

# 3

## Processes and Stages

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If you found all the different approaches to help people a bit overwhelming, relief is on the way. Although it is true that there are dozens of helping methods you might employ, all of which have their enthusiastic followers, there is really a generic framework for doing this sort of work. Regardless of the setting, client population, professional affiliation, or personality style, most practitioners subscribe to a generic process that follows similar stages.

In its simplest form, helping has a beginning, a middle, and an end. There are a lot of different names for these stages, and certainly a variety of distinct processes that are emphasized by different approaches, but for now we will consider a model that will get you started. This combines several features of those you reviewed briefly in the previous chapter. It is existential and constructivist in the sense that it looks at a person's concept of personal meaning. It is influenced a bit by the psychoanalytic approach, in that there is some attention to influences from the past. There is something of reality therapy integrated, in that the client is encouraged to look at personal choices and their consequences. There are also components from the cognitive and Adlerian approaches, because clients are asked to examine the internal thinking that results in their external behavior. Finally, there is a strong humanistic thread in the emphasis on establishing a supportive relationship and attending to a person's underlying feelings, and in the belief that people have the capacity to initiate their own growth, with a little help along the way.

Because you may not remember or understand the differences between these various theories just yet, rest assured that they (and others you will learn) all contribute something to an integrated model of intervention.

## Stages of Helping

You are already familiar with some of the stages of helping because they basically follow the logical progression of any learning process: First, you define where you want to go, then you explore the territory, figure out what you have discovered, and integrate this new learning into your future actions. When someone consults you for help, you will basically undertake a journey that corresponds to these stages (see Table 3.1).

**Table 3.1** Stages of Helping Process With Corresponding Helping Skills

Stage	Skills
Pretreatment	Planting positive expectations Preparing for readiness to change
Exploration	Paraphrasing Reflecting feelings Probing, asking open-ended questions Building alliances, communicating empathy
Promoting insight	Interpreting Challenging Reflecting thoughts and feelings Confronting
Action	Goal setting Decision making Reinforcing progress Negotiating homework
Evaluation	Summarizing Supporting Identifying unfinished business Planning for setbacks

Like any transformative trip, preparations begin long before the embarkation point. You do some reading first. You talk to others who have been where you venture to go. You make some preliminary decisions about priorities and significant sites. You plan a bit about your itinerary. Sometimes you hire an experienced guide to show you the way.

### ***Stage 1: Pretreatment***

Helping begins long before a person ever seeks professional help. People rarely choose professional help as a first choice, or even a second or third.

It is time consuming, inconvenient, expensive, and embarrassing. For these reasons, by the time you ever see people for help, they will have already exhausted almost every other strategy that comes to mind.

There is some set of symptoms that are experienced as annoying or perhaps even debilitating. The person is uncomfortable, sometimes desperate, but always impatient to find some answers. He comes with a particular frame of mind and expectations. He has decided to seek help at this particular time for some reason. Why now? What is he looking for? What sense does he make of what is going on? What has he tried already that hasn't worked?

These are just a few of the questions you will wish to consider during this pretreatment stage. Of course, you have not met your client yet, but no matter: She is definitely thinking about you. She is planning what she will say and how she will frame it. She is wondering if you will judge her critically. She wants you to like her, to approve of her. Most of all, she hopes that you can be of assistance.

The pretreatment stage can be so intense, the symptoms so bothersome, and the client's motivation and commitment so focused, that sometimes there is little that you have to do; most of the hard work has already been set in motion. There are a number of instances when even a single session is enough to act as a catalyst for the thinking and actions already begun. Your main job at this early stage is to plant favorable expectations during initial phone contact and help prepare the person for a commitment to change, working hard to make that happen.

## ***Stage 2: Exploration***

Naturally, the first place to start is to hear the client's story. What is the problem? What do you think that means? What does the person expect from you? What background information do you need to understand this person and the context for what has been going on?

