

The Merrill Counseling Series

3RD EDITION

45 TECHNIQUES EVERY COUNSELOR SHOULD KNOW

BRADLEY T. ERFORD



THIRD EDITION

45 Techniques Every Counselor Should Know

Bradley T. Erford

Peabody College at Vanderbilt University



Director and Publisher: Kevin M. Davis
Portfolio Manager: Rebecca Fox-Gieg
Content Producer: Pamela D. Bennett
Portfolio Management Assistant: Maria Feliberty
Executive Field Marketing Manager: Krista Clark
Executive Product Marketing Manager: Christopher Barry
Procurement Specialist: Deidra Headlee
Cover Designer: Pearson CSC, Carie Keller
Cover Photo: Shutterstock/optimarc
Full-Service Project Management: Pearson CSC, Shiela A. Quisel and Prince John William Carey
Composition: Pearson CSC
Printer/Binder: LSC Communications, Inc./Crawfordsville
Cover Printer: Phoenix Color/Hagerstown
Text Font: Times LT Pro

Copyright © 2020, 2015, 2010 by Pearson Education, Inc., 221 River Street, Hoboken, NJ 07030. All Rights Reserved. Printed in the United States of America. This publication is protected by Copyright, and permission should be obtained from the publisher prior to any prohibited reproduction, storage in a retrieval system, or transmission in any form or by any means, electronic, mechanical, photocopying, recording, or likewise. To obtain permission(s) to use material from this work, please visit <https://www.pearson.com/us/contact-us/permissions.html>

Acknowledgments of third party content appear on the page within the text, which constitute an extension of this copyright page.

Unless otherwise indicated herein, any third-party trademarks that may appear in this work are the property of their respective owners and any references to third-party trademarks, logos or other trade dress are for demonstrative or descriptive purposes only. Such references are not intended to imply any sponsorship, endorsement, authorization, or promotion of Pearson's products by the owners of such marks, or any relationship between the owner and Pearson Education, Inc. or its affiliates, authors, licensees or distributors.

This text was previously published under the title *40 Techniques Every Counselor Should Know*.

Library of Congress Cataloging-in-Publication Data

Names: Erford, Bradley T., author.

Title: 45 techniques every counselor should know / Bradley T. Erford.

Other titles: Forty five techniques every counselor should know

Description: Third edition. | Hoboken : Pearson Education, Inc., [2020]

Identifiers: LCCN 2018051928 | ISBN 9780134694894 | ISBN 0134694899

Subjects: LCSH: Counseling. | Counseling psychology.

Classification: LCC BF636.6 .E74 2020 | DDC 158.3--dc23 LC record available at <https://lccn.loc.gov/2018051928>

*This effort is dedicated to The One:
the Giver of energy, passion, and understanding;
Who makes life worth living and endeavors worth pursuing and accomplishing;
the Teacher of love and forgiveness.*

About the Author

Bradley T. Erford, Ph.D., LCPC, NCC, LPC, LP, LSP, is a professor in the school counseling program of the Department of Human and Organizational Development in the Peabody College of Education at Vanderbilt University. Previously, he was a faculty member at Loyola University Maryland. He was the 61st president of the American Counseling Association (ACA) for 2012–2013 and ACA treasurer for 2017–2018.

He is the recipient of the ACA Research Award, ACA Extended Research Award, ACA Arthur A. Hitchcock Distinguished Professional Service Award, ACA Professional Development Award, Thomas J. Sweeney Award for Visionary Leadership and Advocacy, and ACA Carl D. Perkins Government Relations Award. He was also inducted as an ACA Fellow. In addition, he has received the Association for Assessment in Counseling and Education (AACE) AACE/MECD Research Award, AACE Exemplary Practices Award, AACE President's Merit Award, the Association for Counselor Education and Supervision (ACES) Robert O. Stripling Award for Excellence in Standards, Maryland Association for Counseling and Development (MACD) Maryland Counselor of the Year, MACD Counselor Advocacy Award, MACD Professional Development Award, and MACD Counselor Visibility Award.

He is the editor of numerous texts including *Orientation to the Counseling Profession* (Pearson Merrill, 2010, 2014, 2018), *Crisis Intervention and Prevention* (Pearson Merrill, 2010, 2014, 2018), *Group Work in the Schools* (Pearson Merrill, 2010; Routledge, 2016), *Clinical Experiences in Counseling* (Pearson Merrill, 2015), *Group Work: Process and Applications* (Pearson Merrill, 2011, 2019), *Transforming the School Counseling Profession* (Merrill/Prentice-Hall, 2003, 2007, 2011, 2015, 2019), *Professional School Counseling:*

A Handbook of Principles, Programs and Practices (pro-ed, 2004, 2010, 2016), *Assessment for Counselors* (Cengage, 2007, 2013), *Research and Evaluation in Counseling* (Cengage, 2008, 2015), and *The Counselor's Guide to Clinical, Personality and Behavioral Assessment* (Cengage, 2006), as well as co-author of seven more books: *Mastering the NCE and CPCE* (Pearson Merrill, 2011, 2015, 2020), *45 Techniques Every Counselor Should Know* (Merrill/Prentice-Hall, 2010, 2015, 2020), *Free Access Assessment Instruments for Common Mental Health and Addiction Issues* (Routledge, 2013), *Educational Applications of the WISC-IV* (Western Psychological Services, 2006) and *Group Activities: Firing Up for Performance* (Pearson Merrill, 2007). He is also the general editor of *The American Counseling Association Encyclopedia of Counseling* (ACA, 2009).

His research specialization falls primarily in development and technical analysis of psycho-educational tests and has resulted in the publication of more than seventy-five refereed journal articles, a hundred book chapters, and a dozen published tests. He is editor of *Measurement and Evaluation in Counseling and Development* (MECD) and senior associate editor of *Journal of Counseling & Development* (JCD).

He was a representative to the ACA Governing Council and the ACA 20/20 Visioning Committee. He is a past president and past treasurer of AACE, past chair and parliamentarian of the American Counseling Association–Southern (US) Region; past-chair of ACA's Task Force on High Stakes Testing; past chair of ACA's Standards for Test Users Task Force; past chair of ACA's Interprofessional Committee; past chair of the ACA Public Awareness and Support Committee (co-chair of the National Awards Sub-committee); chair of the Convention and past chair of the Screening

Assessment Instruments Committees for AACE; past president of the Maryland Association for Counseling and Development (MACD); past president of Maryland Association for Measurement and Evaluation (MAME); past president of Maryland Association for Counselor Education and Supervision (MACES); and past president of the Maryland Association for Mental Health Counselors (MAMHC). He was an associate editor of the *Journal of Counseling & Development*.

Dr. Erford is a licensed clinical professional counselor, licensed professional counselor, nationally

certified counselor, licensed psychologist, and licensed school psychologist. Early in his career, Dr. Erford was a school psychologist/counselor in the Chesterfield County (VA) Public Schools. He maintains a private practice specializing in assessment and treatment of children and adolescents. A graduate of the University of Virginia (Ph.D.), Bucknell University (M.A.), and Grove City College (B.S.), he teaches courses in assessment, research and evaluation in counseling, ethics and professional issues, school counseling, and stress management.



Introduction

To some, a text specifically featuring counseling techniques is an anathema, an abomination even. From their perspective, counseling is a process and an art. It should be a relationship built between client and professional counselor that is undergirded by the core conditions of genuineness, empathy, and respect as espoused by Carl Rogers; best conducted using effective communication skills, such as those delineated by Ivey and Ivey's Microskills approach; and facilitated using theoretical counseling processes, such as those championed by Glasser, Ellis, Adler, or Perls. I agree! Counselor education programs all over the world do an excellent job of preparing counselors to do all of the above with a high degree of skill.

But what led to the composition of this text was the pragmatic realization that even professional counselors who are highly skilled communicators, grounded in a rich theoretical approach, and truly living the core facilitative conditions sometimes have difficulty moving the client toward the agreed-to objectives of the counseling experience. Counselors-in-training experience these difficulties very frequently and often desire specific, direct guidance on what to do in these situations to create movement. Specialized techniques, arising from important counseling theories, can provide this movement when they are judiciously applied.

This specific training need is the true motivation behind this text. The techniques are presented one at a time in a deconstructed manner, and each has a theoretical genesis and a rich, extant literature base that informs professional counselors about its appropriate and effective use. The techniques presented are clustered within the theoretical domain with which it is most closely associated (see Table I.1). I believe that all techniques are integrative in nature and will eventually be categorized as such because the future of counseling will entail

becoming more integrative. For the time being, various theoretical camps claim certain procedures and techniques within their domains, and Table I.1 illustrates this artificial partitioning.

