

Interventions

Strategies & Tactics

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For M.Phil Psychology

Intervention Strategies & Tactics

- Content and process of client sessions differ depending on
 - therapist's theoretical perspective / orientation,*
 - unique needs / responses of each individual, couple, or family client, and
 - effective use of selected interventions.

* Sperry, Carlson, & Kjos, 2003, p.13.

Interventions

Affective

Affective Interventions

- Clients seek help for overwhelming emotions.
- Affective interventions help clients
 - identify emotions,
 - modify troublesome feelings,
 - accept present feelings, when appropriate.

Hackney & Cormier, 2001, pp.139-140.

Cormier & Hackney, 1999, pp. 89-92.

Affective Interventions

- Affective interventions come from *phenomenological* therapies.
- Phenomenologists make a distinction between
 - “*what is*” (objective reality) and
 - our *perception* of “*what is.*”

Hackney & Cormier, 2001, pp.139-140.

Cormier & Hackney, 1999, pp. 89-92.

Goals of Affective Interventions

- a) Help the client express ...
- b) Identify or discriminate between ...
- c) Alter or accept ...
- d) In some cases, contain ...
feelings and/or feeling states.

Culture and Emotional Expression

Express

- English
- Italian
- Australian

*Expression of affect
[emotion] runs counter to
the values of some
cultures.*

Reserve

- Japanese
- Indonesians
- Asians
- Native Americans
- Blacks (with white counselors)

Verbal Affect Cues

- Verbal / mood cues reveal feelings and occur in client communication.
- Cues
 - may be more or less specific.
 - may or may not be the root emotion.
 - may mask more intense or different feelings.

Positive Mental State Cues

Empowered

- capable
- confirmed
- enabled
- important
- respected

Happy

- blissful
- cheerful
- creative
- elated
- merry

Trusting

- assure(d)
- confident
- expect
- faith
- secure

Aggressive / Defensive Cues

Aggressive

- angry
- criticize
- destroy
- fight
- offend

Grim

- austere
- cruel
- grave
- harsh
- ruthless

Defensive

- against
- cautious
- opposition
- protective
- resent

Fear / Anxiety Cues

Fearful

- anguished
- anxious
- concerned
- nervous
- scared

Pained

- angst
- dismayed
- fearful
- struggling
- suffering

Avoiding

- denying
- escaping
- fleeing
- neglecting
- running

Samples from Table 7.3, Hackney & Cormier, 2001, p.147.

Spiritual / Existential Cues

Peaceful

- composed
- mellow
- pensive
- satisfied
- untroubled

Hopeful

- assurance
- believe
- expect
- inspiring
- uplifting

Empty

- adrift
- dejected
- directionless
- heartsick
- purposeless

Emotional Inventory

- Instruct the client: *Identify those feelings that describe your life for the past three months.*
- Use responses as a basis for early discussions

— adrift

— directionless

— insecure

— angry

— disoriented

— lonely

— bewildered

— empty

— panicked

— confused

— grumpy

— skeptical

— depressed

— hopeless

— tense

Emotional Percentages Chart

- An exercise that allows the client to label the intensity of a particular set of emotions.
- Provide the client with a copy of the Emotional Percentages Chart (next slide).
- After seeing the sample graph, client completes one for him / herself.
- Offers an opportunity to discuss emotional interrelationships.

Samples from Table 7.1, Hackney & Cormier, 2001, p.145.

Emotional Percentages Chart



Sample

Client may refer to their emotional inventory as they create their graph.

