

COURSE ONE

MODULE FIVE: THE ART OF QUESTIONING AND GUIDED DISCOVERY PROCEDURES

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"The most valuable skill in the psychotherapist's toolbox is the art of questioning"

"Language structures reality and questions structure language"

"Questions can change a patient's world view and alter his/her thinking, feelings and behavior "

"Questions can open new doors and break the code of change"

LEARNING OVERVIEW

1. A variety of examples of questions to ask patients that are; generalised, single session, derived from a solution-focused treatment approach, designed to elicit strengths and reflect the therapist's respectful curiosity.
2. Implementing Motivational Interviewing (MI) includes five components which is designed to enhance the clients' engagement in therapy and encourage the clients to work toward achieving their treatment goals.
3. Ten tables that outline additional questions designed to serve specific psychotherapeutic purposes (e.g. ways to assess the patient's expectations and ways to enhance the patient's motivation to change).

LEARNING OBJECTIVES

This MODULE will help attendees to

1. Discover the use of Guided Discovery procedures consisting of probing Socratic questions that challenge and teach patients to "MENTALIZE" and become an observer of their own thinking processes.
2. Practice a psychotherapist's MODEL of thinking style that challenges and teaches patients how to reflect, self-question and self-monitor, as well as how to develop a "curious resilient mindset".
3. Use a variety of diverse modes of questioning.

PRACTICAL TO DO TASKS:

1. Review these various sets of Questions and Highlight those Questions you already use with patients. Are these "HOW" and "WHAT" Questions?
2. Once again, review these various sets of Questions and Highlight those that you will ADD to your repertoire.
3. Now find someone to DELIBERATELY PRACTICE the Guided Discovery Procedure and solicit feedback from colleagues and from patients.

LEARNING OUTCOMES

1. Understand the importance of the Guided Discovery Procedures
2. Demonstrate a model thinking style that teaches patients to develop a curious mindset.
3. Can apply a variety of questioning techniques such as;
 - a. Single Therapy questions
 - b. Respectful Curiosity questions
 - c. Motivational Interviewing questions
 - d. Questions that nurture HOPE and that BOLSTER RESILIENCE

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GENERAL QUESTIONS: THE PSYCHOTHERAPISTS CAN USE TO ENGAGE, NORMALIZE AND VALIDATE THE CLIENT'S EXPERIENCE

- "My job is to help you better understand and define the problems that bring you here for treatment and help you find and employ solutions that work for you."
- "Can we begin by getting to know each other? Is that okay? Please take a few moments to tell me about yourself and your family. How would you describe yourself? How would someone who knows you well describe you?"
- "I notice you have a tattoo. Can you tell me the story behind the selection of that tattoo?"
- "I would like to learn more about the personal challenges you face. Is it okay if I ask you some questions about them?"
- "How are things now and how would you like them to be?"
- "What can we do to help you achieve what you want to have happened?"
- "What have you tried in the past? I want our current efforts to be informed by what you have already tried? What has worked? What has not worked?"
- "How could you tell if it was working?"
- "What difficulties, if any, did you have in trying to change? (Get what you wanted?) How did you handle these difficulties (obstacles, barriers)?"
- "If we work together, and I hope we do, how could we tell whether you are making progress? What specific changes should we expect to see? Who else would notice that you are changing? What would they see?"
- "What obstacles or difficulties might you encounter (or likely experience) in seeking your goals? How might you anticipate or handle these obstacles should they arise?"
- "What will you need to do, or to have happen in order for you to maintain these changes?"

SINGLE SESSION THERAPY QUESTIONS (See Hoyt et al, 2021)

"The man who moves a mountain begins by carrying away small stones." Confucius

"Big actions often originate from small actions."

ADDITIONAL SINGLE SESSION QUESTIONS

- "How would you describe the problems that bring you to treatment today and what would you like to get out of today's session?"
- "How would you know that this session has been useful to you?"
- "What have you tried in the past that helped?"
- "What are some things you have not yet tried, but you think might help?"
- "If your problems disappeared tomorrow, what behavioral changes would we see? What would other people who know you well notice changed?"

