

The client just turned 21. He has high-functioning Autism, which is most apparent in his social interactions and rigid thinking. He can also be quite paranoid and suspicious of others' intentions. He has a long history of being violent towards his family and he was more recently stalking a young woman in school. He spent some time in a treatment program in another country. He wants to meet a woman and have a family. However, his planning is very rigid indeed. He intends to meet a woman, and then move to London, and then to New York City. He intends to accomplish this in five years. Where do you start in using the Good Lives Model?

Risks History of violence Recency of violence (?) Stalking persisting despite concerns expressed by others No history of positive relationships Problem-solving skills? Self-regulation skills? Attitudes and beliefs?

Preliminary Strengths/Protective Factors Desires the stability of relationships and family life Wants to know how he fits into the world around him/seeks knowledge Apparently stable in other areas of his life No expressed concerns about medications Involved with services

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"...[our clients] want better lives, not simply the promise of less harmful ones" (Ward, Mann, & Gannon, 2007)

Important Skill • Going Upstream: • What's the larger goal behind the immediate goal or clinical presentation? • "I'm not gonna" and "you can't make me" reflect deeper goals around autonomy and relationships. • "I'm not the same person as I was then" reflects avenues for inquiry regarding identify. • Please note that one statement or action can reflect multiple goals!

Good Lives Model Goods/Goals

Relationships and friendships
Independence and autonomy
Knowledge
Spirituality: Meaning and purpose
Inner peace
Happiness and pleasure
Living and surviving

Goods/Goals Implicated in Violence and Stalking

Relationships and friendships
Living and surviving
Independence/autonomy (inc. personal choice)
Knowledge
Happiness and pleasure

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Obstacles to Good Life Plan Internal capacity: lacking relationship skills, problemsolving skills, coping skills, independent living skills Use of inappropriate means to attain goods/goals Narrow scope of good life Conflict between goals and goods

1979: Edward S. Bordin

 Therapeutic alliance:
 Agreement on goals
 Agreement on relationship
 Agreement on tasks
 (Norcross, 2002, would add client preferences)

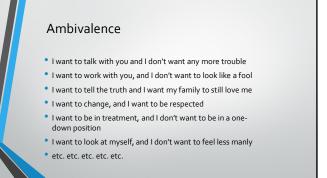
 Over 1, 100 studies have emphasized the importance of the alliance in psychotherapy since (Orlinsky, 1994)

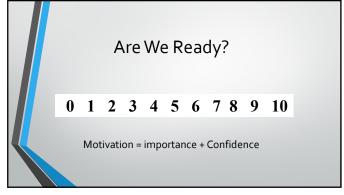
Upstream

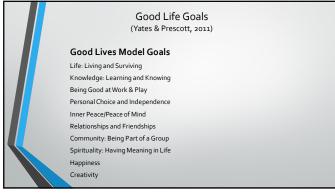
Trust
Uncertainty
Shame
Where does safety lie?
What does he do with pain?
How has he been hurt in the past and what how did he make sense of it all?
What else would he do if he could just cut loose and be free?
What is he longing for?
Who is he longing for?

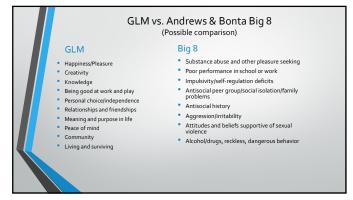
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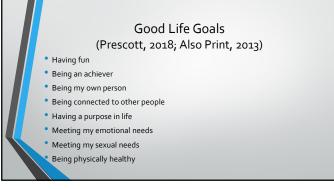