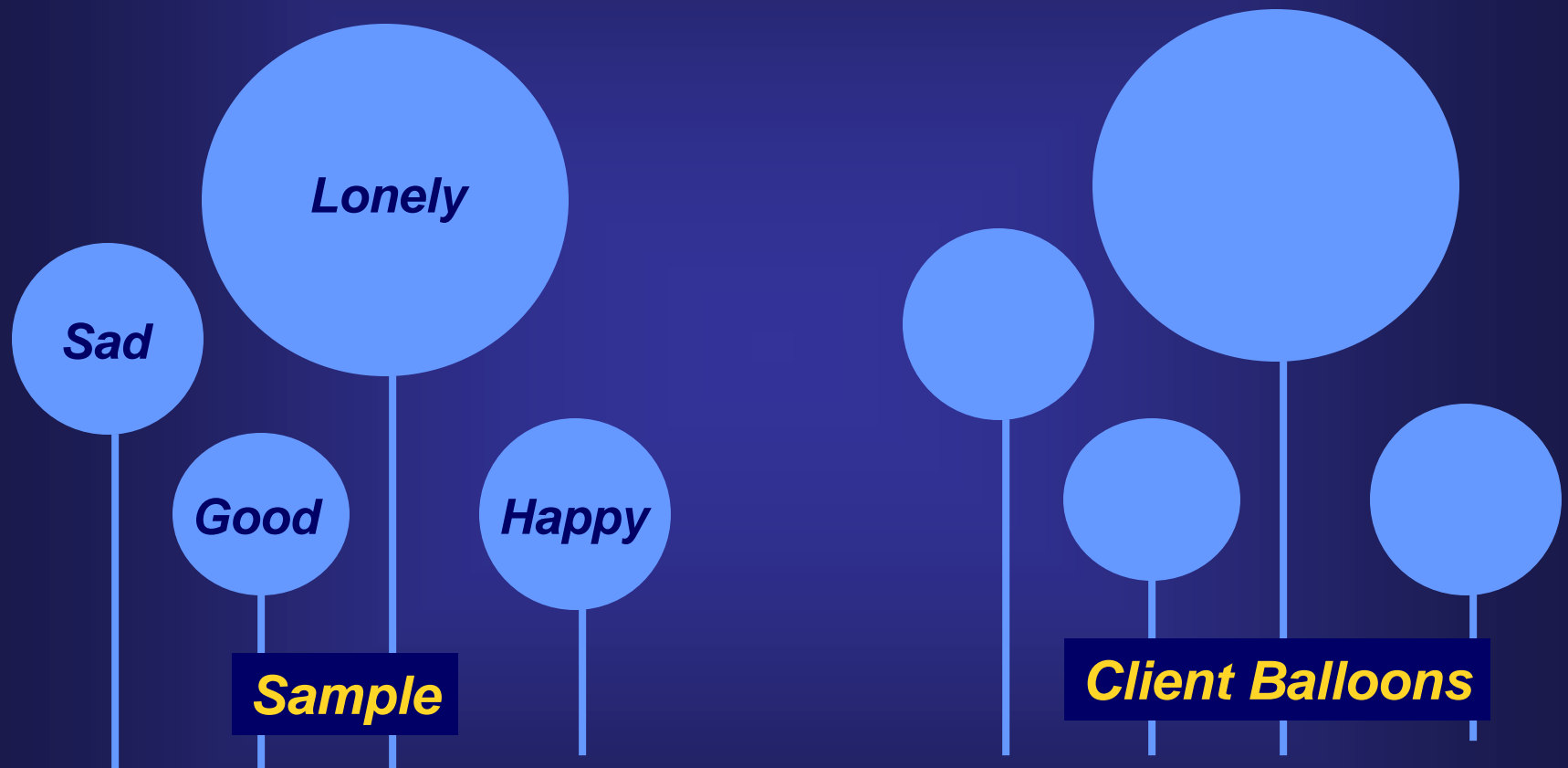
Client Graph

Emotional Balloons Chart

- Replaces the percentages graph for children.
- Using the Emotional Balloons Chart (next slide), say
 - *“Write the biggest feelings that are hardest to forget into the large balloon.*
 - *Write feelings you forget sometimes into the smaller balloons.”*
 - *Remind the child of feelings like mad, happy, lonely, scared, or excited.*

From Figure 7.3, Hackney & Cormier, 2001, p.153.

