living or to exploit opportunities because they do not see them from new perspectives. Comfortable but outmoded frames of reference keep them locked into self-defeating patterns of thinking and behaving. Helping clients unfetter their imaginations in the service of problem management and opportunity development is one of the major ways in which counselors can empower clients. Challenging blind spots is not the same as

telling people what they are doing wrong; rather, it is helping people see themselves, others, and the world around them in more creative ways.

At one point, the counselor asks Ray to describe his drinking behavior a bit more fully. Ray, pointing out that his drinking is "problematic" rather than a problem in itself, does so only reluctantly. With a bit of probing, the counselor soon discovers that he drinks not only excessively but also secretly. When he complains that she is accusing him of being an alcoholic, she replies that she isn't interested in labels but in lifestyle. She explores with him the impact his drinking has on him and on his relationships with others, his work, and his leisure. It is soon evident to her that his drinking is far more than problematic. He is an alcoholic who is reluctant to admit his alcoholism. In the course of their dialogue he does admit that his drinking is "a bit" more problematic than he had thought. Furthermore, as Ray tells his story, he describes himself at one time as "under-employed" and at another as "over the hill." The counselor helps him confront the discrepancy between these two descriptions of himself. Ray has always disliked people he sees as overly ambitious, but now he begins to see himself at the other end of the continuum, as underambitious in self-defeating ways. As she listens to Ray's story, the counselor also listens carefully for indications of his degree of commitment to working with these issues.

The counselor is very supportive as Ray explores his concerns. She realizes that support without challenge is often superficial and that challenge without support can be demeaning and self-defeating. It is important to understand the client's frame of reference or point of view even when it is evident that it needs to be challenged or at least broadened. Note that challenge in the service of new perspectives, though presented here as a "step," is best woven into the fabric of the entire helping process. The need for new perspectives does not stop with Stage I.

Step I-C: The Search for Leverage

Help clients identify and work on problems, issues, concerns, or opportunities that will make a difference. In Figure 2-4 the term *leverage* is used as the generic name of this third step. It includes three related activities. First of all, since helping is an expensive proposition, both financially and psychologically, some kind of *screening* is called for: Is the problem situation, at least as stated, worth the time and effort that is about to be spent in managing it? Second, if clients, in telling their stories, reveal a number of problems at the same time or if the problem situation discussed is complex, then criteria are needed to determine which concern is to be dealt with first. In other words, counselors help clients establish priorities and search for some kind of *leverage* in dealing with complex problem situations. For instance, they help them work on a problem which, if managed successfully, will contribute to the management of a number of other problems. Counselors are most useful when they help clients deal

I. Present scenario

II. Preferred scenario

III. Strategy: Getting there

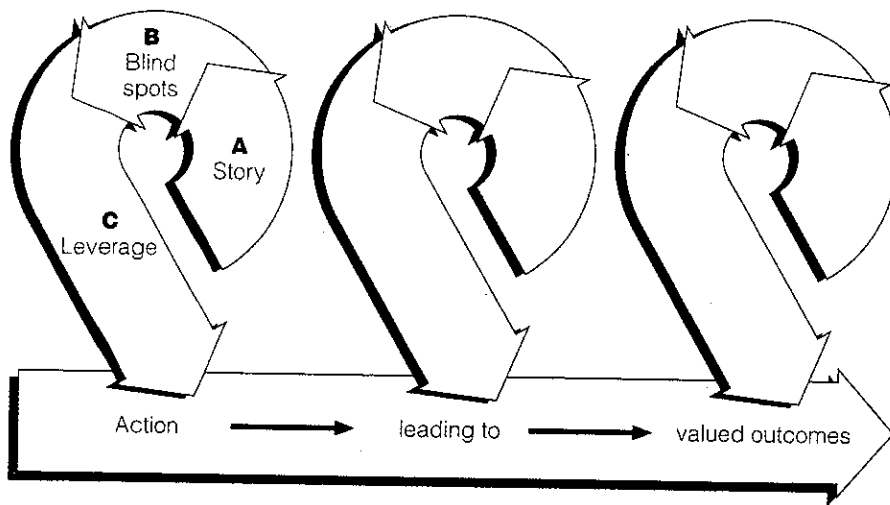


FIGURE 2-4 The Helping Model: Step I-C

with issues that can make a difference in their lives. If one of the themes that underlies or runs through a number of a client's problems is a lack of discipline, then self-discipline might well be an issue with leverage. Finally, once an issue is chosen for further exploration, counselors need to help clients *clarify* the problem, issue, or concern in terms of specific experiences, behaviors, and feelings. The process of clarification can help clients determine what needs to be changed.

As to screening, it is obvious from the beginning that all of Ray's problems and unused opportunities merit serious consideration. The counselor, wanting Ray to take the lead, asks him which of the concerns he has mentioned bothers him the most and which he would like to work on. After some discussion, Ray decides that he would like to tackle the job problem, but he also makes some vague comments about the need to manage his drinking better. Through a combination of careful listening, empathic responding, and judicious probing, the counselor helps Ray spell out concretely his concerns about his job and, to a lesser degree, about his drinking, since he is somewhat reluctant to talk about the latter. The counselor makes sure that she understands Ray's point of view, even though she feels at times that it needs to be challenged, supplemented, or transcended. Some of the principal work-related issues are clarified: Ray sees himself in a dead-end job, that is, one in which there is no chance for promotion. He feels, on reflection, that he has always been underemployed, that his talents have never been significantly challenged. His dislike for his job is contaminating his interpersonal relationships at work and adding to his stress. He admits that his negative feelings about his job

probably carry over into his home life. He has been in the same job for 14 years and has never thought about changing. He believes that he may be "over the hill" when it comes to getting a different job. As to alcohol, he thinks he drinks "a bit too much" as a way of handling his stress and frustration, though he does not see his drinking as a central problem. As Ray discusses specific problems in greater detail, it is clear to the counselor that he is sometimes uncomfortable with what he is hearing himself saying. That is, he is beginning to understand that he needs to challenge some of the assumptions he has about himself.

Helping clients identify key issues—issues that, if managed, will make a difference in their lives—and commit themselves to clarifying them is a form of challenge in itself.

These three steps constitute the cognitive part of Stage I. If they are done well, then the problem situation, together with overlooked or unexploited opportunities, can be identified and explored to the point where it makes sense to look beyond the present unacceptable scenario to a preferred scenario. But the cognitive part of helping—discussing and planning—needs to be linked to client action right from the start.