Each technique in this text is presented in a standardized manner. First, the origins of the technique are presented. Some have a rich history steeped in a single theoretical orientation. Others are more integrated or claimed by several theoretical approaches. Next, each chapter covers the basic steps or procedures for implementing each technique, followed by common variations of these procedures documented in the literature. To demonstrate real-life applications of how each technique can be used in counseling, case examples are presented. Most of the case examples include actual transcripts from an actual session. Yes, the transcripts were edited for brevity and clarity, and to remove distracting affectations and mitigated speech that clients and professional counselors present in real life (e.g., divergent thoughts, digressions). In addition, each technique is evaluated for usefulness and effectiveness using sources from the extant literature. The literature provides a rich source of ideas regarding what each technique has been (or could be) used to address, as well as how effective it was in addressing those issues. This information allows the reader to make empirically based decisions to benefit clients and maximize client outcomes. Finally, the reader will be invited to consider how the technique could be applied in real life. Several case studies are presented at the end of this introduction and the reader is challenged to construct a couple more cases from current, previous, or even anticipated future clients and students. Considering how to apply each technique helps to prepare you for the challenges ahead and remind you that these 45 techniques can and should be used in real life to help clients and students accomplish objectives!

TABLE I.1 The 45 Techniques Described in This Text, Categorized by Primary Theoretical Approach

Theoretical Approach	Techniques
Section 1: Solution-focused brief counseling	Scaling; exceptions; problem-free talk; miracle question; flagging the minefield
Section 2: Adlerian or psychodynamic	I-messages; acting as if; spitting in the soup; mutual storytelling; paradoxical intention
Section 3: Gestalt and psychodrama	Empty chair; body movement and exaggeration; role reversal
Section 4: Mindfulness	Visual/guided imagery; deep breathing; progressive muscle relaxation technique (PMRT); meditation
Section 5: Humanistic-phenomenological	Self-disclosure; confrontation; motivational interviewing; strength bombardment
Section 6: Cognitive-behavioral	Self-talk; reframing; thought stopping; cognitive restructuring; rational-emotive behavior therapy (REBT); systematic desensitization; stress inoculation training
Section 7: Cognitive-behavioral for use within and between sessions	Assigning homework; bibliotherapy; journaling
Section 8: Social learning	Modeling; behavioral rehearsal; role play
Section 9: Behavioral approaches using positive reinforcement	Premack principle; behavior chart; token economy; behavioral contract
Section 10: Behavioral approaches using punishment	Extinction; time out; response cost; overcorrection
Section 11: Emerging approaches	Narrative therapy; strengths-based counseling; client advocacy

Each of the techniques in this text has been selected because of its usefulness and effectiveness in creating client movement toward agreed-upon objectives. Of course, writing a measurable behavioral objective is an important issue in itself and will be addressed here at the outset, in this Introduction.

COUNSELING OBJECTIVES

Erford (2016, 2019a) provided an easy-to-implement, nuts-and-bolts procedure for writing measurable objectives using the ABCD model: (A) audience, (B) behavior, (C) conditions, and (D) description of the expected performance criterion. In individual counseling, audience (A) refers to the individual client. In other types of counseling, the audience could be a couple, family, group, or some other system or configuration, like a class-

room of students. Behavior (B) usually refers to the changes that the client and counselor will observe as a result of the intervention—that is, the actual behaviors, thoughts, or feelings that one will observe to be altered. Conditions (C) refer to the specific contextual applications or actions that will occur. In counseling sessions, this usually refers to the intervention that will be implemented and the context or circumstances surrounding its implementation. The description of the expected performance criterion (D) is usually the quantitative portion of the objective: how much the behavior will increase or decrease.

Counseling goals are differentiated from counseling objectives by the degree of specificity and measurability. A counseling goal is broad and not amenable to direct measurement. A counseling objective, on the other hand, is both specific and measurable. A reasonable goal of counseling may

be “to increase a client’s ability to manage stress and anxiety.” Notice how the wording of a goal is nebulous and not amenable to measurement as stated. In developing a counseling objective related to this goal, particular emphasis is given to specific actions that are measurable. For example, a possible objective stemming from this goal could be “After learning thought stopping procedures, the client will experience a 50% reduction in episodes of obsessive thinking after a one-week period.” Another possible objective might be “After learning deep breathing procedures, the client will practice deep breathing for at least five minutes, three times a day, every day of the week.” A third example might be “After implementing time out with contingency delay procedures, the client’s display of noncompliant behaviors will decrease from the current average of 25 episodes per week to no more than 5 episodes per week.” Notice how the objectives designate the audience, the stated behavior, how the behavior will be addressed, and the level of expected performance (Erford, 2016, 2019a).

Establishing counseling objectives early in a counseling relationship is important for at least five reasons. First, classic studies indicated, and there is an emerging consensus in the research literature (Erford, 2019b), that about half of the progress in counseling ordinarily occurs within the first eight sessions and one of the best indicators of counseling outcome is whether the counselor and client were able to come to a quick agreement on counseling goals, ordinarily defined as occurring during the first two sessions.

As one can easily see, establishing counseling objectives early in the counseling relationship is vital to successful client outcomes. This doesn’t mean that clients will always immediately know or understand the true nature of the issues that bring them to counseling. It does mean that those clients who can immediately establish counseling objectives are more likely to experience successful outcomes. By extension, it also means that professional counselors skilled at getting clients to develop counseling objectives quickly will be more successful in helping clients reach desired outcomes. It also does not assume that the “real problem” will be identified early in counseling. Many times,

making progress toward obvious, surface-level problems will facilitate the client–counselor trust needed to tackle those deeper psychological issues that the client is less likely to reveal early in a counseling relationship.

Second, counseling objectives provide a concrete, operationalized target of where the counseling process is headed and how both the client and professional counselor will know that progress is being made. As such, objectives allow periodic updates of progress and concrete displays of whether the counseling interventions are having the desired outcomes. In program evaluation, we refer to this as formative evaluation because periodic checks reveal whether the professional counselor should stay the course and continue the current counseling approach or modify the approach to improve client outcomes.

Third, objectives present targets that initiate movement. Targets are essential in counseling because they motivate clients and thus create movement. Indeed, at its core, counseling is all about motivating clients to move in the direction of counseling goals and objectives in a way that empowers clients to be able to continue making progress toward life goals independently after counseling has ended.

Fourth, a well-crafted objective allows the professional counselor to glean effective approaches, interventions, and techniques from the extant counseling literature shown to be useful in helping clients with similar issues. Counseling has a rich outcome research literature, and this literature informs professional counselors of best practices for resolving client issues. Each chapter, each technique featured in this text, includes a section entitled “Usefulness and Evaluation of [the Technique].” This chapter section features outcome research from the counseling literature to guide professional counselors in the effective application of each technique, including the issues each technique has been demonstrated to address and its effectiveness in doing so. Such information informs professional counselors of the appropriate use of each counseling technique.

Finally, a measurable objective lets the client and professional counselor know when counseling

has been successful, when new objectives can be crafted and pursued, or when counseling can be terminated. Objectives serve as the target for success in counseling. It is important to note that each of these five purposes for objectives serves to motivate both the client and the counselor and to energize the counseling process. Having gained an understanding of the purpose of this text and having discussed the development and effective use of counseling objectives, readers are now ready to consider important multicultural applications.

MULTICULTURAL COUNSELING AND TECHNIQUES

It has been said that all counseling is multicultural counseling. Each client comes to a session with a unique worldview shaped by various cultural experiences, such as through race, ethnicity, gender, sexual orientation, socioeconomic status, age, and spirituality, among others. Such client worldviews will affect a client's receptiveness to certain theoretical approaches and the resulting techniques or interventions. Multiculturally competent counselors recognize that counseling theories help answer *why* questions—for example, Why is the client seeking counseling? Why is the difficulty occurring? Why now? Interrelated with this realization, multiculturally competent counselors realize that the experience of a human being may have some finite limitations, but the perceptions and interpretations of these experiences are infinite. Explained another way (Orr, 2018), "There is a specific range of emotions that humans are capable of expressing; however, the meaning that is assigned to those emotions is dynamic and based on the ever-evolving variables of culture and context" (p. 487). Orr proposed that counselors must constantly strive to adapt counseling theory to meet the diverse client needs stemming from this dynamic interplay, all the while realizing that, where culture is involved, within-group differences are almost always larger than between-group differences. Adapting theories to the individual client context allows counselors to frame client problems in unique ways, creating new challenges—and opportunities—for the application of techniques to problem resolution. In this

way, counselors can choose to stay grounded in a primary theoretical orientation while simultaneously integrating techniques into the approach that help to create movement for clients of diverse backgrounds.