Emotional Balloons Chart



From Figure 7.3, Hackney & Cormier, 2001, p.153.

Interventions

Cognitive

Cognitive Interventions

- Treat client problems resulting from thinking too much.
- Operate on mistaken beliefs, attitudes, or patterns of thinking.
- Give the client tools to find more productive and accurate thoughts.
- Clients are viewed as direct agents of their own changes.

Cognitions Include

- Our thoughts and beliefs
- Attitudes toward ourselves and others
- Our perceptions of the world around us

Hackney & Cormier, 2001, p. 153.

Cormier & Hackney, 1999, pp. 77-88.

Cognitions Determine

- Who we are.
- What we do.
- How we feel.

Hackney & Cormier, 2001, p. 153.

Cormier & Hackney, 1999, pp. 77-88.

Cognitive Interventions

- Clients must choose to
 - think a particular way,
 - change the way they think, and/or
 - participate in (cognitive) intervention(s).

Hackney & Cormier, 2001, p. 153.

Cormier & Hackney, 1999, pp. 77-88.

Cognitive Distortions

- Assume reality is constructed from childhood experiences.
- Clients may have distorted perceptions of self and others.
- Together, client and counselor identify and examine perception distortions.

Hackney & Cormier, 2001, pp. 173-174.

Cormier & Hackney, 1999, pp. 77-88.

Cognitive Distortions

Identify

- flaws,
- errors, or
- inaccuracies.

Help

*change errors in thinking,
repair cognitive flaws,
correct inaccuracies.*

Hackney & Cormier, 2001, pp. 173-174.

Cormier & Hackney, 1999, pp. 77-88.

Goals of Cognitive Interventions

Alter client's manner of thinking about

a specific event,

Reduce

person,

Emotional distress and

self,

Maladaptive behavior patterns.

life, etc.

Hackney & Cormier, 2001, p. 173.

Cormier & Hackney, 1999, pp. 77-88.

A-B-C of Emotion

Find automatic thinking patterns in the “A-B-Cs.”

Components

A. Event

B. Client belief

C. Consequences

Perception / Response

Loses job

“I do everything wrong.”

Depression

Imagery Reconstruction

Ask directly,

- “What exactly did she say to you?”
- “How did you respond?”
- “Please express just the same words?”
- “How did you feel when you responded?”
- “What did she do or say next?”
- “What was your reaction . . . ?”

Imagery Reconstruction

Reveals and examines patterns of behavior.

Clients

- relive / remember an event.
- become aware of life events.
- better understand impact of life events.
- can replicate to create more awareness.

Interventions

Behavioral

Behavior

- Is the outward manifestation of our inner selves.
- Communicates to others how we feel and think and who we are.
- Is the tool we use to accomplish goals.
- May also prevent us from reaching goals.

Hackney & Cormier, 2001, pp. 200-241.

Behavioral Interventions

- Examines patterns of consistent behavior
 - In place so long the client is not aware of when or how the patterns began.
 - That interfere with client goals.
 - Exclude helpful behaviors that may further client goals.

Hackney & Cormier, 2001, pp. 200-241.

Behavioral Interventions

Share common elements:

1. Clients present learned, maladaptive behavior.
2. Adaptive behaviors can be learned / strengthened. Maladaptive behavior can be weakened or eliminated.

Behavioral Interventions

Share common elements:

3. Behavior occurs in specific situations.
 - Specific event preceding
 - Behavior
 - Result following.
4. Clients specify goals / outcomes from therapy.
5. Focus on the present, not past or future.

Hackney & Cormier, 2001, pp. 200-241.

Behavioral Interventions

Clients who successfully change behavior are

- strongly goal orientated,
- action-oriented, and
- interested in changing a limited (2-3) number of behaviors.