Client Action: The Heart of the Helping Process

Help clients act both within and outside the counseling sessions. Helping is ultimately about problem-managing and opportunity-developing change. As the poet says, "There's the rub." There is nothing magic about change; it is work. If clients do not act in their own behalf, nothing happens. Two kinds of client action are important here: actions within the helping process itself and actions "out there" in the client's day-to-day world.

Ideally, clients by their actions come to "own" the helping process instead of being the objects of it.

The fact that Ray has come on his own is a good sign; he is acting in his own behalf. He is in pain and wants to do something about it. His willingness to explore problem situations and respond fairly nondefensively to challenges on the part of the counselor are indications that he is owning the interactions.

But taking an active role within sessions is only the first step. One reason that Ray is in trouble is that he has consistently failed to act in his day-to-day world. He has let life pass him by in a variety of ways—in his work life, for instance—and now is angry with himself and his world. The stages and steps of the helping process are, at best, *triggers and channels* for client action. Client actions between sessions—not random actions, obviously, but actions leading to client-enhancing *outcomes*—are the best indicators of how effective the sessions are. It makes no sense to say "We really had a good session today!" if the session bears no fruit in real life.

Planning makes action intelligent, but without real-life action, discussing, gathering insights, and planning tend to be aimless.

After his first session with the counselor, Ray sits down one evening, writes "drinking" at the top of a piece of paper, and jots down, randomly, whatever thoughts come to his mind. The paper begins to fill up with such things as money spent on liquor, times he drinks, attempts to keep others from knowing, occasions when drinking has kept him from work or led to family fights, and so forth. He finds all of this painful and eventually rips the page up and throws it into a wastebasket, saying to himself that drinking is probably no more a problem for him than for anyone else "in his situation" and that it is silly to pick on himself like this.

This is not a dramatic act with a dramatic outcome, but at least Ray does *something*. He takes one somewhat ambiguous and abortive step in the direction of doing something about his drinking. In the beginning some client actions may be merely symbolic (Ray's list comes close to that). They may be internal (like Ray's mulling over issues that have been pushed to the side before) or external (on occasion his *not* having the usual two-drink nightcap), but they are of the essence of change. Any step of the helping process can both trigger and provide direction for goal-directed client action. Ray's abortive work on his "drinking" list was triggered by his telling his story and some gentle challenging on the part of the counselor. Helping him identify blind spots or focus on issues that capture his attention can, or rather *should*, trigger action.

Helping can seem to be all about talking when, in reality, it is all about *acting*—from subtle internal actions, such as gradual changes in attitudes about oneself and others, to "dramatic" external actions, such as stopping drinking "cold turkey." Counseling is successful only to the degree that it leads to problem-managing action, whether internal or external. Assessment for the sake of assessment, exploration for the sake of exploration, and insight for the sake of insight are all forms of whistling in the wind.

STAGE II: DEVELOPING A PREFERRED SCENARIO

People often take what I might call a "one-stage" approach to managing their problems. That is, when something goes wrong, they act, or rather, they react. For instance, Troy, a college student, found himself lonely, frustrated, and depressed during his first week away from home. When another student, noting his misery, not only expressed some concern but also intimated a sexual attraction, Troy was confronted with his own sexual ambiguity. He "solved" this complex problem situation by running away and getting a job in a hotel in another city. Obviously his action, however understandable because of his panic, solved nothing.

Others take a two-stage approach to managing their problems. The first stage is an analysis of the problem; the second is the discovery of solutions, that is, actions that need to be taken to manage the problem or develop the opportunity. The term "solution," however, is ambiguous. It usually refers to the strategies or courses of action designed to achieve a certain outcome. However "solution" in its most complete sense means what will be *in place* once these actions are taken; that is, it refers not just to actions, but to the outcomes of these actions.

This observation leads to the three-stage model of problem solving. Both research and everyday experience show that very few of us, when confronted by a problem or an unexploited opportunity, ask ourselves such questions as "What would this problem situation look like if managed? What would be in place that is not now in place? What would this opportunity look like if it were developed? What would exist that does not exist at this moment?" Yet these prove to be powerful questions, because they help clients use their imaginations and provide direction by helping them focus on a better future rather than a frustrating present.

Stage II of our model is based on these questions. It has three steps.

Step II-A: Preferred-Scenario Possibilities

Help clients develop a range of possibilities for a better future. If a client's current state of affairs is problematic and unacceptable, then he or she needs to be helped to conceptualize or envision a new state of affairs—that is, alternate, more acceptable possibilities. As indicated in Figure 2-5, this is the first step in Stage II. In Step II-A, helpers, against the background of the problem identification and clarification of Stage I, help clients develop answers to the question: "What would it look like if it looked better?" A new scenario is not a wild-eyed, idealistic state of affairs, but rather a conceptualization or a picture of the problem situation as it would be if improvements were made. For instance, for a couple whose marriage is coming apart and who fight constantly, one of the elements of the new scenario might be fewer and fairer fights. "Given the range of problems you've mentioned, what would your marriage look like if it were a little better?" is the kind of question that can be asked at this point. The possibilities discovered constitute the raw materials of what will ultimately be a preferred scenario. In marriage counseling, the preferred scenario could be divorce if differences are irreconcilable and if the couple's values system permits such a solution. Or it could be, generically, a better marriage. Some of the possible elements of this better marriage might be greater mutual respect, fewer fights, more openness, more effectively managed conflicts, a more equitable distribution of household tasks, the elimination of extramarital encounters, doing more things together, surrendering past animosities, greater mutuality in sexual relationships, more effectively managed emotions (especially jealousy and hurt), decreased game

I. Present scenario II. Preferred scenario III. Strategy: Getting there

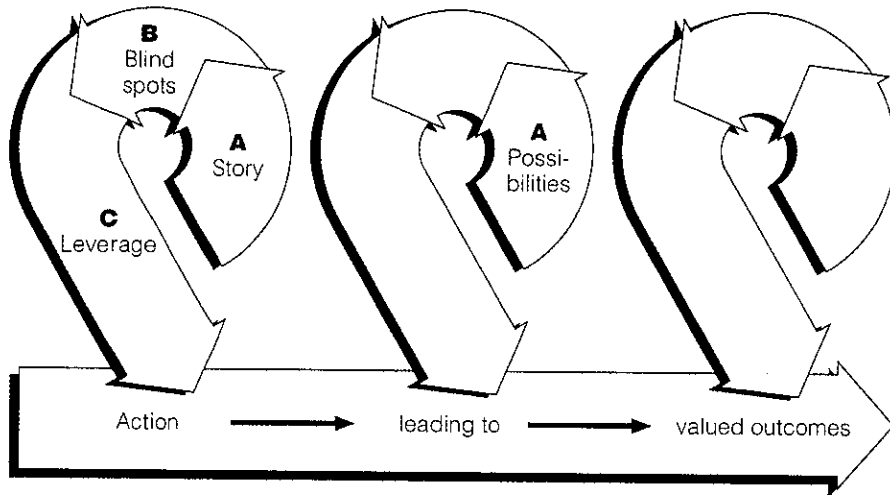


FIGURE 2-5 The Helping Model: Step II-A

playing, and so forth. In a better marriage these are the kinds of things that would be in place instead of what is actually in place now. Let's see how this step might apply to Ray.

