Interviewing
and Change Strategies
for Helpers 8e

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In memory of Sherry's parents, Bill and Edith Keucher,

Sherry's spouse, Jay H. Fast,

Paula's mother, Gwyndolyn Medley Garner,

and Cynthia's parents, Noel and Emma Ruth Osborn;

and in honor of Dick Mitchell, Cynthia's spouse, and Bill Garner,

Paula's brother, with grateful appreciation and affection.

About the Authors

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Contents

CHAPTER 9

Clinical Decision-Making and Treatment Planning 302

CHAPTER 10

Models for Working with Resistance 336

CHAPTER 11

Cognitive Change Strategies 379

CHAPTER 12

Cognitive Approaches to Stress Management 425

Self-Calming Approaches to Stress Management 460

Exposure Therapy for Anxiety, Fear, and Trauma 491

Self-Management Strategies 528

Preface

The eighth edition of *Interviewing and Change Strategies for Helpers* reflects a number of changes. The new edition represents a blending of our collective expertise in counseling, psychology, social work, and health and human services. Our partnership in these interdisciplinary areas augments the book's responsiveness to the unique perspectives of each discipline while also working at the interface or nexus, addressing cross-cutting issues and commitments. This book is intended to be used by *helpers* who are trained in a variety of health and helping-oriented disciplines, including counseling, social work, psychology, human services, and related professions. We recognize that terminology varies across settings. You will see the term *helper* as well as *practitioner, clinician, therapist*, and *service provider* used throughout the book. One of the fundamental changes we have made in this edition is in response to continued requests for a streamlined book that can be used with relative ease in the parameters of several quarters or a given semester.

Our Conceptual Foundation

Our conceptual foundation, which we describe in Chapters 1 and 2, reflects four critical areas for helpers from various disciplines: (1) core skills and attributes; (2) effectiveness and evidence-based practice; (3) diversity issues; and (4) critical commitments and ethical practice. The core skills that we present cut across all helping disciplines and in this edition we present them in Chapters 3, 4, and 5. Diversity issues and ecological models are presented in Chapters 2, 6, and 7, and also are integrated throughout the book. Evidence-based assessment and its implementation in the interviewing process are described in Chapters 6 and 7. Effectiveness and evidence-based practice is introduced in Chapter 1 and presented again in Chapters 8 and 9. Chapters 10 through 15 give special attention to research supporting

the application of change strategies to diverse groups and the importance of culture and context in applying these and other helping strategies. Recognizing the enormous influence of evidence-based expectations on contemporary practice, we have incorporated current findings into each of our chapters on various change strategies (Chapters 10 through 15).

Layered across all of this is the fourth area of our conceptual model: critical thinking and ethical judgment. We focus on this area specifically in Chapters 1 and 2 and explore these topics again throughout the remainder of the book because they permeate all of the decisions that helpers face at each phase of the helping process, from establishing the helping relationship, to assessing client problems, setting treatment goals, and selecting, using, and evaluating change intervention strategies. Many users of the text have indicated that combining major stages of the helping process with specific change strategies facilitates integration within and across courses that aim for this bigger picture and is also beneficial for students.

Built-In and Supplemental Instructional Guides: Features of the Book

We have retained the specific features of the text that we have learned through feedback make it invaluable as a resource guide—and we have taken this emphasis a step further. We have worked to distinguish this teaching text by providing a rich array of built-in exercises, exemplars, and tools to promote and evaluate student comprehension. The book balances attention to conceptual and empirical foundations with an emphasis on real-life factors in practice settings and ample use of examples and how-to guidelines. In addition, consistent with the outcome emphasis of accreditation standards of counseling,

psychology, social work, and human services, chapters are guided by learning outcomes and opportunities to practice with numerous learning activities and guided feedback. Model cases and dialogues are given in each chapter, as well as end-of-chapter evaluations (referred to as "Knowledge and Skill Builders") with feedback designed to help assess chapter competencies.

In addition, we have developed a range of supplementary materials to enrich the teaching experience. These include an instructor's manual, a bank of test questions (which can be used by instructors for course exams or by students in later preparing for accrediting exams), and PowerPoint slides for each chapter.

Brand new to this edition, MindTap® is the digital learning solution that helps instructors engage and transform today's students into critical thinkers. Through paths of dynamic assignments and applications that you can personalize, real-time course analytics, and an accessible reader, MindTap helps you turn your students into higher-level thinkers. Your students become practitioners of their own learning as they master practical skills and build professional confidence. Students will be engaged in a scaffolded learning experience designed to move their thinking skills from lower-order to higher-order by reinforcing learned skills and concepts through demonstrated application.

New to the Eighth Edition

With sensitivity to the value of using a book within a semester or two-quarter framework, we have worked for a more streamlined book in this edition. We have retained the same organizing structure and skill-building components that adopters have long valued, and provide some integrated and distilled content to provide an up-to-date compendium of interviewing and change practices applicable across a range of settings and clientele. Throughout, we aim to build on recent clinical evidence and to point to emerging developments relevant to instruction in clinical services.

1. In this edition we increased this book's enduring commitment to working with diverse groups. This includes further attention to working with youth, older adults, and sexual minorities, in addition to diversity implications related to gender, race/ethnicity, religion, immigration, and disability. Although this book is focused predominantly on individual change (e.g., strengthening problem-solving, adaptive coping, self-efficacy, management of long-term problems or conditions), we have aimed to strengthen attention to the importance of context and the frequent role of environmental sources of stress and injustices.

2. The longstanding commitment of this book to valuing human diversity is commensurate with its established commitment to consulting and incorporating scientific research. In many ways, this edition reflects a healthy dialectic or tension between science and innovation, empiricism, and improvisation. And it is this both/and approach, this practice of living and working in between polarities, that has spawned integrative therapies such as dialectical behavior therapy (DBT), an evidence-based practice that we draw from throughout the chapters.