This doesn't mean that you are acting as an interrogator. Quite the opposite, actually: You are doing your best to create a solid relationship in which the person feels heard, respected, honored, and understood. Sometimes, this is more than enough on its own to produce miraculous results. Although this stage is certainly focused on gathering information, another significant task is to begin building a solid alliance with the client (described in the next chapter).

Your job is to find out what is going on. You want to know the context for the present symptoms. You are interested in relevant history. You need to understand the unique culture of the person, including influences of gender, race, religion, socioeconomic class, and other such variables. But this

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exploration is not about what *you* need to know. Rather, what you are doing is helping the client to explore the nature of the issues.

Depending on your theoretical orientation, you may concentrate primarily on the past, spending many months covering personal history from birth until the present moment. If time is limited and you have only a single half hour to make a difference, then an abbreviated exploration will hone in on relevant information that allows you to formulate a treatment plan.

Almost all practitioners would agree that some sort of exploration is needed to study the situation, collect information, and formulate a diagnosis. Imagine, for example, that someone consults you with a problem related to family members. What immediately comes to mind that you would want to know before you could help this person?

You would probably want to know exactly what she means by “family members.” Who specifically is she referring to?

“Just that nobody seems to get along,” she explains, even though you still don’t understand what she is talking about.

Not only will you want to tease that out a bit, you will also need to know who is in her family. Has she had this sort of problem previously? Remembering the pretreatment stage, you remember to ask her about what she’s tried before to solve things. You wonder what has worked and what hasn’t.

Then you realize that this single family conflict doesn’t define her whole life. You want to know about how she spends a typical day. Who is she close to? What does she do for work? How does she spend her leisure time?

Recalling something about developmental theory, you also want to know a few things about her life growing up. What were the significant events that stand out? What did she struggle with the most?

I could go on and on and on. In fact, some helpers do spend years just in this exploration stage. Before you scoff at this, remember that it would take almost all the time you have left to bring any individual up to date on everything you have experienced before. Whereas, once upon a time, psychoanalytic practitioners (remember Sigmund Freud and company?) scheduled three to four sessions per week, for a minimum of five years, just to cover all the material, nowadays things are considerably shortened to a matter of months or weeks.

It is usual and customary to spend somewhere between the first session (called “intake interview”) and a half-dozen sessions completing this stage in the process. It really is a matter of time and resources available. Ideally, of course, you would love the luxury of spending several months getting to know someone before you would ever be so presumptuous as to offer any thoughtful response. Alas, you probably won’t have that sort of time, so you must learn to conduct your exploration efficiently and systematically.

Even in a matter of minutes, you would be surprised how much you can learn from someone who is being even marginally cooperative. During this assessment process, you are also concentrating on building as much rapport and trust with the person as you can.

You are doing everything you can to establish yourself as an expert in the person's eyes. You want to plant favorable expectations that you know what you are doing and that you can, indeed, be of assistance. The end of this stage, and transition to the next one, sounds something like this:

You have revealed a lot about yourself in the time we have been together. You've told me a lot about what is going on in your life. I also appreciate your frankness in telling me what you hope I can do for you.

Although I've just met you, it seems to me that the original problem you presented is only part of what brought you to ask for help. You have mentioned a number of other related concerns that you'd also like to explore.

Before I tell you what I think is going on and what I propose to do to help, I want you to know that what you are going through is a normal part of adjustment, and I am fairly certain that you can make rapid progress. Of course, much depends on how hard you are willing to work and how fast you want this to go.

If this sounds like some sort of a motivational speech, you aren't far wrong. It is critical that you provide the client, even during the first contact, with some sort of feedback about what you have heard and what you understand. More than that, however, you've got to provide some hope.

The object of any first session is to get the person to come back for a second session; if you can't do that, you can't help most people. So your goals during this stage are twofold: One, collect as much information as you can, and two, capture the client's interest so that future helping can continue. Both of these goals link together rather nicely, resulting in some preliminary understanding that can next be pursued further.

