

Brief Counseling Techniques for Your Most Challenging Patients

Learning the Way to a Strength-Based Approach

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Objectives

- Recognize strengths in patients and their families
- Recognize the basic principles of a strength-based practice
- Identify strategies to collaborate with patients and their families – to co-create a climate for change
- Recognize patients' ambivalence towards change and identify strategies how to deal with it: key principles from Motivational Interviewing and Motivational Enhancement Therapy

Key Assumptions of a Strengths Based Approach

- We serve patients best by collaborating with them: patients are partners in their care rather than passively receiving the care provided to them
- “Resistance” is not a useful concept: it implies the patient doesn’t want to change (as opposed to being ambivalent about change)

Key Assumptions of a Strength-Based Approach

- Use empathy, not authority and power: avoid an authoritarian provider-patient relationship
- Patients define the goals for treatment: support self-efficacy

Common Assumptions of Providers How to Deal with “Resistant” Patients: The Righting Reflex

- Give them **insight** – if you can just make people see, they will change
- Give them **knowledge** – if you can give them information, they will change
- Give them **skills** – if you can teach people how to change, then they will do it
- Give them **hell** – if you can just make people feel bad enough or afraid, then they will change

(Venner)

Resist the Righting Reflex

- Health care workers have a powerful desire to “make things right” – to fix things
- This is a problem because people have a tendency to resist persuasion, especially when ambivalent
- Resist the righting complex by recognizing it's the patient's role to argue and provide reasons for change while it's the health care worker's role to guide patients through ambivalence and understand their motivations

Key Assumptions of a Strength-Based Approach: CPR

Competence, capacities, courage

Promise, possibility, positive expectations

Resilience, reserves, resources

“Change can only come when you collaborate with client’s aspirations, perceptions, and strengths, and when you *firmly believe* in them.”

(Saleebey)

Key Assumptions of a Strength-Based Approach: Avoid Labeling

A person is a person, not a problem, pathology, disease or condition: avoid branding patients with names and labels

Key Assumptions of a Strength-Based Approach: See Crises as Opportunities

Trauma, abuse, illness and struggle may be injurious – but they may also be sources of challenge and opportunity

Key Assumptions of a Strength-Based Approach: Change

- Change is inevitable: think *when* change will occur rather than *if*
- Small changes snowball into bigger ones
- Patients have the strengths and resources to change

Key Assumptions of a Strength-Based Approach: Responsibility and Capacity

- Place responsibility for change explicitly on patients with respect for their right to make choices for themselves
- See capacity: generate an optimistic stance regarding change

Change Talk and Empathy

- Talk “Change Talk”: focus on what is *working* rather than what is wrong; convey optimism about patients’ ability to cope with life’s challenges or rehabilitate themselves – express confidence change is possible
- Use *Empathy*, not authority and power: meet the patient where the patient happens to be

Resolving Ambivalence and Change

- Ambivalence: having at least two opposing feelings and attitudes at the same time
- Ambivalence can be resolved by working with your patient's intrinsic motivations and values

Change and Discrepancy

- Develop patient's awareness of *discrepancy* between present behavior and the change the patient desires. Patients should present the arguments for change, which you elicit by open-ended questions

Questions to Evoke Change Talk

- Questions about the disadvantages of the status quo

What hassles have you had with your problem?

What do you think will happen if you don't change anything?

Questions to Evoke Change Talk

- Questions about the advantages of change

How would you like things to be different?

What would be the good things about changing?

Questions to Evoke Change Talk

- Questions that support optimism about change

What do you think would work for you, if you decided to change?

What helped you accomplish something difficult in the past?

Questions to Evoke Change Talk

- Questions that support intention to change

What are you thinking about your problem at this point?

What do you think you might do?

(Venner)

Reflective Listening

Skillful *reflective listening* is essential to expressing empathy and acceptance: check in with patient whether or not you accurately heard and understood them instead of assuming you do

Approach Patients with an Open Mind

Adjust hypotheses rather than gather “facts”:
approach patients with a curious, open,
inquisitive mind

Summarize

Periodically summarize – distill the essence of what a patient has expressed, then communicate it back. This reinforces you have listened carefully and prepares the patient to move on

Listen for that DARN Commitment

- **D**esire to change: “I want to...”
- **A**bility or optimism to change: “I know I can...”
- **R**easons to change: “It will help me to...”
- **N**eed to change: “I have to because...”
- **C**ommitment/Plans/Intentions to change:
promise, will, vow, consider, may, plan to

Elements of a Strength-Based Approach

Challenges (damage, trauma, disorder, stress, illness)

Resources (strengths, capacities, talents, gifts)

Expectations/possibilities (hopes, dreams, visions, goals)

Decisions

- Choices and options about paths to be taken
- Defining opportunities and setting directions
- Gathering resources and mobilizing strengths

Selected References

- *Motivational Interviewing: Preparing People for Change* by William R. Miller and Stephen Rollnick
- *Pathways to Change: Brief Therapy Solutions with Difficult Adolescents* by Matthew D. Selekman
- *Expanding Therapeutic Possibilities: Getting Results in Brief Psychotherapy* by Steven Friedman and Margot Taylor Fanger
- *The Strengths Perspective in Social Work Practice* by Dennis Saleebey
- *Strengthening Family Resilience* by Froma Walsh