SET TWO EXAMPLES OF SINGLE SESSION QUESTIONS

- "Let me begin by asking you how you came to the decision to come in for help today?"
- "Many people who come here to talk about their problems find that just one time can help a lot. I am willing to work hard today, to help you get a better handle on things. Does that sound like something you would like to do?"
- "If we were only to meet once, what problem would you like to focus on solving at this point in time?"
- "What do you hope for today's meeting?"
- "On a scale of 1 to 10, where is the problem now? Where would it need to be for you to decide that you do not need to continue here?"
- "What would you like to see differently in your life?"
- "What makes you think you have to change?"
- "What makes you think you need to change NOW, and not sometime in the future?"
- "If you decide to change, what steps do you have to take to begin this change process?"
- "Has there been a time in the past where you have been successful in making a change and what contributed to this success?"

- “How would your life be different if you made the changes you are considering?”
- “What help, if any, do you need to make these changes?”

QUESTIONS DERIVED FROM A SOLUTION-FOCUSED TREATMENT APPROACH

- "When is your problem not present (or is it not so bad)? What is going on differently then?"
- "When is the problem not a problem?"
- "What do you call the problem? What name do you have for it?"
- "When and how does your problem influence you and when and how do you influence your problem?"
- "What is your idea or theory about what is causing your problem and what do you think it will take to change? How would your life be better with that change?"
- "What are you willing to change?"
- "Given what you have been through, how are you managing to cope, as well as you have?"
- “What needs to happen today so when you leave here you can feel that your visit was worthwhile?"
- "If we work hard together, what will be the first small steps do you need to take that indicates that we are going in the right directions?"

QUESTIONS DESIGNED TO ELICIT STRENGTHS

- “What do you see as your own personal strengths or abilities?”
- “What things about yourself are you most proud of?”
- “What do other people say are your positive qualities?”
- “What do they say are the positive qualities of your community?”
- “How have you used your personal strengths and abilities to achieve goals or deal with challenges in the past?”
- “How do you think you could use your strengths to help you achieve your current goals?”
- “What are things that give you hope that things can change for the better?”
- Where does this leave you in terms of your X (drinking)? What is your plan?

- “How do you think you might be able to do X? What else can you try? What might get in the way of you doing X?”
- “You would have to be pretty creative (strong, clever, resourceful) to find a way around that. I wonder how you could do it?”
- “Let me see if I understand where you are...”
- “Let me see if I understand what you are committing yourself to doing...?”
- “So, some benefits of making a change are...and some of the consequences of inaction are...Is that the way you see it?”
- “Does this make sense to you?”

“So, you are telling me, and telling yourself, that you will be (were) able to... That’s impressive. How did you handle it this time compared to how you handled it in the past? Where else did you do X (resist social pressure to drink)? How did that make you feel? Are you saying to me, saying to yourself, that you were able to “notice, catch, interrupt, use your game plan, resist” etc. (therapist/trainer should use active transitive verbs)? What does this tell you about yourself and about your ability to achieve your goals?”

QUESTIONS THAT REFLECT THE THERAPIST’S RESPECTFUL CURIOSITY

- "Do you mind if I ask you about.... ? "
- "Can you take a moment and share with me how you came to the decision to come to treatment NOW?"
- "How did you CHOOSE to make the decision to? "(BE SPECIFIC)
- “See if I picked up on what you meant by X?"
- "I have a hunch that "
- "Let me know if I am close to understanding how you felt about X?"
- "You are saying so many important things. Let me summarize what I think you are saying in order to see if I am getting it correct."
- "Are you saying that SO FAR or AS YET you have not been able to do X?"
- "I wonder if.... " "Correct me if I am wrong about ..." "Am I correct in assuming... ?"
- "If it is okay I will be checking in with you regularly in order to ... ? "

IN SHORT, THE PSYCHOTHERAPISTS SHOULD NOT BE A "SURROGATE FRONTAL LOBE" FOR YOUR PATIENTS

For example, if the patient's response to the psychotherapist's question, is "I don't know", the therapist can say "I do not know either, how can WE together go about finding out? "

Behind every question is a supposition that there is a potential answer. Sometimes therapists will ask a question in order to "plant a seed" that can be addressed in future sessions.