3. Chapter 1 showcases the symbolism of the chambered nautilus featured on the cover of the book and introduces readers to the practice nexus featured on the inside cover of the book. In the first half of the chapter, the first component of the practice nexus is discussed. Specifically, four core skills and attributes (self-awareness and self-reflection, mindfulness, self-care, and self-compassion) are presented and discussed as a means of promoting helper stamina and resilience. In the second half of the chapter, the second component of the practice nexus, effectiveness, is highlighted. In this section extensive discussion is devoted to evidence-based practice (EBP). This discussion includes criticisms of EBP as well as continued efforts to adapt EBP to culturally diverse populations. A listing of culturally adaptive interventions to EBP is provided, along with examples of such adaptation.

4. The third and fourth components of the practice nexus are the focus of Chapter 2: critical commitments (including ethical practice) and diversity issues. We discuss four critical commitments professional helpers are encouraged to make to grow into clinical competence: commitment to lifelong learning; commitment to collaboration; commitment to values-based practice; and commitment to beneficence. The section on diversity issues includes prominent and newer frameworks for working with culturally diverse populations, such as the more idiosyncratic focus on the intersection of multiple identities proposed by feminist multicultural scholars. The ethical issues section includes updates from professional codes of ethics and a new section on telepractice, with a corresponding new learning activity.

5. Consideration of the therapeutic relationship has been expanded (Chapter 3) to include the ever-expanding empirical basis for various relationship conditions toward increasing effectiveness. New additions to this chapter include the additional evidence base for helper empathy, the working alliance, and relationship ruptures, as well as an expanded discussion of microaggressions and the therapeutic relationship and invalidating environments.

6. Chapter 4 includes an expanded discussion of the processes of listening as well as updated evidence-based literature on the listening responses, particularly reflection of feeling.

7. Chapter 5, Influencing Responses, includes an updated evidence base for the influencing responses, particularly self-disclosure. It also includes a new discussion of the effects of self-disclosure and environmental settings, technology, and information giving, and a new section integrated into the chapter and the Knowledge and Skill Builder on Skill Integration.

8. Chapter 6 focuses more broadly now on both clinical and evidence-based assessment. The material on the person-in-environment model has been updated and the functional assessment model has been expanded and includes new examples and new content regarding chain analysis, which is a component of dialectical behavior therapy. An entirely new section on the DSM-5 is also described in Chapter 6. This chapter also includes expanded coverage of conducting risk assessment in diagnostic interviewing and expanded coverage of mental status interviewing.

9. Chapter 7 describes the implementation of evidence-based assessment in the interviewing process. This chapter includes expanded coverage of clients' individual and environmental strengths and resources as well as functional analyses assessment queries. Case examples have been changed to reflect current DSM-5 diagnoses.

10. The purpose and process of developing treatment goals are described in Chapter 8, as are characteristics of well-constructed goals. Stage models (e.g., stages of change model) are introduced to assist with the sequential and collaborative task of treatment planning. The process of further refining—or contextualizing—treatment goals is likened to preparing for a journey and includes references to easy-to-use and evidence-based client assessment measures.

11. Chapter 9 is devoted to clinical decision-making and treatment planning. Updates include an expansion of client and helper factors contributing to client change, references to the newest addition of The ASAM Criteria used to match clients to levels of care, and resources for intentionally integrating cultural interventions.

12. Strategies of working through various forms of resistance, as well as client ambivalence, are found in Chapter 10. These strategies are informed by solution-focused therapy and motivational interviewing, two approaches whose respective research base has been expanded in this edition.

13. The science underlying cognitive therapies is demonstrating increasing complexity. In Chapter 11 we

amplify the discussion of the multiple levels of processes involved in the development and operation of schemas involved in psychological disorders. This material illustrates ways that biological factors such as genetics, brain functioning, and physiology are systematically linked with cognitive and emotional factors, which then interplay with interpersonal, environmental, and behavioral factors in both the development of and intervention with psychological problems. Here we also update information about schema development and schema therapy, about new intervention findings for cognitive change strategies with diverse populations, and about developments of cognitive strategies with acceptance and commitment therapy (ACT) and DBT.

14. Stress is among the universally shared struggles of clients. Therefore, we have emphasized stress as a critical set of factors in the development of problems and in understanding ways that change strategies must address stress. In Chapter 12 we describe cultural, socioeconomic, and life course implications of stress. We update findings regarding neurophysiological pathways through which stress becomes embodied, leading to physical and mental health impairment. We update interventions applied with diverse groups, including attention to minority stress. We update development in stress inoculation and problem-solving therapies including incorporation of emotional mindfulness techniques.

15. In Chapter 13 we have expanded attention to the growing evidence support for stress management, particularly mindfulness-based practices. Here we provide an illustration of recent applications across a range of child and adult populations as well as settings (e.g., workplace) and contexts of helping. We also update ways that mindfulness constructs and meditation are being incorporated across a range of interventions, including mindfulness-based stress reduction, mindfulness-based cognitive therapy, DBT, and ACT.

16. In Chapter 14 we provide updates on extension learning and increased focus on prolonged exposure therapy, including applications with military veterans and cultural minority groups. This chapter also provides updates on virtual reality exposure therapies as well as additional coverage of clinical issues related to safety behaviors, return of fear, dropout, and fear tolerance.

17. In Chapter 15 we describe new uses of the Internet and technological devices to support longer-term self-management interventions, which are particularly valuable for clients with special needs, when people are more distant from services or support communities, or when access to immediate help is needed. This chapter includes numerous literature updates on each of the

categories of self-management, illustrating the rapid growth in populations and problem foci to which they are applied, including helping professionals managing complex and stressful work environments.