Ray believes that one preferred-scenario possibility is getting a new job. The counselor helps him review the kinds of jobs he might like. Ray identifies five or six possibilities and even some of the companies in which they might be found. He wants a job in a different company, one smaller than the one where he is currently employed. He wants a challenging job, but in a company where there is a sense of camaraderie. If he does move to a different kind of job, he still wants one in which he can use his technical expertise and experience, even though he realizes that some of his skills need updating.

Second, although Ray does not admit that he is an alcoholic, he does think that he should stop drinking. Otherwise, he says, drinking will interfere with the work that needs to be done to get a new job. The counselor thinks it is a good sign that Ray says drinking "will" interfere, instead of saying merely that it "could" or "might" interfere.

Therefore, Ray's preferred scenario might well include a new, more satisfying job and some form of alcohol-free living.

Galbraith (1979) suggests that one of the reasons (but hardly the only or even the principal one) why poor people remain mired in their poverty is that they get caught up in what he calls the culture of poverty. That is, they accept themselves as poor and do not even imagine themselves as not poor. In my estimation, this failure to imagine scenarios different from the pres-

I. Present scenario II. Preferred scenario III. Strategy: Getting there

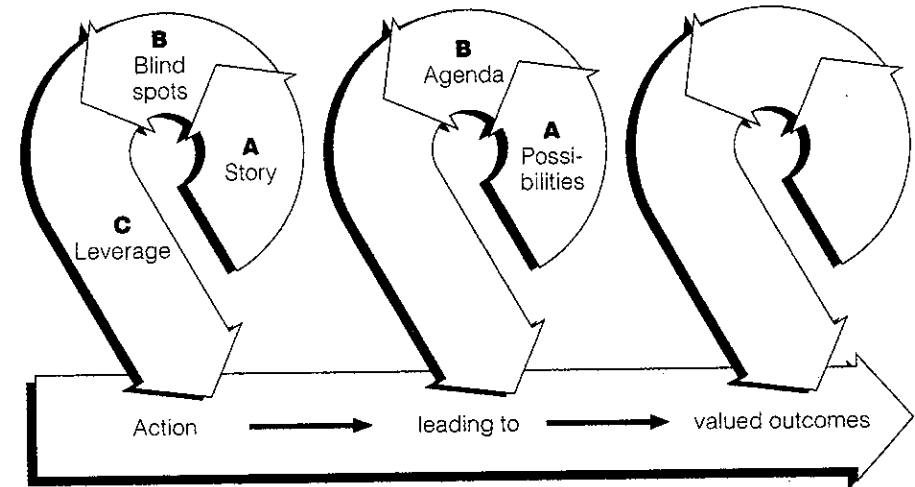


FIGURE 2-6 The Helping Model: Step II-B

ent one contributes a great deal to clients' remaining mired in their problem situations. In helping clients challenge their blind spots in order to develop new perspectives (Step I-B) and develop a range of preferred-scenario possibilities (Step II-A), helpers enable clients to empower themselves by tapping unused imaginal resources.

Step II-B: Creating Viable Agendas

Help clients translate preferred-scenario possibilities into viable agendas. The variety of preferred-scenario possibilities developed in Step II-A constitute possible goals or desired outcomes of the helping process. Once they have been generated, it is time to help clients choose the possibilities that make the most sense and turn them into an agenda. Figure 2-6 adds this step to the helping model.

The agenda put together by the client needs to be viable, that is, capable of being translated by the client into action. It is viable to the degree that it is stated in terms of clear and specific outcomes and is a substantive response to the presenting problem or opportunity, realistic, in keeping with the client's values, and capable of being accomplished within a reasonable time frame. For instance, if a couple want "better communication" as part of the renewal of their marriage, they need to spell out specifically what better communication means in their marriage. What undesirable patterns of communication are now in place? What kinds and patterns of communication are preferred? Suppose the couple say, "When

we experience small annoyances in our relationships, we tend not to share them with each other. We swallow them. Well, we think we swallow them, but in reality we save them up and let them eat away at us inside. It seems that we could discuss our annoyances as they arise, and do so without being petty or without playing put-down games. If we were to manage little problems better, we could avoid the bigger ones." Such a statement is at least a first step toward spelling out more concretely what "better communication" means. Often helpers need to challenge clients to make vague goals or agendas more specific. If a client says, "I guess I should be a better father in a lot of ways," the counselor needs to ask, "What are some of these ways?"

Helping clients set outcome priorities includes reviewing with them the consequences of their choices. For instance, if a client sets her sights on a routine job with minimally adequate pay, this outcome might well take care of some of her immediate needs but prove to be a poor choice in the long run. Helping clients foresee the consequences of their choices may not be easy. I remember one woman with cancer who felt she was no longer able to cope with the sickness that came with her chemotherapy treatments. She decided abruptly one day to end the treatment, saying that she didn't care what happened. Eventually, when her health deteriorated, she had second thoughts about the treatments, saying, "There are still a number of things I must do before I die." But it was too late. Some challenge on the part of a helper might have helped her make a better decision.

What are some of the things Ray does to develop a preferred scenario for himself?

The counselor helps Ray expand his list of job possibilities and then review each in terms of its pros and cons, conformity to his criteria, and realism. She encourages him to imagine himself as clearly as possible in each job. Ray is a bit impatient in discussing the pros and cons of each job, but she challenges him to do so, helping him see the consequences of making a poor choice at this juncture in his life. By scrutinizing each possibility, Ray soon realizes that at least four of the jobs he has been thinking about do not meet his criteria. For instance, one would entail his becoming a manager. He has no managerial experience and is resistant to the idea of developing managerial skills. Like many people, he has been assuming that the skills will come with his appointment to a managerial position.