MOTIVATIONAL INTERVIEWING (MI) PROCEDURES

"Motivational Interviewing is a collaborative conversation style for strengthening a person's own motivation and commitment to change and a way of eliciting the reasons for change within an atmosphere of acceptance and compassion. " (Miller & Rollnick, 2013, p. 17)
(Visit www.Motivational.org for examples)

MI is a style of artful questioning designed to enhance the clients' engagement in therapy and encourages the clients to work toward achieving their treatment goals. MI includes FIVE components.

1. **Express Empathy:** the therapist is warm, respectful, nonjudgmental, collaborative, and uses active listening and accurate empathy. Be genuinely interested in the reasons why the clients feel the way they do.
2. **Develop Discrepancy:** the therapist should help the clients to identify the difference between the ways things are right now in their lives and the ways they would want them to be. Explore the difference between the clients' present behavior and the goals of what they want.
3. **Avoid Argumentation:** the therapist should avoid head-to-head confrontation. Use the "art of questioning" and Guided Discovery procedures. Remember that arguing and debating do NOT work. Instead, ask permission to discuss their decision.

"If it is okay with you, I would like to spend a few minutes to discuss your decision to do X?"

4. **Role with Resistance:** the therapist should view clients as resources in finding solutions and as collaborators in formulating an individualized treatment plan.

"On a scale of 1 to 10, how likely are you to do X, where 10 is the most CONFIDENT? Why not choose a lower number? What would help you up your number to X (two numbers higher)?"

5. **Support Self-efficacy:** the therapist should convey to their clients a sense of hope, choice, and help them identify examples of personal strengths, resilience, and "islands of competence " that they possess that they can be called upon.

As noted in Module 5, MI focuses on nurturing the clients' **CHANGE TALK (DARN)**

DESIRE: *"I would really like to: I hope, I wish ... "*

ABILITY: *"I can, I will be able to, I think I can, I could.. "*

REASONS: *"I have to because I need to in order to. If I do X, then I will be able to..."*

NEED: *"I need to, I want to, I must... "*

In addition, the therapist solicits from their client's **COMMITMENT** statements such as

"I am going to, I will do, I promised, I shared what I am going to do with. I signed a behavioral contract indicating that I would do X."

ADDITIONAL QUESTIONS DESIGNED TO SERVE SPECIFIC PSYCHOTHERAPEUTIC PURPOSES

Table 1. Initial Behavioral Analytic questions

Table 2. Ways to assess the patient's expectations

Table 3. Ways to engage patients in collaborative goal-setting

Table 4. Ways to enhance the patient's motivation to change

Table 5. Ways to bolster the patient's self-confidence

Table 6. Ways to elicit commitment statements from patients

Table 7. Ways to nurture hope in patients

Table 8. Ways to elicit self-motivation statements from patients

Table 9. Ways to encourage patients to notice behavioral changes

Table 10. Ways to encourage patients to take credit for behavior changes

TABLE 1

INITIAL BEHAVIOR ANALYTIC INTERVIEW QUESTIONS
(Questions for the client or for the family members)

- In order to understand your situation, I would like to ask you some questions, if that is okay.
- Can you take a few moments and describe the situation you are in now?
- What are the problems as you see them? How would you describe the specific problem behavior? What does the client do that makes you say that? (*Probe for what the client is doing or failing to do.*)
- How serious a problem is this as far as you are concerned?
- How often does the client do this? (*Frequency*) How often does the problem behaviour happen? Where does the problem behaviour usually occur?
- How long does it go on for? When does it usually end?
- How did you handle the situation? What would you change in how you handled the situation?
- How long has this been going on? (*Duration*) When did this behavior become a problem?
- Who in the home (workplace) wants this behavior to change? Who is most bothered by this problem?
- What happens before he/she does it?
- What happens after he/she does it?
- Can you tell ahead of time when this might occur? What signs are there that this might occur (or that this is a high-risk situation)?
- Is there something in what he/she does that draws you into it, or that gets you to act in ways that keep the cycle going? (***Assess for the bi-directional or two-way nature of the problem.***)
- What do you think is causing (triggering) the problem?
- It sounds like you have thought a lot about the problem. What have you tried in the past?
- What has worked? What do you think might be done to improve the situation?
- What else do you think I should find out about the situation to help you with this problem?