Goals of Behavioral Interventions

Help clients develop adaptive and supportive behaviors.

- Meet biological and social needs
- Avoid pain and discomfort

Social Modeling

Initiated and stimulated by Bandura, 1977.

- Overt model
- Symbolic model
- Covert model

Overt Model

- Presented to be observed and imitated.
- May be live or video / audio playback.
- Most versatile tool for
 - school counselors,
 - correctional counselors,
 - family counselors.

Hackney & Cormier, 2001, pp. 200-241.

Symbolic Model

- The learner observes step-by-step process to teach a variety of skills - training video.
- May use
 - Animated cartoons
 - Fantasy characters
 - Schematics
 - Narratives / slides

Hackney & Cormier, 2001, pp. 200-241.

Covert Model

- Use imagination (imaging) to learn.
- Imagines a scene where desired behavior is displayed.
- Focus on appropriate behaviors.
- Construct a success image into the self-concept.

Hackney & Cormier, 2001, pp. 200-241.

Social Skills Training

- Assumes
 - Interpersonal behavior is based on set of learned skills.
 - Social skills are situation-specific.
 - Effective social skills require reinforcement.
- Provides direct help to develop or learn new skills.

Sperry, Carlson, & Kjos, 2003, pp. 107-110.

Social Skills Training

Includes, but not limited to

- Assertiveness Training,
- Problem-Solving Training,
- Communication Skills Training.

Sperry, Carlson, & Kjos, 2003, pp. 107-110.

Assertiveness Training

- Goal clarity is a pre-requisite of assertiveness training.
- Clients learn how to
 - ask for feedback,
 - give feedback,
 - express acceptance of other points of view.

Sperry, Carlson, & Kjos, 2003, pp. 107-110.

Problem-Solving Training

Three Skills

1. Receiving
2. Processing
3. Sending

Sperry, Carlson, & Kjos, 2003, pp. 107-110.

Receiving

In interpersonal situations:

- Attend / listen
- Accurately perceive
 - Cues
 - Contextual elements

Sperry, Carlson, & Kjos, 2003, pp. 107-110.

Processing

- Generate alternative responses.
- Weigh the consequences of each response.
- Select optimal response.

Sperry, Carlson, & Kjos, 2003, pp. 107-110.

Sending

- Integrate verbal and nonverbal behaviors.
- Use chosen optimal response.
- Weigh impacts of response.
- Learn effective social responses.

Sperry, Carlson, & Kjos, 2003, pp. 107-110.

Communication Skills Training

Three Basics

(Myers & Smith, 1995)

1. Give an understanding statement. Bring feeling (empathy) into a discussion.
2. Take partial responsibility for problem-solving.
3. Offer to help.

Sperry, Carlson, & Kjos, 2003, pp. 107-110.

References

- Cormier, Sherry & Harold Hackney. *Counseling Strategies and Interventions*, 5th Edition. Allyn & Bacon, 1999.
- Hackney, Harold L. & L. Sherilyn Cormier. *The Professional Counselor: A Process Guide to Helping*, 4th Edition. Allyn & Bacon, 2001.
- Sperry, Len, John Carlson, & Diane Kjos. *Becoming An Effective Therapist*. Allyn & Bacon, 2003.

Interventions

*Systemic and
Psychoeducational*

Systemic and Psychoeducational

- Systemic interventions assume
 - Human problems are based in the systems where an individual functions.
 - Change to any part of the system affects the whole.
 - Systemic change must reflect the whole system and any contributing system - age, gender, etc

Hackney & Cormier, 2001, pp. 242-268.

Sperry, Carlson, & Kjos, 2003, pp. 151-161.

Systemic and Psychoeducational

Psychoeducational interventions change behavior through

- Psycho-education and
- Pattern interruption.

Hackney & Cormier, 2001, pp. 242-268.

Sperry, Carlson, & Kjos, 2003, pp. 151-161.