The instructor's manual is authored by Penny Minor, a PhD degree candidate in Counselor Education and Supervision at Kent State University and a licensed professional clinical counselor in Ohio. She also developed the test bank of questions for each chapter and the assessment that is available in MindTap. We also offer a resource that can be used for in-class or online teaching formats: a compendium of PowerPoint slides covering major points within each chapter. (These supplements are available to qualified adopters through the instructor section of the Cengage Learning website. Please consult your local sales representative for details.) This edition also features Cengage Helper Studio training videos in helping skills which Sherry Cormier and Cynthia Osborn developed and produced as a part of MindTap.

People We Acknowledge

Over the years, we have been asked, "What is it like to put together a book like this?" Our first response is always, "We require a lot of help." For this edition we are indebted to a number of people for their wonderful help: to Penny Minor, Kent State University PhD degree candidate in

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Sherry Cormier, Paula S. Nurius, and Cynthia J. Osborn

Building Your Foundation as a Helper

Learning Outcomes

After completing this chapter, you will be able to

1. Recognize, in writing, using dialogue from a counseling supervision session, one example each of the need for developing the core helper skills of: (a) self-awareness and self-reflection; (b) mindfulness; and (c) self-care and self-compassion. You also will be able to identify one specific activity for developing each of these three skills to promote stamina and resilience as a professional helper.
2. Define evidence-based practice (EBP) from a list of descriptors provided (what it is and what it is not), identify two of its intended benefits and at least two of its criticisms, and identify at least six methods for adapting EBPs for culturally diverse populations.

The Chambered Nautilus

The story of the sea snail or mollusk that makes its home in the spiral-shaped nautilus shell is fascinating and compelling. It captures well the primary message of this book—change and growth. An inside and lateral, or "sliced," view of three empty nautilus shells is showcased on the cover of the book. We ask that you pause now to look at the designs of all three. Spend a few moments inspecting their shapes. Notice first the spiral formation of each shell, which has its beginning at the center. Also notice that the shell comprises successively larger compartments or chambers. Each chamber was where the mollusk lived at one time. As it grew, it created a new, larger living space. It is because of these chambers that this sea creature is often referred to as the chambered nautilus.

The chambered nautilus is in the family of cephalopods that also includes the octopus and squid. Unlike some of its close relatives, however, the nautilus does not discard an outgrown shell in search of a larger one. Rather, it retains its shell throughout its adult life. As the mollusk grows, it forms a new and larger chamber to accommodate its size. In other words, it builds on its foundation. In so doing, it seals off the last chamber. Its entire life is therefore dominated by the production of one new living chamber after another, each new chamber connected to earlier ones and a part of an ever-enlarging and stronger shell. How this is done remains a mystery. Nixon and Young (2003) state, "This process of forward movement is not understood but does involve the repositioning of the muscles that attach the animal to its shell" (p. 36). In other words, the growth and development of the chambered nautilus is ongoing and requires a firm foundation, strength, determination, perseverance, and flexibility.

The mollusk lives in only one chamber at a time—in the largest and last chamber of the shell. It firmly anchors itself to the shell by a pair of powerful muscles. It moves around the ocean depths entirely by jet propulsion and uses the empty chambers it once called home for buoyancy. Despite this buoyancy that allows it to move laterally with the ocean currents, the nautilus is able to travel vertical distances of up to 2,000 feet per day. This is made possible by the mollusk using the muscles in its body and tentacles to draw in and expel seawater. It is quite the strong, resilient, and versatile animal! This is one of the reasons the nautilus has been referred to as the "survivor" (Boyle & Rodhouse, 2005, p. 50). We encourage you to spend some time viewing some amazing videos on www.YouTube.com of living nautiluses. Simply search by using the key words "chambered nautilus."

As we have learned more about the chambered nautilus, we cannot help but make some comparisons to helping professionals, and to our helping professions. We believe skilled and effective helpers are part of a professional community yet are also one of a kind. Each helper is his or her own person, not a replica of a supervisor or someone working intently to be just like Carl Rogers, Aaron Beck, or Marsha Linehan. In addition, helpers make use of their buoyancy to "go with the flow" as needed, for example, by cooperating with clients and supervisors and by implementing a recently learned evidence-based practice (EBP). At the same time, however, skilled helpers also know when to "go against the current." This means that they stretch themselves by doing something uncustomary and perhaps uncomfortable at first, such as sitting in silence with a client or interrupting a client when needed. Like the chambered nautilus, the professional helper's vertical travel also suggests the deliberate use of clinically trained muscles in search of new ideas and better alternatives for clients, all the while remaining immersed in the necessity of ethical practice. An example of this is modifying an EBP to accommodate the cultural values, traditions, and needs of a particular client or client population, a practice consistent with the culturally affirmative services we discuss in Chapter 2.

Just as the chambered nautilus retains its shell and builds on its former living compartments, effective helpers use their life experiences and graduate training to build a strong foundation on which to grow and fashion a level of expertise in their work. In so doing, they remain resourceful and inventive. This parallels the forward movement of the nautilus, which involves the flexing and repositioning of its muscles to adapt to new living and work environments. Professional helpers can be like the strong and resilient nautilus by concentrating on the present moment and the current living environment while leaning into and preparing for the next stage of growth. This means that retreating to previous chambers is not possible—they no longer fit. Likewise, sticking to (or remaining stuck in) customary practice and "same-old, same-old" ways of thinking results in a stifling work environment, in addition to ethical vulnerability, burnout, and ineffective care. Just like the nautilus, we have no choice but to move on because change and growth are constant. The spiral shape of the nautilus shell suggests that the mollusk can keep growing forever. This also is true for professional helpers!