### ***Stage 3: Insight***

You will remember that some theories of helping are primarily insight oriented, whereas others consider themselves as action-focused treatments. Examples of the former include theories such as psychoanalytic, existential, and humanistic approaches, whereas the latter group is identified with behavioral, strategic, and problem-solving approaches. Of course, others, such as cognitive, narrative, Adlerian, and reality theories, combine features of both. In other words, insight is treated very differently by various practitioners. Some believe it should be the major emphasis of all helping efforts, whereas others think that it is a luxury that is often not needed. Whether

action-oriented helpers acknowledge it or not, they still spend brief periods of time helping people understand how they got themselves in trouble.

### *Unconscious Desires*

One type of insight that might be most familiar to you is the approach taken by psychoanalytic theory. It is believed that the problems we have today result, in part, from unresolved issues of the past. Sounds reasonable, doesn't it? It makes sense that there are thoughts, feelings, urges, instincts, rumblings, and images of which we are not fully aware. Nevertheless, these internal forces affect us in ways that are sometimes unrecognized.

One person might find himself repeatedly stuck in the same sorts of romantic entanglements that are unsatisfying and dysfunctional, even if they offer a degree of familiarity, that he observed in his own parents' relationship. Another person keeps trying to prove herself over and over, continuously pushing herself to higher levels of achievement. What she does not realize is that her drive comes primarily from competition she is feeling with her sister. Still another example involves a student who learns helping skills, not only because she wants to help people, but because she wants to feed her need for others to depend on her.

In each of these cases, and many others, the goal is to help people to uncover their unconscious desires and drives. It is believed that once you become aware of what you are doing, you can exercise more control over your behavior. Rather than being driven by motives beyond awareness, insight into such patterns allows people to make new choices.

### *Secondary Gains*

Another type of insight was spawned through the perceptive observations of nurses who noticed that patients recovering from surgery and medical ailments were not recovering as quickly as they should have been. Even though their bodies were responding to the medication or procedure, for some reason, these individuals reported they were still not feeling much better. They seemed to enjoy remaining in a sick role. They seemed to derive "secondary gains" as a result of their illness.

So, you might wonder, whatever could possibly be good about remaining sick? Think about it. Better yet, make a list in your head of all the benefits and payoffs that might be enjoyed by someone who does not get better:

- You get sympathy.
- You get to feel sorry for yourself and feel helpless so you do not have to do anything constructive.

- You can control powerful others, like doctors and family members, who will be frustrated by your lack of improvement in spite of their best efforts.
- You can be in a bad mood and lash out at others according to your whims. Afterward, you can apologize and be forgiven: After all, you are sick so you can't help it.
- You can take a "time out" from your life and have others take care of you.

This is just a short list of possibilities. There are actually many other secondary gains that are possible, and not just with being physically sick but with any sort of psychological problem as well. What this means is that you can help people generate some degree of insight into what they are getting out of their dysfunctional behavior. Because the pattern wouldn't persist unless some benefit was derived, the key is to uncover what purpose is being served.

Most problems that people present—whether excessive guilt, self-loathing, dependence, addiction, or anything else—often have the following payoffs:

1. They represent a form of control in which the behavior somehow manipulates others.
2. They can function as a kind of self-punishment to pay for perceived wrongs. They wipe the slate clean so that the individual is allowed to continue doing the same things over and over ("Do you think I *like* being this way? Look how I'm suffering!").
3. They work as an effective distraction. As long as you are preoccupied with the problem, you can procrastinate and hide, avoiding dealing with other things in life that are more threatening and even more painful.
4. They help the person avoid responsibility. Often you will hear the refrain, "I can't help it!" or "It's not my fault." The self-defeating behavior acts as a scapegoat to help the person remain stuck.

The object lesson of bringing secondary gains into awareness is similar to what the psychoanalyst does, but instead of looking at the past, you are examining the present. Once you are aware of the games you are playing with yourself and others, you can't get away with them anymore. The idea is to ruin the pleasure that is possible when operating from blissful ignorance.