Goals of Systemic and Psychoeducational

- Create therapeutic change.
- Reorganize the system by getting members to
 - change places,
 - change roles, and
 - establish and reinforce appropriate boundaries.

Hackney & Cormier, 2001, pp. 242-268.

Sperry, Carlson, & Kjos, 2003, pp. 151-161.

Place Psychology

- Creates a therapeutic system for clients to learn
 - how they are heard,
 - understood, and
 - valued in their own context.

Hackney & Cormier, 2001, pp. 242-268.

Sperry, Carlson, & Kjos, 2003, pp. 151-161.

Place Psychology

- Focuses on how clients
 - perceive their “*place*” in the systems where they function and
 - behave toward others in relation to their perceptions.

Hackney & Cormier, 2001, pp. 242-268.

Sperry, Carlson, & Kjos, 2003, pp. 151-161.

Place Psychology

Affects and is affected by interacting influences

1. Socioeconomic factors
2. Birth order
3. Family loyalty, individuation and differentiation
4. Power and decision-making
5. Roles within the system
6. Alliances and collusions
7. Physical or emotional closeness / distance of members

Hackney & Cormier, 2001, pp. 242-268.

Sperry, Carlson, & Kjos, 2003, pp. 151-161.

Use of Structural Strategies

1. Create movement, when clients feel stuck.
2. Change perspectives.
3. Shift distribution of power.
4. Disrupt coalitions.
5. Form new alliances.
6. Clarify boundaries between and among subsystems.

Hackney & Cormier, 2001, pp. 242-268.

Sperry, Carlson, & Kjos, 2003, pp. 151-161.

Use of Structural Strategies

7. Discover new aspects of self.
8. Normalize the experience being in a specific place.
9. Reframe the meaning of a specific place.
10. Change the family system while working with one individual.

Hackney & Cormier, 2001, pp. 242-268.

Sperry, Carlson, & Kjos, 2003, pp. 151-161.

Interventions

Psychodynamic

Psychodynamic Interventions

- Assume we are not consciously aware of all our fears, intentions, and defenses.
- Address clients'
 - underlying anxieties and fears;
 - positive and negative motives;
 - adaptive and maladaptive defense mechanisms.

Psychodynamic Interventions

- Help clients
 - learn more about themselves,
 - gain insight to his / her emotions and responses, and
 - learn to make conscious choices.

Sperry, Carlson, & Kjos, 2003, pp. 111-130.

Psychodynamic Skills

Skill

Summarizing

Purpose

Focus on significant issues, share meaning.

Client Outcome

Feels heard, may gain new perspective.

Psychodynamic Skills

Skill

Open-ended verbalizations and gentle commands

Purpose

Direct client towards deeper thinking and communications.

Client Outcome

Moves to deeper self-exploration.

Psychodynamic Skills

Skill

Clarifying deletions, distortions, and generalizations

Purpose

Focus on incomplete, distorted, or unclear communications.

Client Outcome

Develops clarity of thought and deeper self-understanding.

Psychodynamic Skills

Skill

Establishing connections

Purpose

Help clients connect feelings, inner conflicts, and thoughts with behaviors.

Client Outcome

Learns how behaviors influence outcomes.

Psychodynamic Skills

Skill

Confronting

Purpose

Learn to recognize discrepancies, incongruencies, and destructive behaviors.

Client Outcome

Encourages exploration of internal conflicts.

Psychodynamic Skills

Skill

Exploring transference and countertransference.

Purpose

Encourage understanding of interpersonal behaviors and motivations.

Client Outcome

Learns how relationships influence behavior.
Improves client / counselor relationship.

Psychodynamic Skills

Skill

Immediacy

Purpose

Focus on here and now.