We hope the skills, strategies, and interventions described in this book will assist professional helpers to guide their clients step by step in the construction of new, more accommodating, and healthier living spaces using existing resources and strengths. Perhaps the maturing and determined nautilus and its spiral-shaped shell can inspire helpers and clients alike in the process of change and growth.

A Practice Nexus for the Helping Professions

During the approximately 35-year history of this book, we have learned quite a bit from our readers and from the changing fields of practice, and our approach has evolved as a result. In Figure 1.1 we illustrate the unique nature of this text in terms of today's **practice nexus**—the interrelation, connections, and interfaces of our field. These might be likened to the interrelationships among the chambers of the nautilus shell. The figure depicts the relatedness and connection among the four major components of practice knowledge: (1) core skills and attributes; (2) effectiveness and accountability; (3) critical commitments; and (4) diversity. The components come together to define the central core of what you need for today's practice. So we focus on the interface—the area of overlap among the components of practice knowledge—to provide a coherent and unifying foundation. As the figure shows, each component contains specialized content that you will pursue to greater or lesser degrees, depending on the need. And as you specialize, you will certainly find other components of practice that you will need to master. The totality of it all will develop over years of practice, ongoing training, receiving feedback from clients and colleagues, and self-reflection. To begin, however, you need core content, an understanding of the interrelations, and practical as well as conceptual understanding.

Four Stages of Helping

The four components of today's practice nexus are addressed in the 15 chapters of this book and are part of four primary stages of helping:

1. Establishing an effective therapeutic relationship

2. Assessment and goal setting

3. Strategy selection and implementation

4. Evaluation and termination

The first stage of the helping process, **establishing an effective therapeutic relationship** with the client, is based primarily on client-centered or person-centered therapy (Rogers, 1951). We present skills for this stage in Chapters 3–5. The potential value of a sound relationship

- Multiprofessional relevance
- Multiproblem applicability

- Ethics in practice
- Critical thinking

Core Skills and Attributes

Critical Commitments

Interviewing and Change Strategies for Helpers

Diversity

Effectiveness and Accountability

- Oppressed, vulnerable, and underserved populations
- Person in environment

- Evidence-based practice
- Collaborative practice

FIGURE 1.1 **A Practice Nexus for Today's Helping Professional**

base cannot be overlooked. Research has consistently noted that the therapeutic relationship accounts for a substantial amount of client change, approximately 30% (Lambert, 1992). This is understandable given that the relationship is the specific part of the process that conveys the helper's interest in and acceptance of the client as a unique and worthwhile person. It is the foundation for— or the container of—all subsequent therapeutic work. The helper's validation of the client can be empowering, generating hope the client may not have experienced in a very long time. For some clients, working with a professional helper who stays primarily in this stage of helping may be useful and sufficient. For other clients, the

relationship part of therapy is necessary but not sufficient to help them with the kinds of choices and changes they seek to make. These clients need additional kinds of action or intervention strategies.

The second stage of helping, **assessment and goal setting**, often begins with or soon after establishing a therapeutic relationship. In these first two stages, the practitioner is interested mainly in helping clients *explore* their concerns and wishes. Assessment is designed as a collaborative endeavor, a joint undertaking intended to help the clinician and client obtain a better picture, idea, or grasp of what is happening with the client and what prompted the client to seek the services of a helper at this

time. Think of this stage as the client and helper locating the horizon for the client's journey of change and also determining the compass to be used to indicate progress toward reaching the client's preferred destination. The information gleaned from assessment is extremely valuable in planning strategies. It provides clarity and direction. It also can be used to manage resistance or occasions when client and helper do not agree or encounter an impasse. We describe assessment skills and strategies in Chapters 6 and 7. As the problems and issues are identified and defined, the practitioner and client also work through the process of developing outcome goals. The skill of treatment goal formulation is described in Chapter 8.

Strategy selection and implementation is the third stage of helping. The clinician's task at this point is to help with client understanding and related action. Insight can be useful, but insight alone is far less useful than insight accompanied by a supporting plan that helps the client translate new or different understandings into observable and specific actions or behaviors. Insight also is a Western and individualistic concept that may not apply or be useful to many culturally diverse clients. Think of this stage of helping as the skill-building phase when clients, like the chambered nautilus, are learning about and using new or reconfigured muscles to sustain a healthier living environment or to construct a new one. Toward this end, the helper and client select and sequence a plan of action: intervention strategies that are based on the assessment data and are designed to help the client achieve the designated goals. In developing action plans, it is important to select plans that relate to the identified concerns and goals and that are not in conflict with the client's primary beliefs and values (see Chapters 9–15).

The last stage of helping, **evaluation and termination**, involves assessing the effectiveness of interventions used—as well as the therapist's style in facilitating the process of change—and the progress the client has made toward the desired goals (see Chapters 8–10). This kind of evaluation assists you in knowing when to terminate the process or to revamp your initial action plans. Also, clients can easily become discouraged during the change process, realizing that transferring the skills learned in counseling to various aspects of their lives is a challenge. Social supports may not be in place, necessitating the development of new and healthier relationships. Clients often find observable and concrete signs of progress to be quite reinforcing.

Our listing of evaluation as the last stage of helping can inadvertently suggest that gauging effectiveness comes near the end of counseling. This is far from the truth. If we are not making effective progress in developing a collaborative, therapeutic relationship or in understanding the perspective of a client early on in our work, then we need to be aware of this right away. In reality, we need to be intentionally evaluating effectiveness throughout the helping process, sharing our observations with clients, soliciting their feedback, and negotiating a plan of care.