Ray is less enthusiastic about exploring his tentative decision to stop drinking. He refers to it somewhat guardedly as an "experiment." He is still having trouble seeing himself as a problem drinker and resists discussing what an alcohol-free life might look like concretely. The counselor decides not to push him further at this point but notes that there is serious work still to be done in this area.

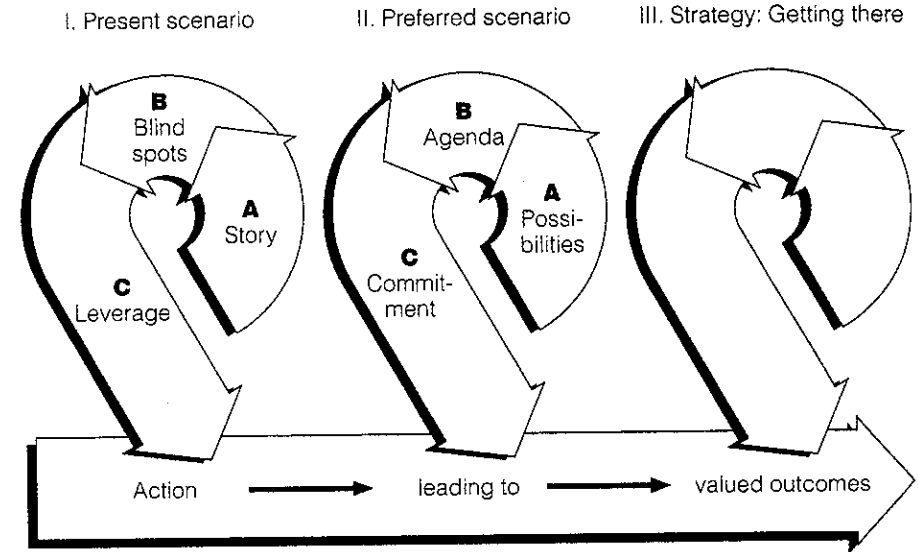


FIGURE 2-7 The Helping Model: Step II-C

Note that challenge is not relegated to Step I-B. Choosing from among preferred-scenario possibilities can be difficult for clients, because it often involves painful self-scrutiny and choices. Sometimes the choices themselves may be severely limited. Choices between almost certain death and agonizing chemotherapy sessions are not easy to make. Truants may have to choose between going back to a school they hate or being locked up in a detention center. Even before they are sent for counseling, they probably suspect that their options are limited, and this contributes to their reluctance to go to counseling and their resistance when there.

Step II-C: Choice and Commitment

Help clients identify the kinds of incentives that will enable them to commit themselves to the agendas they fashion. Ideally the agendas a client chooses are, on their face, appealing. If not, then incentives for commitment need to be discovered. Figure 2-7 adds this choice-and-commitment step to the helping model.

Effective helpers leave the responsibility for choice with clients. However, while they realize that they are not responsible for their clients' sense of commitment, they can help clients commit themselves by helping them search for incentives for commitment. This is especially true when the choices are hard. How are truants with poor home situations to commit

themselves to returning to school? What are the incentives for such a choice? Ray, too, must struggle with commitment.

Ray commits himself to getting a new, more challenging job. Having reviewed the possibilities, he now commits himself to his top priority, getting a professional/technical job in a high-tech company. If this kind of job is not available, he will move to the second choice on his list. His incentives include a strong desire to get rid of the pain he is currently experiencing and a more positive desire to develop some of the talents that have remained dormant over the past years. A third incentive is his conviction that getting a more fulfilling job will lead to his managing some of the other problems of his life a little better. A final incentive is his need to regain his self-esteem.

Ray also decides to stop drinking—cold turkey. His desire to make a go of it in a new job and his desire for self-esteem are both incentives. He also realizes that stopping drinking will give him a new image at home and give him the kind of credibility he will need to start managing his home life better. His decision to stop drinking, however, appears a bit too facile to the counselor. Ray's "no problem" and "no need for discussion" attitude seems to be part of the problem rather than part of the solution.

If Stage II is done well, clients will have a clear idea of *what* they would like to accomplish without necessarily knowing *how* they will accomplish it. Once Ray says, "I want a professional/technical job in a high-tech firm," he must figure out just how he is going to get such a job. The goal is clear; the means to achieve the goal need to be developed. This brings us to Stage III of the helping process.

Client Action in Stage II

Each of the three steps of Stage II can be stimuli to action. Ray continues his discussion of career possibilities outside the counseling sessions with a couple of friends. He begins reading trade journals again. He makes an informal visit to one company and chats about job possibilities with a friend of a friend. He buys a workbook on résumé writing.

As to alcohol, even before his decision to go cold turkey, he declares some days "no drinking" days and feels good about himself when he is successful. In summary, thinking about and discussing future possibilities stimulate a range of informal actions that help him point himself in the right direction.

STAGE III: FORMULATING STRATEGIES AND PLANS

Discussing and evaluating preferred-scenario possibilities and making choices determine the *what*. Stage III deals with *how* goals are to be accomplished. Some clients know what they want to see in place but can use

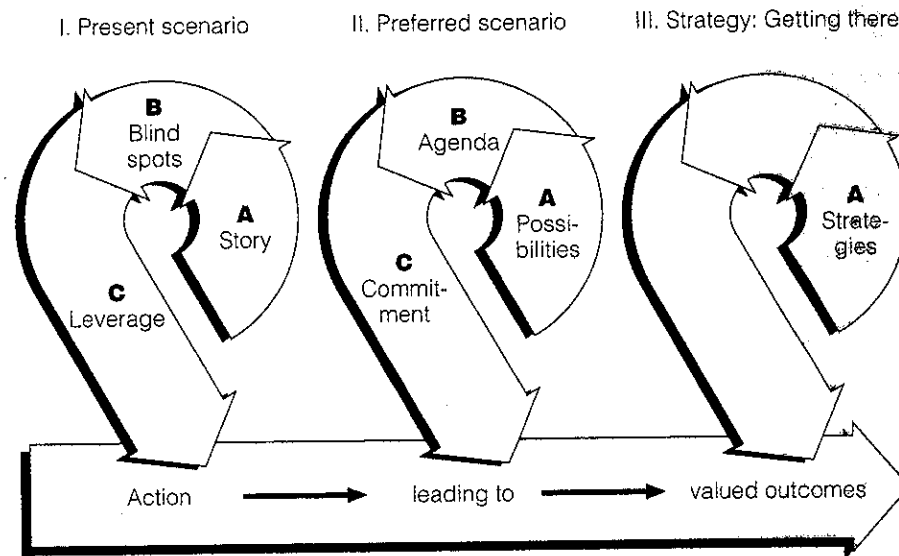


FIGURE 2-8 The Helping Model: Step III-A

help in determining how to make it happen. Rusty imaginations need stimulating. Other clients make the mistake of acting without knowing what they want. In this case action lacks direction and is both impractical and imprudent.