- What advice would you have for someone else in this situation?
- What goals do you think we should be working on?
- What do you think I can do to help?
- Are you interested in trying something new to see if you can change things (improve the situation, work on your goals of X)?

(It is important to ask if assistance for these issues or concerns has been provided previously? If yes, by whom, when, with what outcome or resolution? Is the client (or family members) satisfied with the treatments received? It is also useful to generate a list of the services presently being received.)

TABLE 2

QUESTIONS THAT FOCUS ON EXPECTATIONS

- How would your life be different if your X (e.g., anxiety, depression) could be relieved?
- How would you like to change? Please be as specific as possible.
- At a minimum, what would you hope to happen as a result of coming to treatment? What are some of the ways you could attempt to reduce X?
- What do you think keeps you (or prevents you) from doing things or feeling the way you want?
- Have you known anyone else in a similar situation or with a similar problem? How did it turn out for that person?
- What advice, if any, would you have for someone else who has this problem?
- What factors might get in the way of his or her taking your advice? What, if anything, could be done about that?
- I suspect you have thought about your situation. What do you think might be done to improve it?... To feel better about yourself?
- What would it take for you to change?
- On what would the outcome of our working together (treatment) depend?

- Have you had any additional thoughts about what might be done here in therapy (in the hospital) to help you?
- What do you expect will happen in treatment? What would you like to have happen? What problems do you anticipate in bringing about change in your life? How can we work on these problems?
- What else do you think I should find out about you and your situation to help you with this problem?
- What questions have I not asked that I should ask in order to learn more about you and your situation?
- What other questions should I ask in order to better understand your situation and what we can do to help you?
- Do you think I should interview anyone else in your family (friends)? Would that help us both to get a better feel for what's going on and how we can best work together? Who? What do you think they would say?
- Do you have any questions you want to ask me?

TABLE 3

QUESTIONS TO CONSIDER IN THE GOAL-SETTING PROCESS

- When have you set goals for yourself in the past? Can you offer a specific example?
- How did it turn out? (**Analyze past goal-setting activities**)
- Why is it important to think about goals before beginning an activity (or when learning a new skill)?
- What makes some goals easier to achieve than others?
- Does your goal seem realistic? Should you establish subgoals?
- Of these goals, which one should you begin with? How should you choose?
- How can you go about achieving these goals?
- Do you have a plan? Do you need help?
- Let's take things one step at a time. What do you think is the first step you should work on? Where should you begin?
- What advice would you have for someone else who was going to try and achieve such goals?

TABLE 4**QUESTIONS DESIGNED TO ENHANCE MOTIVATION TO CHANGE**

- What is different when the problem is absent or manageable? How would you like for things to be different?
- If you were completely successful in accomplishing what you want, what would be changed?
- How would things be different if you followed this idea and did X? or did not do Y? Or if you got support with ..?
- What difference could it make to you (or others) if you were free of this problem?
- If you succeed in achieving this goal, what else do you think might happen? Have you asked yourself what will happen, what are the “risks”, if things don't change?
- If that is the way you see it, then what do you think should be done?
- How could we tell if our working together was successful? What would have to be accomplished?
- At a minimum, what would you hope to have happen as a result of our working together?
- What would you be doing differently if you reached this goal?
- Can you imagine a time in the future when this problem is reduced (resolved)? What would that be like?
- Is it possible that you could look at this as a project you are taking on? How could you go about doing that? How could you improve the training program?

TABLE 5**QUESTIONS DESIGNED TO ASSESS AND BOLSTER CONFIDENCE**

- How confident do you feel you will be able to do X?
- How sure are you, say on a 1 to 10 scale, that you can keep doing what you are doing?
- What things might get in the way of your being able to follow through on this?
- What can you do (or with the help of others) about this problem?