These four stages of helping are not discrete. Actually, there is quite a bit of flow and interrelationship among the four stages. In other words, elements of these stages are present throughout the helping process, with varying degrees of emphasis. Change rarely follows a predictable path. Clients encounter challenges and setbacks as they implement new behaviors. Symptoms may not abate quickly or respond well to preliminary interventions. A revision of the initial plan of care is not uncommon. The foci and tasks of each stage of helping thus are not confined to that stage. This also is true of the four components of the practice nexus. Their interrelationship is a constant throughout our work with clients.

We ask now that you return your gaze to Figure 1.1. Two components of the practice nexus—core skills and attributes and effectiveness and accountability—are the focus of this first chapter. The remaining two components—critical commitments (including ethical practice) and diversity—are addressed in Chapter 2. All four components, however, are woven throughout the book. To be more precise, the nexus of these components throughout the four stages of helping is the foundation of the book.

Core Skills and Attributes

Think back to when you knew you wanted to **LO1** become a professional helper. More than likely it was at a time when others had been telling you how good a listener you were. Even some might have said you offered helpful advice. It was not necessarily that you went out looking for people to help—they just seemed to migrate to you, asking if you could spare a moment, or, for others, not bothering to ask, but proceeding to divulge personal information and then waiting for your response. Your desire to become a professional helper also may have been propelled by witnessing the aftermath of tragedy in your school or hometown, or even experiencing first-hand debilitating fear, trauma, and injustices. Because of insufficient care provided to those in need or, by contrast, the helping hand you received that allowed you to breathe again and learn how to persist and be resilient, you vowed to be a part of a solution rather than to perpetuate a problem. "Never again," you may have said. "I want to help . . . and to do it right."

Maybe you cannot remember a specific time or event that crystallized your decision to become a professional

helper. Perhaps it had to do with looking back over your life and realizing that some kind of change was in order, that remaining on the same life path did not portend much excitement or even any hope. "It's now or never," you may have said. "Something has to change . . . for the better."

Regardless of the circumstances that brought you to the entrance of your graduate training program, you're ready for something different. Although questioning how this may all work out for you (in terms of time, finances, and extent of community involvement), you are eager to get started and venture into this professional realm. You want to be a part of change—for others and for yourself. And you are ready to begin learning and to continue learning what it takes to be a change agent. "Bring it on," you may say. "Just give me the tools so that I can build my toolbox and get out there to help people."

The analogy of the toolbox is one we hear often from our graduate students. It brings to mind the work of a carpenter or an electrician, the professional who is equipped with various instruments to build something new or fix something that is broken. Although students and new professionals may take comfort in having a figurative toolbox that they can carry with them to each encounter with a client, we caution them to not allow this analogy to persist and remain prominent in their career. For one thing, a toolbox brings to mind something that is external to you, something like an appendage that is not you, that can be inauthentic. This is not to say that the "tools of the trade"—the strategies, interventions, guidelines, and practice principles of the profession—are not important. They are! They are critical! But when they are not understood and are not incorporated into the helper's overall practice style, their potential for misuse increases. This is when they are applied out of context, when the helper is faithfully implementing an assessment protocol, for example, but is not mindful of how some of the standard questions have offended a particular client. The open-ended question, "How do you feel?" is considered an important tool, as is the "miracle question" in solution-focused therapy. But when they are asked without understanding their purpose for a particular client at a particular time, they may be interpreted by the client as disrespectful and intrusive and may result in the client's early departure. Tools, therefore, are not intended to be used in a mechanical fashion, only applied because the instruction manual says so. Because of this, we do not want to encourage helpers to continue to rely on techniques they do not understand, have not yet practiced and received feedback on, and have not incorporated into their overall style. Doing so over the course of one's career would be disingenuous and inauthentic.

The analogy of a toolbox also suggests there is something that needs to be fixed or corrected and that it is the helper who must fix, correct, or straighten out what is wrong in clients. This is not a helpful perspective. Reference to tools also implies that it is the tools, the instruments themselves, that are responsible for client improvement. It is as if the tools are imbued with some kind of power to effect change and, regardless of the client or the therapist, each kind of tool will work in a particular way to fix what is broken. This is another example of using a tool out of context. Again, we do not find this comparison helpful. Thinking this way negates the contributions of the helper *and* the client!

Our fourth and final reason for not encouraging the toolbox analogy is that it can prevent a discussion of helper skills. Although some may liken tools or counseling techniques to helper skills, they are not quite the same. Tools and techniques are often regarded as external to the helper (especially when learning to use a new tool), whereas skills comprise the helper's qualities, traits, and learned behaviors. To speak of tools is to speak of something *other than* the helper; to speak of skills is to talk *about* the helper. The focus of the former is impersonal; the focus of the latter is the person of the helper and how he or she has learned to embody and demonstrate certain skills for the benefit of a client. A prime example of this distinction is found in what are referred to in person-centered therapy as the core conditions of the therapeutic environment: genuineness or congruence, unconditional positive regard, and empathic understanding. These are discussed in greater detail in Chapter 3. Notice that these are not impersonal "things" or tools—they are the qualities or attributes and skills *of the helper*, how he or she relates to another person to create the conditions for client change.

It may be more accurate, therefore, to talk about the skilled helper (Egan, 2014) or the helper who practices what is referred to in dialectical behavior therapy as **skillful means** (Linehan, 2015). Skills refer to and describe the way a helper practices and reflect how the helper has learned, made sense of, and integrated certain theories and techniques (or tools) of helping. In other words, skills reflect the person of the helper. A skilled and skillful helper is a professional, not a technician or what Skovholt and Jennings (2004) referred to as a "technique wizard" (p. 140). Whereas learning a technique can take only a few hours, becoming a skilled professional and a wise person takes many years (see Rønnestad & Skovholt, 2013). Our focus on core skills and attributes throughout this book is in effect a focus on you as the helping professional—your qualities, traits, and learned behaviors—so that clients derive maximum benefit from services provided. It is a learning and growth process:

from a mechanical and disjointed use of tools in the toolbox to practicing with skillful means. Like the way the chambered nautilus grows, this process can take place over many years, but its foundation begins now, with careful attention to matters of context and environment.