Step III-A: Brainstorming Strategies for Action

Help clients brainstorm a range of strategies for implementing their agendas. In this step, added in Figure 2-8, clients are helped to ask themselves (with apologies to the poet), "How can I get where I want to go? Let me count the ways!" The principle is simple: Strategies tend to be more effective when chosen from among a number of possibilities. Some clients, when they decide what they want, engage in the first action or implement the first strategy that comes to mind. While the bias toward action may be laudable, the strategy may be ineffective, inefficient, imprudent, or a combination of all three.

A preferred scenario is a goal, an end, an accomplishment, an outcome (or a group of outcomes); a strategy is a set of actions designed to achieve the goal. If a preferred scenario is complex, then it needs to be divided into a number of interrelated outcomes or accomplishments. Each of these subgoals will then have its own set of strategies. This divide-and-conquer process can lead to accomplishments that at first blush seem impossible—whether it's placing a person on the moon or even salvaging a marriage.

One reason people fail to achieve goals is that they do not explore the different ways in which the goal can be accomplished. They choose one means or strategy without a great deal of exploration or reflection, try it, and when it fails, conclude that they just can't achieve that particular goal. Coming up with as many ways of achieving a goal as possible raises the probability that one of these ways, or a combination of several, will suit the resources of a particular client. At this stage of the problem-managing process, as many strategies as possible (within time and other constraints) should be uncovered. At first, time need not be wasted criticizing the options for action. Even seemingly outlandish strategies can provide clues for realistic action programs. Techniques such as brainstorming and fantasy often help clients identify different ways of achieving goals. Let us return to Ray.

Since Ray has been in the same job so long, he is not familiar with the ways in which people look for new jobs. The counselor gives him a short article on career development that includes a section entitled "Fifty-Four Ways to Get a Job." Ray finds the article very useful. He checks the ways that make sense to him, adds some of his own, and combines some of these options into innovative groups. Just being aware of so many possibilities gives him a sense of freedom and hope.

However, Ray is still somewhat defensive about his drinking problem. He says that the only way to stop drinking is to stop drinking. He indicates that he is not at all interested in any of the groups, such as Alcoholics Anonymous, that deal with drinking problems. The counselor challenges him a bit. He need not go to any group, but it might help to review some of the typical strategies people use to stop drinking, just as he has reviewed ways of getting a job. She gives him a photocopy of a page from a book that outlines two dozen ways to stop drinking and asks him to use his imagination to expand the list. He does this in private. He admits to himself that reviewing the list and adding to it give him a feeling for the pitfalls facing a person who has been drinking heavily as well as some strategies for coping with them. He still thinks he can cope with his drinking on his own. After all, he *has* made his decision.

Some counselors never get to Stages II or III with their clients, on the assumption that these stages are the client's responsibility. It is true that some clients, once they have a clear idea of what is going wrong or a clear picture of some undeveloped opportunity, set goals, devise programs, and act. However, many do not accomplish these steps on their own and therefore can profit from the support and challenge helpers can provide.

Step III-B: Choosing the Best Strategies

Help clients choose a set of strategies that best fit their environment and resources. Once a number of different options for action have been identified, then client and helper collaboratively review them and try to

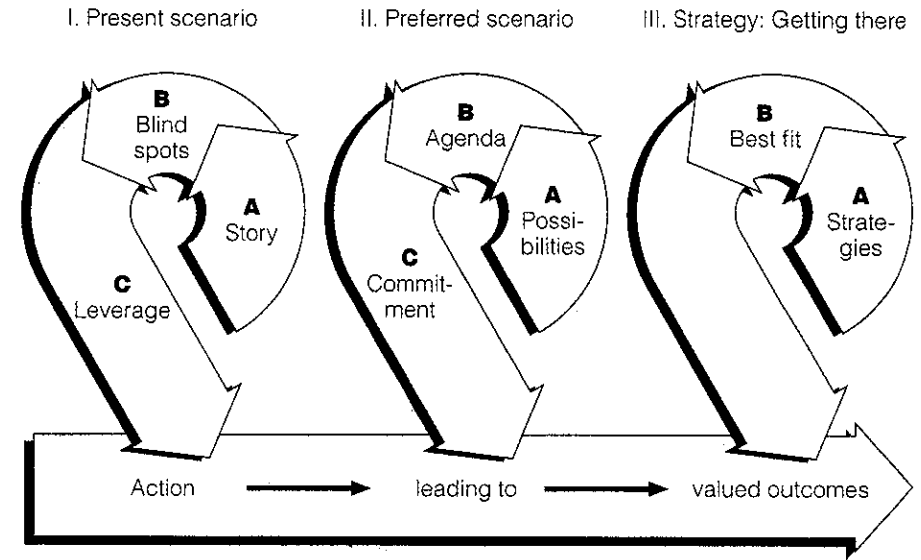


FIGURE 2-9 The Helping Model: Step III-B

choose the "best fit"—either the best single option or the best combination. Figure 2-9 adds this step to the helping model.

"Best" here means the single strategy or combination of strategies that best fits the client's needs, preferences, and resources and that is least likely to be blocked by factors in the client's environment. Strategies, in other words, need to be evaluated in terms of their realism. The options chosen must also be in keeping with the values of the client. For instance, even though one of the ways a young woman can afford to stay in college for the coming year is to accept a gift from a close relative, she might reject that option because developing a healthy independence from family may be more important to her. In that case, she will either have to put off going to school this year or find other sources of money.