So how does a multiculturally competent counselor adapt a theory to fit the unique worldview of a client? The detailed answer to this question is rooted in the context of each client's dynamic situation, and four general guidelines were offered by Orr (2018):

1. ***Illuminate assumptions:*** All theories are predicated on certain assumptions about mental health and worldview. Before using your chosen theory with any client, you need to familiarize yourself with the associated underlying assumptions.
2. ***Identify limitations:*** All theories do not fit all people, so explore the limitations of your chosen theory even before you begin working with clients. Pinpoint the gaps or gray areas in your theoretical orientation and strategize ways to compensate for them.
3. ***Simplify concepts:*** Theories are notorious contributors to jargon. Quite often various theories use multiple terms to refer to similar phenomena. Consider the concept of the therapeutic alliance as first described by Freud. Subsequent theorists have used any number of terms, such as partnering, rapport building, and so on, to describe the same process. Develop a layperson's explanation for your chosen theory that contains easily recognizable concepts in place of jargon.
4. ***Diversify interventions:*** Many theories are accompanied by a particular set of interventions. These interventions may be primary to the theory, but they are by no means the only way to apply that theory. Consider the commonly recognized empty chair technique, which involves clients imagining and role-playing a conversation with someone with whom they are in conflict as if that person were actually present. This technique is typically attributed to psychodrama and Gestalt therapy, but it can be adapted for use with a

wide range of theoretical orientations. This technique can be especially useful with clients who have a more collectivist worldview, regardless of counselors' primary theoretical orientation. In those situations, the empty chair can be occupied by imagined family or community members, elders, or other supporters who might be needed to endorse the particular treatment.

APPLYING TECHNIQUES TO CASES AND CLIENTS

At the end of each chapter, you will be invited to apply the techniques to several cases outlined below, but you are also strongly encouraged to construct case studies of clients or students you have seen, are currently working with, or are likely to encounter in the future. Think deeply and creatively about how each technique or a variation of the technique could apply to one or more of these cases. Remember, the purpose of the technique is to create movement in the session and help the client to accomplish a therapeutic objective.

Right now, think about three to five challenging cases from your past or currently on your case load. Reflect on these challenging cases as you read about the 45 techniques you encounter throughout the remainder of the book and try to apply the techniques as applicable. In addition, consider the follow five diverse cases and apply the techniques as applicable. For a multicultural twist, imagine how the techniques might be differentially applied to each case if the clients were from diverse racial or ethnic backgrounds, were male or female, or had diverse affective orientations.

Case A: Ali is a youngster with behavior problems. In school Ali does not follow instructions, gets out of the chair without permission, calls out without raising a hand, and invades the personal space of other students. At home, Ali does not comply with parent directions, is oppositional, has an incredibly messy bedroom, and fights with older siblings. Lately Ali appears more sad, is sullen, and complains, "Everybody is always yelling at me!"

Case B: Bailey is an anxious and depressed teenager who is very moody and broody! Bailey also presents with a couple of specific phobias: test anxiety and fear of heights. Lately, Bailey has been fighting night and day with the parents and usually ends up running to the bedroom in tears and slamming the door. Bailey has historically been an excellent student, but grades have been slipping. Oh, and the love interest is described by friends as "bad news." "Even my friends don't like my date!"

Case C: Corey is a stressed-out college student who has harnessed newfound freedom to develop a love for parties and a taste for alcohol and other drugs. Passing out several times has been a wake-up call, especially because of not remembering whether or not sex had occurred. The grades are slipping and weight accumulating. "In the doldrums" would be a good description of the current mood state. "If I fail out of college, this amazing party will end! I have to turn things around."

Case D: Dakota is a young adult confused about what direction life should take. Sure, there is the whole career thing; a lot of good that degree in XXXX did! "I have been going from one dead end job to another; I need to figure this out." There is also that whole partner-for-the-rest-of-my-life thing, complicated by the same-sex attraction urges evident since adolescence but never acted upon, as well as complicated by religion and traditional parents-waiting-to-become-grandparents. "Ugh. My parents would kill me if they knew...." All of this confusion is leading to a lot of depression, anxiety, and substance use to kill the pain.

Case E: Ellery is a mature adult approaching seasoned citizenship and grieving the loss of a partner of 25 years. With no kids, Ellery is questioning not only the meaning of life but also whether life will or even should go on. Ellery and her partner had caring family and social networks, but Ellery has lost touch and ignored these during her grieving.

SOME FINAL REMARKS BEFORE YOU GET STARTED

Successful counseling involves moving clients from situation or problem identification to successful attainment of their goals and objectives. The operational word in the previous sentence is *moving*. All professional counselors know how to establish counseling objectives and how to tell when those objectives have been met. All professional counselors are skilled in implementation of a counseling process, whether it stems from a single theoretical orientation or from an integrative approach. But what happens when the counseling process stagnates, the client becomes frustrated with little or no progress, and the counseling relationship is in danger of premature termination?

In this book, I have advocated for a flexible approach to counseling that allows professional counselors to choose techniques shown in the outcome literature to address specific counseling objectives effectively and create the movement in counseling that is vital to success. I have *not* advocated for the nonjudicious or haphazard application of the techniques contained herein; such an approach is unprofessional and unethical. But when you are in session with a client whose progress has halted, I hope you will recall enough of the knowledge and procedures contained within this book to help move that client forward in the counseling process and ever closer to the counseling objective that both you and the client committed to reaching. Counseling is indeed an art, but technical know-how allows the artist to create an exceptional work.

Now it is time to begin a whirlwind tour of *45 Techniques Every Counselor Should Know*. Enjoy!

NEW TO THIS EDITION

A number of features have been added to this third edition:

- Five brief case studies are provided in this Introduction. At the end of each chapter, an application question will prompt you to apply the chapter techniques to these cases or to one of your own clients.
- A new chapter on mindfulness meditation was added (Chapter 17). Mindfulness is an important emerging approach to counseling and has been coming into greater prominence recently.
- New chapters on the additional emerging approaches to counseling were added, including narrative therapy (Chapter 43), strengths-based counseling (Chapter 43), and client advocacy (Chapter 45)
- A new chapter on assigning homework (Chapter 29) joins chapters on journaling and bibliotherapy as techniques that bolster work between counseling sessions and focus on counseling objectives.
- A number of transcripts have been added, edited, or expanded to more clearly exemplify each chapter technique.
- Sources were updated and added so that this third edition contains more than 50% of the references from 2010 or later—yet it maintains the classic sources.



Acknowledgments

I wish to express my gratitude to Susan (H. Eaves) Carmichael, Emily Bryant, and Katie Young for their contributions to the first edition. As always, Rebecca Fox-Gieg and Kevin Davis of Pearson have been wonderfully responsive and supportive. Special thanks go to the reviewers whose comments helped to provide substantive improvement to the previous edition manuscript: Keely Hope, Eastern Washington University; Kimberly Langrehr, University of Missouri-Kansas City; Ian Lertora, Texas Tech University; Mary Mayorga, Texas A&M University-San Antonio; and Tiffany Stoner-Harris, Western Illinois University.



Brief Contents

SECTION 1 Techniques Based on Solution-Focused Brief Counseling Approaches 1

- Chapter 1 Scaling 3
- Chapter 2 Exceptions 10
- Chapter 3 Problem-Free Talk 15
- Chapter 4 Miracle Question 18
- Chapter 5 Flagging the Minefield 23

SECTION 2 Techniques Based on Adlerian or Psychodynamic Approaches 29

- Chapter 6 I-Messages 31
- Chapter 7 Acting as If 36
- Chapter 8 Spitting in the Soup 40
- Chapter 9 Mutual Storytelling 44
- Chapter 10 Paradoxical Intention 53

SECTION 3 Techniques Based on Gestalt and Psychodrama Principles 61

- Chapter 11 Empty Chair 63
- Chapter 12 Body Movement and Exaggeration 70
- Chapter 13 Role Reversal 73

SECTION 4 Techniques Based on Mindfulness Approaches 77

- Chapter 14 Visual/Guided Imagery 79
- Chapter 15 Deep Breathing 85
- Chapter 16 Progressive Muscle Relaxation Training (PMRT) 90
- Chapter 17 Mindfulness Meditation 96

SECTION 5 Techniques Based on Humanistic-Phenomenological Approaches 103

- Chapter 18 Self-Disclosure 105
- Chapter 19 Confrontation 110
- Chapter 20 Motivational Interviewing 116
- Chapter 21 Strength Bombardment 122

SECTION 6 Techniques Based on Cognitive-Behavioral Approaches 127

- Chapter 22 Self-Talk 130
- Chapter 23 Reframing 135
- Chapter 24 Thought Stopping 141
- Chapter 25 Cognitive Restructuring 146
- Chapter 26 Rational-Emotive Behavior Therapy (REBT):
The ABCDEF Model and Rational-Emotive Imagery 153
- Chapter 27 Systematic Desensitization 162
- Chapter 28 Stress Inoculation Training 173