### *Irrational Assumptions*

One of the contributions of the cognitive therapies is the attention that is drawn to the ways that certain thinking processes lead to negative emotional reactions. The strategy with this kind of insight is to confront people with the ways that they are causing their own misery by the ways they are choosing to interpret reality.

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In narrative therapy and other constructivist approaches, people are helped to realize that the stories they have adopted as true representations of their experience may, in fact, be the result of ways they have been indoctrinated by others. The act of realizing that you can create an alternative version of the same events, one that is more consistent with your own values and culture, is indeed an empowering insight.

Examples of irrational beliefs that are confronted by a more cognitive style include the following:

1. The idea that things are not nearly as bad as they are made out to be. You are most likely exaggerating the extent of the problem, as well as the extent to which it controls you.
2. The notion that the world is fair and that you should get exactly what you deserve. In fact, you are not nearly as important as you think and the world does not conspire to make your life miserable.
3. Demands made of yourself, and others, that things should be a certain way. This is another way that people inflate their sense of power and believe that the world should live up to their expectations. When things go differently, the result is tragic, rather than only mildly disappointing.
4. The belief that other people and external events can make you feel a particular way, without your consent. According to this insight approach, everything that you feel, and however you react, is based primarily on your perceptions and interpretations of what has happened. If you do not like the way you are feeling, just change the way you are viewing the situation.

### *Discrepant Behavior*

Another kind of insight that might be generated in this stage involves confronting people with inconsistencies in their behavior. Whether in a group, family, or individual session, the individual may be encouraged to look at discrepancies between

- Behavior now versus actions in the past: “You say that you are feeling discouraged about progress you are making, but I notice that just now you challenged me in ways that you never would have before. You also just finished telling a story about how you are now so much more assertive at work than you could have imagined.”
- Things said now versus things said previously: “I’m confused. You say that you don’t love your mother, but I’ve heard you say before that she’s one of the most important people in the world to you.”



- Things said versus observable behavior: “You describe yourself as passive and a pushover, but you just strongly disagreed with me. How could someone do that, if she were really the way you described yourself?”

This type of confrontive insight, favored by practitioners with a more active, directive style, is intended to push people to look at themselves in new ways. Like all other forms that have been briefly reviewed, the plan of this approach is based on the assumption that bringing hidden patterns into awareness forces people to change the ways they act in the future.

### *Underlying Feelings*

If the preceding approaches focus on internal thoughts or behavioral patterns, another kind of insight favored by humanistic practitioners uncovers repressed or unacknowledged feelings. The intention here is to reflect back to the individual what you hear, see, sense, and feel is being expressed beneath the surface.

A fellow student says to you after class, “Excuse me, but did this stuff make sense to you today?”

If you were to treat this question as a surface inquiry, you would answer concretely, saying something like, “Yes, it did,” or “No, it didn’t.” End of story.

If, on the other hand, you attempted to decode what is really being expressed by this inquiry, you would not hear it as a question at all, but rather as a statement of intense feeling. You might, for example, respond as follows: “You’re feeling apprehensive about the material because it seemed confusing to you.”

Of course, this may or may not be an accurate reflection of what the person is feeling. That hardly matters as much as the intention to help the person clarify what he or she is really feeling. The assumption behind this kind of insight is that, eventually, the person will reach a degree of understanding about his or her own internal states that will be sufficient for him or her to resolve the problem.

In theory, anyway, Carl Rogers believed that insights such as this would promote lasting changes in someone’s life. Although it is true that reflecting feelings, or any other form of insight work, may be enough to help someone significantly, it is not often sufficient to maintain the momentum without other structures and support systems in place. Indeed, there are people who aren’t so much interested in change as they are understanding themselves better. For many others, however, insight is a desirable stage in the process, maybe even a necessary one, but it is often not enough.

