**Moving WAY Beyond**

 **“Emotional Support”:**

**Raising the Bar for Counseling with People who are Seriously Ill**



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1. Emotional support, in itself, is not “an intervention” but just one method we use to identify and/or assist people to achieve goals and plans.

Documenting “provided emotional support” raises concerns about the role and value of the social worker.

Why?

2. Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals.

American Counseling Association

3. We provide counseling, not “therapy”.

Psychotherapy is a general term for treating mental health problems by talking with a psychiatrist, psychologist or other mental health provider. (mayoclinic.org)

Psychotherapy is based on a diagnosis.

4. Motivational Interviewing

People achieve the goals they are motivated to achieve.

In many situations, people are not motivated to achieve goals we create for them. When this happens we call them “non-compliant”, but maybe the problem lies with us?

Could our error be the result of not taking into account a basic understanding of human nature? People will achieve the goals they are motivated to achieve.

5. MI - The bottom line:

The goal is to utilize the skills social workers already have (sort of) to assist people to:

1. Determine the goals THEY want to set for themselves

2. Determine/clarify their level of motivation to achieve the goals

3. Establish how they want to proceed in order to achieve some level of success

6. Cognitive Behavioral Therapy - The bottom line:

The goal is to address patterns of thinking and/or behavior that contribute to people’s difficulties in an effort to take a more realistic approach to problem solving while also intervening at the “feeling” level.



7. CBT techniques can be used to address:

* Grief/sadness (“depression”??)
* Learning coping skills
* Anxiety/worry
* Sleeplessness
* Connecting with a support system
* Feelings of helplessness and hopelessness
* Anger
* Guilt
* Problem resolution

8. CBT - Techniques/Interventions

* Clearly state “the problem”
	+ The problem is most often not “the situation” but “the thinking” in response to the situation
* Identify and challenge faulty/automatic thoughts
* Replace automatic thoughts with more realistic/accurate thoughts
* Teach thought stopping/thought replacing techniques
* Mindfulness work is a good partnership with CBT work

9. Mindfulness - The bottom line:

Mindfulness is maintaining a moment-by-moment awareness of our thoughts, feelings, bodily sensations, and surrounding environment.

Mindfulness also involves paying attention to our thoughts and feelings without judging them—without believing, for instance, that there’s a “right” or “wrong” way to think or feel in a given moment. When we practice mindfulness, our thoughts tune into what we’re sensing in the present moment rather than rehashing the past or imagining the future.

(From Greater Good: The science of a meaningful life http://greatergood.berkeley.edu/topic/mindfulness/definition )

The goal is to assist people stay in the present moment in order to avoid worry and stress related to projecting (future focus) and ruminating (past focus)

10. Family Meetings

* Systems theory
* Evenings and weekends
* Not just once…a standard part of what we offer
* Utilize technology

11. Moving beyond “Problem Solving” and Special challenges for members of the LGBTQ population

Now…what are your goals?

How motivated are you to achieve these goals?

*If I continue to define myself by what I can’t do, or what normal people do, I will destroy myself.*Laura Chamberlain

**Additional Information for Presentation**

**Motivational Interviewing**

**Motivational Interviewing**

**Strategies and Techniques**

**Transitional Summary**

Transition into the conversation about this topic or this particular goal by providing a summary of where this person is up to this point.

**Ask Evocative Questions or Leading Statements:**

Ask open questions that will likely lead to conversations about goals.

* “What kinds of things are most important to you these days?”
* “I can see you have been thinking a lot about your family and their needs.”
* “The relationship with your daughter seems strained or is that my imagination?”
* “It appears you want to do what is best for your husband Bob. I am wondering if you know what Bob wants for you right now?”

**Explore Decisional Balance:**

Ask for the pros and cons (positives/negatives) of specific goals, especially those that feel frightening or where there is apprehension.

* “You said you would like a feeding tube in any situation if you are unable to eat. Certainly the thought of not getting nourishment can be frightening. Can you think of a situation where it might be best to stop that type of feeding?”
* “Let’s talk a moment to look at this from both sides….”