SECTION 7 Techniques for Use Within and Between Sessions 181

- Chapter 29 Assigning Homework 184
- Chapter 30 Bibliotherapy 187
- Chapter 31 Journaling 192

SECTION 8 Techniques Based on Social Learning Approaches 197

- Chapter 32 Modeling 199
- Chapter 33 Behavioral Rehearsal 204
- Chapter 34 Role Play 208

SECTION 9 Techniques Based on Behavioral Approaches Using Positive Reinforcement 215

- Chapter 35 Premack Principle 219
- Chapter 36 Behavior Chart 224
- Chapter 37 Token Economy 228
- Chapter 38 Behavioral Contract 233

SECTION 10 Techniques Based on Behavioral Approaches Using Punishment 241

- Chapter 39 Extinction 243
- Chapter 40 Time Out 249
- Chapter 41 Response Cost 258
- Chapter 42 Overcorrection 266

SECTION 11 Techniques Not Better Categorized Elsewhere 271

- Chapter 43 Narrative Therapy 273
- Chapter 44 Strengths-Based Counseling 277
- Chapter 45 Client Advocacy 281



Contents

SECTION 1	Techniques Based on Solution-Focused Brief Counseling Approaches	1
	Multicultural Implications of Solution-Focused Brief Counseling Approaches	2
Chapter 1	Scaling	3
	Origins of the Scaling Technique	3
	How to Implement the Scaling Technique	3
	Variations of the Scaling Technique	3
	Examples of the Scaling Technique	4
	Usefulness and Evaluation of the Scaling Technique	8
	Application of the Scaling Technique	9
Chapter 2	Exceptions	10
	Origins of the Exceptions Technique	10
	How to Implement the Exceptions Technique	10
	Variations of the Exceptions Technique	11
	Example of the Exceptions Technique	11
	Usefulness and Evaluation of the Exceptions Technique	13
	Application of the Exceptions Technique	14
Chapter 3	Problem-Free Talk	15
	Origins of the Problem-Free Talk Technique	15
	How to Implement the Problem-Free Talk Technique	15
	Variations of the Problem-Free Talk Technique	16
	Example of the Problem-Free Talk Technique	16
	Usefulness and Evaluation of the Problem-Free Talk Technique	17
	Application of the Problem-Free Talk Technique	17
Chapter 4	Miracle Question	18
	Origins of the Miracle Question Technique	18
	How to Implement the Miracle Question Technique	18
	Variations of the Miracle Question Technique	19
	Example of the Miracle Question Technique	19
	Usefulness and Evaluation of the Miracle Question Technique	21
	Application of the Miracle Question Technique	22

Chapter 5 Flagging the Minefield 23

- Origins of the Flagging the Minefield Technique 23
- How to Implement the Flagging the Minefield Technique 23
- Example of the Flagging the Minefield Technique 23
- Usefulness and Evaluation of the Flagging the Minefield Technique 26
- Application of the Flagging the Minefield Technique 27

SECTION 2 Techniques Based on Adlerian or Psychodynamic Approaches 29

- Multicultural Implications of the Adlerian and Psychodynamic Approaches 30

Chapter 6 I-Messages 31

- Origins of the I-Messages Technique 31
- How to Implement the I-Messages Technique 31
- Variations of the I-Messages Technique 32
- Example of the I-Messages Technique 32
- Usefulness and Evaluation of the I-Messages Technique 34
- Application of the I-Messages Technique 35

Chapter 7 Acting as If 36

- Origins of the Acting as If Technique 36
- How to Implement the Acting as If Technique 36
- Variations of the Acting as If Technique 36
- Example of the Acting as If Technique 37
- Usefulness and Evaluation of the Acting as If Technique 39
- Application of the Acting as If Technique 39

Chapter 8 Spitting in the Soup 40

- Origins of the Spitting in the Soup Technique 40
- How to Implement the Spitting in the Soup Technique 40
- Variations of the Spitting in the Soup Technique 41
- Example of the Spitting in the Soup Technique 41
- Usefulness and Evaluation of the Spitting in the Soup Technique 42
- Application of the Spitting in the Soup Technique 43

Chapter 9 Mutual Storytelling 44

- Origins of the Mutual Storytelling Technique 44
- How to Implement the Mutual Storytelling Technique 44
- Variations of the Mutual Storytelling Technique 46
- Example of the Mutual Storytelling Technique 47
- Usefulness and Evaluation of the Mutual Storytelling Technique 51
- Application of the Mutual Storytelling Technique 52

Chapter 10	Paradoxical Intention	53
	Origins of the Paradoxical Intention Technique	53
	How to Implement the Paradoxical Intention Technique	54
	Variations of the Paradoxical Intention Technique	54
	Example of the Paradoxical Intention Technique	54
	Usefulness and Evaluation of the Paradoxical Intention Technique	59
	Application of the Paradoxical Intention Technique	60
SECTION 3	Techniques Based on Gestalt and Psychodrama Principles	61
	Multicultural Implications of the Techniques Based on Gestalt and Psychodrama Principles	62
Chapter 11	Empty Chair	63
	Origins of the Empty Chair Technique	63
	How to Implement the Empty Chair Technique	63
	Variations of the Empty Chair Technique	64
	Example of the Empty Chair Technique	65
	Usefulness and Evaluation of the Empty Chair Technique	67
	Application of the Empty Chair Technique	69
Chapter 12	Body Movement and Exaggeration	70
	Origins of the Body Movement and Exaggeration Technique	70
	How to Implement the Body Movement and Exaggeration Technique	70
	Variations of the Body Movement and Exaggeration Technique	70
	Example of the Body Movement and Exaggeration Technique	70
	Usefulness and Evaluation of the Body Movement and Exaggeration Technique	71
	Application of the Body Movement and Exaggeration Technique	72
Chapter 13	Role Reversal	73
	Origins of the Role Reversal Technique	73
	How to Implement the Role Reversal Technique	73
	Variations of the Role Reversal Technique	73
	Example of the Role Reversal Technique	73
	Usefulness and Evaluation of the Role Reversal Technique	75
	Application of the Role Reversal Technique	76
SECTION 4	Techniques Based on Mindfulness Approaches	77
	Multicultural Implications of the Techniques Based on Mindfulness Approaches	78
Chapter 14	Visual/Guided Imagery	79
	Origins of the Visual Imagery Technique	79

	How to Implement the Visual Imagery Technique	79
	Variations of the Visual Imagery Technique	80
	Examples of the Visual Imagery Technique	80
	Usefulness and Evaluation of the Visual Imagery Technique	83
	Application of the Visual/Guided Imagery Technique	84
Chapter 15	Deep Breathing	85
	Origins of the Deep Breathing Technique	85
	How to Implement the Deep Breathing Technique	85
	Variations of the Deep Breathing Technique	86
	Example of the Deep Breathing Technique	87
	Usefulness and Evaluation of the Deep Breathing Technique	87
	Application of the Deep Breathing Technique	89
Chapter 16	Progressive Muscle Relaxation Training (PMRT)	90
	Origins of the PMRT Technique	90
	How to Implement the PMRT Technique	90
	Variations of the PMRT Technique	91
	Example of the PMRT Technique	92
	Usefulness and Evaluation of the PMRT Technique	93
	Application of the PMRT Technique	95
Chapter 17	Mindfulness Meditation	96
	Origins of the Mindfulness Meditation Technique	96
	How to Implement the Mindfulness Meditation Technique	96
	Variations of the Mindfulness Meditation Technique	98
	Examples of the Mindfulness Meditation Technique	98
	Usefulness and Evaluation of the Mindfulness Meditation Technique	100
	Application of the Mindfulness Meditation Technique	101
SECTION 5	Techniques Based on Humanistic-Phenomenological Approaches	103
	Multicultural Implications of Humanistic-Phenomenological Approaches	104
Chapter 18	Self-Disclosure	105
	Origins of the Self-Disclosure Technique	105
	How to Implement the Self-Disclosure Technique	105
	Variations of the Self-Disclosure Technique	106
	Examples of the Self-Disclosure Technique	106
	Usefulness and Evaluation of the Self-Disclosure Technique	108
	Application of the Self-Disclosure Technique	109

Chapter 19 Confrontation 110

- Origins of the Confrontation Technique 110
- How to Implement the Confrontation Technique 110
- Variations of the Confrontation Technique 112
- Example of the Confrontation Technique 113
- Usefulness and Evaluation of the Confrontation Technique 114
- Application of the Confrontation Technique 115

Chapter 20 Motivational Interviewing 116

- Origins of the Motivational Interviewing Technique 116
- How to Implement the Motivational Interviewing Technique 117
- Variations of the Motivational Interviewing Technique 118
- Example of the Motivational Interviewing Technique 118
- Usefulness and Evaluation of the Motivational Interviewing Technique 119
- Application of the Motivational Interviewing Technique 121