Ray takes a critical look at his short list of "ways to get a new job" and eliminates some of the options because of their lack of realism, because of time constraints, or because they do not fit his style. He puts an asterisk next to the options that seem to have the greatest potential for success. These include such things as joining a job-search group, making use of business contacts he has made over the years, telling selected friends of his availability, getting copies of the professional journals that list the kinds of jobs he is looking for, and even "cold canvassing" by telephone, that is, calling selected companies to see whether they have any vacancies that fit his criteria. Because of the high probability of rejection, the counselor is surprised that Ray chooses cold canvassing. Ray says that he does not mind being rejected when he is the instigator and there are no face-to-face contacts involved.

I. Present scenario II. Preferred scenario III. Strategy: Getting there

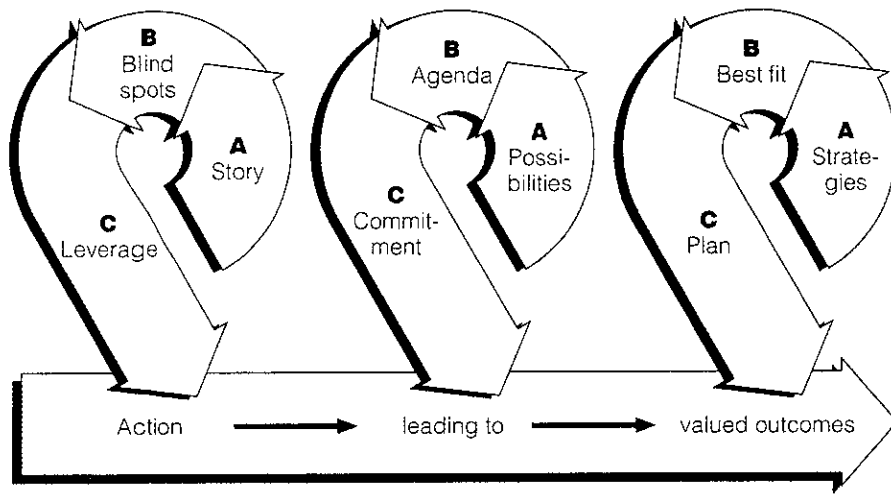


FIGURE 2-10 The Helping Model: Step III-C

Realism is important because there is no sense choosing strategies that can lead only to failure. Helpers need to be careful at this point, however. Sometimes clients choose strategies that make them stretch. Such a choice is fine, provided that the stretch is within reason. Cold canvassing is a strategy that makes Ray stretch, and, after years of passivity, stretching is one thing he needs to do.

Step III-C: Turning Strategies into a Plan

Help clients formulate a plan, that is, a step-by-step procedure for accomplishing each goal of the preferred scenario. The strategies that are chosen need to be translated into a step-by-step plan. Figure 2-10 adds this step to the helping model.

Clients are more likely to act if they know what they are going to do first, what second, what third, and so forth. Realistic time frames for each of the steps are also essential. Part of the challenge of this helping model is the demand for discipline that it places on clients. Let's see how this step applies to Ray.

Ray draws up a tentative plan. For instance, now that he has sorted out his priorities as to the kinds of job he wants, the first order of business is to draw up a résumé. He does this on a word processor so that he can easily tailor the résumé to the specific organization and job in question. He outlines the steps in the job search process—canvassing, getting interview offers, choosing among the offers, preparing for interviews, engaging

in the interviews, follow up, and so forth—and sets up a flexible schedule. For instance, he outlines the kinds of canvassing he will do, the order in which he will canvass companies, and the time frame. Ray is not nearly as systematic in setting up a program for keeping away from alcohol. After all, he says, he has stopped drinking. One thing he instinctively does, however, is to begin a moderate exercise program. He says to himself that he might be old-fashioned, but in his mind physical fitness and heavy drinking do not go together.

Self-responsibility is still a key value in Stage III. Goals must be the client's goals, strategies must be the client's strategies, and action plans must be the client's plans. The helper's job is to stimulate the client's imagination and to help him or her in the search for incentives.

Client Action in Stage III

Each step of Stage III can act as a stimulus for informal action on the part of the client. Again, Ray provides an illustration.

With little prompting from his counselor, Ray uses his résumé-writing workbook to complete his résumé. He has it reviewed by a few friends, makes a few revisions, and has it printed. He also tries a few cold-canvassing telephone calls. He makes himself try a couple more before evaluating the experience. Of the five companies he contacts, three tell him right away that there are no jobs to be had. One personnel worker interviews him informally and then tells him that his skills are out of date and that he'll need to upgrade them before applying at that company. The last contact produces a second informal interview and an invitation to start a more formal process. The upshot is that Ray says to himself that he dislikes cold canvassing a great deal but that it is probably an efficient use of time. He keeps the strategy on his list even though he dislikes it.

Action Revisited: Preparing and Supporting Clients

The function of planning is to institute and give direction to problem-managing and opportunity-developing action. The actions clients must take to implement programs constitute the transition phase of counseling. This is illustrated in Figure 2-11, where the action arrow is now called transition.

There are a number of things counselors can do to help clients prepare themselves for the implementation of action programs. First, counselors can help clients in their immediate preparation for action. This may be called the "forewarned is forearmed" phase. Effective counselors help clients foresee difficulties that might arise during the actual carrying out of their plans. There are two extremes here. One is pretending that no difficulties will arise. The client optimistically launches into a program and then runs headlong into obstacles and fails. The other is spending too

I. Present scenario

II. Preferred scenario

III. Strategy: Getting there

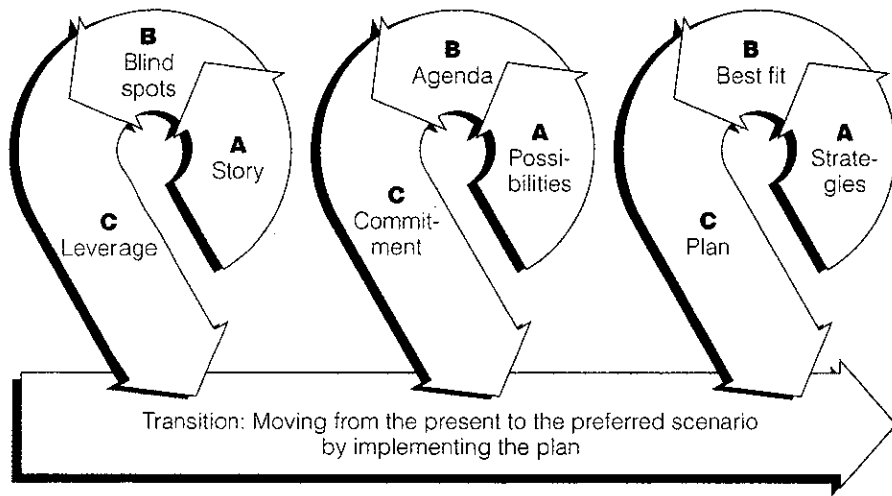


FIGURE 2-11 The Transition from the Present to the Preferred Scenario

much time anticipating obstacles and figuring out ways of handling them. This can be just another way of delaying the real work of problem management and opportunity development.