We dedicate the remainder of this section to a discussion of three core skills and attributes that are essential throughout the stages of helping: (1) self-awareness and self-reflection; (2) mindfulness; and (3) self-care and self-compassion. These make possible the promotion of stamina and resilience, concepts that also are addressed in this chapter. Think of these as core skills and attributes from which to start your journey of growth and change as a professional helper. Just as the chambered nautilus began its development at the core or center of the spiral shell, we believe these skills and attributes are the foundation of your own development as a professional helper.

Self-Awareness and Self-Reflection

Being drawn to uncertainty is one precondition for therapist development. According to Jennings, Skovholt, Goh, and Lian (2013), helpers who "thrive . . . are comfortable in the seemingly paradoxical reality of searching for clarity while enjoying the ambiguity and confusion of the human condition" (p. 239). This means that the terrain of helping is not clear and the journey cannot be predicted. It also means that there is no one-size-fits-all "answer book" to consult so that you know what to do with clients each step of the way. Rather than getting clearer as you move through your graduate studies, it may be that this work of professional helping seems to be getting murkier as you go along. Two of the 20 "hazards" of practicing as a professional helper that Skovholt and Trotter-Mathison (2011) listed illustrate this murkiness: lack of concrete results and closure in our work with clients, and not knowing how to measure improvement or even effectiveness.

What does uncertainty have to do with the core skills of self-awareness and self-reflection? Quite a bit! For one, it means that these skills are essential *because* there is no absolute "how to" manual out there for you to consult. In session with your clients, you are the one facilitating the conversation, establishing a connection with the client, assessing the case, and making decisions about client care. More often than not, no other professional is in the session to assume those responsibilities. You are the sole professional in the moment with clients. Understood in another way, you are the only active ingredient in that therapeutic encounter that you can control. More than likely other factors are beyond your control, such as client characteristics and the immediate treatment setting. Although you may be guided by a specific theoretical

orientation or operating from an evidence-based treatment manual, that theory and those treatment protocols were not developed expressly for the client with whom you are working. Rather, you are the one in the immediacy of the moment to determine, adapt, and deliver services to each client. This is what it means to move beyond rote use of tools in a toolbox to developing skillful means. The tools are no longer disconnected from you; they now have become part of your routine functioning so that quality client care is maintained. This also is part of the professional development process, the forward movement similar to that of the growing chambered nautilus—developing from mere technician to a skilled and responsive professional. The instruction manual remains; its purpose is now understood.

Just as the chambered nautilus must navigate through the murky waters of the deep sea, so must practitioners make their way through the ambiguous terrain of clinical practice. The skills of self-awareness and self-reflection make this possible. These are practices intended to keep the practitioner in check and also to monitor the quality of services extended to his or her clients. High self-awareness and in-depth self-reflection are primary characteristics of highly skilled, effective, or "master" therapists in the United States and four other countries (Jennings et al., 2013). **Self-awareness** is being highly observant of oneself, and **self-reflection** is a form of self-monitoring or self-regulation. Rather than being self-absorbed in a narcissistic manner, self-awareness and self-reflection are skills of introspection that consider yourself from different dimensions (e.g., verbal expression, demeanor, values) as you learn new skills and are exposed to professional guidelines.

It might be helpful to think of self-awareness and self-reflection as consultation skills—that is, the ability to consult your inner compass as part of the clinical decision-making process. Your inner compass continues to be shaped as you learn more about theory, research, and professional standards. It could be said that your inner compass is what sits on the practitioner's stool, a stool Skovholt and Starkey (2010) described as having the three legs of practitioner experience, personal life, and academic research. These three legs are sources of knowledge for you to consult throughout your career. This must be done deliberately, such as setting aside time to read a self-help book and journal about what you have read, obtaining additional supervision, or attending an experiential professional growth workshop. Your compass requires routine calibration, just as your stool needs to be balanced and leveled. Self-awareness and self-reflection are the skills you use to calibrate your inner compass by consulting theory, research-informed practices, supervisory directives, and

ethical and other professional guidelines. These skills also are used to maintain balance as you operate from your practitioner's stool.

Before reading further, we invite you to pause and participate in Learning Activity 1.1. This activity is intended to heighten your self-awareness and make use of your self-reflection skills. Specifically, this activity is designed to help you explore your reasons for entering the helping profession, as well as what you hope to gain from your work as a helping professional. Because this is demanding work that involves substantial personal commitment, routine self-reflection is essential to effective practice.

Mindfulness

Related to self-awareness and self-reflection is the core skill of **mindfulness**. Think of it as a specialized and disciplined form of self-awareness and self-reflection. It is an intentional practice that is central to dialectical behavior therapy (DBT; Linehan, 2015) and to acceptance and commitment therapy (ACT; Hayes, Strosahl, & Wilson, 2012). Mindfulness also is a core skill in at least four other approaches. Jon Kabat-Zinn's (1990) mindfulness-based stress reduction (MBSR) initially was developed for persons with chronic pain and is now intended for persons with a variety of psychological and medical issues.