- How sure do you think your family (friends) are that you can keep doing X? What do you think makes them confident? What would make them more confident about your doing Y?
- You mentioned that you might forget to do X. How do you generally remember to do something that is important? What kind of reminders have you been using to solve the problem so far?
- If you were to wake up tomorrow with complete confidence in your abilities to handle X, what would you be able to do differently?

TABLE 6**QUESTIONS DESIGNED TO ELICIT COMMITMENT STATEMENTS**

- What will it take in order for you to do Y?
- What are one or two things you should do first?
- How would you know if the effort was worth it?
- So, are you saying that you are willing to try doing Y? Is that what you are saying?
- Are you saying, and I want to make sure that I get this straight, that you would be able to:
 1. **(notice** when you are in that situation (or entering a high-risk situation, or when you are beginning to work yourself up);
 2. **catch** yourself and interrupt the cycle before it gets out of hand;
 3. follow your **game plan** and use your strategy, which consists of
 4. **put out the effort** to try;
 5. **monitor or keep track** of how it is going;
 6. review how it went with
 7. **pat yourself on the back or reinforce yourself** for having tried, having put out the effort, and having tried out your strategy (game plan). That is impressive! I look forward to seeing how it works. I expect you do, as well.
- How long do you think it will take to accomplish this goal?
- What would it take for you to do X?
- What would be the first sign you are making progress?
- If this were a friend's goal, what would you advise him/her to do to get started?
- How can you break your goal into a number of smaller steps?

TABLE 7**QUESTIONS DESIGNED TO HIGHLIGHT SITUATIONAL VARIABILITY: WAYS OF NURTURING HOPE**

- As you describe the problems, I am wondering whether it's always the same or does the problem change? (Sometimes worse than at other times.)
- Are there some times that you can handle it better than at other times?
- What is different when things are not as bad or when you are not experiencing X?
- Our discussion (exploring) the occasions or exceptions when this does not occur (or is not as bad) may lead us to find some solutions. We want to learn what you are doing "right".
- For now, don't change anything; just keep track (notice) when things are better (or when the exceptions occur).

TABLE 8**QUESTIONS DESIGNED TO ELICIT SELF-MOTIVATIONAL STATEMENTS**

- I don't know if this would be too difficult for you, but...
- Maybe this is asking too much of you.
- A training program like this one requires a lot of motivation and effort. I'm not sure if this is too much to ask at this time. We usually don't get to this until much later, if at all, in this training.
- Of the things we have discussed, which are the most important reasons to change?
- How are you going to do that in spite of...?
- Of these different options, which one would you choose? How did you select that one? I would have guessed you would have chosen the easier option. You continually surprise me.
- Are you saying, are you telling yourself that in spite of X, you are willing to try (be able to do Y)? Is that what you are saying? How will you go about doing that?
- If you are not ready then I don't think you should make a commitment (promise) to do Y. This is too important to decide now.
- I respect your decision not to do X, but I want your decision to be as fully informed as possible. I want to make sure that you have taken into account all of the factors involved. Can we talk about (write out) the pros and cons of changing? What would be the short-term and long-term consequences? (*Use a decisional balance sheet*)

TABLE 9**QUESTIONS DESIGNED TO HELP INDIVIDUALS NOTICE CHANGES THAT THEY HAVE BEEN ABLE TO BRING ABOUT**

- How would you know when things were getting better or improving?
- What one change in your son's behavior, even if it were a small change, would show you that you are on the right track?
- What change would let you know that she is trying and that things are improving?
- What would your son (husband, you) have to do, even one small thing, to show that he is willing to work things out with you?
- What small steps would show you that you were inching toward this goal?
- Who else would notice such changes? How would they tell?
- How will you know (who else will notice) when the problem is solved? How will you/others be able to tell? What would be different?
- How will we know when the goals have been achieved?
- How will you feel about such changes?