A reasonable consideration of obstacles that might well arise during the implementation of a program can be most useful. One way of doing this is to consider the principal *facilitating forces* and the principal *restraining forces* that will most likely be operative in the client's environment, including the client's inner environment of thoughts, feelings, imaginings, attitudes, and the like. For instance, if a person is trying to stop smoking, one facilitating force is thinking about the increased amount of aerobic energy that will be available for exercise. A principal restraining force will probably be the longing that comes from withdrawal from a pleasurable habit. Another will be the envy the person will experience when in the company of his or her friends who are still smoking.

Second, helpers can provide support and challenge for clients as they act. Clients need both to support and challenge themselves and to find support and challenge from others. The counselor can also challenge the client to mobilize whatever resources are needed to stick to a program. If a wife unilaterally institutes a program of more decent communication with her husband (who refuses to see the counselor either with his wife or alone), she may have a rough time in the beginning. She may find it extremely discouraging when he does not appreciate her attempts at a more caring kind of communication and even makes fun of them. But if there is

a reasonable probability that her patience will eventually pay off, then she needs support and challenge to stick to the program. Support and challenge can come from herself, from her friends, and from the counselor.

At this point in the process, helpers do not act for clients but rather help them mobilize their resources in order to increase the strength of facilitating forces and decrease the strength of restraining forces. How does this process apply to Ray?

Ray draws up a résumé and implements his plan of canvassing for a job. The counselor asks him two questions as he launches his program. (1) "In what ways might this plan fall apart?" (2) "What incentives and resources are available to keep you working at it?" Ray discusses some possible pitfalls. One he sees as quite serious: He wants something to happen quickly. He fears that if results are not quick in coming, he might get frustrated and quit. He might also begin drinking again. He and the counselor discuss ways of handling this possible pitfall. One of his best resources is the feeling he has of a new lease on life. It feels too precious to let it slip out of his hands. He contracts with the counselor to call her when he first begins to feel frustrated, even though he would prefer to "tough it out" himself.

Ray's spirits have been raised by this entire process. He and his wife go to a party at a neighbor's house, and he lets his guard down. Telling himself that it will be all right to take a couple of drinks in order to be sociable and to celebrate the new course he is on, he gets drunk. Out of shame and desperation, the next day he gets drunk again. On Sunday morning he calls the counselor. They decide to take a closer look at his "problematic" drinking.

The example of Ray is necessarily sketchy and perhaps overly sanguine in that it may make the helping process, which takes a great deal of work and certainly has its frustrating moments, seem too pat. The sole purpose of this example, however, is to give you a picture of the model in action and some idea of how you can use it to give direction to the entire process. In the best of worlds, Ray will get a more challenging job and manage his drinking problem more effectively and then move on to renewing his home life. But we do not live in the best of worlds. Clients may disappoint helpers, and helpers may disappoint clients; they may both disappoint themselves. In my experience the best helpers have an optimism tempered by realism.

Ongoing Evaluation of the Helping Process

In many helping models, evaluation is presented as the last step in the model. However, if evaluation occurs only at the end, it is too late. Therefore, in Figure 2-12, an "E" is placed in the center of every stage to indicate that the helping process needs to be evaluated at every step along the way. As we will explore in a later chapter, evaluation is not the last step; it is an ongoing process. At each step helpers and clients need to ask themselves

I. Present scenario II. Preferred scenario III. Strategy: Getting there

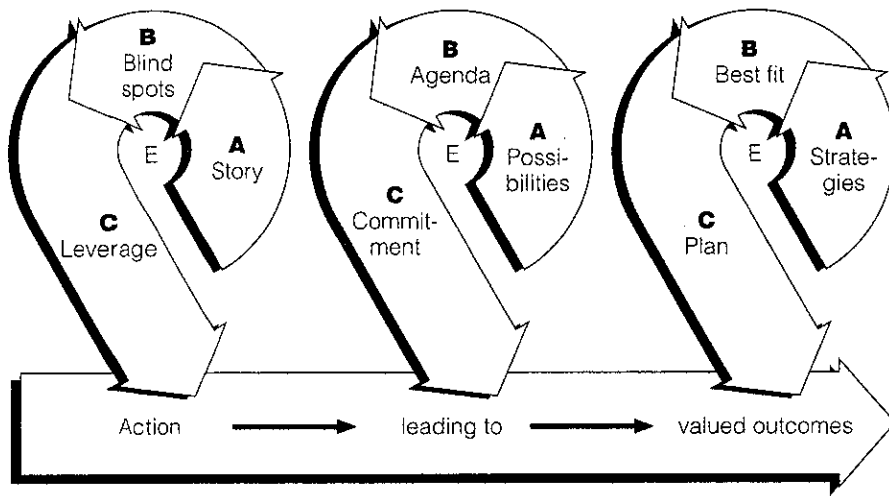


FIGURE 2-12 Evaluation in the Helping Model

such questions as, In what ways are the counseling sessions contributing substantially to problem management and opportunity development? To what degree is the client "owning" the helping process itself? In what ways is the client acting on what he or she is learning in the helping interviews?

OVERCOMING AWKWARDNESS

As a beginner, you can expect to experience some awkwardness as you learn to use the model and the skills and techniques it calls for. You need both practice and experience to be able to put all the elements of the model together smoothly. The following steps will help you achieve this integration.

1. Modeling of extended counseling sessions by skilled helpers. It helps to watch someone who can "put it all together." Live sessions, training films, and videotapes all help. You can read and listen to lectures about the helping process, but then you need to watch someone actually do it. Modeling gives you the opportunity to have an "aha" experience in training; that is, as you watch someone competent, you say to yourself: "Oh, that's how it's done!"

