[Help Clients Determine What Kind of Change They Need or Want](https://jigsaw.vitalsource.com/books/9780357191538/epub/OEBPS/9781305865716_toc.xhtml" \l "toc-ch10-1)**[LO 10.1](https://jigsaw.vitalsource.com/books/9780357191538/epub/OEBPS/9781305865716_toc.xhtml" \l "toc-ch10-1)**

Therapy should be client driven. The degree of change sought is in the client’s hands. While focusing on trivial issues and insignificant life changes is to be avoided, a complete personality makeover is an unrealistic goal. But consider Charles Colson, President Nixon’s “hatchet man,” sent to jail in 1974 for obstructing justice. He converted to Christianity and changed his life radically. When he died in 2012 he had written some 30 books; received 15 honorary doctorates for his non profit work in prison ministry, prisoner rehabilitation, and prison reform; had been given the Templeton Prize for an “exceptional contribution to affirming life’s spiritual dimension”; and was awarded the Presidential Citizens Medal. It seems that Colson was high on the list of “100 percenters,” people who give their all to any task they undertake. Most change falls somewhere between a teenager’s upset over a lost girlfriend and the Colsons of the world. This is not to belittle the teenager’s agony. But there are goals and there are **goals**. Some are part of daily life and some deserve the title “stretch” goals.

**Help Clients Distinguish Needs from Wants**

In answering the question “How much change do clients need?” perhaps we need to ask another: “What kind of change does the client need?” In some cases, what clients want and what they need coincide. The lonely person wants a better social life and needs some kind of community to live a more engaging human life. In other cases, what clients want differs from what they need. Goal setting should focus on the package of needs and wants that makes sense for this particular client. Discrepancies must be worked out with the client. Consider the case of Irv.

Irv, a 41-year-old entrepreneur, collapsed one day at work. He had not had a physical in years. He was shocked to learn that he had both a mild heart condition and multiple sclerosis. His future was uncertain. The father of one of his wife’s friends had multiple sclerosis but had lived and worked well into his 70s. But no one knew what the course of the disease would be. Because he had made his living by developing and then selling small businesses, he wanted to continue to do this, but it was too physically demanding. What he needed was a less physically demanding work schedule. Working 60–70 hours per week, even though he loved it, was no longer in the cards. Furthermore, he had always plowed the money he received from selling one business into starting up another. But now he needed to think of the future financial well-being of his wife and three children. Up to this point, his philosophy had been that the future would take care of itself. It was very wrenching for him to move from a lifestyle he wanted to one he needed.

Involuntary clients often need to be challenged to look beyond their wants to their needs. One woman who voluntarily led a homeless life was attacked and severely beaten on the street. But she still wanted the freedom that came with her lifestyle. When challenged to consider the kinds of freedom she wanted, she admitted that freedom from responsibility was at the core. “I want to do what I want to do when I want to do it.” It was her choice to live the way she wanted. The counselor helped her explore the consequences of her choices and tried to help her look at other options. How could she be “free” and not at risk? Was there some kind of trade-off between what she wanted and what she needed? In the end, of course, the decision was hers.

In the following case, the client, dogged by depression, was ultimately able to integrate what he wanted with what he needed.

Milos had come to the United States as a political refugee. The last few months in his native land had been terrifying. He had been jailed and beaten. He got out just before another crackdown. Once the initial euphoria of having escaped had subsided, he spent months feeling confused and disorganized. He tried to live as he had in his own country, but the North American culture was too invasive. He thought he should feel grateful, and yet he felt hostile. After 2 years of misery, he began seeing a counselor. He had resisted getting help because “back home” he had been “his own man.”

In discussing these issues with a counselor, it gradually dawned on him that he wanted to reestablish links with his native land but that he needed to integrate himself into the life of his host country. He saw that the accomplishment of both these broad aims would be very freeing. He began finding out how other immigrants who had been here longer than he had accomplished this goal. He spent time in the immigrant community, which differed from the refugee community. In the immigrant community, there was a long history of keeping links to the homeland culture alive. But the immigrants had also adapted to their adopted country in practical ways that made sense to them. The friends he made became role models for him. The more active he became in the immigrant community, the more his depression lifted.

In this case, goals responded to a mixture of needs and wants. If Milos had focused only on one or the other, he would have remained unhappy.

**Understand the Continuum between First-Order and Second-Order Change**

First-order and second-order change are terms usually used when talking about organization or institutional change. **First-order change** is operational, while **second-order change** tends to be strategic. But the distinction relates in important ways to goal setting in therapy. Singhal, Rao, and Pant (2006) highlight the differences between first-order and second-order change as follows:

* Adjustments to the current situation versus changing the underlying system
* Motoring on as well as possible versus creating something new
* Change that might prove temporary versus change that is designed to endure
* Shoring up or fixing versus transforming
* Changed based on old learning or no learning versus changed based on new learning
* Change driven by the current set of values and behaviors versus change driven by a fundamental shift in values and behaviors
* The persistence of an old narrative versus the creation of a new narrative
* Fiddling with symptoms versus attacking causes

Given these characteristics, it is not surprising that in much of the literature, second-order change is seen, not just as a form of substantial change, but also as “good” or “real” change. First-order change is seen as the “little brother” of second-order change. Second-order change means rolling up our sleeves and resetting the system, while first-order change means tinkering or coping with the system. Second-order change deals with causes, while first-order change deals with symptoms. Second-order change resolves the problem, while first-order change leaves the underlying problem in place and deals mostly with the easily seen manifestations of the problem.

However, I do not think things are that simple. It might be more useful to see change as a continuum with minor change (first-order change) at one end and major change (second-order change) at the other. First-order change has its uses. Sometimes it is the only kind of change possible. Consider this case.

Algis and Rodaina have been married for almost five years. He is 42-years-old. She is 31-years-old. He is the son of Lithuanian immigrants. She emigrated from Palestine. They are both nominally Catholic, but come from quite different Catholic traditions. Both work. They have no children even though they have always “intended” to. They find themselves constantly squabbling more and more over a range of issues, some important, many relatively trivial. These constant squabbles are undermining their relationship. Every once in a while it all erupts into a very nasty argument. They are headed for deeper trouble.

During a session with their pastor, he suggests that they should begin to think seriously about having a child. “You’ve become too preoccupied with yourselves and your differences. A child will change everything. It will help you get out of yourselves. Love will take the place of strife.” He urges them to see a marriage counselor.

They do spend a few, at times stormy, sessions with a marriage counselor. He tries to help them talk with one another more constructively. He teaches them listening and responding skills. He coaches them on how to discuss their grievances with each other fairly and decently. He helps them engage in problem solving around key problems such as finances. There is some progress, but it is inconsistent—one step forward, one step backwards, one step sideways. The prognosis does not look good. Eventually they stop seeing him. “We’re getting nowhere anyway.”

Let us skip what their pastor said for the moment. Looking at their sessions with the counselor, we can ask ourselves the following questions:

* Were Algis and Rodaina making adjustments to their current situation or were they trying to reset or reinvent their relationship?
* Were they trying to motor on the best they could or were they trying to create something new?
* Were the changes they were making likely to be lasting or were they still in danger of falling back into their old ways?
* Were they striving for incremental improvement or transforming their relationship?
* Were they learning small steps toward making their relationship work or were they learning what a renewed relationship would look like?
* Was their usual set of values and behaviors still in place or were they working toward a fundamental shift in their values and behaviors?
* Were they creating a new “narrative” or was the old narrative still in place?
* Were they fiddling with symptoms or dealing with causes?

Helping Algis and Rodaina reduce the frequency and the intensity of their squabbling smacks of first-order change. Helping them take a good look attheir current relationship and changing the style and terms of that relationship is closer to second-order change. But it is up to them, with the help of their counselor, to ask themselves the kind of questions listed above and make their own choices.

Choosing an adaptive, rather than a stretch, goal has been associated with coping (Coyne & Racioppo, 2000; Folkman & Moskowitz, 2000; Lazarus, 2000; Snyder, 1999). All human beings cope rather than conquer at times. In fact, in human affairs as a whole, coping probably outstrips conquering. And sometimes people have no other choice. It’s cope or succumb. For some, coping has a bad reputation because it seems to be associated with mediocrity. But in many difficult situations helping clients cope is one of the best things helpers can do.

Coping, although a form of first-order change, often has an enormous upside. A young mother with three children has just lost her husband. Someone asks, “How’s she doing?” The response, “She’s coping quite well.” She’s not letting her grief get the better of her. She is taking care of the children and helping them deal with their sense of loss. She’s moving along on all the tasks that a death in a family entails. At this stage, what could be more positive than that? Often therapy means healing clients cope.

So how much or what kind of change do clients need? It depends. They are in the driver’s seat. They must make the decisions. The more you know about the ins and outs of goal setting and change, the more capable you are of helping them make the life-enhancing decisions that suit them.