Chapter 21 Strength Bombardment 122

- Origins of the Strength Bombardment Technique 122
- How to Implement the Strength Bombardment Technique 122
- Variations of the Strength Bombardment Technique 123
- Examples of the Strength Bombardment Technique 123
- Usefulness and Evaluation of the Strength Bombardment Technique 125
- Application of the Strength Bombardment Technique 126

SECTION 6 Techniques Based on Cognitive-Behavioral Approaches 127

- Multicultural Implications of the Techniques Based on Cognitive-Behavioral Approaches 128

Chapter 22 Self-Talk 130

- Origins of the Self-Talk Technique 130
- How to Implement the Self-Talk Technique 130
- Variations of the Self-Talk Technique 131
- Example of the Self-Talk Technique 132
- Usefulness and Evaluation of the Self-Talk Technique 133
- Application of the Self-Talk Technique 134

Chapter 23 Reframing 135

- Origins of the Reframing Technique 135
- How to Implement the Reframing Technique 135
- Variations of the Reframing Technique 136

Example of the Reframing Technique 136
Usefulness and Evaluation of the Reframing Technique 140
Application of the Reframing Technique 140

Chapter 24 Thought Stopping 141

Origins of the Thought Stopping Technique 141
How to Implement the Thought Stopping Technique 141
Variations of the Thought Stopping Technique 142
Example of the Thought Stopping Technique 142
Usefulness and Evaluation of the Thought Stopping Technique 144
Application of the Thought Stopping Technique 145

Chapter 25 Cognitive Restructuring 146

Origins of the Cognitive Restructuring Technique 146
How to Implement the Cognitive Restructuring Technique 146
Variations of the Cognitive Restructuring Technique 147
Example of the Cognitive Restructuring Technique 148
Usefulness and Evaluation of the Cognitive Restructuring Technique 151
Application of the Cognitive Restructuring Technique 152

Chapter 26 Rational-Emotive Behavior Therapy (REBT): The ABCDEF Model and Rational-Emotive Imagery 153

Origins of the ABCDEF Model and the Rational-Emotive Imagery Technique 153
How to Implement the ABCDEF Model and the Rational-Emotive Imagery Technique 153
Variations of the ABCDEF Model and the Rational-Emotive Imagery Technique 156
Example of the ABCDEF Model and the Rational-Emotive Imagery Technique 156
Usefulness and Evaluation of the ABCDEF Model and the Rational-Emotive Imagery Technique 160
Application of the ABCDEF Model and REI Technique 161

Chapter 27 Systematic Desensitization 162

Origins of the Systematic Desensitization Technique 162
How to Implement the Systematic Desensitization Technique 162
Variations of the Systematic Desensitization Technique 164
Example of the Systematic Desensitization Technique 165
Usefulness and Evaluation of the Systematic Desensitization Technique 171
Application of the Systematic Desensitization Technique 172

Chapter 28	Stress Inoculation Training	173
	Origins of the Stress Inoculation Training Technique	173
	How to Implement the Stress Inoculation Training Technique	173
	Variation of the Stress Inoculation Training Technique	174
	Example of the Stress Inoculation Training Technique	174
	Usefulness and Evaluation of the Stress Inoculation Training Technique	178
	Application of the Stress Inoculation Training Technique	179
SECTION 7	Techniques for Use Within and Between Sessions	181
	Multicultural Implications of the Techniques Used to Structure Experiences Outside of the Counseling Session	182
Chapter 29	Assigning Homework	184
	Origins of the Assigning Homework Technique	184
	How to Implement the Assigning Homework Technique	184
	Variations of the Assigning Homework Technique	185
	Examples of the Assigning Homework Technique	185
	Usefulness and Evaluation of the Assigning Homework Technique	186
	Application of the Assigning Homework Techniques	186
Chapter 30	Bibliotherapy	187
	Origins of the Bibliotherapy Technique	187
	How to Implement the Bibliotherapy Technique	187
	Variations of the Bibliotherapy Technique	188
	Example of the Bibliotherapy Technique	188
	Usefulness and Evaluation of the Bibliotherapy Technique	189
	Application of the Bibliotherapy Technique	191
Chapter 31	Journaling	192
	Origins of the Journaling Technique	192
	How to Implement the Journaling Technique	193
	Variations of the Journaling Technique	193
	Example of the Journaling Technique	193
	Usefulness and Evaluation of the Journaling Technique	194
	Application of the Journaling Technique	195
SECTION 8	Techniques Based on Social Learning Approaches	197
	Multicultural Implications of the Techniques Based on Social Learning Approaches	197
Chapter 32	Modeling	199
	Origins of the Modeling Technique	199
	How to Implement the Modeling Technique	200

	Variations of the Modeling Technique	200
	Example of the Modeling Technique	200
	Usefulness and Evaluation of the Modeling Technique	202
	Application of the Modeling Technique	203
Chapter 33	Behavioral Rehearsal	204
	Origins of the Behavioral Rehearsal Technique	204
	How to Implement the Behavioral Rehearsal Technique	204
	Variations of the Behavioral Rehearsal Technique	204
	Example of the Behavioral Rehearsal Technique	205
	Usefulness and Evaluation of the Behavioral Rehearsal Technique	206
	Application of the Behavioral Rehearsal Technique	207
Chapter 34	Role Play	208
	Origins of the Role Play Technique	208
	How to Implement the Role Play Technique	208
	Variations of the Role Play Technique	209
	Example of the Role Play Technique	210
	Usefulness and Evaluation of the Role Play Technique	213
	Application of the Role Play Technique	214
SECTION 9	Techniques Based on Behavioral Approaches Using Positive Reinforcement	215
	A Brief Introduction to Principles Underlying Behavior Modification	215
	Positive Reinforcement and Negative Reinforcement	215
	Assessing Problem Behaviors	217
	Multicultural Implications of Behavioral Approaches Using Positive Reinforcement	218
Chapter 35	Premack Principle	219
	Origins of the Premack Principle Technique	219
	How to Implement the Premack Principle Technique	219
	Variations of the Premack Principle Technique	220
	Example of the Premack Principle Technique	220
	Usefulness and Evaluation of the Premack Principle Technique	222
	Application of the Premack Principle Technique	223
Chapter 36	Behavior Chart	224
	Origins of the Behavior Chart Technique	224
	How to Implement the Behavior Chart Technique	224
	Examples of the Behavior Chart Technique	224
	Usefulness and Evaluation of the Behavior Chart Technique	227
	Application of the Behavior Chart Technique	227

Chapter 37	Token Economy	228
	Origins of the Token Economy Technique	228
	How to Implement the Token Economy Technique	228
	Variations of the Token Economy Technique	229
	Example of the Token Economy Technique	229
	Usefulness and Evaluation of the Token Economy Technique	231
	Application of the Token Economy Technique	232
Chapter 38	Behavioral Contract	233
	Origins of the Behavioral Contract Technique	233
	How to Implement the Behavioral Contract Technique	233
	Variations of the Behavioral Contract Technique	234
	Example of the Behavioral Contract Technique	235
	Usefulness and Evaluation of the Behavioral Contract Technique	238
	Application of the Behavioral Contract Technique	239
SECTION 10	Techniques Based on Behavioral Approaches Using Punishment	241
	Multicultural Implications of Behavioral Approaches Using Punishment	242
Chapter 39	Extinction	243
	Origins of the Extinction Technique	243
	How to Implement the Extinction Technique	243
	Variations of the Extinction Technique	244
	Example of the Extinction Technique	244
	Usefulness and Evaluation of the Extinction Technique	247
	Application of the Extinction Technique	248
Chapter 40	Time Out	249
	Origins of the Time Out Technique	249
	How to Implement the Time Out Technique	249
	Variations of the Time Out Technique	250
	Example of the Time Out Technique	250
	Usefulness and Evaluation of the Time Out Technique	255
	Application of the Time Out Technique	257
Chapter 41	Response Cost	258
	Origins of the Response Cost Technique	258
	How to Implement the Response Cost Technique	258
	Variations of the Response Cost Technique	258
	Example of the Response Cost Technique	259