Client Outcome

Increased self-awareness

Interventions

Interventive and Solution-Focused

Interventive and Solution-Focused

- Therapy is a process that facilitates change.
- Interventive interviewing facilitates this change process by framing questions to
 - elicit useful information,
 - provoke change in the client's mental and emotional landscape, and
 - focus specific therapy on solutions.

Types of *Interventive* Interviewing Questions

1. Circular
2. Reflexive
3. Strategic
4. Externalizing
5. Empowering
6. Scaling
7. Exceptions
8. Positive description
9. Outcomes
10. Coping

Interventive Interviewing Questions

Circular Questions

Purpose

Expand client perception of the situation.

Therapist Intent

Explore to discover client concerns.

Sample

What would your spouse believe causes your depressed mood?

Interventive Interviewing Questions

Reflective Questions

Purpose

Mobilize client's problem-solving processes.

Therapist Intent

Guide or coach client to begin problem-solving.

Sample

What would it be like if you were free from depression?

Interventive Interviewing Questions

Strategic Questions

Purpose

Confront or lead the client to action.

Therapist Intent

Judge / suggest how one should act.

Sample

When are you going to stop talking so pessimistically about your future?

Interventive Interviewing Questions

Externalizing Questions

Purpose

Separate client's sense of self from the problem.

Therapist Intent

Free client from entrapment.

Sample

What are you like as a person when your life is not dominated by depressed moods?

Interventive Interviewing Questions

Empowering Questions

Purpose

Elicit client's sense of self-efficacy.

Therapist Intent

Draw out client's strengths.

Sample

What were you thinking and doing on those occasions when you were not depressed?

Interventive Interviewing Questions

Scaling Questions

Purpose

Measure the strength of the problem / solution.

Therapist Intent

Make exact measures.

Sample

If your mood is 4 on a 1 to 10 scale, what could you do to raise it to a 5 or 6?

Interventive Interviewing Questions

Exceptions Questions

Purpose

Spotlight client successes that have been unnoticed.

Therapist Intent

Thoroughly investigate strengths as well as weaknesses.

Sample

What accounts for the difference during the times when your mood is better?

Interventive Interviewing Questions

Positive Description Questions

Purpose

Replace negative goals with positive goals.

Therapist Intent

Motivational support.

Sample

What will you be doing instead of feeling depressed and dejected?

Interventive Interviewing Questions

Outcomes Questions

Purpose

Elicit client goal or end point for change.

Therapist Intent

Clarify outcomes and plans.

Sample

How will you now when you've finally overcome your depression?

Interventive Interviewing Questions

Coping Questions

Purpose

Explore coping strategies (past successes).

Therapist Intent

Facilitate finding hope when things are bleak.

Sample

What are you doing to keep your depression from becoming worse?

When & How to Use Interventive Questions

Initial Interview

- | | |
|--|---|
| 1. Begin with open ended question | 1. <i>“What brings you to counseling?”</i> |
| 2. Follow-up with some data gathering / linear questions | 2. <i>“When did you first notice these symptoms?”</i> |

Continued...

When & How to Use Interventive Questions

3. Specify the level of distress with scaling questions
4. Follow with outcome questions
3. *“If 1 is worst and 10 is best, what is your mood now?”*
4. *“When do you expect to feel better?”*

Continued...

When & How to Use Interventive Questions

5. Depending on client response, choose questions that move the client toward their outcome / goals.

- Positive description
- Circular
- Exception, etc.

5. *“What will you be doing when you are not feeling dejected and depressed?”*

When & How to Use Interventive Questions

Subsequent Interviews

Assessment

1. Discouraged and helpless.
2. Frightened or ambivalent about making changes.

Suggested Question

1. Coping, empowering, and positive description.
2. Externalizing and exceptions

When & How to Use Interventive Questions

Assessment

3. Stuck and resistant to movement toward goals.
4. Needs insight or another frame of reference.

Suggested Question

3. Strategic
4. Circular and reflective

Continued...