[Master the Art of Setting and Accomplishing Goals **LO 10.2**](https://jigsaw.vitalsource.com/books/9780357191538/epub/OEBPS/9781305865716_toc.xhtml#toc-ch10-2)

In many ways Stages II and III together with the Action Arrow are the most important parts of the helping model because they are about **problem-managing outcomes** in an approach to helping that is client-directed and outcome-informed (CDOI). It is here that counselors help clients develop and implement programs for constructive change. In Stages II and III, counselors help clients ask and answer the following two commonsense but critical questions: “What outcomes do I want?” and “What do I have to do to get them?” This chapter deals with the first question. [Chapter 11](https://jigsaw.vitalsource.com/books/9780357191538/epub/OEBPS/21_9781305865716_ch11.xhtml#ch11) focuses on the second.

**Recognize the Power of Goal Setting**

Goal setting, whether it is called that or not, is part of everyday life. We all do it all the time.

Why do we formulate goals? Well, if we didn’t have goals, we wouldn’t do anything. No one cooks a meal, reads a book, or writes a letter without having a reason, or several reasons, for doing so. We want to get something we want through our actions or we want to prevent or avoid something we do not want. These desires are beacons for our actions; they tell us which way to go. When formalized into goals, they play an important role in problem solving. (Dorner, 1996, p. 49)

Even not setting goals is a form of goal setting. If we do not name our goals that does not mean that we do not have any. Instead of overt goals, then, we have a set of covert goals. These are our default goals. They may be enhancing or limiting. We do not like the sagging muscles and flab we see in the mirror. But not deciding to get into better shape is a decision to continue to allow the fitness program to drift.

Because life is filled with goals—chosen goals or goals by default—it makes sense to make them work for us rather than against us. Goals at their best mobilize our resources; they get us moving. They are a critical part of the self-regulation system. If they are the right goals for us, they get us headed in the right direction. There is a massive amount of sophisticated theory and research on goals and goal setting (Karoly, 1999; Locke & Latham, 1984, 1990, 2002). In their 2002 American Psychologist article, Locke and Latham summarize 35 years of empirical research on goal setting. According to this research, helping clients set goals empowers them in the following four ways.

***Goals help clients focus their attention*** A counselor at a refugee center in London described Simon, a victim of torture in a Middle Eastern country, to her supervisor as aimless and minimally cooperative in exploring the meaning of his brutal experience. Her supervisor suggested that she help Simon explore possibilities for a better future instead of focusing on the hell he had gone through. The counselor started one session by asking, “Simon, if you could have one thing you do not have, what would it be?” Simon response was immediate. “A friend,” he said. During the rest of the session, he was totally focused. What was uppermost in his mind was not the torture but the fact that he was so lonely in a foreign country. When he did talk about the torture, it was to express his fear that torture had “disfigured” him, if not physically, then psychologically, thus making him unattractive to others.

***Goals help clients mobilize their energy and direct their effort*** Clients who seem lethargic during the problem-exploration phase often come to life when asked to discuss possibilities for a better future. A patient in a long-term rehabilitation program who had been listless and uncooperative said to her counselor after a visit from her minister, “I’ve decided that God and God’s creation and not pain will be the center of my life. This is what I want.” That was the beginning of a new commitment to the arduous program. She collaborated more fully in doing exercises that helped her manage her pain. Clients with goals are less likely to engage in aimless behavior. Goal setting is not just a “head” exercise. Many clients begin engaging in constructive change after setting even broad or rudimentary goals.

***Goals provide incentives for clients to search for strategies to accomplish them*** Setting goals, a Stage II task, leads naturally into a search for means to accomplish them, a Stage III task. Lonnie, a woman in her 70s who had been described by her friends as “going downhill fast,” decided, after a heart-problem scare that proved to be a false alarm, that she wanted to, as she put it, “begin living again.” She said that the things that scared her most about almost meeting “Mr. Death” was that she felt that she had already died. But now her “resurrection” served as an incentive to live more fully. She said, “This time I’m going to live until I really die!”

***Clear and specific goals help clients persist*** Not only are clients with clear and specific goals energized to do something, but they also tend to work harder and longer. An AIDS patient who said that he wanted to be reintegrated into his extended family managed, against all odds, to recover from five hospitalizations to achieve what he wanted. He did everything he could to buy the time he needed. Clients with clear and realistic goals do not give up as easily as clients with vague goals or with no goals at all.

One study (Payne, Robbins, & Dougherty, 1991) showed that high-goal-directed retirees were more outgoing, involved, resourceful, and persistent in their social settings than low-goal-directed retirees. The latter were more self-critical, dissatisfied, sulky, and self-centered. People with a sense of direction do not waste time in wishful thinking. Rather, they translate wishes into specific outcomes toward which they can work. Picture a continuum. At one end is the aimless person; at the other, there is a person with a keen sense of direction. Your clients may come from any point on the continuum. Taz knows that he wants to become a better supervisor but needs help in developing a program to do just that. On the other hand, Lola, one of Taz’s colleagues, doesn’t even know whether this is the right job for her and does little to explore other possibilities. Any given client may be at different points with respect to different issues—for instance, mature in seizing opportunities for education but aimless in developing sexual maturity. Most of us have had directionless periods in one area of life or another at one time or another.

**Remember That Therapy Is Both Art and Science**

The answer to the question “Is therapy an art or a science?” is “Yes.” It is a product of the social sciences (not the “hard” sciences such as physics or chemistry, so it is imperative that therapists adapt and tailor its research findings to the needs of clients. Therapists with a design-thinking mentality help clients design rather than set goals. They help clients design their future. Design is usually associated with the arts. But, as we have seen, there is a movement to incorporate “design thinking” into problem management (Ambrose & Harris, 2010; Lockwood, 2010) or vice versa. Ill-defined problems constitute the starting point of design thinking which moves on to acquiring a deeper understanding of the context of the problem. This kind of thinking highlights creativity in the search for insights and solutions. Design thinking often starts with the goal, and then moves between the present and the future in the search for creative solutions. The ultimate challenge is to fit the solution to the context.

As you can see, much of design thinking sounds like some of the main themes of the *art* of problem management. Therapy needs to be both rigorous and softedged. There is both art and science in what we do. There is an art to helping clients explore possibilities for a better future before nailing down one possibility or a particular set. While a lot of the books on design thinking are focused on business (Merholz, Wilkens, Schauer, & Verba, 2008), they still provide the principles underlying such thinking. Stanford offers a Design Thinking Boot Camp that is associated with its business school. There are a number of design-thinking programs for higher education and for educators in general (Bell, 2010). IDEO, a global design firm, relates design thinking to creating a more desirable future in the face of difficult challenges. Sounds like Stage II of the problem-management process. Some see design thinking as nonsense, perhaps because of the way it mixes art and reason, but I see it as a softer-edged contribution to the helping professions that can help produce hard-edged results.

**Appreciate the Role of Hope in Therapy**

Stage II is about yet-to-be-realized outcomes. It’s about the future. And so hope, another soft-edged concept or experience that can have a hard-edged impact on therapeutic outcomes, is involved. Hope, as part of human experience, is as old as humanity. Who of us has not started sentences with “I hope … ”? Hope plays a key role in both developing and implementing possibilities for a better future. An Internet search reveals that scientific psychology has not always been interested in hope (R. S. Lazarus, 1999; Stotland, 1969). But our clients are.

Rick Snyder, who, as we have seen earlier, has written extensively about the positive and negative uses of excuses in everyday life (Snyder & Higgins, 1988; Snyder, Higgins, & Stucky, 1983), became a kind of champion for hope (1994, 1995, 1997, 1998; McDermott & Snyder, 1999; Snyder, McDermott, Cook, & Rapoff, 1997; Snyder, Michael, & Cheavens, 1999). Indeed, he linked excuses and hope in an article entitled “Reality negotiation: From excuses to hope and beyond” (1989). He died in 2006 and the encomiums he received at the time of his death from his colleagues at the University of Kansas indicated how well he lived what he preached.

In psychological terms hope in therapy is sometimes called “expectancy.” Or, because expectancies can be positive, neutral, or negative, the term “positive-outcome expectancy bias” is used. There is plenty of evidence to show that clients who expect therapy outcomes to be positive have a better chance of achieving positive outcomes. At any rate, hope and expectancy can play an important role in therapy (Reiter, 2010; Westra, Constantino, & Aviram, 2011— an Internet search will give you dozens of articles).

Over the course of history there have been different takes on hope. But even in science there are positive views of hope and some research backing them up. Jerome Groopman (2004), who holds a chair of medicine at Harvard Medical School, in a very moving book on the anatomy of hope, defines it “as the elevating feeling we experience when we see—in the mind’s eye—a path to a better future. Hope acknowledges the significant obstacles and deep pitfalls along that path. True hope has no room for delusion” (p. xiv). His search for a scientific basis for understanding the key role that hope plays in dealing with illness takes him to the “biology” of hope. His book also shows how counseling is at the heart of medical practice.

Snyder, on the other hand, started with the premise that human beings are goal directed and relates hope to the goal-setting process. According to Snyder, hope is the process of:

* Thinking about one’s goals—for instance, Serena is determined that she will give up smoking, drinking, and soft drugs now that she is pregnant.
* Having the will, desire, or motivation to move toward these goals—Serena is serious about her goal because she has seen the damaged children of mothers on drugs, and she is also, at heart, a decent, caring person.