**Ask for Elaboration/Examples**

When a potential goal emerges, ask for more details.

* “What might that look like for you?”
* “Can you give me an example of how you might go about that?”
* “You said you would like it if you could speak with your daughter about this. Can you tell me more about that?’

**Look Back**

Ask about times before this goal.

* “Was there a time in the past when you experienced something like this and what happened then?” “What did you do at that time and was it successful?”
* “How were things different/better/worse?”

**Look Forward**

Ask about what may happen if things stay the way they are.

* “If you are 100% successful in speaking with your husband about this, how will things be different?” (The miracle question)
	+ How will it look?
	+ What will you be doing?
	+ What will be happening?
	+ How will you be feeling?

**Query Extremes (troubleshooting)**

* Ask about the worst/best things that could happen?
* “If the worst occurs, what will you do then?” Utilize role-playing (for example) to rehearse possibilities and assist people to explore options if “the worst” or problems arise.

**Use Change Rulers**

* “On a scale from 1 – 10 (1…not important and 10…very important) how important is it that you achieve this goal?
* “How confident are you?”
* “How likely is it that you will succeed?”
* “How likely is it that this will occur?”

**Explore Goals and Values**

Ask about the person’s values that guide the setting and achievement of this goal.

* “Most of us make choices based on certain values. What would you say are your top 2 or 3 values or guiding principles?”
* “How might these values guide you in making this decision?”
* “What goals would you like to create for this situation based on these values?”

**Come Alongside**

Side with the negative in order to explore motivation.

* “Perhaps speaking with your husband is less important than keeping things ‘safe’ or the way they are right now?”
* “Sometimes it feels like not resolving this situation is preferable for you.”
* “I can see that if you do not confront your husband you will not have to risk his response.”

Adapted from <http://www.nova.edu/gsc/forms/mi_rationale_techniques.pdf> “Motivational Interviewing Strategies and Techniques”

Exploring Decisional Balance



**Exploring Decisional Balance - The Conversation**

Case Example:

The person who is ill lives alone and is struggling with whether or not to seek SNF options. She is unclear about what she wants and has been hesitant to talk with you about it.

**Exploring Decisional Balance:**

1. Maybe it is better if we do not talk about this at all? Are there reasons that you feel avoiding this topic altogether would be good? (Benefits of not changing)

2. Can you think of a reason why not exploring your options could create problems for you in the future? (Costs of not changing)

3. Could there be a downside for you to explore your options at this time? (Costs of change)

4. I wonder if there were times in the past when you felt better knowing that you were prepared for any outcome. (Benefits of change)

5. Just thinking here, and you don't have to decide now, (paradox) would there be an advantage to putting a plan together knowing you can change it at any time? (Benefits of change)

Goals of pursuing decisional balance:

* Shine a light on ambivalence
* Explore resistance
* Using the clients own arguments for change
* Explore motivation and accessing motivation

Motivational Interviewing for Exploring Person-Centered Goals

Case Example: Sarah is 73 years old and has been married to Bob for 50 years. Bob is on your program and his care has been difficult for Sarah. There has been talk about asking their adult daughter Judith to move in for a while to help out. The relationship up to this point has been strained but Judith has offered, especially considering she is being evicted from her apartment. Bob sleeps most of the time and is lucid off and on.