When & How to Use Interventive Questions

Assessment

5. At any time during the treatment to assess the client's perceptions of

- Distress,
- Impairment,
- Motivation,
- Readiness for change,
- Goal progress.

Suggested Question

5. Scaling

References

- Cormier, Sherry & Harold Hackney. *Counseling Strategies and Interventions*, 5th Edition. Allyn & Bacon, 1999.
- Hackney, Harold L. & L. Sherilyn Cormier. *The Professional Counselor: A Process Guide to Helping*, 4th Edition. Allyn & Bacon, 2001.
- Sperry, Len, John Carlson, & Diane Kjos. *Becoming An Effective Therapist*. Allyn & Bacon, 2003.

Practical and Ethical Issues

Practice and *Ethics*

Practical and ethical issues are inherent in counseling.

Three Phases (DePauw, 1986)

- Precounseling
- Service Provision
- Termination

Sperry, Len, John Carlson, & Diane Kjos. *Becoming An Effective Therapist*. Allyn & Bacon, 2003, pp. 181-199.

Pre-counseling/therapy Issues

- Danger / crisis concerns,
- Threats to self, others
- Child or elder abuse
- Informed consent
- Marketing and public communication

Sperry, Len, John Carlson, & Diane Kjos. *Becoming An Effective Therapist*. Allyn & Bacon, 2003, pp. 181-199.

Issues with On-Going Service

- Observe confidentiality.
- Comply with accurate record keeping standards.
- Value continuous personal growth.
- Seek supervision and training.

Sperry, Len, John Carlson, & Diane Kjos. *Becoming An Effective Therapist.*
Allyn & Bacon, 2003, pp. 181-199.

Issues with On-Going Service

- Remain within your own level of expertise.
- Refer clients when better service options are available.
- Work cooperatively with other human services professionals.

Sperry, Len, John Carlson, & Diane Kjos. *Becoming An Effective Therapist*. Allyn & Bacon, 2003, pp. 181-199.

Therapy Termination Issues

- Evaluation
 - Does the client have the ability to maintain gains made in therapy?
 - What resources does the client have to manage threats to these gains?
 - How has the change impacted family members or others?
- Consider referral needs

Sperry, Len, John Carlson, & Diane Kjos. *Becoming An Effective Therapist*. Allyn & Bacon, 2003, pp. 181-199.

Practice and Ethics

Information for Clients

- Parameters of confidentiality
- Expected number / frequency of sessions
- What to do in case of emergency
- Financial arrangements
 - Fees
 - Methods of payment
 - Insurance coverage

Information for Clients

- Management of
 - Missed appointments
 - Cancellations
 - Late arrival
- Rights
 - Withdrawal
 - Request a different therapist

Information for Clients

- Training, experience, and approach of the therapist
- Nature of supervision and / or consultation the therapist would receive
- Potential risk / benefits

Notes & Note Taking

- Become part of the client's profile / record.
- Provide a history of therapeutic process.
- Are reviewed in preparation prior to a session.
- Helpful if client is transferred or referred.

Sperry, Len, John Carlson, & Diane Kjos. *Becoming An Effective Therapist*. Allyn & Bacon, 2003, pp. 181-199.

Acquired Information

End of First Session...

Counselor

1. Make a tentative diagnosis
2. Obtain goal agreement

Client

1. Number / frequency of sessions
2. Confidentiality rights

Continued...

Acquired Information

End of First Session...

Counselor

3. Develop a treatment plan
4. Estimate number / frequency of sessions.

Client

3. Primary mode(s) of intervention
4. Financial arrangements

Treatment Plans

- Goals are developed around the client's symptoms.
- Treatment strategies are linked to client's goals.
- Clients participate in development of the treatment plan.
- Plans are reviewed throughout on-going therapy.
- Adjustments are made as needed.

Reference

Sperry, Len, John Carlson, & Diane Kjos.
Becoming An Effective Therapist. Allyn &
Bacon, 2003.