Hope is a dimension of the problem-management process. Serena is hopeful. If we say that Serena has “high hopes,” we mean that her goal is clear, her sense of agency (or urgency) is high, and that she is realistic in planning the pathways to her goal. Both a sense of agency and some clarity around pathways are required.

Hope, of course, has emotional connotations. But it is not a free-floating emotion. Rather, it is the by-product or outcome of the work of setting goals, developing a sense of agency, and devising pathways to the goal. Serena feels a mixture of positive emotions—elation, determination, satisfaction—knowing that “the will” (agency) and “the way” (pathways) have come together. Success is in sight even though she knows that there will be barriers—for instance, the ongoing lure of tobacco, wine, and soft drugs.

Snyder (1995, pp. 357–358) combed the research literature in order to discover the benefits of hope as he defines it. Here is what he found.

The advantages of elevated hope are many. Higher as compared with lower hope people have a greater number of goals, have more difficult goals, have success at achieving their goals, perceive their goals as challenges, have greater happiness and less distress, have superior coping skills, recover better from physical injury, and report less burnout at work, to name but a few advantages.

An article in the Harvard Heart Letter (August, 2008) highlights the benefits of hope but counsels balance: “Hope is a powerful force. It can sustain you through personal tragedy or can carry you through the dark tunnel of disease. A sense of realism matters, too, grounding hope before it flits into fantasy” (p. 2).

**Become Competent in the Three Tasks of Stage II**

Stage II is about helping clients design a better future for themselves. As Gelatt (1989) noted, “The future does not exist and cannot be predicted. It must be imagined and invented” (p. 255). The interrelated tasks of Stage II (see [Figure 10.1](https://jigsaw.vitalsource.com/books/9780357191538/epub/OEBPS/20_9781305865716_ch10.xhtml#fig10.1)) outline three ways in which helpers can partner with their clients with a view to exploring, designing, and developing this better future. These three interrelated tasks are as follows:

* **Task II-A—Develop Problem-Managing Possibilities.** “What possibilities do I have for a better future?” “What are some of the things I think I want?” “What about my needs?” “What would my problem situation look like if it were being managed well?” In helping clients move from problems to solutions, counselors help them develop a sense of hope.
* **Task II-B—Choose Outcomes with Impact.** “What do I really want and need? What outcomes will manage my problem situation and/or help me develop some unused opportunity?” Here counselors help clients craft a viable change agenda from among the possibilities.
* **Task II-C—Demonstrate Commitment.** “What am I willing to pay for what I want?” Help clients discover incentives for the work needed to achieve these outcomes.

In actual counseling sessions, Stage I and Stage II are intermingled. Stories lead to the discovery of problem-managing goals, then there is often a return to the story and new perspectives emerge, and this leads tom the modification of the goals. At noted in [Chapter 8](https://jigsaw.vitalsource.com/books/9780357191538/epub/OEBPS/18_9781305865716_ch8.xhtml#ch8), clients engage in small or large actions that move this entire process forward.

A *goal* is some desired state. Clive, a young man in DUI trouble realized that an essential goal was to stop drinking. But a goal is just an idea until it is accomplished. An accomplished goal is an *outcome*, and, as we have seen therapy is about life-enhancing outcomes for clients. Clive, perhaps driven by the fear of jail time for one more DUI citation, joined AA, conscientiously followed the program, and stopped drinking—an essential outcome. But there is one more important factor or dimension. The outcome must have the desired *impact* on the client’s life, that is, it must be a *problem-managing*outcome (or opportunitydeveloping outcome), which it was in Clive’s case. He no longer had to fear another DUI citation as long as he avoided alcohol. In a sense we can say that Clive “solved” his problem. In many ways, outcomes are more important than actions through which they are achieved. Although Clive chose the AA program, he could have cut his addiction to alcohol in other ways.

**FIGURE 10.1**  
The Three Tasks of Stage II

Perhaps it is best to avoid the word “solution.” Mathematical problems have solutions, but problems in living need to be managed rather than solved. Moreover, when it comes to changing human behavior the term “solution” can mean two different things. An outcome with the desired impact is a solution with a big S—in Clive’s case eliminating the alcohol habit. The actions leading to this outcome—his adherence to the AA program—constitute a solution with a small s. Programs that lead to outcomes are not outcomes themselves. They should not be confused. When facing a problem situation, some, perhaps many, clients try a variety of solutions-with-a-small-s, that is, action programs, until they find one that works. This may ultimately be effective, that is, the goal is accomplished, but some professionals say that this hit-and-miss process leading to the accomplishment is not very efficient. They contend that people do not tend to learn very much from this approach, but they keep trying it because “it works.”

Other professionals such as entrepreneurs ([Chapter 3](https://jigsaw.vitalsource.com/books/9780357191538/epub/OEBPS/11_9781305865716_ch3.xhtml#ch3)) and those who espouse design-thinking or action-learning approaches to change ([Chapter 2](https://jigsaw.vitalsource.com/books/9780357191538/epub/OEBPS/10_9781305865716_ch2.xhtml#ch2)) take a much different approach. They contend that an overly rigorous search for the “one right answer” is not only inefficient but also inhuman. Clients do not think this way. The messier approach, they say, provides many different kinds of learning. Messiness is more innovative. Your job is to use approaches that best fit the needs of your clients. Some will want rigor, others will benefit from a bit of messiness. You will need to adapt.

[II-A: Help Clients Discover Possibilities for a Better Future **LO 10.3**](https://jigsaw.vitalsource.com/books/9780357191538/epub/OEBPS/9781305865716_toc.xhtml#toc-ch10-3)

The goal of Task II-A is to help clients develop a sense of direction by exploring *possibilities* for a better future. I once was sitting alone at the counter of a late-night diner when a young man sat down next to me even though all the other stools were empty. The conversation drifted to the problems he was having with a friend of his. I listened for a while and then asked, “Well, if your relationship was just what you wanted it to be, what would it look like?” It took him a bit of time to get started, but eventually he drew a picture of the kind of relationship he could live with. Then he stopped, looked at me, and said, “You must be a professional.” I believe he thought that I must be a professional because this was the first time in his life that anyone had ever asked him to describe some possibilities for a better future.

Reviewing possibilities for a better future often helps clients move beyond the problem-and-misery mind-set they bring with them and develop a sense of hope. It can also help clients understand their problem situations better—“Now that I am beginning to know what I want, I can see my problems and unused opportunities more clearly.” This is a common example of the intermingled nature of the task of the problem-management process.

Christine, a single woman in her mid-thirties, thought that getting the right career would be the most important thing in life. After receiving an MBA, she got an excellent job in an investment firm and advanced rapidly, doing better than any other woman in the firm. She was extremely busy; her life was full. At age 38, she met a very engaging married man and had an affair that lasted a year. The affair ended abruptly when his wife sued for divorce. Then everything collapsed for Christine. In her first session with a therapist she said that both her job and the affair were “meaningless.”

“Meaning” became the main theme of her five sessions over 15 weeks with the therapist. At times she despairingly argued that the word “meaning” was itself meaningless. But a life without meaning was worse. After all, her job and even her affair gave some kind of meaning to her life. “Or,” she would ask, “Did they just give me satisfaction? An ugly word!” At the beginning of one session, when the therapist asked for feedback on what had happened between sessions, Christine said, “Meaning is the real thing. Happiness is a byproduct.” They went on to discuss the kinds of things that would give “the right kind of meaning.” A new career, reconnecting with family, religion, politics, becoming a social entrepreneur, marriage, children all competed with one another in her review of meaning.

In the end, Christine discovered for herself that “getting out of myself and getting creatively involved with others is central to what I want. My whole me-centered life has been a bust.” She continued to explore possibilities on her own and finally made the decision to become “her kind” of social entrepreneur.

Too many clients are locked in to the present. Even when they try to use their imaginations, they think incrementally. The future they envision is not much better than the present they dislike. Helping clients engage in some kind of “break away” thinking can be invaluable.

At its best, counseling helps clients move from problem-centered mode to “discovery” mode. Discovery mode involves creativity and divergent thinking. Do an Internet search on creativity and divergent thinking and you will be overwhelmed by the results. Dean Simonton (2000) reviewed advances in our understanding and use of creativity as part of positive psychology. According to Taylor, Pham, Rivkin, and Armor (1998), however, not just any kind of mental stimulation will do. Mental stimulation is helpful to the degree that it “provides a window on the future by enabling people to envision possibilities and develop plans for bringing those possibilities about. In moving oneself from a current situation toward an envisioned future one, the anticipation and management of emotions and the initiation and maintenance of problem-solving activities are fundamental tasks” (p. 429).

Your role in helping clients become more creative in their thinking about the future is an important, even essential. Uzzi and Spiro (2005) debunk the myth that creativity is the “brash work of loners” (p. 448). Their research shows that creative thinking and acting at it best it is a social enterprise. And therapy is just that, a social enterprise. Helping is a two-person collaborative exercise in creativity. You are truly a catalyst for the client’s elusive creative abilities.