TABLE 10**QUESTIONS DESIGNED TO HELP THE INDIVIDUALS TAKE CREDIT FOR CHANGE OR IMPROVEMENTS**

- How did it go?
- How were things different this time as compared to the last time?
- What do you think accounts for the change?
- What, if anything, did you do differently this time?
- How did your "game plan" work? Were you able to follow your **game** plan?
- What surprises, if any, were there? How did you handle them?
- How did the present success differ from previous times when it did not work?
- Where else did this improvement show up?

- Are you telling me, saying to yourself, that you can "notice", "catch yourself", "be aware of warning signs", "interrupt the cycle", "check things out", "back-off", "take time out", etc. **(The interviewer can select from this list)**
- Where else have you been able to use these skills?
- What does this mean about you as a person?

"Language structures reality, questions structure language"

1. Examples of CHANGE TALK - See the attached document for examples
2. What is Meta-cognition and why is it so important?
3. Examples of meta-cognitive verbs and how to use them?
4. The use of RE-verbs
5. Clinical Examples

CHANGE TALK

As a result of participating in treatment, the clients should begin to incorporate the following as noted "language of change" into their narrative or "stories" and learn to use these phrases in an unprompted fashion. The clients should be able to employ the terminology of relapse prevention and offer multiple examples of each of these coping actions. They should be able to operate in a consultative mode being able to explain, teach and demonstrate these activities to others, and moreover, offer self-generated reasons why doing each of these activities is important to his/her recovery. As a result of treatment, the client should be able to indicate that "*I can now...*"

IDENTIFY TRIGGERS

- Analyze "near miss" episodes, so I can learn from them
- Catch myself before I fall off the wagon
- Identify high-risk situations ahead of time
- Increase awareness of unseen problems
- Pinpoint triggers, tell tale signs, watch out for warning signs
- Recognize when I am time-sliding back
- See how I stir up my feelings and frequently fuel my feelings
- Stay alert to my personal needs and people, places and things that put me at risk of using again
- Troubleshoot events ahead of time
- Turn off the CD in my head that leads to drinking (substance abuse)
- Watch out for what activates my "hibernating" (dormant) beliefs that lead to my drug use

COPE MORE EFFECTIVELY

- Avoid getting blind-sided
- Avoid putting myself at risk
- Avoid tunnel vision
- Catch myself using “musts”, “shoulds”, “always”, “never”
- Change my moods without using drugs
- Change who I spend time with. Increase my association with non-substance abusing buddies.
- Structure my daily activities
- Check my 2 X 2 Grid of the pros and cons of using and not using drugs
- Check my coping cards that I keep in my wallet/purse
- Check out my beliefs
- Come to grips with my emotions
- Conduct a behavior chain analysis
- Go for hugs, not drugs
- Increase my tolerance for others
- Increase ways to get positive “healthy” reinforcers or “perks” in my life
- Maintain hope
- Perform personal experiments
- Plan ahead
- Refocus on what is really important in my life
- Rein in my feelings
- Remind myself of what “I have”, what “I can do” and “Who I am”, besides someone who has been a drug user.
- Seek help when I need it
- Start using my coping plans and back-up plans if I need them.
- Stop being my own worst critic
- Stop “catastrophizing”
- Stop deluding myself
- Stop giving myself a “snow job”
- Stop my self-defeating behaviors
- Stop putting myself down all the time
- Stop sabotaging my treatment plan
- Stop setting myself up for failure
- Take pride in what I have accomplished
- Teach (explain, demonstrate) what I have learned in treatment to others and offer reasons

Why I now do these things

- Use my Clock Analysis (12 o'clock- internal and external triggers; 3 o'clock – primary and secondary emotions; 6 o'clock – thinking processes and beliefs; 9 o'clock – behaviour and consequences)
- Use my game plan and back up strategies to cope with my urges and cravings

The clients should be encouraged to offer **commitment statements** of specific ways (how, where, when) they will engage in each of these activities, in spite of barriers, pressures, obstacles to perform, and most importantly, they should be encouraged/challenged to provide the **reasons why** engaging in such behaviors are important to achieving their treatment goals.

A sign of the clients' commitment statement is the desire to which their accounts ("stories") include examples of **change talk verbs**. Consider the following list of verbs that reflect self-efficacy.

