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Four Frameworks

- The Therapeutic Alliance
- Motivational Interviewing
- Good Lives Model
- Feedback-Informed Treatment

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

The Good Lives Model (GLM)

"...[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

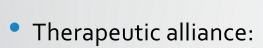
Goods/Goals Implicated in Violence and Stalking

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

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



- 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?

Ambivalence



Ambivalence

- I want to talk with you and I don't want any more trouble
- I want to work with you, and I don't want to look like a fool
- I want to tell the truth and I want my family to still love me
- I want to change, and I want to be respected
- I want to be in treatment, and I don't want to be in a onedown position
- I want to look at myself, and I don't want to feel less manly
- etc. etc. etc. etc. etc.

Are We Ready?

0 1 2 3 4 5 6 7 8 9 10

Motivation = importance + Confidence

Good Life Goals

(Yates & Prescott, 2011)

Good Lives Model Goals

Life: Living and Surviving

Knowledge: Learning and Knowing

Being Good at Work & Play

Personal Choice and Independence

Inner Peace/Peace of Mind

Relationships and Friendships

Community: Being Part of a Group

Spirituality: Having Meaning in Life

Happiness

Creativity

GLM vs. Andrews & Bonta Big 8

(Possible comparison)

GLM

- Happiness/Pleasure
- Creativity
- Knowledge
- Being good at work and play
- Personal choice/independence
- Relationships and friendships
- Meaning and purpose in life
- Peace of mind
- Community
- Living and surviving

Big 8

- Substance abuse and other pleasure seeking
- Poor performance in school or work
- Impulsivity/self-regulation deficits
- Antisocial peer group/social isolation/family problems
- Antisocial history
- Aggression/irritability
- Attitudes and beliefs supportive of sexual violence
- Alcohol/drugs, reckless, dangerous behavior

Good Life Goals (Prescott, 2018; Also Print, 2013)

- Having fun
- Being an achiever
- Being my own person
- Being connected to other people
- Having a purpose in life
- Meeting my emotional needs
- Meeting my sexual needs
- Being physically healthy