If you ask a married couple, “If you are to stay married, what kind of marriage do you want? What would it look like?” Their answer is rooted in the marriage they have but do not want. They are being asked to move beyond the problem situation that they know only too well. They are being asked, to use Simonton’s phrase, to “harness the imagination.” Here are some ways to help clients to do precisely that.

**Help Clients Focus on Their “Possible Selves”**

One of the characters in Gail Godwin’s (1984) novel *The Finishing School* warns against getting involved with people who have “congealed into their final selves.” Clients come to helpers, not necessarily because they have congealed into their final selves—if this is the case, why come at all?—but because they are stuck in their current selves. Counseling is a process of helping clients get “unstuck” and develop a sense of direction. Markus and Nurius used the term possible selves to represent “individuals’ ideas of what they might become, what they would like to become, and what they are afraid of becoming” (1986, p. 954). Over the years a great deal of interesting and clinically useful research has been done on the concept of “possible selves” (Bardach et al., 2010; Carroll, Shepperd, & Arkin, 2010; Cross & Markus, 1991, 1994; Eagly, Eastwick, & Johannesen-Schmidt, 2009; Meek, 2011; Oyserman, Bybee, & Hart-Johnson, 2004; Robinson, Davis, & Meara, 2003; Rossiter, 2007). Although we are using the term as a tool for helping clients imagine a better future for themselves, it is also possible that clients come to us with very limiting or negative possible selves. Consider the case of Ernesto. He was very young but very stuck for a variety of sociocultural and emotional reasons.

A counselor first met Ernesto in the emergency room of a large urban hospital. He was throwing up blood into a pan. He was a member of a street gang, and this was the third time he had been beaten up in the last year. He had been so severely beaten this time that it was likely that he would suffer permanent physical damage. Ernesto’s lifestyle was doing him in, but it was the only one he knew. No thought of any kind of upbeat possible self crossed his mind. He was in desperate need of a new way of living, a new scenario, and a new way of participating in city life. This time he was hurting enough to consider the possibility of some kind of change. The counselor worked with Ernesto, not by helping him explore the complex sociocultural and emotional reasons he was in this fix, but principally by helping him explore some upbeat “possible selves” in order to discover a different purpose in life, a different direction, a different lifestyle.

“Possible selves encompass not only the goals we are seeking but all the imaginable futures we might occupy” (King & Hicks, 2007, p. 626). The term possible self, although psychologically respectable, has a flair to it that can capture clients’ imaginations in a way that the term “goal” cannot.

**Help Clients Tap into Their Creativity**

One of the myths of creativity is that some people are creative and others are not. All of us have some spark of creativity within us. So clients can be more creative than they are. It is a question of finding ways to help them be so. Of course, counselors cannot help clients be more creative unless they themselves are creative about the helping process itself. Carson and Becker (2004), in reviewing a group of articles in a special 2002 issue of the *Journal of Clinical Activities, Assignments, & Handouts in Psychotherapy Practice* (see Hecker & Kottler, 2002), suggest that “being able to access our own creativity at peak levels in an effort to help clients tap their own creative problem-solving abilities (internal and relational) and creative resources is a prerequisite to effective therapy” (p. 111). Clients, they say, should be a source of creativity for helpers and vice versa. Stages II and III help clients tap into their dormant creativity.

A review of the requirements for creativity (see Cole & Sarnoff, 1980; Robertshaw, Mecca, & Rerick, 1978, pp. 118–120) shows, by implication, that people in trouble often fail to use whatever creative resources they might have. The creative person is characterized by the following (rate yourself as you read through the list):

* *Optimism and confidence* (whereas clients are often depressed and feel powerless)
* *Acceptance of ambiguity and uncertainty* (whereas clients may feel tortured by ambiguity and uncertainty and want to escape from them as quickly as possible)
* *A wide range of interests* (whereas clients may be people with a narrow range of interests or whose normal interests have been severely narrowed by anxiety
* *Flexibility* (whereas clients may have become rigid in their approach to themselves, others, and the social settings of life)
* *Tolerance of complexity* (whereas clients are often confused and looking for simplicity and simple solutions)
* *Verbal fluency* (whereas clients are often unable to articulate their problems, much less their goals and ways of accomplishing them)
* *Curiosity* (whereas clients may not have developed a searching approach to life or may have been hurt by being too venturesome)
* *Drive and persistence* (whereas clients may be all too ready to give up)
* *Independence* (whereas clients may be quite dependent or counter dependent)
* *Nonconformity* or reasonable risk taking (whereas clients may have a history of being very conservative and conformist.

Of course some clients may be nonconformist but get into trouble because their particular “brand” of nonconformity does not sit well with others.

On the other hand, innovation is hindered by the following (see Azar, 1995):

* *Fear*—clients are often quite fearful and anxious.
* *Fixed habits*—clients may have self-defeating habits or patterns of behavior that may be deeply ingrained.
* *Dependence on authority*—clients may come to helpers looking for the “right answers” or be quite counter dependent (the other side of the dependence coin) and fight efforts to be helped.
* *Perfectionism*—clients may come to helpers precisely because they are hounded by this problem and can accept only ideal or perfect solutions.

**Help Clients Engage in Divergent Thinking**

Many people habitually take a convergent-thinking approach to problem solving— that is, they look for the “one right answer” or the one that would be culturally acceptable. Such thinking has its uses, of course. Often enough there is a right answer. However, many of life’s problem situations are too complex to be handled by convergent thinking. Such thinking limits the ways in which people use their own and environmental resources.

Divergent thinking, on the other hand, assumes that there is always more than one answer. De Bono (1992) called it “lateral thinking.” It is related to curiosity, “a positive emotional-motivational system associated with the recognition, pursuit, and self-regulation of novelty and challenge” (Kashdan, Rose, & Fincham, 2004, p. 291). Consider the following case.

Quentin wanted to be a doctor, so he enrolled in the premed program at school. He did well but not well enough to get into medical school. When he received the last notice of refusal, he said to himself, “Well, that’s it for me and the world of medicine. Now what will I do?” When he graduated, he took a job in his brother-in-law’s business. He became a manager and did fairly well financially, but he never experienced much career satisfaction. He was glad that his marriage was good and his home life rewarding, because he derived little satisfaction from his work.

Not much divergent thinking went into handling this problem situation. No one asked Quentin what he really wanted. For Quentin, becoming a doctor was the “one right career.” He did not give serious thought to any other career related to the field of medicine, even though there are dozens and dozens of interesting and challenging jobs in the field of health care.

The case of Caroline, who also wanted to become a doctor but failed to get into medical school, is quite different from that of Quentin.

Caroline thought to herself, “Medicine still interests me; I’d like to do something in the health field.” With the help of a medical career counselor, she reviewed the possibilities. Even though she was in premed, she had never realized that there were so many medical careers. She decided to take whatever courses and practicum experiences she needed to become a nurse. Then, while working in a clinic in the hills of Appalachia—an invaluable experience for her—she managed to get an M.A. in family-practice nursing by attending a nearby state university part time. She chose this specialty because she thought that it would enable her to be closely associated with delivery of a broad range of services to patients and would also enable her to have more responsibility for the delivery of these services.

When Caroline graduated, she entered private practice as a nurse practitioner with a doctor in a small Midwestern town. Because the doctor divided his time among three small clinics, Caroline had a great deal of responsibility in the clinic where she practiced. She also taught a course in family-practice nursing at a nearby state school and conducted workshops in holistic approaches to preventive medical self-care. Still not satisfied, she began and finished a doctoral program in practical nursing. She taught at a state university and continued her practice. Needless to say, her persistence paid off with an extremely high degree of career satisfaction. She became the dean of a state school of nursing.

Quentin’s case is probably the norm, not Caroline’s. For many, divergent thinking is either uncomfortable or too much work.

**Use Brainstorming Adaptively**

One way of helping clients think divergently and more creatively is brainstorming. Brainstorming is a simple idea-stimulation technique for exploring the elements of complex situations. Brainstorming in Stages II and III is a tool for helping clients develop both possibilities for a better future and ways of making this future a reality.

There are certain rules that help make this technique work: suspend judgment, produce as many ideas as possible, use one idea as a takeoff point for others, get rid of normal constraints to thinking, and produce even more ideas by clarifying items on the list. Here, then, are the rules.

***Suspend your own judgment, and help clients suspend theirs*** When brainstorming, do not let clients criticize the ideas they are generating and, of course, do not criticize them yourself. There is some evidence that this rule is especially effective when the problem situation has been clarified and defined and goals have not yet been set. In the following example, a woman whose children are grown and married is looking for ways of putting meaning into her life.