|  |  |  |
| --- | --- | --- |
| Social worker | Sarah, it sounds like things have been very difficult for you for these last 8 months starting with Bob’s diagnosis. You have been busy with doctors and treatments and hospitals and emergency rooms. You have done this all on your own. I so admire you for your dedication to Bob. And now I can see you are exhausted.  | Transitional summary |
| Sarah | I am exhausted. There are times when I am not sure I can go on. I hurt my back yesterday trying to get Bob to the bathroom. I am worried that one day I will be unable to help out at all and we don’t have money for assistance. The nursing assistants have been a big help but they are not here 24 hours. I have to do something. | Sarah confirms exhaustion, provides feedback and helpful information. |
| Social worker | It sounds to me like you are ready to get help but maybe you are not quite sure what to do next. Is that correct? | Continues summary and initiates exploration of Sarah’s motivation to seek assistance. |
| Sarah | Yes, I could really use some help. Especially with the heavy work and at night. I am afraid my own health has suffered terribly. Is there anything I can do? | Sarah is asking for assistance |
| Social worker | Let’s talk about that. First, I remember you mentioning your daughter Judith in a previous conversation but I remember there were potential problems with that option. Is it possible there are other family members, friends or even people from your church who would be willing to help out? One option is that we can assist you to coordinate help from several people by checking out their availability and putting together shift schedules so you will not have to do that. | Sarah has mentioned before that Judith might be available to help but that the relationship is strained. Instead of moving in this direction first the social worker explores other options. |
| Sarah | Bob and I have kept to ourselves for many years. I don’t know of anyone who would be willing to help. | Sarah provides useful information |
| Social worker | I hope this does not seem too personal and I want to remind you that you do not have to answer at all or offer any information that would make you feel uncomfortable. You used the word “strained” when talking about the relationship with Judith. I am wondering how strained and in what way it is strained. | Reinforcing informed consent and asking evocative question.(“Evoking further discussion of possibilities) |
| Sarah | Let’s just say that Judith did something many years ago that led to Bob and I feeling we needed to distance ourselves from her. We have talked off and on throughout the years but not much. The relationship is still very strained, especially for Bob but I know Judith has to move out of her apartment now. | Additional information |
| Social worker | Let me see if I can boil all this down just to see if Judith coming to help out could be added to the list of possibilities for you. The relationship is strained but you have spoken a bit throughout the years so it is not as if there has been no contact at all. You need assistance and Judith needs a place to stay for a while. Judith has told you she would be willing to help with Bob’s care while she is there. Bob may or may not be agreeable. Does this sound right? | Summary statement and from a person-centered perspective allowing Sarah to explore this as just one possibility without coercion. |
| Sarah | That is correct. And yes, I don’t know what Bob would say. | Agreement and the addition of another area to explore…Bob’s response. |
| Social worker | Well, before we bring this to Bob, let’s see how you really feel about this Sarah. I am guessing you have some apprehension about making this decision. Can we just talk a bit about the pros and cons of how it might be with Judith here? What do you think? In your mind, what are the positives and what are the negatives of Judith coming to help out? | Setting up decisional balance and looking forward. |
| Sarah | Okay. Certainly it will be helpful if she is here and all goes well: she can help with the care, we will all get along and no one will talk about the past – that would be very nice. The downside is if she comes here and wants us to apologize for something or if she starts blaming us and opens a can of worms. Also, Judith moving here for good is not an option. I would want her to know that she needs to look for work and her own place to live. | Beginning to contemplate how a conversation with Judith might go if she decides to move forward with this option. |
| Social worker | I know this is just guess work at this point but how likely do you feel it is that the things you listed as concerns would actually occur?  | Query extremes (Initiating troubleshooting)  |
| Sarah | I just don’t know but I would want to make things clear with Judith before we ever say yes to this. | Sarah initiating the possibility of a first goal. Speaking with Judith to set some clear boundaries and get upfront commitment/agreement. |
| Social worker | That would certainly be very important. Let me just say before we go on, maybe it would be better to leave this whole thing with Judith alone and see if we can find another option. Maybe it isn’t worth bringing the past into your lives at this time. | Coming alongside |
| Sarah | Honestly, I would love to have Judith back in my life. As we have been talking I have thought about how nice it would be if things were to work out. I am not sure how Bob feels and I guess there is a possibility that he would forbid it. | Beginning to hear that Sarah has some degree of motivation to at least take the first step in determining if this is an option. |
| Social worker | So what happens now? Do want to see if you can speak with Bob first and then give Judith a call? Are you ready to talk about that now? | Moving towards clarifying the goal. Again, from a person-centered perspective, giving Sarah the choice to continue or not. This is also another way to determine her level of motivation. |
| Sarah | Bob might be the biggest hurdle but again, I am not sure Bob is even in a place where he will comprehend any of this. Yesterday I mentioned Judith and he did not even know who that was. This morning he seemed clearer though. I feel nervous about speaking with Judith. | Beginning to hear some reluctance or hesitance about speak with Judith. |
| Social worker | Are you saying it would be best to first see if Bob is able to participate in making this decision and see if you can get an idea about how he feels?? | Clarifying the goal |
| Sarah | Yes…I need to start there. | There is the goal (for now) |
| Social worker | Since Bob seems clearer today, would you want to see if you can have this conversation with him before tomorrow? | Moving towards specifics |
| Sarah | Yes. Could I do it now? Would you mind waiting for me out here? | Sarah has made the decision to act now |
| Social worker | Absolutely. Before you go though, let’s just talk briefly about how you think this could play out. What do you think might happen if Bob clearly understands what you are saying and that leads him to become upset? How might you respond?  | Troubleshooting |