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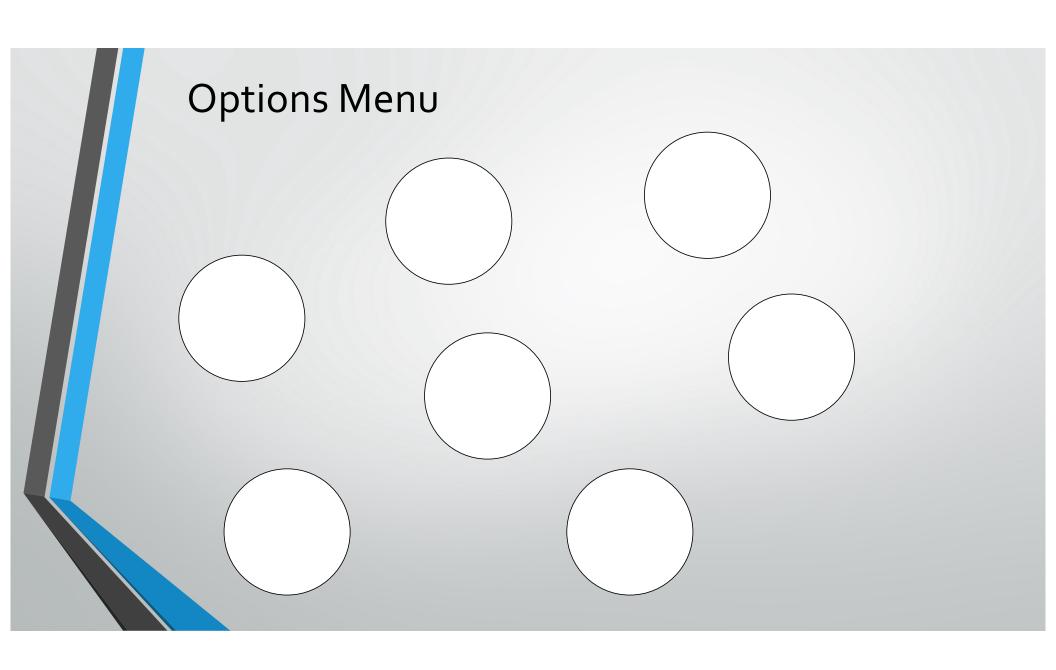
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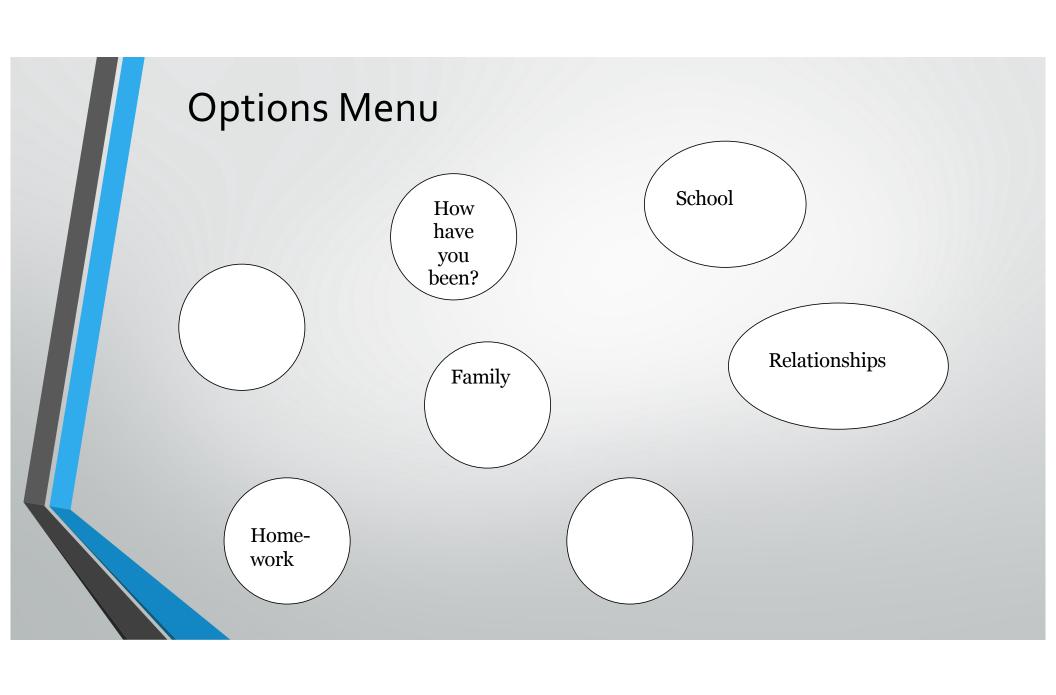
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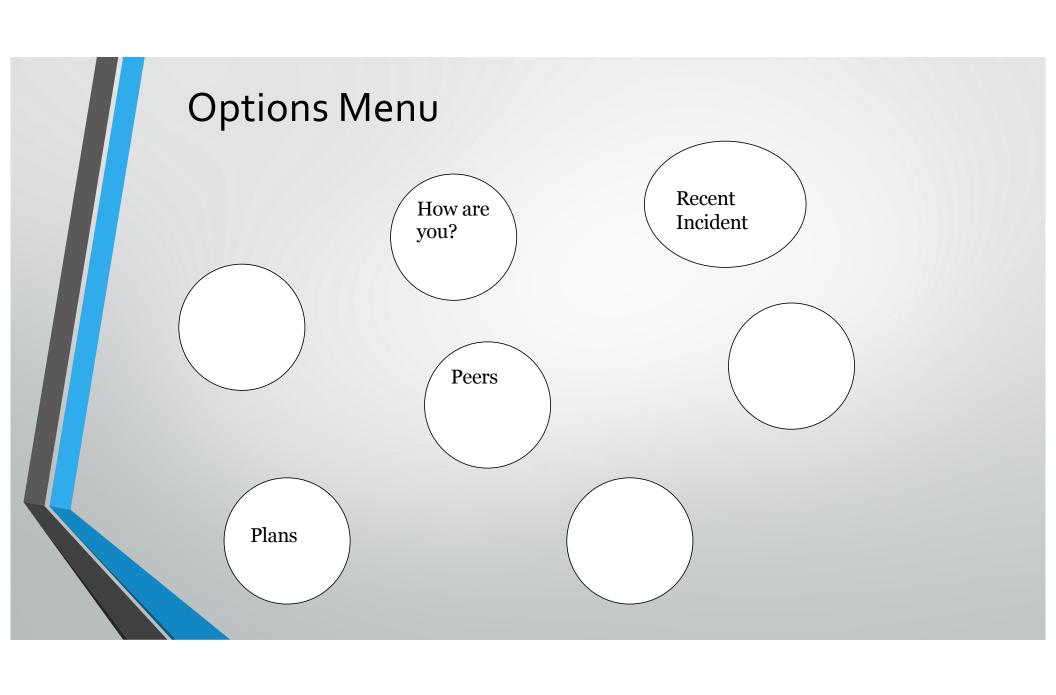
(possible comparison)

Ambivalence









A Good Options Menu

- Focuses the direction
- Respects client autonomy

Ideally



Telling "The Hard Truth"

- Elicit => Provide => Elicit
 - Ask permission to give feedback, give the feedback, then elicit the client's thoughts about your feedback

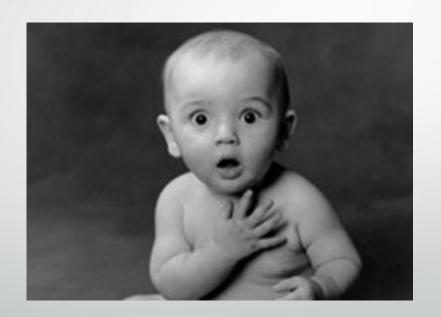
Culture of Feedback

- 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!