	Usefulness and Evaluation of the Response Cost Technique	264
	Application of the Response Cost Technique	265
Chapter 42	Overcorrection	266
	Origins of the Overcorrection Technique	266
	How to Implement the Overcorrection Technique	266
	Variations of the Overcorrection Technique	267
	Example of the Overcorrection Technique	267
	Usefulness and Evaluation of the Overcorrection Technique	268
	Application of the Overcorrection Technique	269
SECTION 11	Techniques Not Better Categorized Elsewhere	271
	Multicultural Implications of Techniques Not Better Categorized Elsewhere	272
Chapter 43	Narrative Therapy	273
	Origins of the Narrative Therapy Technique	273
	How to Implement the Narrative Therapy Technique	273
	Variations of the Narrative Therapy Technique	274
	Example of the Narrative Therapy Technique	274
	Usefulness and Evaluation of the Narrative Therapy Technique	276
	Application of the Narrative Therapy Technique	276
Chapter 44	Strengths-Based Counseling	277
	Origins of the Strengths-Based Counseling Technique	277
	How to Implement the Strengths-Based Counseling Technique	278
	Variations of the Strengths-Based Counseling Technique	279
	Example of the Strengths-Based Counseling Technique	279
	Usefulness and Evaluation of the Strengths-Based Counseling Technique	280
	Application of the Strengths-Based Approach	280
Chapter 45	Client Advocacy	281
	Origins of the Client Advocacy Technique	281
	Implementation of the Client Advocacy Technique	281
	Variations of the Client Advocacy Technique	282
	Example of the Client Advocacy Technique	282
	Usefulness and Evaluation of the Client Advocacy Technique	284
	Application of the Advocacy Counseling Technique	284
	<i>Concluding Remarks</i>	285
	<i>References</i>	286
	<i>Index</i>	307

Techniques Based on Solution-Focused Brief Counseling Approaches

Solution-focused brief counseling approaches have become increasingly popular since the 1980s due to managed care and other accountability initiatives, which place a premium on cost and time effectiveness. Solution-focused brief counseling approaches go by many names, but currently the most prominent orientation in counseling circles is solution-focused brief counseling (SFBC). SFBC is a social constructivist model built on the observation that clients derive personal meaning from the events of their lives as explained through personal narratives. SFBC counselors value a therapeutic alliance that stresses empathy, collaboration, curiosity, and respectful understanding but not expertness. Many pioneering authors and classic studies have made contributions to our understanding of the SFBC approach. De Shazer (1988, 1991) and O'Hanlon and Weiner-Davis (2004) are often credited as scholarly and theoretical forces behind the prominence of SFBC, which deemphasizes the traditional therapeutic focus on a client's problems and instead focuses on what works for the client (i.e., successes and solutions) and exceptions in the client's life, during which the problems are not occurring. Berg and Miller (1992, p. 17) summed up the SFBC approach succinctly by proposing three basic rules on which SFBC counselors operate: (1) "If it ain't broke, don't fix it;" (2) "Once you know what works, do more of it;" and (3) "If

it doesn't work, don't do it again." It is easy to see the basic appeal of this commonsense approach to counseling.

Walter and Peller (1992) proposed five underlying assumptions of SFBC that expand on these three basic rules: (1) Concentrating on successes leads to constructive change; (2) clients can realize that exceptions for every problem that exists can be found, during which the problem does not exist, effectively giving clients the solutions to their problems; (3) small, positive changes lead to bigger, positive changes; (4) all clients can solve their own problems by exposing, detailing, and replicating successes during exceptions; and (5) goals need to be stated in positive, measurable, active terms. Murphy (2015) and Sklare (2014) successfully applied SFBC to children and adolescents, using the rules and assumptions cited above, to focus on changing client actions rather than developing insights. Sklare concluded that insights do not lead to solutions; successful actions lead to solutions.

The five techniques covered in this section include scaling, exceptions, problem-free talk, miracle question, and flagging the minefield. Each is not exclusive to SFBC; indeed, all can be used in an integrative counseling approach (see Erford, 2018).

Scaling is a commonly used technique when counseling individuals of nearly any age and from any theoretical perspective. Basically, scaling

presents clients with a 10-point (or 100-point) continuum and asks them to rate where they currently are with regard to, for example, sadness (1) or happiness (10), extreme anger (1) or tranquility (10), hate (1) or love (10), totally unmotivated (1) or totally motivated (10). Scaling is helpful in gauging a client's current status on a wide range of issues. It is even more helpful when it is reused periodically to gauge the progress of a client. Scaling is a very quick and helpful assessment technique with wide applicability in counseling.

Exceptions are essential to the SFBC approach because exceptions provide the solutions to the client's "problems." Counselors probe and question the client's background for times when the problem wasn't a problem, determining exceptions and providing the client with alternative solutions to act on.

Problem-free talk is a technique that allows the counselor to turn the counseling intervention from a problem-focused environment to a solution-focused environment. SFBC counselors hold the core belief that when clients focus on problems, they become discouraged and disempowered, and any insight they might gain into the origin and sustenance of the problem is not therapeutically valuable. A complementary belief is that finding exceptions and solutions to problematic circumstances encourages and empowers clients, leading to actions and successes.

The miracle question helps to reconstruct the way a client perceives a problematic circumstance into a vision for success that motivates the client to pursue the actions that will lead to successes.

The final technique is a treatment adherence technique called *flagging the minefield*. Treatment adherence is critical in any field in which clients or patients seek and receive help. Many, even most, clients receive the help they seek but then do not follow the treatment regimen, for whatever reason, basically guaranteeing that the treatment will not be effective over the long term. For example, a patient may go to a doctor to address a medical condition but then not follow the doctor's advice. If medication is prescribed, the patient may not have

the prescription filled or may not take the medication according to the doctor's directions. Flagging the minefield is a technique ordinarily implemented during termination that facilitates clients' thinking about situations during which the positive outcomes and strategies learned during counseling may not work, and it gets clients thinking ahead of time about what should be done in those circumstances to persevere and succeed. Treatment adherence is a critical issue in counseling; what good is all that hard work and effort to alter problematic thoughts, feelings, and behaviors if the client will return to problematic functioning shortly after counseling is terminated?

MULTICULTURAL IMPLICATIONS OF SOLUTION-FOCUSED BRIEF COUNSELING APPROACHES

SFBC is a culturally respectful approach to working with clients of diverse backgrounds because it discourages diagnoses, focuses on the client's personal frame of reference, and encourages clients to integrate and increase actions that have already been shown to be a successful fit for that personal frame of reference. The SFBC approach proposes that the client is the leading expert on what works for the client, and the counselor's role is to help the client recognize what already works for the client. The counselor then encourages the client to alter his or her actions and cheerleads the client's successes. SFBC approaches are particularly appreciated by clients who prefer action-oriented, directive interventions and concrete goals—for example, most men, Arab Americans, Asian Americans, and Latinos and Latinas (Hays & Erford, 2018). Meyer and Cottone (2013) also indicated that many Native Americans respond well to solution-focused approaches and scaling questions. SFBC is one of the more effective cross-cultural approaches because it empowers clients' personal values, beliefs, and behaviors and does not try to dispute or alter these values, beliefs, and behaviors (Orr, 2018).

Scaling

ORIGINS OF THE SCALING TECHNIQUE

Scaling is a technique that helps both counselors and clients make complex problems seem more concrete and tangible (Murphy, 2015). Scaling originated within behavioral approaches to counseling, and today, it is largely used in solution-focused brief counseling (SFBC), which was started by de Shazer and arose out of strategic family therapy (Lethem, 2002).

Because client thoughts, feelings, and behaviors are not always realistic or concrete, scaling questions provide a way to move from these more abstract concepts toward an achievable goal (Sklare, 2014). For instance, the counselor can say, “On a scale of 1 to 10, where 1 represents the worst that things could be and 10 represents the best that things could be, where are you today?” Scaling questions can also help clients to set tasks that will allow them to move to the next rank-order number. In this way, scaling can help measure client progress over time. Scaling techniques give clients a sense of control and responsibility over their counseling because scaling techniques help clients specify goals for change as well as measure their progress toward accomplishing those goals.

HOW TO IMPLEMENT THE SCALING TECHNIQUE

Scaling questions usually involve asking the client to give a number between 1 and 10 that indicates where the client is at some specified point (Murphy, 2015). The counselor usually designates 10 as the more positive end of the scale (thus higher numbers equal a more positive outcome or experience).

Scaling can be used to identify goals or to help the client progress toward an already established goal. Clients can identify goals by identifying specific behavioral indicators that signify they have reached a higher number (7, 8, 9, 10) on the scale.

Once a goal has been established, scaling techniques can be used to help the client move toward reaching the goal. After the client has identified where he is on the scale (with 10 meaning that he has reached the goal), the counselor can ask questions to discover what small steps the client could take to reach the next rank-order number (Corcoran, 1999). Questions include “What would you take as an indication that you have moved to a number 6?” and “What would you be doing then?” (Lethem, 2002). Scaling also provides an opportunity for counselors to compliment clients’ progress by using questions such as “How did you get from a 1 to a 5?”