***CLIENT:*** One possibility is that I could become a volunteer, but the very word makes me sound a bit pathetic.

***HELPER:*** Add it to the list. Remember, we’ll discuss and critique them later.

Having clients suspend judgment is one way of handling the tendency on the part of some to play a “Yes, but” game with themselves. That is, they come up with a good idea and then immediately show why it isn’t really a good idea, as in the preceding example. By the same token, avoid saying such things as “I like that idea,” “This one is useful,” “I’m not sure about that idea,” or “How would that work?” Premature approval and criticism cut down on creativity. A marriage counselor was helping a couple brainstorm possibilities for a better future. When Nina said, “We will stop bringing up past hurts,” Tip, her husband, replied, “That’s your major weapon when we fight. You’ll never be able to give that up.” The helper said, “Add it to the list. We’ll look at the realism of these possibilities later on.”

***Encourage clients to come up with a wide but focused range of possibilities*** The traditional principle is that quantity ultimately breeds quality. Some of the best ideas come along later in the brainstorming process. Cutting the process short can be self-defeating. In the following example, a man in a sex-addiction program has been brainstorming activities that might replace his preoccupation with sex.

***CLIENT:*** Maybe that’s enough. We can start putting it all together.

***HELPER:*** It doesn’t sound like you were running out of ideas.

***CLIENT:*** I’m not. It’s actually fun. It’s almost liberating.

***HELPER:*** Well, let’s keep on having fun for a while.

***CLIENT (pausing):*** Ha! I could become a monk.

Later on, the counselor, focusing on this “possibility,” asked, “What would a modern-day monk who’s not even a Catholic look like?” This helped the client explore the concept of sexual responsibility from a completely different perspective and to rethink the place of religion and service to others in his life.

However, possibility generation is not an end in itself. Coyne, Clifford, and Dye (2007) challenge the quantity-breeds-quality rule, at least in terms of its efficiency. They suggest that *focused* brainstorming does a better job. In counseling that means the helper formulates questions relevant to the client’s problems or unused opportunities and then helps the client brainstorm around these more focused issues. When it comes to how extensive brainstorming should be, use your clinical judgment, your social intelligence, to determine when enough is enough. If a client wants to stop, often it’s best to stop.

***Help clients use one idea to stimulate others*** This is called piggybacking. Without criticizing the client’s productivity, encourage him or her both to develop strategies already generated and to combine different ideas to form new possibilities. In the following example, a client suffering from chronic pain is trying to come up with possibilities for a better future.

***CLIENT:*** Well, if there is no way to get rid of all the pain, then I picture myself living a full life without pain at its center.

***HELPER:*** Expand that a bit for me.

***CLIENT:*** The papers are filled with stories of people who have been living with pain for years. When they’re interviewed, most of them look miserable. They’re like me. But every once in a while there is a story about someone who has learned how to live creatively with pain. Very often they are involved in some sort of cause that takes up their energies. They do not have time to be preoccupied with pain. When one client with multiple sclerosis brought of this possibility: “I’ll have a friend or two with whom I can share my frustrations as they build up,” the helper asked, “What would that look like?” The client replied, “Not just a complaining session or just a poor-me thing. It would be a normal part of a give-and-take relationship. We’d be sharing both joys and pain of our lives like other people do.”

***Help clients let themselves go and develop some “wild” possibilities*** When clients seem to be “drying up” or when the possibilities being generated are quite pedestrian, you might say, “Okay, now draw a line under the items on your list and write the word wild under the line. Now let us see if you can come up with some really wild possibilities.” Later it is easier to cut suggested possibilities down than to expand them. The wildest possibilities often have within them at least a kernel of an idea that will work. In the following example, an older single man who is lonely is exploring possibilities for a better future.

***CLIENT:*** I can’t think of anything else. And what I’ve come up with isn’t very exciting.

***HELPER:*** How about getting a bit wild? You know, some crazy possibilities.

***CLIENT:*** Well, let me think….I’d start a commune and would be living in it….And….

Clients often need permission to let themselves go even in harmless ways. They repress good ideas because they might sound foolish. Helpers need to create an atmosphere in which such apparently foolish ideas will be not only accepted but also encouraged. Help clients come up with conservative possibilities, liberal possibilities, radical possibilities, and even outrageous possibilities.

That said, brainstorming might not be your client’s cup of tea, or your cup of tea. It’s not always necessary or even advisable to use brainstorming explicitly. As helper, you can keep these rules—which themselves are not set in stone—in mind and then by sharing highlights and using probes, you can get clients to brainstorm even though they do not know that’s what they’re doing. A brainstorming mentality, not its ritualistic practice, is useful throughout the helping process.

**Use Future-Oriented Probes**

One way of helping clients invent the future is to ask them, or get them to ask themselves, future-oriented questions related to their current unmanaged problems or undeveloped opportunities. The following questions are different ways of helping clients find answers to the questions “What do you want?” and “What do you need?”

* **What would this problem situation look like if you were managing it better?** Ken, a college student who has been a “loner,” has been talking about his general dissatisfaction with his life. In response to this question, he said, “I’d be having fewer anxiety attacks. And I’d be spending more time with people rather than by myself.”
* **What changes in your present lifestyle would make sense?** Cindy, who described herself as a “bored homemaker,” replied, “I would not be drinking as much. I’d be getting more exercise. I would not sit around and watch the soaps all day. I’d have something meaningful to do.”
* **What would you be doing differently with the people in your life?** Lon, a graduate student at a university near his parents’ home, realized that he had not yet developed the kind of autonomy suited to his age. He mentioned these possibilities: “I would not be letting my mother make my decisions for me. I’d be sharing an apartment with one or two friends.”
* **What current patterns of behavior would be eliminated?** Bridget, a resident in a nursing home, added these to her list, “I would not be putting myself down for incontinence I cannot control. I would not be complaining all the time. It gets me and everyone else down!”
* **What would you have that you do not have now?** Sissy, a single woman who has lived in a housing project for 11 years, said, “I’d have a place to live that’s not rat-infested. I’d have some friends. I wouldn’t be so miserable all the time.” Drew, a man tortured by perfectionism, mused, “I’d be wearing sloppy clothes, at least at times, and like it. More than that, I’d have a more realistic sense of the world and my place in it. The world is messy; it’s chaotic much of the time. I’d find the beauty in the chaos.”
* **What accomplishments would be in place that are not in place now?** Ryan, a divorced man in his mid-30s, said, “I’d have my degree in practical nursing. I’d be doing some part-time teaching. I’d be close to someone that I’d like to marry.”
* **What would an unused opportunity look like if you were to develop it?** Enid, a woman with a great deal of talent who has been given one modest promotion in her company but who feels like a second-class citizen, had this to say: “In two years I’ll be an officer of this company or have a very good job in another firm.”

It is a mistake to suppose that clients will automatically gush with answers. Ask the kinds of questions just listed, or encourage them to ask themselves the questions, but then help them answer them.

**Help Clients Review Exemplars and Role Models as a Source of Possibilities**

Some clients can see future possibilities better when they see them embodied in others. You can help clients brainstorm possibilities for a better future by helping them identify exemplars or models. By models, I do not mean superstars or people who do things perfectly. That would be self-defeating. In the next example, a marriage counselor is talking with a middle-aged, childless couple. They are bored with their marriage. When he asked them, “What would your marriage look like if it looked a little better?” he could see that they were stuck.

***COUNSELOR:*** Maybe the question would be easier to answer if you reviewed some of your married relatives, friends, or acquaintances.

***WIFE:*** None of them have super marriages. (Husband nods in agreement.)

***COUNSELOR:*** No, I do not mean super marriages. It’s about bits and pieces, smaller thing that you could put in your marriage that would make it a little better.

***WIFE:*** Well, Fred and Lisa are not like us. They do not always have to be doing everything together.

***HUSBAND:*** Who says we have to be doing everything together? I thought that was your idea.

***WIFE:*** Well, we always are together. If we weren’t always together, we wouldn’t be in each other’s hair all the time.

***COUNSELOR:*** All right, who else do you know who are doing things in their marriage that appeal to you? Anyone.

***HUSBAND:*** You know Ron and Carol do some volunteer work together. Ron was saying that it gets them out of themselves. I bet they have better conversations because of it.

Even though it was a somewhat torturous process, these two people were able to come up with a range of possibilities for a better marriage. The counselor had them write them down so they wouldn’t lose them. At this point, the purpose was not to get the clients to commit themselves to these possibilities but to identify them.

In the following case, the client finds herself making discoveries by observing people she had not identified as models at all.

Fran, a somewhat withdrawn college junior, realizes that when it comes to interpersonal competence, she is not ready for the business world she intends to enter when she graduates. She wants to do something about her interpersonal style and a few nagging personal problems. She sees a counselor in the Office of Student Services. After a couple of discussions with him, she joins a “lifestyle” group on campus that includes some training in interpersonal skills. Even though she expands her horizons a bit from what the members of the group say about their experiences, behaviors, and feelings, she tells her counselor that she learns even more by watching her fellow group members in action. She sees behaviors that she would like to incorporate into her own style. A number of times she says to herself in the group, “Ah, there’s something I never thought of.” Without becoming a slavish imitator, she begins to incorporate some of the patterns she sees in others into her own style.

Models or exemplars can help clients name what they want more specifically. Models can be found anywhere: among the client’s relatives, friends, and associates, in books, on television, in history, in movies. Counselors can help clients identify models, choose those dimensions of others that are relevant, and translate what they see into realistic possibilities for themselves.