It is group-based training conducted in 2.5-hour weekly sessions for 8 weeks, with an additional 1-day meditation retreat. Mindfulness-based cognitive therapy (MBCT) for depression (Segal, Williams, & Teasdale, 2002) and mindfulness-based relapse prevention (MBRP) for addictive behaviors (Bowen, Chawla, & Marlatt, 2011) are designed based on the work of Kabat-Zinn. A newer approach is mindful self-compassion (MSC; Germer & Neff, 2013) that teaches self-compassion skills to the general public and is fashioned according to MBSR's format.

Inspired by Eastern spiritual practices of meditation, namely Buddhism and Zen, mindfulness is understood as practicing focused attention, specifically, remaining aware of and deliberately attuned to the present moment. Although often confused with meditation, it is not. Rather than "zoning out" or retreating from the present moment, mindfulness is "a way of living awake, with your eyes wide open" (Dimidjian & Linehan, 2009, p. 425). This means that it is an attentional skill or a way of paying attention on purpose. It therefore is not "mindlessness." It is a heightened state of consciousness wherein the focus of attention is on in-the-moment perceptual experience, making use of as many senses as possible (e.g., sight, sound, smell)—and also attending to visceral functioning (e.g., breathing)—to be fully immersed in the textured detail of the concentrated now. In this way, mindfulness

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Learning Activity 1.1

Survey of Helper Motives and Goals

This activity is designed to help you explore areas of yourself that in some fashion will affect your helping. Take some time to consider these questions at *different points* in your development as a helper. We offer no feedback for this activity, because the responses are yours and yours alone. You may wish to discuss your responses with a peer, a supervisor, or your own therapist.

1. What is it about the helping profession (e.g., social work, counseling, psychology) that is attractive to you or enticing for you?

2. What do you look forward to learning and doing over the next 5 years?

3. What is anxiety-provoking to you about the work or lifestyle of a professional helper?

4. What are you cautious or hesitant about as you continue in the profession?

5. If you had to select one event in your life or one personal experience that contributed to your decision to pursue the helping profession you are now in, what would that event or experience be?

6. What have you learned about yourself by having experienced tragedy, trauma, or types of personal pain and

injustices at some point in your life? What more do you still have to learn about yourself as a result of such pain?

7. Which of your personal qualities do you believe will serve you well as a helping professional? Why do you believe this?

8. What aspects of yourself (e.g., being "rough around the edges") do you still need to work on for you to be a helpful practitioner? How do you see yourself addressing these traits?

9. How do you handle being in conflict? Being confronted? Being evaluated? What defenses do you use in these situations?

10. How would someone who knows you well describe your style of helping or caring?

11. What client populations or client issues do you enjoy working with or look forward to working with? For what reasons?

12. What client populations or client issues are difficult for you to work with or do you foresee as being difficult for you to work with? For what reasons?

13. What are three primary factors that contribute to being an effective helper?

14. How will you know when *you* have been an effective helper?

is like stepping outside yourself, taking a meta-perspective on your own experience, so that you can consider your perception of the present moment with greater objectivity (Neff & Pommier, 2013).

Mindfulness is the means by which an individual makes direct contact to immediate experience, not to abstractions or concepts. Persons who practice mindfulness are able to control or focus their attention on the present moment. They do not control *what* is being attended to, such as deliberately trying to change their breathing or rid their mind of thoughts; rather, they control *how* they attend to what is happening in and around them in the here and now. In this way, mindfulness is unlike certain forms of prayer and is not to be confused with prayer. It is not a form of communicating with or connecting to a transcendent being. Furthermore, mindfulness does not seek to make something happen, such as relaxation or preventing certain kinds of behavior (e.g., fighting). Dimidjian and Linehan (2009) state, "Mindfulness has as its goal only mindfulness" (p. 425).

Mindfulness is the polar opposite of multitasking. It does not mean, however, doing nothing or being nonproductive. It does mean intently focusing on one thing at a time and doing so in the present moment. This requires effort! Although not intended to make something happen or to control that which is the focus of attention, research suggests that persons who consistently practice mindfulness experience a greater sense of control over their feelings and mood, their behaviors (e.g., not acting on impulses), and their attitudes (e.g., more hopeful). For example, primary care physicians trained over 1 year in mindfulness skills reported improved personal well-being, including decreased burnout and improved mood (Krasner et al., 2009). They also experienced greater changes in empathy, a finding that seems to fit Greason and Cashwell's (2009) survey of counseling student interns. They found that these students' high mindfulness scores predicted greater empathy and greater self-efficacy. Counseling students who had taken a graduate level course that focused on mindfulness and self-care reported similar benefits (Christopher & Maris, 2010) and also spoke of the positive effects of mindfulness specific to their work with clients, such as increased calm and comfort with silence and reduced fears of inadequacy and incompetence.

It appears that even though mindfulness is not practiced for the specific purpose of changing mood, behavior, or attitude, the practice of mindfulness results in positive changes in these areas of functioning. Think of these changes as positive side effects or the benefits of mindfulness. Davis and Hayes (2011) reviewed additional benefits of mindfulness from the research literature, including relationship satisfaction, improved physical functioning,

and increased patience. These and other benefits seem to support Carmody's (2009) contention that the overall goal of mindfulness is the reduction of human suffering (p. 272).

In both DBT and ACT, mindfulness is a skill taught to clients and is a skill practiced—and lived—by therapists. You do not have to be a religious or spiritual person to practice mindfulness. Consistent with our earlier discussion of skill and how it differs from technique, mindfulness is how the helper interacts with clients—or, more precisely, how the helper is present with clients. The premise of DBT and ACT is that helpers cannot teach skills to clients that therapists do not practice themselves. Manuals are available to teach clients mindfulness skills (e.g., Linehan, 2015), but mindfulness cannot be learned simply by talking about it or lecturing on it. Mindfulness must be practiced in session and modeled by the therapist. The therapist who is purposefully attentive to the client in the immediacy of the counseling session is modeling for the client the skill of mindfulness. The therapist who routinely practices mindfulness in and outside of therapy also is able to guide the client through the process of learning and continually practicing mindfulness.