2. Step-by-step supervised practice. Watching someone else do it well will help you develop a behavioral feeling for the model and its skills, but it will not, of itself, dissipate your feelings of awkwardness. The next step is to learn and practice the stages, steps, and skills under supervi-

sion. A supervisor, in this instance, is someone who can tell you what you are doing right, so that you can keep on doing it and celebrate your success, and what you are doing wrong, so that you can correct it. If you have a clear understanding of the requirements of the helping process, you can also give yourself feedback and get feedback from your fellow trainees. Once you learn basic skills, then you can begin to practice short counseling sessions with your fellow trainees. As you become more and more self-assured, the length of these helping sessions can be increased.

3. Extended practice in individual skills outside the training sessions. The problem-management model and the skills you will be learning are the skills needed for effective living. Perhaps a "violin lesson" analogy can be used here. If you were taking violin lessons from an instructor, you would be introduced gradually and systematically to the skills of playing during the lesson itself. There would also be some minimal time for practice during the lesson, because the instructor would want to make sure that you had the right idea about each technique. However, once you learned the basics, it would be essential to go off and practice in order to master what you had learned. It would be a waste of time to return for a second lesson without having practiced what you had learned in the first. The same holds true in learning how to be a helper. In the classroom or training group, you will learn the basics of the model and the skills and techniques that make it operative, and you will have time for some practice. However, since the skills you will be learning are skills important for everyday living and relating, you will have ample opportunity to practice them outside the training sessions themselves. For instance, you can sincerely and genuinely practice the communication skills that serve the model in your daily interactions with others, and you can do so without making yourself an amateur psychologist. Furthermore, since planning and problem solving are part of everyday life, you will have ample opportunity to practice the stages and steps of the model. With enough practice, this model and its skills can become second nature, and your feelings of awkwardness will lessen. They will be part of your humanity and not something tacked on to it.

4. Supervised practice of the entire model. Learning microskills is a segmental process. The skills of helping are not helping itself. They all have to be integrated into that human encounter called helping, counseling, or psychotherapy. Supervised practicum experience is an essential step toward such integration.

FLEXIBILITY IN APPLYING THE MODEL

A beginning helper, or even an experienced but unskilled one, can apply the helping model too rigidly. Helping is for the client; the model exists only to aid the helping process. Flexibility is essential.

Sequence and Overlap

The overview in this chapter has presented the *logic* of the helping model. The "literature" of the model, that is, the model in actual use, is not as neat and clean. One form of rigidity is to progress mechanically through the stages of the model. The phases of helping are not always as differentiated and sequential as they are in our presentation of them. For instance, since clients do not always present all their problems at once, it is impossible to work through Stage I completely before moving on to Stages II and III. New problems must be explored and understood whenever they are presented. The same is true of any model of helping:

[T]he process is not that simple! We know that we do not follow such a simple linear or one-way procedure—we double back and repeat ourselves many times. Indeed, we cannot truly separate the processes at times. Sometimes we seem to be doing two of the functions simultaneously. (Robertshaw, Mecca, & Rerick, 1978, p. 3)

The problem-solving model gives form and direction to the helping process, but it must also respond to the realities of the actual helping situation. This means that helpers will often enough find themselves moving back and forth in the model. A client might actually try out some problem-managing strategy even before the problem situation is adequately defined and some definite goal has been set. Action sometimes precedes understanding. If the action is not successful, then the counselor helps the client return to the tasks of clarifying the problem situation and setting some realistic goals. Similarly, clients set goals and develop strategies to achieve them at the same time. New and more substantial concerns arise while goals are being set, and the process moves back to an earlier exploratory stage. Step I-B, which involves challenging blind spots, can overlay and mingle with all the other steps. In practice, then, both the stages and the steps in the model overlay and mingle with one another, as illustrated in Figure 2-13.

The "Stage-Specific" Specialist

A general rule is that the helper should move as quickly through the stages and steps needed by the client as the client's resources permit. The client should not be penalized for the helper's lack of skills. Beginning helpers often dally too long in Stage I, not merely because they have a deep respect for the necessity of relationship development and problem clarification, but because they either do not know how to move on or fear doing so. High-level clients may be able to move quickly to action programs. The helper, obviously, should be able to move with them.

Some helpers tend to specialize in the skills of a particular step or stage of the model. Some specialize in problem exploration; others claim to

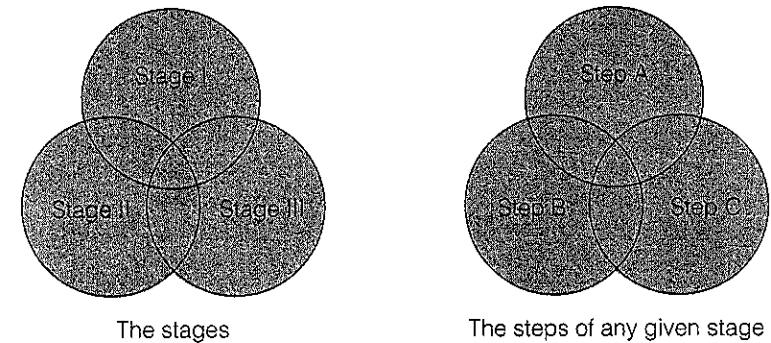


FIGURE 2-13 Overlap of Stages and Steps

be good at confrontation; others want to move immediately to action programs. Helpers who specialize not only run the risk of ignoring client needs but often are not very effective even in their chosen specialties. For example, the counselor whose specialty is confrontation is often an ineffective confronter. The reason is obvious: Confrontation is poor if it is not based solidly on an understanding of clients. Effective counselors have a wide repertory of skills and use them in a socially intelligent way. These skills enable them to respond spontaneously to a wide variety of client needs. In sum, counseling is for the client; it is not a virtuoso performance by the helper.

Principles, Not Formulas

The model discussed and illustrated in this book provides the basic *principles* of helping others manage their lives more effectively. It does not provide easy *formulas*. As I have already indicated, the model itself is not a linear formula; nor is any one step or skill. One of the principles we will discuss, for example, is that self-defeating forms of thinking and self-talk need to be challenged. That is, we often say to ourselves, however covertly, "I can't," when in reality we can. Counselors can challenge their clients to replace such thinking with more creative and action-oriented forms of internal dialogue. However, there is no easy formula for doing so. Precisely what kind of self-defeating self-dialogue needs to be challenged in the case of any given client, how this can be done without alienating the client, and how the client can be helped to replace self-defeating ruminations with more creative thoughts—all of this has to be formulated during the helper's interactions with *this* client, in *these* circumstances. Clients and helpers collaboratively translate principles into formulas tailored to the specific case.