VARIATIONS OF THE SCALING TECHNIQUE

Instead of using a scale of 1 to 10 for small children, scaling can be shown pictorially (Lethem, 2002). For instance, professional counselors can use a range of facial expressions, from frowning to smiling, or numbered steps leading to the desired change. When using scaling in a group, it is important to ask each person for a rating. Differences should be explored to discover the reasons behind the differences. In addition, relationship scaling questions can be used to help clients identify the perspectives of other people in their lives (Corcoran, 1999). Clients can be asked “How do you think your parents (or teachers) would rank you?” These answers can then be

compared to the client's self-rating, which often forces clients to realize what actions they need to take in order to show others the improvements they've made (Corcoran, 1997).

EXAMPLES OF THE SCALING TECHNIQUE

Following are several short scenarios for which scaling would be appropriate and useful in order to assist both the client and professional counselor in viewing or assessing the problem in a more tangible way.

EXAMPLE 1: Scaling used to reduce catastrophic thinking

Maria (M): I'm completely panicked. Thinking about my first day of school, and not as a student, but actually as a teacher . . . me, a teacher . . . is sending me right over the edge.

Counselor (C): Right over the edge?

M: (Speaking rapidly) Right over the edge. Like, just thinking about it makes me want to throw up. I really don't think I can do it.

C: I can see how nervous you seem even now, just from talking about it.

M: I am! Thinking about it, talking about it . . . If I can't handle that, how am I going to handle it when I actually get to that moment? You know? I'm a basket case.

C: Okay. All right. I'd like you to close your eyes for a second and picture your first day of school, okay? You're in front of your class. (Pause) You're getting ready to teach a new lesson that you've never taught before. (Pause) Your new classroom is full of your new students. (Pause) They are sitting in their seats, looking at you. (Pause) Now, go ahead and feel the emotions that come up. Don't try to prevent them or hold them back. (Speaking very slowly) Feel the anxiety, and the fear, and the dread. Feel any emotion that may come up. Okay, now can you describe to me how you're feeling?

M: Um, I have this nauseous feeling in my stomach. Um, my palms are kind of sticky or sweaty or something. Um, I'm kind of concerned about the students and what they're thinking and making sure that, um, you know, they're gonna like my lesson. There's a lot of thoughts going through my head about what's gonna happen in the next few minutes or whenever I get started. I'm just really anxious . . . my feelings and thoughts.

C: Okay, on a scale from 1 to 10, with 1 being really, really extremely anxious—like you probably wouldn't even be able to stand up there—and 10 being very confident and comfortable, where do you think you'd be on that scale?

M: Um . . . I guess maybe like a 4.

C: Okay, so that doesn't sound quite so terrible. You could probably get through the lesson at a 4, right?

M: Yeah, I guess I could. It wouldn't be the most comfortable or enjoyable experience, but you're right, I could definitely get through it. It just feels so much worse sometimes though . . . like dreading it is the worst part, maybe.

C: Uh-huh. That could be true.

M: I just feel like something will go terribly wrong, and I get myself so worked up.

C: All right, then. Let's try this. Tell me—and I bet you've already thought about it—tell me what the worst thing is that could realistically happen on that first day of you being the teacher.

M: Hmm. (Chuckles) I have actually thought about it. . . . Sometimes I visualize that the students, just a few at first, lose interest in the lesson. More and more they become disinterested, and a few of them begin talking to one another. Then more students begin to follow their lead, and they begin to giggle and talk louder so that it is very obvious they are not paying attention to me. Pretty soon, the entire class is chaotic and doing what they please, and not one student is attending to the lesson.

- C: Okay, so you have thought about that! On a scale of 1 to 10 again, with a 1 being a catastrophic, career-ending, mortifying event that you absolutely could not get through, and a 10 being no big deal at all, where would this scenario that you've visualized fall?
- M: A 5.
- C: Now, not to say that your anxiety is not justified, but to help you view it more objectively, let's scale it against another event. Okay, so thinking about the worst thing that could ever happen to you in life in general . . . the very worst thing in life—someone you love being murdered, your child being kidnapped, something that horrific—with that in mind, now rescale the visualized classroom event. With 1 being catastrophic and 10 being no big deal, where would you place the classroom event?
- M: Like an 8 or 9. In the big scheme of things, it's not a big deal at all. It would be a little embarrassing if the other teachers saw I couldn't handle my own class, but other than that, really not that big a deal after all.
- C: Okay. And if the worst-case scenario of that day is actually only a 8 or 9, then how will that change where your anxiety level would be on that scale of 1 to 10?
- M: Way lower. Way, way lower. Really nothing beyond a few first-day jitters.

EXAMPLE 2: Scaling used to assess motivation for change

- Counselor (C): So, Amy, so far Mollie has been sort of reporting on her progress and how she's doing in moving toward her goals . . . which is a necessary condition to her living with you . . . that she make movement toward her goals and keep her life, you know, going in a positive direction.
- Amy (A): Yes, she is making some progress.
- C: Okay. You know, to really make sure and to monitor your sister's progress, let's set up some kind of monitoring system to help you make sure that she's following through—that she wants to, so that your confidence will increase as well as your seeing her meet these goals.
- A: Okay.
- C: So, thinking about your perception of Mollie's motivation to change and follow through with her goals, currently, in comparison to when you two first came in to see me, on a scale from 0 to 100, with 100 being extremely confident that Mollie is moving in a positive direction and definitely going to follow through with and accomplish her goals, and 0 meaning you have no confidence at all and see no real progress being made, or even any effort on her part—where do you think you lie on that scale?
- A: Um. . . . (Thinking) I would say probably about a 65.
- C: 65?
- A: Yeah.
- C: Okay, well that's 35%, you know, 35 points to go before we get to 100. That's not bad at all! What is it that makes her progress a 65? Tell me a little bit about that 65.
- A: Um, well, the reason I'm not higher than 65 is that she hasn't started saving any money for the courses that are starting really soon, and I don't know that she's going to have much financial help, so that kind of worries me. But at the same time, um, this past weekend, she was studying for her GED. So I think she's serious about that. She's registered for her classes at this college, so that's why it's a little bit higher, but the money thing kind of worries me.
- C: Okay, so the 65 comes from the studying for the GED and the registering for classes. But the other 35 points comes from the lack of money or effort toward saving?
- A: Yes. And I think that sounds fair (Looking over at Mollie).
- C: Mollie, what do you think about this 65? Is this where you would place your progress and motivation?

Mollie (M): Well, when you were first asking Amy that question, I was thinking around 80 or 85, even. But then listening to her explain how she came up with that number . . . well, I guess a 65 makes sense. (Thinking) I don't know, maybe a little higher than a 65, just because I know my motivation for change is high, but I can't expect anybody else to know that because it's inside me.

C: Everyone else gauges your motivation by looking at your actions?

M: Uh-huh.

EXAMPLE 3: Scaling in personal relationships

Counselor (C): Well, what I believe I'm hearing from both of you is that you "can't" talk to the other. Kevin, you said that Tamara "can't have a conversation without picking a fight." Tamara, you said that Kevin "ignores me and says almost nothing" when you try to talk to him. (Pauses) But you both feel that you are the better communicator in the relationship?

Kevin (K): Yes.

Tamara (T): I at least try. He doesn't even bother. And I don't see how we are going to get through some of our issues if we can't even communicate with each other about them.

C: I agree that communication is going to be very important to working through these other dilemmas and feelings. So perhaps we should focus some of our attention on improving communication. Kevin, what are your thoughts on this?

K: We've never been really good at talking things through. But everything just seemed to work itself out anyway—until now. So I'd love for you to help Tamara have a conversation without making it into something more.

C: Well, what I'd like to do is help you both improve *yourselves* and the way *you* communicate.

Okay. Here is a sheet of paper for each of you. On the bottom half of the paper, I'd like you to give yourself a score from 1 to 10 based on how well you think you communicate, with 1 being a terrible communicator and 10 being a great communicator. (Both Kevin and Tamara were able to do this very quickly with little thought.) Now, on the other half of the paper, on the top half, I want you to each think for a moment about the way your partner communicates with you. After this, we will change the focus to yourselves, but for this last moment, you get to focus on your partner and his or her shortcomings. All right. So for now, thinking about how your spouse communicates with you, I want you to give him or her a score from 1 to 10, with 1 being the worst communicator ever . . . everything he or she does leads to problems and miscommunications rather than effective communication. Now a 10 would indicate that you find your spouse to be a very effective communicator and find that the end result of a conversation is satisfying and the reason it was begun was accomplished. (Gives them both a few moments to write down a number) Okay, I would like to hear what each of you has.

T: I'll go first. Do you want to know what we put for ourselves or just for the other person?

C: Um, however you want to do it is fine.

T: Okay. Well, I gave myself an 8 because there are probably one or two minor things I could do a little better, but for the most part, I am an effective communicator, just based on what I do.

C: Uh-huh.

T: Okay, and so I gave Kevin a 4. . . .

K: (Interrupting) A 4?!

T: Yes, a 4, because if he's involved, it's just bound to go badly.

C: And what about you, Kevin? What did you write down?