**Review the Case of Brendan: Dying Better**

Brendan, a heavy drinker, had extensive and irreversible liver damage, and it was clear that he was getting sicker. But he wanted to “get some things done” before he died. Brendan’s action orientation helped a great deal. Over the course of a few months, a counselor helped him to name some of the things he wanted before he died or on his journey toward death. Brendan in a homework exercise came up with the following possibilities:

* “I’d like to have some talks with someone who has a religious orientation, like a minister. I want to discuss some of the ‘bigger’ issues of life and death.”
* “I don’t want to die hopeless. I want to die with a sense of meaning.”
* “I want to belong. You know, to some kind of community, people who know what I’m going through, but who are not sentimental about it. People not disgusted with me because of the way I’ve done myself in.”
* “I’d like to get rid of some of my financial worries.”
* “I’d like a couple of close friends with whom I could share the ups and downs of daily life. With no apologies.”
* “As long as possible, I’d like to be doing some kind of productive work, whether paid or not. I’ve been a flake. I want to contribute even if just in an ordinary way.”
* “I need a decent place to live, maybe with others.”
* “I need decent medical attention. I’d like a doctor who has some compassion; one who could challenge me to live until I die.”
* “I need to manage these bouts of anxiety and depression better.”
* “I want to get back with my family again. I want to hug my dad. I want him to hug me.”
* “I’d like to make peace with one or two of my closest friends. They more or less dropped me when I got sick. But at heart, they’re good guys.”
* “I want to die in my hometown.”

Of course, Brendan did not name all these possibilities at once. Through empathy and probes, the counselor helped Brendan name what he needed and wanted and then helped him stitch together a set of goals from these possibilities (Stage II) and ways of accomplishing them (Stage III).

[II-B: Use Flexible Guidelines to Help Clients Set Goals **LO 10.4**](https://jigsaw.vitalsource.com/books/9780357191538/epub/OEBPS/9781305865716_toc.xhtml#toc-ch10-4)

Practical goals do not usually leap out fully formed. They need to be shaped or designed. Effective counselors add value by engaging clients in the kind of dialogue that will help them design, choose, craft, shape, and develop their goals. Goals are specific statements about what clients want and need. The goals that emerge through this client-helper dialogue are more likely to be workable if they have, for the most part, the following characteristics. They need to be stated as outcomes; specific enough to be verifiable; substantially related to the problem situation; venturesome and prudent; realistic; sustainable; reasonably flexible; congruent with the client’s values; and set in a reasonable time frame.

Just how this package of goal characteristics will look in practice will differ from client to client. There is no one formula. From a practical point of view, these characteristics can be seen as “tools” that counselors can use to help clients design and shape or reshape their goals. In general, goals with these characteristics are more likely to be turned into problem-managing outcomes with the desired impact on clients’ lives. If you listen carefully to clients, they will provide hints or clues or cues as to when any given principle might help. These principles are not a step-by-step program. Ineffective helpers will get lost in the details of these characteristics. Some might say, “Clients do not need all this,” and they would be right. Helpers need to understand the anatomy of goal setting and decision making in order to be able to respond to any given client need. Effective helpers will keep these principles in the back of their minds and, in a second-nature manner, turn them into helpful “sculpting” probes at the right time. The characteristics of fully shaped goals listed above take on life through the following flexible principles.

**Help Clients Describe the Future They Want in Outcome Language**

The goal of counseling, as emphasized again and again, is neither discussing nor planning nor engaging in activities. Helping is about problem-managing outcomes. “I want to start doing some exercise” is an activity rather than an outcome. “Within 6 months I will be running three miles in less than 30 minutes at least four times a week” is an outcome. It is a pattern of behavior that will be in place by a certain time. If a client says, “My goal is to get some training in interpersonal communication skills,” then she is stating her goal as a set of activities rather than as an accomplishment. But if she says that she wants to become a better listener as a wife and mother, then she is stating her goal as an accomplishment, even though “better listener” needs further clarification. Goals stated as outcomes provide direction for clients.

Let us return to Karl, the ex-soldier who has been suffering from a variety of ailments associated with PTSD, and Laura, his therapist. As we have seen, Laura, Karl’s counselor, has a good relationship with him. She has helped Karl tell his story and has helped him challenge some of his self-defeating thinking, especially his tendency to blame himself for the deaths of his comrades. She quickly went on to help Karl focus on what he wanted from life. They moved back and forth between Stages I and II, between problems and possibilities for a better future. Eventually, Karl began talking about his real needs and wants—that is, what he needed to “get back to his old self.” Here is an excerpt from their dialogue. Their dialogue involves Peter, an ex-soldier who has successfully managed his bout with PTSD and is now Karl’s “buddy.”

***KARL:*** I’ve said that I want a more “normal” social life, but now I’ve got some second thoughts. You know I get on well with Peter. And you also know that I’m still not totally comfortable with you. I’m comfortable with Peter because he’s a soldier. But you represent a different kind of social life. The civilian one. I think we’re getting along better, but we’re not there yet.

***LAURA:*** So even when you say you want a better social life as a civilian, you hesitate to do anything about it because, in a way, it’s a different world. Could you describe what you would like that world to look like? Not a total picture and no definite time frame, but some of bits and pieces. Some of the details.

***KARL:*** Well, I’d like to be seeing women again. I’m not talking about marriage. But some special woman friend who sees me as an ordinary guy.

It is helpful when clients draw “pictures,” as it were, of what they want. The terms “special woman friend” and “ordinary guy” are evocative because they are concrete.

At one point, Karl says that he wants to become “more disciplined.” He has a part-time job and only the minimal of social life. He’s also taking a business course at a local junior college. The course deals with an overview of business basics. He spends a lot of time on his own and the discipline that he associates with the army has escaped him. In the army he left productive even when the “productivity” did not have a lot of meaning. Almost discipline for the sake of discipline. Laura helps him get more specific.

***LAURA:*** Discipline is a kind of wide area. What do you want to focus on?

***KARL:*** Well, if I’m going to get more out of life, I’m going to have to put more into it. I need to look at the time I spend sleeping. I’ve been going to bed whenever I feel like it and getting up whenever I feel like it. It was the only way I could get rid of those thoughts and the anxiety. But I’m not nearly as anxious as I used to be. Things are calming down.

***LAURA:*** So more disciplined means a more regular sleep schedule because there’s no particular reason now for not having one.

***KARL:*** Yeah, sleeping whenever I want is just a bad habit. It’s part of my aimlessness. And I can’t get things done if I’m asleep.

Karl goes on to translate “more disciplined” into more specific problem-managing needs and wants related to school, work, and even his appearance. Greater discipline, once translated into specific patterns of behavior, could have a decidedly positive impact on his life.

**Help Clients Move from Broad Aims to Clear and Specific Goals**

Counselors often add value by helping clients move from good intentions and vague desires to broad aims and then on to quite specific goals.

***Good intentions*** “I need to do something about this” is a statement of intent. However, even though good intentions are a good start, they need to be translated into aims and goals. In the following example, the client, Jon, has been discussing his relationship with his wife and children. The counselor has been helping him see that his “commitment to work” is perceived negatively by his family. Jon is open to challenge and is a fast learner.

***JON:*** Boy, this session has been an eye-opener for me. I’ve really been blind. My wife and kids do not see my investment—rather, my overinvestment—in work as something I’m doing for them. I’ve been fooling myself, telling myself that I’m working hard to get them the good things in life. In fact, I’m spending most of my time at work because I like it. My work is mainly for me. It’s time for me to realign some of my priorities.

The last statement is a good intention, an indication on Jon’s part that he wants to do something about a problem now that he sees it more clearly. It may be that Jon will now go out and put a different pattern of behavior in place without further help from the counselor. Or he may benefit from some help in realigning his priorities.

***Broad aims*** A broad aim is more than a good intention. It has content—that is, it identifies the area in which the client wants to work and makes some general statement about that area. Let us return to the example of Jon and his overinvestment in work.

***JON:*** I do not think I’m spending so much time at work in order to run away from family life. But family life is deteriorating because I’m just not around enough. I must spend more time with my wife and kids. Actually, it’s not just a case of must. I want to.

Jon moves from a declaration of intent to an aim or a broad goal, spending more time at home. But he still has not created a picture of what that would look like.

***Specific goals*** To help Jon move toward greater specificity, the counselor uses such probes as “Tell me what ‘spending more time at home’ will look like.”

***JON:*** I’m going to consistently spend three out of four weekends a month at home. During the week I will make every effort to work no more than two evenings.

***COUNSELOR:*** So you’ll be at home a lot more. Tell me what you’ll be doing with all this time.

Notice how much more specific Jon’s statement is than “I’m going to spend more time with my family.” He sets a goal as a specific pattern of behavior he wants to put in place. But his goal as stated deals with quantity, not quality. The counselor’s probe is really an invitation to self-challenge. It is not just the amount of time Jon is going to spend with his family but also the kinds of things he will be doing. Quality time, if you want.