**Cognitive Behavioral Therapy**

**Faulty Thinking (Automatic Thinking)**

**That Can Interfere With Effective Functioning**

Adapted to patient/family specific scenarios from the work of David Burns, M.D. author of *The Feeling Good Handbook.*

* All-or-nothing thinking: You see things in “black or white” categories only. Gray areas are uncomfortable. “I cannot be alone. I will not live without her.” “What will I do when this pain continues to get worse? We both know that cancer pain is excruciating.”
* Overgeneralization: You see a single negative event as a never-ending pattern of defeat by using words like “always” or “never”. “I will never be able to work again after he dies…I just know it.” “I will never trust the health care system again. I do not trust you or anyone on your team. They have always let us down.”
* Mental filter: You pick out a single negative detail to focus on and ignore positive evidence that may contradict it. For example, “I have signed my wife on to hospice and that means I agreed to no more curative treatment. I am killing her.”
* Discounting the positive: you reject positive experiences by insisting they don’t count. For example, the person who hates the health care system may be discounting other positive experiences such as the first remission or the many good staff members they met along the way.
* Mind-reading: Without any evidence, you conclude that someone is reacting negatively to you or you decide that other people think you are a poor caregiver (for example). You respond to those people as if they “have it in for you.”
* Fortune telling: You predict things will turn out badly, discounting information to the contrary…and/or options available to ease the burden. “Things have been so bad up to this point, they can only get worse!”
* Magnification: You exaggerate current problems and/or situations as they occur. “My husband’s pain is unbearable!” When he has actually stated that it has decreased to a 4 from the 9 at the time of admission.
* Emotional reasoning: You assume that your negative reaction to someone accurately reflects the way they *really* are. The nurse enters the room and does not say hello. You are sure she does not like you at all and you want a different nurse assigned.
* “Should statements”: You tell yourself that someone “should” act differently or that things “should” be different or that you “should” be handling this better than you are. “I don’t have a caregiver. You should have someone stay with me through the night in case I have a problem.” “My wife should be better at dealing with these dressing changes.”
* Personalization and blame: You blame others for consequences of your own choices/actions or take personal responsibility for things outside of your control.

**Some methods to redirect faulty thinking:**

* Examine the evidence: critical thinking skills development.
* Thinking in shades of gray: Instead of thinking about situations in extremes, rate them on a scale from 0-100. Determine if in fact things are all or nothing.
* The semantic method: When you find a person is using words like “always”, “never” or “should”, assist in substituting language that is not so strong or emotionally loaded, like “sometimes” or “it would be better if”.
* Re-attribution: Instead of automatically assuming someone is “bad” and blaming them entirely for the problem, think about the many factors that have contributed to it. Then focus on the interventions that may contribute to resolving the situation.
* Thought stopping/thought replacing: Assist in developing those skills related to replacing intrusive/disturbing thoughts with more calming thoughts. Those skills include but are not limited to:
	1. Relaxation techniques
	2. Meditation
	3. Distraction/music therapies, etc.
	4. Mindfulness work/“being in the moment”: moving away from thoughts associated with the past or the future

**Mindfulness**

* Do something you enjoy and give your full attention to the activity
* Listen to a favorite song or music
* Read a book, poetry or scripture
* Drink a cup of coffee or tea and pay attention to the activity
* Go for a brief walk or exercise
* Meditate, pray, sit in silence, think of things you are grateful for
* Tactical or Combat breathing