Central Point

- "Love yourself as a person and doubt yourself as a therapist."
 - •Helene Nissen-Lie

Openness and Surprise



Example



- Anker, Duncan, & Sparks (2009) in JCCP
- Couples therapy (n = 410)
- Feedback condition
 - nearly 4 times the rate of clinically significant change
 - maintained a significant advantage at 6-month follow-up while attaining a significantly lower rate of separation or divorce.

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.

OUTCOME RATING SCALE

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. If you are filling out this form for another person, please fill out according to how you think he or she is doing

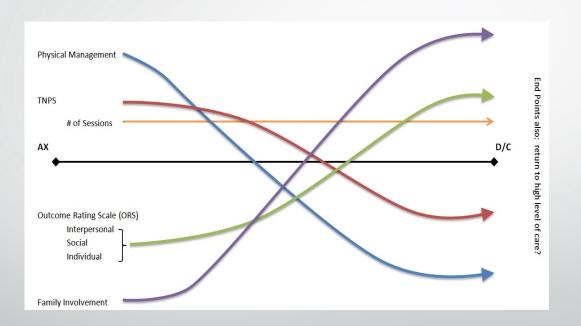
Individually	
(Personal well-being)	
Interpersonally	
(Family, close relationships)	
Socially	
(Work, school, friendships)	
·	
Overall	
(General sense of well-being)	
1	

Session Rating Scale

Please rate today's session by placing a mark on the line nearest to the description that best fits your experience:

I did not feel heard, understood, and respected	Relationship I	I felt hear understo respected	od, and
We did not work on or talk about what I wanted to work on or talk about	Goals and Topics	We work and talke I what I wa work on a about	d about anted to
The therapist's approach is not a good fit for me	Approach or Method I	The thera approach good fit fo	isa
There was something missing in the session today	Overall I	Overall, to session w for me	-
	(Mil	(Miller, Duncan, & Johnson, 2002)	

WELCOME TO MY WORLD



More Take-Home Skills

- Establish a culture of feedback
- Get actionable feedback:
 - Clients
 - Colleagues

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 <u>relationship</u>)
- 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?

Example

 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

Example

- Therapist approach
 - Open discussions about what is working for the client, what kind of approaches may be necessary, and why.
 - It may be as simple as "what's in it for you".
- Cultural considerations
 - What strongly held values assist or impede this case?
 - Client comes from a family in which receiving assistance of any kind is considered a sign of weakness.

Additional Treatment Process Ideas

and Process Challenges

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?

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?

How Does Trauma and Adversity
Affect Development?

And Risk Factors? And Good Lives Goals?

Developmental Effects of Childhood Adversity

Attachment

- Trauma impacts child & caregiver relationship
- Impairs trust and ability to form secure attachments

Cognition

- Brain selectively focuses on maintaining safety rather than planning, learning, or future-oriented activities
- Expectations and Interpretations

Self-regulation

• Frontal lobe development is disrupted, can result in long-term effects on emotional and behavioral self-control

Cascade Effects

 Early deficits in one domain of functioning impede subsequent development in other areas

Developmental Effects of Childhood Adversity and Risk

Attachment

- Intimacy deficits
- Dismissive or disorganized attachment style
- Negative peer/social influences
- Hostility towards women
- Emotional congruence with children

Cognition

- Attitudes and beliefs that support child abuse, criminality, violence against others
- Schemas/core beliefs: Dangerous world, children as sexual, women as unknowable

Self-regulation

- Coping style focusing on problems instead of solutions, focus on the emotions that problems generate, etc.
- General selfregulation, sexual self-regulation, etc.
- Can appear as ADHD, Conduct Disorder, etc.

Cascade Effects

- Early deficits in one domain of functioning impede subsequent development in other areas
- Risk factors as obstacles to achieving developmental tasks and – ultimately – Good Lives Goals.

Developmental Effects of Childhood Adversity and Good Lives Goals

Attachment

- Relatedness, being connected to others
- Community, being part of a group
- Meaning and purpose in life, spirituality

Cognition

- Meaning & purpose, spirituality
- Knowledge
- Creativity/new experiences

Self-regulation

- Autonomy, independence, being my own person
- Creativity, happiness/pleasure, having fun
- Can appear as ADHD, Conduct Disorder, etc.

Cascade Effects

- Adverse experiences =>
- Challenges in development =>
- Obstacles to balanced, selfdetermined life =>
- Risk factors =>
- · Barriers to good life