Mindfulness Skills In DBT, there are six specific mindfulness skills divided into "what" and "how" skills. The three "what" skills are observing, describing, and participating; the three "how" skills are remaining nonjudgmental, focusing on one thing at a time in the present moment, and being effective. Observing is the act of noticing what is in your awareness, using your sight, hearing, or tactile senses, for example. It does not label or categorize what is observed; it is simply the act of paying attention to what is taking place around you and what is being experienced inside you in the here and now. The skill of describing requires a kind of stepping back from the experience to identify what has been observed. This may include naming the colors, sounds, and tactile sensations (e.g., soft, rough, warm temperature) observed and experienced. The third "what" skill is participating and refers to fully immersing yourself in the activity of the present moment. This has been described as throwing yourself into and becoming one with an activity or experience, and doing so without reservation or self-consciousness. This means that participating has the quality of spontaneity. Take, for example, the act of walking. When done mindfully, fully participating in walking means attending to your movements and the sensations as you walk, focusing on the act of walking, and immersing yourself in the activity.

As its name implies, the three "how" skills of mindfulness describe how the three "what" skills are used. First, observing, describing, and participating in the present

moment is to be done nonjudgmentally. This means not evaluating the experience as either bad or good. This practice is similar to that of accepting, a core skill in ACT. It means assuming a noncritical or neutral stance by discarding the need to control what is, even that which has been experienced as unpleasant. To walk nonjudgmentally means to not ruminate on your movements or to experience them as "stupid," "difficult," or "painful." It does mean accepting your experience as is, and continuing to walk with your full attention on the present moment, the second "how" skill of mindfulness. This means not walking and thinking about your destination at the same time. This would be doing two things at once—a practice inconsistent with remaining in the present moment by doing one thing at a time. The third "how" skill of mindfulness is being effective, which is doing what works or what is helpful. Being mindful is not about doing what is right and avoiding what is wrong. It also is not about following orders or simply going through the motions (like pulling out tools from a toolbox!). It is about using

your attentional "muscles" so that you can tune in to your immediate experience, using your sensory resources. It's a way of becoming acquainted with you—with where you are and who you are in this present moment! Mindfulness that is effective becomes a welcome, inviting, and meaningful activity, not a scary, suspicious, or worthless one.

Each of the six mindfulness skills is not to be taken lightly. The skills also are to be used carefully with clients, not in a haphazard fashion or only because mindfulness may be regarded as a popular clinical perspective and practice. Again, mindfulness practice requires discernment and effort! To help you practice your mindfulness skills, we invite you to participate in Learning Activity 1.2. Even if you have learned about mindfulness prior to reading this book, we ask that you pause to "flex" and "tone" your mindfulness muscles. Think back to the mollusk that makes its home in the nautilus shell—to continue to grow and expand, it uses its muscles continuously. Doing otherwise would result in shriveling up or being swept away by the tide. If you are new to mindfulness practice, we ask

Learning Activity 1.2

Mindfulness Practice

You can engage in this practice by yourself after reading through the activity. It can also be done in a group with one person volunteering to lead the practice, reading aloud the following activity.

Find a quiet spot where you know you will not be disturbed for approximately 10 minutes. Turn off or mute any mobile devices you may have around you. Sit down in a comfortable position, either on a chair or on the floor. Sit upright, with your feet firmly touching the floor (if sitting on a chair), or, if sitting on the floor, extend your legs, or cross them with one of your ankles resting comfortably on the knee or thigh of the other leg. Take three or four deep breaths in through your nose, noticing how it feels for the air to come in through your nostrils, and also noticing how your chest expands as it takes in new oxygen. As you breathe out through your nose, notice how your chest subsides and the motion of air in your throat and nostrils.

Now take your hands and rest them on your thighs, palms up. Keep them separate for now. Notice the palms of both of your hands, the lines or "creases" that make up the inside of your hands. Observe the length and the direction of these lines, notice how they change as you bend your fingers slightly and then extend your palms. See the detail of the lines, and how they criss-cross, as you move your hands slightly in the light. Pay attention to the detail across the surface of your palms. As you do, remind yourself that these palms and these fingerprints are yours and yours alone—unique and one of a kind. Now notice any other

visuals on your hands, such as the blood vessels below the skin, markings on the skin, or rings that appear on the inside of your fingers. Simply use your eyes to scan the open palms of your hands, the hands that have lifted objects for you, opened and closed doors, helped you write and type, and held the hand and cupped the face of a loved one.

Now take one of your hands and its fingers and touch the surface, the palm, of the other hand; notice how this feels. Glide your fingers and its palm across the palm and the fingers of the other hand. Simply notice the touch, how your open hand feels when gently touched by one or several fingers of the other hand. Describe this sensation without judging it as good or bad. Suspend any criticism. Hold off on assigning to the sensation any positive evaluation as well. Simply give a name to how the motion, the sensation, feels. Keep the motion of your fingers on the other palm slow, gentle, and deliberate so that you are able to notice the detail or the intricacies of the sensation. Continue doing this for a few moments, doing your best to remain focused on the activity in the here and now.

To close this activity, take three or four deep breaths, holding for just a moment each time before breathing out. As you gaze again at the palms of your hands and glide your fingers of one hand over the palm of the other, remind yourself of your uniqueness, that these hands are yours and one of a kind. Offer a word of gratitude to both hands, thanking them for being a part of you, making you unique, and for working for you. This might even include a warm shake between your two hands or a gentle clap.