K: Well, I gave myself a 9 because I'm not the problem here. And I gave Tamara a 6.

- C: The great news is neither of you scored the other as a 1, so you both agree that the other does some things right with regard to communication. Okay. I want to ask you both if you would now be willing to completely scratch out the score you gave for yourself.
- T: Why?
- C: Well, if we assumed, Tamara, that you really were an 8 on a scale of 1 to 10, and you, Kevin, really were a 9, we wouldn't have a lot to work on. You would both be nearly perfect communicators. Instead, I'd like to help you both to let go of your self-perceived communication skills and focus on how your partner perceives you. If we are going to improve, we have to really consider how our partner sees us. Tamara, the way Kevin perceives you is as important as the way you perceive him. And the same is true for you, Kevin. And as long as we feel we are near perfect at this, we won't improve. So, if you're willing, I'd like for you to each scribble over the number you gave yourself and trade papers, and now let's operate from the assumption that you, Tamara, are a 6, and you, Kevin, are a 4.
- T: I'll change his to a 5.
- C: Okay, Kevin, you are a 5.
- K: Can I change hers to a 5 so we're the same?
- T: No! (Laughing)
- K: (Laughs)
- C: Now, with your new numbers, I'd like you to both consider what's keeping you from being a 10.
- K: (After some thought) Well, I can be pretty defensive sometimes when she tries to talk to me, and I'm bad about tuning her out.
- C: That's certainly a good start. Tamara? What about your new score? What do you suppose keeps it from being a 10?
- T: Well, I suppose I don't always pick the best time to start a discussion and, um, I tend to dominate the conversation and get angry.

EXAMPLE 4: Scaling to recognize old baggage and personal reactions

- Anthony (A): I just get so angry. I really lose my cool and I don't even know why I get that mad. She just makes me so . . . I could just . . . scream . . . well, I do, I mean, I do scream. Not at her, of course. But as soon as I hang up the phone, I just scream as loud as I can to get it all out. Like, the other day, she called to tell me happy birthday, and it wasn't my birthday, it was my sister's. And I just kidded with her about getting older and forgetful, but then I couldn't wait to get off the phone because I was just boiling inside. And as soon as I hung up, I screamed . . . and cried. I really don't get it . . . why I let her push my buttons like that . . . over something so silly that she probably really can't even help because she really is getting older.
- Counselor (C): This phone call with your mother is a good example for us to work with to maybe help you gain some insight into your reactions.
- A: Okay. How?
- C: Your reaction the other day, after you hung up the phone, on a scale of 1 to 100, with 1 being no reaction at all, no emotional reaction whatsoever, and 100 being this huge, overwhelming, uncontrollable emotional reaction, what would you say your reaction the other day was on this scale?
- A: (Looking down and fidgeting) Um, well, let's see. . . I guess it would have been about a 90. It felt very uncontrollable and overwhelming . . . it just swallowed me up.
- C: Okay. Now, realistically, what your mom said on the phone, about the birthday when it wasn't your birthday, but your sister's, on a scale of 1 to 100, with 1 being no big deal and 100 being just this terrible thing for a person to do to you, what was your mother's comment?
- A: Give her comment a number, too?
- C: Yes, from 1 to 100, if you can.

- A: Well, because I know she didn't do it intentionally, I would say like a 15, I guess.
- C: Okay, Anthony. We have a comment at a 15 and a reaction at a 90.
- A: Yeah, yeah, we, uh, we do, don't we? How does that happen? (Smiles)
- C: Let's think for a moment about what the numbers 16 through 89 represent. Usually when we get a 15 and we react with a 90, there is much more there that accounts for our reaction. What are all those other numbers about, do you suppose? What button did your mother's comment push?
- A: (Thinks for a moment while still looking down and begins to cry) I feel so bad for even saying this, and I know I should be past it by now, and I try so hard to be grateful for her *pathetic* attempts at being a mother now, but she *still* can't get it right, and I just want to *scream* because every time I talk to her it's this *ridiculous* reminder that she still sucks! (Crying harder) She walked out on us when we were kids because her boyfriend was more important and he didn't like kids, so she chose him over us and we didn't for the life of us understand why she had left us or what we had done wrong, and God that was so long ago, and she's apologized a hundred times, but she still is not . . . she'll *never* be the mother I need her to be. I'll *never* get over what she did to us. (Angrily) We weren't important enough for her to stay with us then, and we're not important enough for her to know when our damn birthdays are now!

EXAMPLE 5: Scaling in suicide assessments with an adolescent in a school setting

- Counselor (C): So, Juan, your life right now, how you feel about your life, on a scale of 1 to 10, with a 10 being satisfied and happy and a 1 being unbearable, where would you say your life falls on this continuum?

Juan (J): Like a 1 or something.

- C: Okay, and the likelihood of you harming yourself, even killing yourself, as you've been considering lately, on a scale of 1 to 10, with 10 being totally no intention to hurt yourself and a 1 being definitely going to commit suicide, where would you say you are right now?
- J: Probably a 2 or maybe even 1 again.
- C: (Pauses for a moment) Juan, I don't know if this is true for you, but I've noticed that when I've worked with other students who feel as you do at this moment, I've noticed something very interesting. I've noticed that almost always, they don't necessarily *really* want to die . . . they just don't want to keep living at a 1. (Pauses) Might that be true for you also, Juan?
- J: I never thought about it like that. I mean . . . (Thinking out loud) "I don't really want to die, I just don't want to keep living at a 1." (Thinking again) You know, I can see where that fits . . . but if I don't know how *not* to live at a 1, then I feel like I only have one choice.
- C: Yes, yes, I can see that. So, if you'd be willing, I'd like for us to work together right now to consider how we can get you from a 1 to a . . .
- J: Anything would be better than a 1.
- C: Okay, then, let's work together to see how we can get you to anything better than a 1. What are some things that you need to be different in order for life to be better than a 1? They could be things related to classes, personal relationships, parents . . . whatever you can think of.

USEFULNESS AND EVALUATION OF THE SCALING TECHNIQUE

Scaling techniques tend to measure progress toward concrete goals; consequently, they lend themselves to outcomes research (Lethem, 2002). Scaling can be used in a wide variety of situations. Some examples include assessment of progress toward a solution, confidence about finding a solution, motivation, severity of a problem, the likelihood of hurting

oneself or others, and self-esteem (De Jong & Miller, 1995). Scaling has also been used with youth involved with the juvenile justice system and their families (Corcoran, 1997), as well as with families involved with child welfare services (Corcoran, 1999). Juveniles from multiproblem families, low socioeconomic status (SES), or diverse backgrounds improved on their treatment goals.

The scaling technique has been embedded in a comprehensive SFBC approach and used in at least three school-based outcome studies with middle school students. Franklin, Biever, Moore, Demons, and Scamardo (2001) indicated that 71% of middle school student behavior cases improved when using scaling as part of a solution-focused approach in a middle school setting. In a study showing no difference due to treatment, Newsome (2004) used an SFBC groupwork model with at-risk junior high school students who showed no improvement in attendance or grade point average (GPA) when pretreatment GPA was used as a covariate. Finally, Springer, Lynch, and Rubin (2000) studied the effects of a solution-focused mutual aid group for Hispanic children of incarcerated parents that embedded scaling into a more comprehensive SFBC approach. Teachers reported that the middle school student participants reduced presenting concerns to below the clinical significance criterion for both internalizing (effect size [ES] = 1.40) and externalizing (ES = .61) difficulties. At the same time, the teenage participants' self-report resulted in an ES of .86 for externalizing problems, but no differences were noted in youth self-report for internalizing problems (ES = .08).

In studies of adults, Lindfors and Magnusson (1997) reported that Swedish criminals participating in an SFBC procedure that used scaling as one component experienced less recidivism and fewer serious crimes at 12- and 16-month follow-ups. Meyer and Cottone (2013) found that modifications of the scaling technique can be used effectively with Native Americans to reduce the perception of boasting. Lee (1997) reported that a solution-focused brief family therapy approach resulted in 65% of families successfully reaching diverse goals.

Finally, in a systematic review, Beyebach (2014) reported that scaling was used to efficiently rate treatment effectiveness from session one through termination and follow-up. This review included clinical trials by Beyebach et al. (2000); Cortés, Peralta, and Machado (2007); and De Jong and Hopwood (1996), which all used progress scaling questions as outcome measures. Richmond, Jordan, Bischof, and Sauer (2014) found that SFBC that included scaling to make goals more concrete actually reduced patient symptoms between intake and session 1 compared to problem-focused approaches.

APPLICATION OF THE SCALING TECHNIQUE

Now apply the scaling technique to a current client or student you are working with or revisit the brief case studies presented at the beginning of this book. How can you use the scaling technique to address concerns and create movement in the counseling session?