EXAMPLES OF "CHANGE TALK": VERBS THAT REFLECT SELF-EFFICACY			
A's	ABSOLVE ACCEPT ACCESS ACHIEVE ACKNOWLEDGE ACQUIRE ACTIVATE ADAPT ADDRESS	ADOPT AFFECT AFFIRM ALIGN ALLEVIATE ALLOW ANEW ANTICIPATE APOLOGIZE	APPLY APPRECIATE ARMED WITH ASSERT ASSURE ATTAIN ATTEST AVOID AWAKEN
B's	BALANCE BE AUTHENTIC BECOME BEFRIEND BEGIN a journey BENEFIT from	BE PRESENT BLEND BLIND SPOT BOSS PTSD BRAINSTORM	BREAKTHROUGH BREAKAWAY FROM BRING BUILD BYPASS
C's	CATCH IT CAPACITY TO CLARIFY CLEANSE CHALLENGE CHANGE it CHECK IT OUT CHOOSE CO-BUILT	COLLABORATE COME to terms with CONCENTRATE COMFORT zone COMMIT to CONCENTRATE CONDUCT CONFIDENT CONFRONT	CONSTRUCT CONTAIN CONTRAST CONTROL CONSULT COPE with CREATE a safe haven CULTIVATE CURIOUS about
D's	DAMPEN DECATASTROPHIZE DECONDITION DEEP insight into DEFEND DEFER judgement DEMYSTIFY	DESTRESS DEVELOPS ability to DEVELOP X e.g. "coherent narrative", "Trust between you and the healing process") DIFFERENTIATE DIGEST memories	DIRECT towards DISENGAGE from DISCUSS DISSUADE DISPLAY DRAW upon
E's	EDIT ELICIT EMPOWER EMBARK EMPATHIZE ENABLE	ENGAGE ENHANCE ENLARGE ENLIST ENSURE ENVISION	ESTABLISH and maintain EVOKE EVOLVE EXAMINE EXERCISE EXPRESS

F's	FACE FACILITATE FEEL CENTERED FIGHT FIGURE out FLEE	FILTER out FIND peace, meaning, a lifetime alliance FINE TUNE FINISH the unfinished business FIX FULFIL	FOCUS FORGE FORGIVE FORESEE FOSTER
G's	GALVANIZE GARNER GENERALIZE GET BEYOND	GET unstuck GO FORWARD GONE AWRY GRAPPLE with	GROW towards GUIDE
H's	HARM avoidance HARNESS HARVEST full potential	Have corrective emotional experiences HEAL	HELP HONOR HOMEWORK
I's	IDENTIFY high-risk situations, warning signs IMPROVE INCREASE capacity to INTEGRATE improve situations, warning signs.	INCORPORATE INCUBATE INHABIT INITIATE	INTRODUCE INVEST in INVITE
J's	JUMPSTART	JOY	
K'S	KEEP PRESENT (focus on the problem at hand) KEEP SAFE	KEYED UP KINDLING EFFECT	
L's	LABEL LEARN to apply, move toward, plan fully, use	LET go LIBERATE LIFELINE	LIGHTEN UP LINK to LISTEN to
M's	MAINTAIN MAKE a gift of MANAGE MAP out MARSHALL supports MASTER MIND SET	MEANING making MEDIATE MENTALIZE (observe one's thought processes) MINDFUL MULTIPLY	MODIFY MONITOR MOVE on MOVE through MOBILZE
N's	NARROW down problems NOTICE	NEUTRALIZE NEW PAGE	NURTURE
O'S	OBTAIN OPEN yourself up to	OPERATE in comfort zone OPTIONS ORGANIZE	OVERCOME OVERREACT