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**Table 3.2** Some Types of Insight

<b>Insight</b>	<b>Theoretical Origins</b>	<b>Example</b>
Unconscious	Psychoanalytic	"I react with such rage toward my teacher because she reminds me of my mean aunt."
Secondary gains	Behavioral	"I complain a lot because I get a lot of attention and pity from others."
Social	Narrative	"I defer to men because that is the role construction I learned from media and family members growing up. It is also part of my Latina culture."
Irrational beliefs	Cognitive	"I am so upset because I am exaggerating how important this incident is."
Systemic	Structural	"I am the one designated in my family as the 'problem' to distract others from their own conflicts."
Discrepancies	Various	"I call myself shy but I realize there are times when I do act assertively, like right now when I disagreed with you."
Affect	Client-centered	"I'm really proud of what I did, although I've never admitted that before."
Polarity	Gestalt	"I have two parts of me, one that wants out of this relationship, one that wants to remain."

You know more than a few people walking around who have perfect insight into their motives, but they still do the same crazy things over and over. You know folks who understand only too well why they keep getting themselves into the same predicaments, yet they still follow the same patterns, apparently helpless to act on what they supposedly understand. You might even be able to think of a few aspects of your own life where you have perfect clarity about what you should do or what you need to do, but you still do not do it.

With the vast majority of the people you try to help, the insights that you generate, whether they involve uncovering unconscious desires, irrational beliefs, unexpressed feelings, or secondary gains, will still need to be translated into constructive action. If you have not yet encountered resistance to your efforts, you may very well see it here.

People say they want to change, but basically, they want others to do the work. Generally, change involves so much discomfort, adjustment, hard work, and pain that people will exhaust every other option first. They will try to blame others. They will wallow in self-pity. They will appear helpless so they can get others to do the work. Once they have reached a point of desperation, or at least great discomfort, then they will act. Expect this. Don't take it personally. Your job in promoting insight is to help the person to feel more miserable with the way he or she is; then he or she will be motivated to do something about it.

### ***Stage 4: Action***

The transition from insight to action is a difficult one; this is when you lose people if you don't handle this carefully. People are often frightened of the unknown. They don't want to be responsible for their own happiness. If it's not more fun, then it's at least more comfortable and familiar to feel helpless enough that you can't do anything about your situation. That is why people stay in miserable situations, abusive relationships, and dysfunctional patterns: They may not be the best thing in the world but at least they are familiar. People can get used to most anything. Besides, they reason that the unknown could be even worse.

In the action stage, you are helping people convert what they now understand about themselves into some specific, constructive steps that will make their lives better. Like any problem-solving strategy, you would likely undertake the following:

1. *Establish goals.* In light of what has been learned, specify objectives that are to be reached.
2. *Take inventory.* Make a list of things that have already been tried and have not worked so you don't waste time repeating them.
3. *Generate alternatives.* Brainstorm an exhaustive list of options that might be attempted.
4. *Narrow the options.* Select a first-choice plan, or create one that combines the best features of what was generated.
5. *Rehearse.* Practice scenarios that might unfold; role play new situations; practice new skills or strategies that could be used.
6. *Give feedback.* Critique and process what was learned from the previous steps; refine the plan in light of new adjustments.
7. *Give homework.* Try whatever was agreed on in the real world.

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It is not uncommon for helpers to tell people that what they do in sessions is not nearly as important as what they do outside of sessions, in their lives, where it really counts. Rarely do things work out as planned the first time. However, if you have built a foundation through the previous stages, then you have earned the trust, confidence, and most of all, patience of the client, so you have the time to experiment with several different plans until you create the right combination of factors.

### ***Stage 5: Evaluation***

The last stage is one in which you assess, with the person you are helping, the extent to which desired goals were reached. To what extent were the presenting complaints reduced or eliminated? What more needs to be done? How can the person generalize what was learned to other areas of life? These are not questions that you necessarily wait until the end of treatment to ask; at any stage of the process you can—and should—find out how you are doing. After every few sessions, it is a good idea to ask the client directly what you are doing that is most and least helpful.