***Instrumental versus ultimate goals*** This example brings up the difference between instrumental goals and higher-order or ultimate goals. Jon’s ultimate goal is “a good family life.” Such a goal, once spelled out, will differ from family to family and from culture to culture. Think of your own definition of good family life. Therefore when Jon says that one of his goals is spending more time at home, he is talking about an instrumental goal. Unless he is there, he cannot do things with his wife and kids. But although just “being there” is a goal because it is a pattern of behavior in place, it is certainly not Jon’s ultimate goal. But Jon is not worried about the ultimate goal. When he is there, they have a rich family life together. That is not the problem. However, because instrumental goals are strategies for achieving higher-order goals, it is important to make sure that the client has clarity about the higher-order goal. If Jon was spending a lot of time at the office because he did not like being with his wife and kids or because there was a great deal of conflict at home, then his higher-order goal would be something like “experiencing the stimulation of an exciting workplace,” if home life was dull, or “peace of mind, if home life was full of conflict. When you are helping clients design and shape instrumental goals, make sure they can answer the “instrumental-for-what?” question.

***Goal setting and evaluating progress*** If the goal is clear and specific enough, the client will be able to determine progress toward the goal. If there is a twoway feedback system in place, client and helper can collaborate routinely on goal clarification. Being able to measure progress is an important incentive. If goals are stated too broadly, it is difficult to determine both progress and accomplishment. “I want to have a better relationship with my wife” is a very broad goal, difficult to verify. “I want to socialize more, you know, with couples we both enjoy” comes closer, but “socialize more” needs more clarity. It is not always necessary to count things to determine whether a progress is being made toward a goal has been reached, though sometimes counting is helpful. Helping is about living more fully, not about accounting activities. At a minimum, however, desired outcomes need to be capable of being verified in some way. For instance, a couple might say something like “Our relationship is better, not because we’ve stop squabbling. In fact, we’ve discovered that we like to squabble. But life is better because the meanness has gone out of our squabbling. We accept each other more. We listen more carefully, we talk about more personal concerns, we are more relaxed, and we make more mutual decisions about issues that affect us both.” This couple does not need a scientific experiment to verify that they have improved their relationship.

**Help Clients Establish Goals That Make a Difference**

Clients need goals with substance. What do we mean by substance? In counseling goals have substance to the degree that they make some significant contribution toward managing the original problem situation or developing some opportunity. Goals are not substantive unless they are on target. Consider this case.

Vittorio ran the family business. His son, Anthony, worked in sales. After spending a few years learning the business and getting an MBA part time at a local university, Anthony wanted more responsibility and authority. His father never thought that he was “ready.” They began arguing quite a bit, and their relationship suffered from it. Finally, a friend of the family persuaded them to spend time with a consultantcounselor who worked with small family businesses. He spent relatively little time listening to their problems. After all, he had seen this same problem over and over again—the reluctance and conservatism of the father, the pushiness of the son.

Vittorio wanted the business to stay on a tried-and-true course. Anthony wanted to be the company’s marketer, to move it into new territory. After a number of discussions with the consultant-counselor, they settled on this scenario: A “marketing department” headed by Anthony would be created. He could divide his time between sales and marketing as he saw fit, provided that he maintained the current level of sales. Vittorio agreed not to interfere. They would meet once a month with the consultant-counselor to discuss problems and progress. Vittorio insisted that the consultant’s fee come from increased sales. After some initial turmoil, the bickering decreased dramatically. Anthony easily found new customers, although they demanded modifications in the product line, which Vittorio reluctantly approved. Both sales and margins increased to the point that they needed another person in sales.

Not all issues in family businesses are handled as easily. In fact, a few years later, Anthony left the business and founded his own business. But the goal package they worked out—the deal they cut—made quite a difference both in the fatherson relationship and in the business.

Goals have substance to the degree that they help clients “stretch” themselves. As Locke and Latham (1984, pp. 21, 26) noted, “Extensive research … has established that, within reasonable limits, the … more challenging the goal, the better the resulting performance….People try harder to attain the hard goal. They exert more effort….In short, people become motivated in proportion to the level of challenge with which they are faced….” Even goals that cannot be fully reached will lead to high effort levels, provided that partial success can be achieved and is rewarded. Consider the following case.

A young woman became a quadriplegic because of an auto accident. In the beginning, she was full of self-loathing—“The accident was all my fault; I was just stupid.” She was close to despair. Over time, however, with the help of a counselor, she came to see herself, not as a victim of her own “stupidity,” but as someone who could bring hope to young people with life-changing afflictions. In her spare time, she visited young patients in hospitals and rehabilitation centers, got some to join self-help groups, and generally helped people like herself to manage an impossible situation in a more humane way. One day she said to her counselor, “The best thing I ever did was to stop being a victim and become a fellow traveler with people like myself. The last 2 years, though bitter at times, have been the best years of my life.” She had set her goals quite high—becoming an outgoing helper instead of remaining a self-centered victim, but they proved to be quite realistic.

Of course, when it comes to goals, “challenging” should not mean “impossible.” There seems to be a curvilinear relationship between goal difficulty and goal performance. If the goal is too easy, people see it as trivial and ignore it. If the goal is too difficult, it is not accepted. However, this difficulty-performance ratio differs from person to person. What is small for some is big for others.

**Help Clients Formulate Realistic Goals**

Setting stretch goals can help clients energize themselves. They rise to the challenge. On the other hand, goals set too high can do more harm than good. Locke and Latham (1984, p. 39) put it succinctly:

Nothing breeds success like success. Conversely, nothing causes feelings of despair like perpetual failure. A primary purpose of goal setting is to increase the motivation level of the individual. But goal setting can have precisely the opposite effect if it produces a yardstick that constantly makes the individual feel inadequate.

A goal is realistic if the client has access to the resources needed to accomplish it, the goal is under the client’s control, and external circumstances do not prevent its accomplishment. While some clients are pessimistic about setting goals, others are overly optimistic. There is a rich literature on unrealistic optimism in general (Shepperd, Klein, Waters, & Weinstein, 2013; Shepperd, Waters, Weinstein, & Klein, 2015). The consequences, though often overlooked, can be self-defeating (Shepperd, Pogge, & Howell, 2017). Most entrepreneurial ventures fail, though failure does not stop them from moving on to the next venture. However, most of your clients will not be entrepreneurs (though, as we have seen in [Chapter 3](https://jigsaw.vitalsource.com/books/9780357191538/epub/OEBPS/11_9781305865716_ch3.xhtml#ch3), you can encourage them to tap into whatever entrepreneurial resources they have to manage problem situations).

Two years ago the last of Myra and Ed’s four children left the nest. They both worked, he as a manager of a large retailer’s local store, she as a computer consultant. The economy proved to be unkind to both of them. He lost his job because the retailer closed 500 of its stores. The online giants were doing in many retailers. Her business dwindled both because the smartphone was taking the place of computers and those who had grown up with computers could tend to them themselves. The empty house was also taking its toll. When both were busy with work and family, their relationship seemed fine. Now they were squabbling over little things and generally getting into each other’s hair. They were seeing a counselor off and on.

One evening they were out with friends at a very nice Italian restaurant. On the way home they mentioned how nice things were. Then, almost at the same time, they said, “Let’s start our own Italian restaurant.” They believed that they had the skills to do so. She was a very good cook. And they had the resources to do so. Both found planning a new business invigorating. It worked magic for their relationship. They were doing something of substance together. Even the counselor said, “Go for it!”

To make a long story short, in the end everything fell apart, even their relationship. They created an Italian restaurant in a neighborhood that already had two Italian restaurants. “They serve junk,” they said, but unfortunately their customers seemed to like the junk. They went over budget. They knew nothing about marketing. The list goes on.

Helping clients walk the line between too much caution and too much optimism in setting goals and crafting a future is one of your challenges. And never say, “Go for it.”

***Help clients choose goals for which the resources are available*** It does little good to help clients develop specific, substantive, and verifiable goals if the resources needed for their accomplishment are not available. Consider the case of Rory, who has had to take a demotion because of merger and extensive restructuring.

Rory now wants to leave the company and become a consultant. He does not have the assertiveness, marketing savvy, industry expertise, or interpersonal style needed to become an effective consultant. Even if he did, he does not have the financial resources needed to tide him over while he develops a business. Challenged by the outplacement counselor, Rory changes his focus. Graphic design is an avocation of his. He is not good enough to take a technical position in the company’s design department, but he does apply for a supervisory role in that department. He is good with people, very good at scheduling and planning, and knows enough about graphic design to discuss issues meaningfully with the members of the department.

Rory combines his managerial skills with his interest in graphic design to move in a more realistic direction. The move is challenging, but it can have a substantial impact on his work life. For instance, the opportunity to hone his graphic design skills will open up further career possibilities.

***Help clients choose goals that are under their control*** Sometimes clients defeat their own purposes by setting goals that are not under their control. For instance, it is common for people to believe that their problems would be solved if only other people would not act the way they do. In most cases, however, we do not have any direct control over the ways others act. Consider the following example.