P's	PERSEVERE PLACED PLAN (Back up plan) PRACTICE PREFER	PREJUDICED toward self PREPOTENT (priming) PRESERVE values PROCESS PROTECT	PSYCHED YOURSELF UP PURIFY PURPOSE PURSUE PUT BRAKES ON
Q's	QUESTION SELF/OTHERS		
R's	SEE list of "RE" Verbs that contribute to RESILIENCE		
S's	SAFE haven SAVOUR NATURE SEARCH SEE SEEK SAFETY SELECT SEND SELF-DETECT SELF-ESTEEM	SELF-MONITOR SELF-REGULATE SELF-SOOTHE SERVE others/humanity SET BOUNDARIES SET GOALS SET on a path toward SHARE SHIFT attention away from SOLICIT SPIRITUAL RENEWAL	STAY in the present STABILIZE STAY focused STRENGTHEN my identity STRUGGLE "STUCKEDNESS" SUPPORT SURVIVE SURVIVAL SUSTAIN
T'S	TAKE charge TAKE pride TAKE stock of TALK THROUGH TAP TELL TRANSFORM	TEND TO TEST out THINK out loud THWARTED TOLERATE TRANSFER TWEAK	TRANSLATE Feel TRAPPED TREAT TRUST others, self TURN toward, away, a new page
U's	UNCOVER UNDERTAKE a journey UNDERSTAND origins of UNDERMINE UPLIFT USEFUL	USE graded exposure USE safe exposure-based field trips/experiments. USE your healing power of story-telling.	USE "Wise Mind" build in instincts/intuition UTILIZE
V's	VALIDATE VISUALIZE	VENTILATE	VISION QUEST
W's	WARNINGS signs	WORK in progress	WORK through
Y's	YEARN FOR		

USE OF “RE” VERBS DESIGNED TO BOLSTER RESILIENCE

How to achieve a new “possible self”. In this treatment program you (the client) will be able to learn how to:

React differently	Recraft	Rejoin	Resolve
Reactivate	Recreate	Rejuvenate	Resource caravan
Readjust	Recruit	Rekindle	Respect
Reaffirm	Recycle	Relandscape	Respond
Realize (Come to a self-developed realization that)	Redefine	Relapse Prevention	Responsibility
Reanalyze	Redirect	Relate	Responsiveness
Rearrange priorities	Rediscover	Relatedness	Restitution
Reassess values	Redo	Relational budge	Restoration
Reassurance	Redress	Relearn	Restore
Reattempt	Reduce	Release	Restory
Reauthor	Reeducate	Relief from	Restrain from
Reawaken	Reemerge	Relinquish	Restructure
Rebirth	Reengage	Relive	Result in
Reboot	Reestablish	Reload	Resume
Reborn	Reevaluate	Remain hopeful	Resumption
Rebound	Reexperience	Remake	Resurrect
Rebuild	Refashion	Remap	Resuscitate
Recalculate	Refine	Remember	Retain
Recall fully	Refit	Remind yourself that	Rethink
Recapitulate	Reflect (Reflective self-awareness)	Remit	Rethinking
Receive	Refocus	Remove	Retract
Recenter	Reframe	Renew	Retrieve
Rechannel	Refreshing choices	Reorganize	Return to
Recharge	Refuge from	Reorient	Reunite with
Reciprocate	Refute	Repair	Reveal
Recite	Regain a balance	Replace	Reverberate
Reclaim	Regenerate	Replay	Reverse
Recognize	Reground	Replenish	Review Revise plans
Recommitt	Regroup	Represent yourself as	Revisit
Reconceptualize	Regulate	Reprioritized	Revitalize
Reconcile	Regurgitate	Reprocess	Reward
Reconfigure	Rehabilitate	Reprogram	Rewind
Reconfirm	Rehearse	Repurpose	Rewire
Reconnect with others	Rehearse	Reroute	Rework
REconsider	Reign in my amygdala	Rescript	
Reconstruct	Reinstitute	Rescue	
Record	Reintegrate	Reshape	
Recount	Reinvent yourself	Resilient	
Recover	Reinvigorate	Resist	
	Reject		

PRACTICAL TO DO TASKS:

- Review these various sets of Questions and Highlight those Questions you already use with patients. Are these "HOW" and "WHAT" Questions?
- Once again, review these various sets of Questions and Highlight those that you will ADD to your repertoire.
- Now find someone to DELIBERATELY PRACTICE the Guided Discovery Procedure and solicit feedback from colleagues and from patients.

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Thank you for your interest in my legacy course,

Don Meichenbaum