In today's professional climate, helpers are called on more and more to demonstrate that they have truly made a difference. You will be asked to document what you did and what resulted from these efforts. You may be asked to justify to third parties (funding agencies, insurance companies, referrals, etc.) that what you are offering is indeed a worthwhile enterprise. You will be forced to evaluate whether what you did in your helping efforts was indeed effective.

This emphasis on accountability is a mixed blessing. On one hand, there is a lot of annoying, time-consuming paperwork. It also doesn't feel very good to have to spend so much time justifying your existence and defending your actions. On the other hand, however, the evaluative process is what makes you a better helper in the future. It forces you to think through exactly what you did and measure what effects occurred. This allows you to be more systematic in your efforts to improve and grow as a helper. You collect more and more data about what works best in which circumstances. You learn about what you can do, and what you can't do, in various situations. Finally, the evaluative process makes you accountable and cautious—important conditions to protect the safety of those who are entrusting their lives in your care.

### **Closure Issues**

One of the distinct limitations of any helping effort is to make the changes last long after the interventions are over. So often, people initiate new

plans—to become more assertive or less shy, to lose weight, to stop smoking, to make more friends, to reduce alcohol consumption, to change jobs or relationships—only to find that when the supportive helping relationship ends, a relapse occurs.

Closure issues are so critical in helping efforts because you do everything you can to ensure that the changes “stick.” Your strategy during this final stage is not only to summarize the gains that have been made and to offer needed support, but also to take whatever steps are indicated to keep the momentum going after the sessions have ceased.

Most often, closure involves taking care of the following steps:

- *Talk about reactions to the ending.* Acknowledge that it is time to move on. Invite the client to talk about relevant thoughts and feelings.
- *Deal with unfinished business.* Even if there is not time to complete all the work left to do, you can still identify areas for future progress.
- *Review what was accomplished.* Ask the client to summarize what occurred, what was learned, and where things are going next. Then fill in what was left out.
- *Make plans for the future.* Structure future homework assignments that are designed to be self-monitored.
- *Talk about support.* Build alternative support systems that will encourage future progress. Include things like support groups and structured rituals.
- *Plan for a relapse.* Without being unduly pessimistic, remind your client that setbacks are inevitable and, furthermore, that they are no big deal. Make a strong case for applying what was learned to deal with any regression or disappointments.
- *Make plans for follow up.* Even if only a phone call is used, make arrangements to check in at various intervals to reinforce progress, offer continued support, and provide “booster” sessions as needed.
- *Say goodbye.* Let go in such a way that the client feels encouraged and empowered. Acknowledge the ambivalence about saying goodbye. Launch the person into the world with optimism about the future.

## For Review

- Helping efforts usually proceed along a series of stages involving the (a) decision to seek help, (b) assessment of presenting problems, (c) exploration of relevant issues and background, (d) understanding and insight related to how a problem evolved and why it persists, (e) rehearsal and practice of new behavior, and (f) assessment of outcomes.
- The helping process begins long before the client seeks help. Find out what was attempted previously to solve the problem.
- The various kinds of insight that may be promoted will vary, depending on time available and the client’s particular needs.

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- When time is available, the best helping efforts involve both promoting understanding and offering constructive action.
- Resistance to change is a normal part of the helping process. People are doing their best to protect themselves against perceived threats.

## For Reflection and Practice

1. Look at a change effort that you are going through right now. What stage of this process are you in?
2. Talk to several individuals who are now involved in a helping relationship, and ask them about the processes and stages they are experiencing.
3. Review a time in your life that you were helped. Follow the progression of stages described in this chapter to plot your own journey.
4. Practice doing an assessment and intake interview with a partner in which you take a half hour to collect all the information you can. Review with your partner afterward what you missed and could have done differently.
5. Think about some dysfunctional behavior that you engage in, even though it does not appear to be all that helpful to you. What are some of the payoffs you enjoy as a result?
6. Because stages of evolution apply to all growth and change situations, examine your own process of learning helping skills in your class. Talk to classmates (and your instructor) about the stages of development that you are going through.

## For Further Reading

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