Tony, a 16-year-old boy, felt that he was the victim of his parents’ inability to relate to each other. Each tried to use him in the struggle, and at times he felt like a Ping-Pong ball. A counselor helped him see that he could probably do little to control his parents’ behavior but that he might be able to do quite a bit to control his reactions to his parents’ attempts to use him. For instance, when his parents started to fight, he could simply leave instead of trying to “help.” If either tried to enlist him as an ally, he could say that he had no way of knowing who was right. Tony also worked at creating a good social life outside the home. That helped him weather the tensions he experienced when at home.

Tony needed a new way of managing his interactions with his parents to minimize their attempts to use him as a pawn in their own interpersonal game. Goals are not under clients’ control if external forces that they cannot influence block them.

**Help Clients Set Prudent Goals**

Realistic and prudent are not the same things. A goal may be realistic, that is, it can be accomplished, but it may not be prudent. Although the helping model described in this book encourages a bias toward client action, action needs to be both directional and wise. Discussing and setting goals should contribute to both direction and wisdom. The following case begins poorly but ends well.

Harry was a sophomore in college who was admitted to a state mental hospital because of some bizarre behavior at the university. He was one of the disc jockeys for the university radio station. College officials noticed him one day when he put on an attention-getting performance that included rather lengthy dramatizations of grandiose religious themes. In the hospital, the counselors soon discovered that this quite pleasant, likable young man was actually a loner. Everyone who knew him at the university thought that he had many friends, but in fact he did not. The campus was large, and his lack of friends went unnoticed. Harry was soon released from the hospital but returned weekly for therapy. At one point he talked about his relationships with women. Once it became clear to him that his meetings with women were perfunctory and almost always took place in groups—he had imagined that he had a rather full social life with women—Harry launched a full program of getting involved with the opposite sex. His efforts ended in disaster, however, because Harry had some basic sexual and communication problems. He also had serious doubts about his own worth and therefore found it difficult to make a gift of himself to others. He ended up in the hospital again.

The counselor helped Harry get over his sense of failure by emphasizing what Harry could learn from the “disaster.” With the therapist’s help, Harry returned to the problem-clarification and new-perspectives part of the helping process and then established more realistic short-term goals regarding getting back “into community.” The direction was the same—establishing a realistic social life—but the goals were now more prudent because they were “bite-size.”

There are two kinds of prudence—playing it safe is one; doing the wise cut challenging thing is the other. Problem management and opportunity development should be challenging.

**Help Clients Set Sustainable Goals**

Clients need to commit themselves to goals that have staying power. One separated couple said that they wanted to get back together again. They did so only to get divorced again within six months. Their goal of getting back together again was achievable but not sustainable. Perhaps they should have asked themselves, “What do we need to do not only to get back together but also to stay together? What would our marriage have to look like to become and remain workable?” In discretionary-change situations, the issue of sustainability needs to be visited early on.

Many Alcoholics Anonymous–like programs work because of their one-day-at-a-time approach. The goal of being, say, drug-free has to be sustained only over a single day. The next day is a new era. In a previous example, Vittorio and Anthony’s arrangement had enough staying power to produce good results in the short term. It also allowed them to reset their relationship and to improve the business. The goal was not designed to produce a lasting business arrangement because, in the end, Anthony’s aspirations were bigger than the family business.

**Help Clients Choose Flexible Goals**

In many cases, goals have to be adapted to changing realities. Therefore there might be some trade-offs between goal specificity and goal flexibility in uncertain situations. Sometimes making goals too specific or too rigid does not allow clients to take advantage of emerging opportunities.

Even though he liked the work and even the company he worked for, Jessie felt like a second-class citizen. He thought that his supervisor gave him most of the dirty work and that there was an undercurrent of prejudice against Hispanics in his department. Jessie wanted to quit and get another job, one that would pay the same relatively good wages he was now earning. A counselor helped Jessie challenge his choice. Even though the economy was booming, the industry in which Jessie was working was in recession. There were few jobs available for workers with Jessie’s set of skills.

The counselor helped Jessie choose an interim goal that was more flexible and more directly related to coping with his present situation. The interim goal was to use his time preparing himself for a better job outside this industry. In 6 months to a year he could be better prepared for a career in a still healthy economy. Jessie began volunteering for special assignments that helped him learn some new skills and took some crash courses dealing with computers and the Internet. He felt good about what he was learning and more easily ignored the prejudice.

Counseling is a living, organic process. Just as organisms adapt to their changing environments, clients’ choices need to be adapted to their changing circumstances.

**Help Clients Choose Goals Consistent with Their Values**

Although helping is a process of social influence, it remains ethical only if it respects, within reason, the values of the client. Values are criteria we use to make decisions. Helpers may invite clients to reexamine their values, but they should not encourage clients to perform actions that are not in keeping with their values.

The son of Vincente and Consuela is in a coma in the hospital after an automobile accident. He needs a life-support system to remain alive. His parents are experiencing a great deal of uncertainty, pain, and anxiety. They have been told that there is practically no chance that their son will ever come out of the coma. One possibility is to terminate the life-support system. The counselor should not urge them to terminate the life-support system if that is counter to their values. She can help them explore and clarify their values. In this case, the counselor suggests that they discuss their decision with their clergyman. In doing so, they find out that the termination of the life-support system would not be against the tenets of their religion. Now they are free to explore other values that relate to their decision.

Some problems involve a client’s trying to pursue contradictory goals or values. Karl, the ex-Marine, came to realize that he wanted to get a degree in business, but he also wanted to make a decent living as soon as possible. The former goal would put him in debt, but failing to get a college education would lessen his chances of securing the kind of job he wanted. The counselor helps him identify and use his values to consider some trade-offs. Karl chooses to work part time and go to school part time. He chooses an office job instead of one in construction. Even though the latter pays better, it would be much more exhausting and would leave him with little energy for school.

**Help Clients Establish Realistic Time Frames for Accomplishing Goals**

Goals that are to be accomplished “sometime or other” probably won’t be accomplished at all. Therefore helping clients put some time frames in their goals can add value. Greenberg (1986) talked about immediate, intermediate, and final outcomes. Here’s what they look like when applied to Janette’s problem situation. She has begun to hate her passive lifestyle. She easily lets others take advantage of her. She needs to become more assertive and to stand up for her own rights.

* *Immediate outcomes* are changes in attitudes and behaviors evident in the helping sessions themselves. For Janette, the helping sessions constitute a safe forum for her to become more assertive. In her dialogues with her counselor, she learns and practices the skills of being more assertive.
* *Intermediate outcomes* are changes in attitudes and behaviors that lead to further change. It takes Janette a while to transfer her assertiveness skills both to the workplace and to her social life. She chooses relatively safe situations to practice being more assertive. For instance, she stands up to her mother more.
* *Final outcomes* refer to the completion of the overall program for constructive change through which problems are managed and opportunities developed. It takes more than two years for Janette to become assertive in a consistent, day-to-day way.

There is no such thing as a set time frame for every client. Some goals need to be accomplished now, some soon; others are short-term goals; still others are long term. Consider the case of a priest who had been unjustly accused of child molestation.

* A *“now”* goal: some immediate relief from debilitating anxiety attacks and keeping his equilibrium during the investigation and court procedures
* A *“soon”* goal: obtaining the right kind of legal aid
* A *short-term* goal: winning the court case
* A *long-term* goal: reestablishing his credibility in the community and learning how to live with those who would continue to suspect him

There is no particular formula for helping all clients choose the right mix of goals at the right time and in the right sequence. Although helping is based on problem-management principles, it remains an art. [Box 10.1](https://jigsaw.vitalsource.com/books/9780357191538/epub/OEBPS/20_9781305865716_ch10.xhtml#box10.1) outlines questions on goal setting that you can help clients answer.

Once more, it is not always necessary to make sure that each goal in a client’s program for constructive change has all the characteristics outlined in this chapter. For some clients, identifying broad goals is enough to kick-start the entire problem-management and opportunity-development process. They shape the goals themselves. For others, some help in formulating more specific goals is called for. The principle is clear: Help clients develop goals that have some sort of agency—if not urgency—built in. In one case, this may mean helping a client deal with clarity; in another, with substance; in still another, with realism, values, or time frame.

**Remember that Goals Can Emerge**

Finally, it is not always a question of designing and setting goals in an explicit way. Rather, goals can naturally emerge through the client-helper dialogue or the client’s interaction with his or her environment in everyday life. Entrepreneurs, design-thinking, and action learning approaches to change tend to favor emerging goals. They emerge from the various ways clients are helped to do things throughout the helping process. Often when clients talk about problems and unused opportunities, possible goals and action strategies bubble up. Once clients are helped to clarify a problem situation through a combination of probing, empathic highlights, and challenge, they begin to see more clearly what they want and what they have to do to manage the problem. Indeed, some clients must first act in some way before they find out just what they want to do. After goals begin to emerge, counselors can help clients clarify them and find ways to implement them. However, “emerge” should not mean that clients wait around until “something comes up.” Nor should it mean that clients try many different solutions in the hope that one of them will work. These kinds of “emergence” tend to be self-defeating.