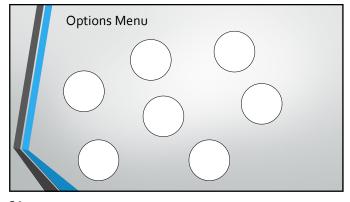


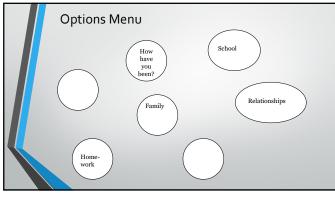


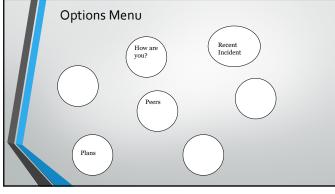


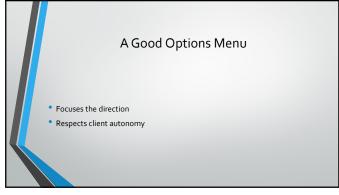


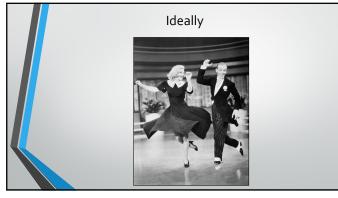


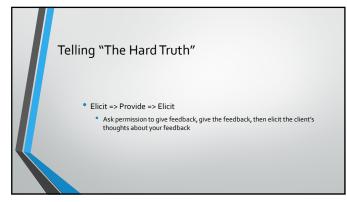






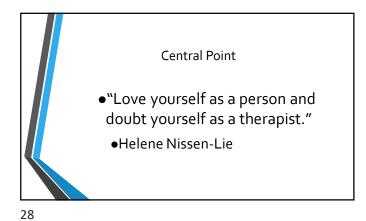


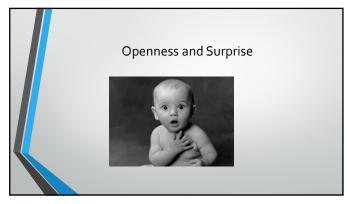


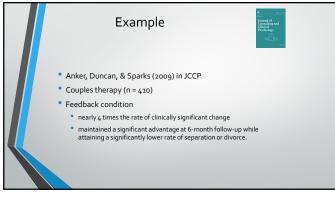


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Culture of Feedback Superior therapists elicit more negative feedback Atmosphere in which clients are free to rate their experiences Without retribution With a hope of having an impact Beyond displaying openness, this involves introducing available outcome measures thoughtfully and thoroughly Not just more forms to fill out!







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Miller, Duncan, et al. 2006 • 75 therapists and 6,424 clients over two years • Formal, ongoing feedback about the alliance and progress in treatment resulted in significant improvements • client retention and outcome • Clients of therapists who did not seek feedback regarding the alliance were three times less likely to return for a second session and had significantly poorer outcomes

ROUTINE OUTCOME MONITORING

Tracking global outcomes

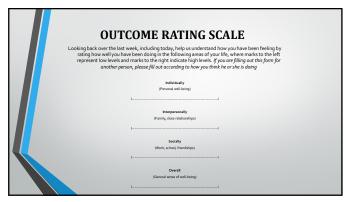
Tracking the working alliance

Session-by-session feedback

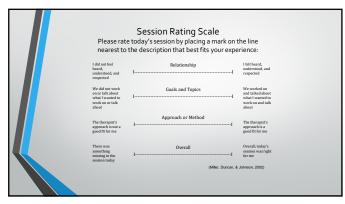
 Examples include Youth Outcome Questionnaire, Outcome Rating Scale, Session Rating Scale, etc.

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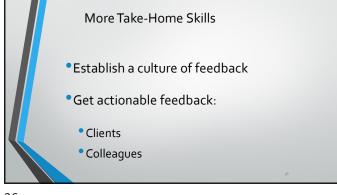


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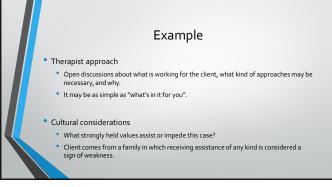
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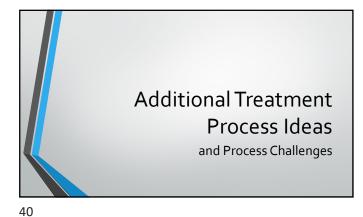
When Supervising • Begin with a case and consider: • What are this client's goals? • Who are you in this client's life, from his/her perspective? • (clarifying relationship) • What things do and don't work for him/her in treatment • (clarifying tasks and approach of therapist) • What cultural considerations exist? • Is the therapist taking these into account in constructing services?

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The seemingly impossible case: Unmotivated, uninterested, has had enough of therapists Explore client goals His desire for freedom and living in the community indicates a strong priority on personal choice and independence. Set therapist goal of exploring other goals with interest and no agenda as part of a regular conversation; not overtly clinical Explore client relationship Who is this therapist in the client's life? Just an innately annoying person? Define what the therapist can and can't do

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Thinking On These Goals

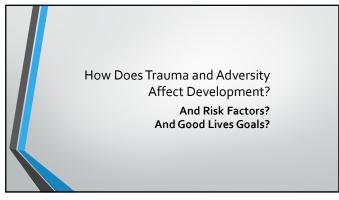
- What will progress in this look like to me and others?
- What can I do to make positive changes in this?
- What problems might happen as I try to improve?
- How would I know when things aren't working?
- How would others know when things aren't working?
- What can I and others do when things start to go wrong?
- How can I and others acknowledge progress when it happens?

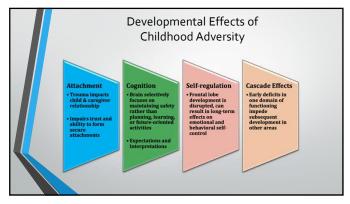
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Thinking Further On These Goals

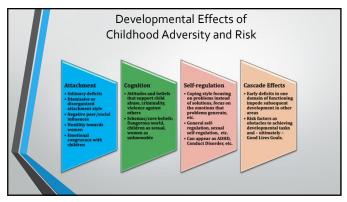
- How have traumatic and otherwise adverse experiences affected this person's ability to get this goal?
- How have the same experiences affected how he looks at the world?
- Where are all the places that this person may experience ambivalence about this goal?
- How can we elicit the client's internal motivation(s) regarding attaining this goal without harming others?

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