 A simple variation of Lamaze or yoga training — breathe in four counts, hold four counts, exhale four counts, and repeat. It works because breathing is a combination of the somatic (which we control) and the autonomic (which we can’t easily control) nervous systems. Regulation of the autonomic system deescalates the biological-fear response and returns our higher-level brain functions to full capacity. Giving attention to our calming our breathing helps to keep us “in the moment” but it is also calming overall. From On Resilience – Tactical breathing can stop stress on the spot: <http://onresilience.com/2011/06/02/tactical-breathing-can-stop-stress-on-the-spot/>

* Body Scan

Starting with your feet (or head) pay attention to the physical feelings in each body part as you move from feet to head or the reverse. The goal is to just give your attention to each part of your body without judging sensations or resisting them.

Check out: *Being Well (Even When You're Sick): Mindfulness Practices for People with Cancer and Other Serious Illnesses* by Elana Rosenbaum

<http://www.dailyom.com/library/000/002/000002921.html>

**Family Meetings**

Family Caregiver Alliance

National Center on Caregiving

***Holding a Family Meeting***

<https://www.caregiver.org/holding-family-meeting>

An excellent resource!

***Conducting a Family Conference***

<https://depts.washington.edu/oncotalk/learn/modules/Modules_06.pdf>

References and Additional Resources

Notebook on Ethics, Legal Issues, and Standards for Counselors by Glenn Sheppard, Ed.D. CCC

*What is Counselling? A Search for a Definition*

[*https://www.ccpa-accp.ca/wp-content/uploads/2015/05/NOE.What-is-Counselling-A-Search-for-a-Definition.pdf*](https://www.ccpa-accp.ca/wp-content/uploads/2015/05/NOE.What-is-Counselling-A-Search-for-a-Definition.pdf)

National Career Development Association (NCDA)

*7 Principles for the Future of Counseling* [*http://www.ncda.org/aws/NCDA/pt/sd/news\_article/46430/\_PARENT/layout\_details/fal*](http://www.ncda.org/aws/NCDA/pt/sd/news_article/46430/_PARENT/layout_details/fal)

American Counseling Association: What is professional counseling?

[*https://www.counseling.org/aca-community/learn-about-counseling/what-is-counseling/overview*](https://www.counseling.org/aca-community/learn-about-counseling/what-is-counseling/overview)

Peers for Progress

*What do we mean by “emotional support”? (2013)* Sarah Kowitt, MPH

[*http://peersforprogress.org/pfp\_blog/what-do-we-mean-by-emotional-support/*](http://peersforprogress.org/pfp_blog/what-do-we-mean-by-emotional-support/)

mental-illness-resources.com

*Define Emotional Support*

[*http://www.mental-illness-resources.com/define-emotional-support.html*](http://www.mental-illness-resources.com/define-emotional-support.html)

*A Therapist’s Guide to Brief Cognitive Behavioral Therapy*

<http://www.mirecc.va.gov/visn16/docs/therapists_guide_to_brief_cbtmanual.pdf>

[Stroebe M](http://www.ncbi.nlm.nih.gov/pubmed/?term=Stroebe%20M%5BAuthor%5D&cauthor=true&cauthor_uid=10848151)1,[Schut H](http://www.ncbi.nlm.nih.gov/pubmed/?term=Schut%20H%5BAuthor%5D&cauthor=true&cauthor_uid=10848151).The dual process model of coping with bereavement: rationale and description. [Death Stud.](http://www.ncbi.nlm.nih.gov/pubmed/10848151) 1999 Apr-May;23(3):197-224

**Motivational Interviewing**

**Video Demonstrations of MI Sessions**

*Motivational Interviewing - Building Confidence* (video)

http://www.youtube.com/watch?v=Cfl4d-qQ-co

*The Effective Physician – Motivational Interviewing Demonstration* (video)

http://www.youtube.com/watch?v=URiKA7CKtfc

*Motivational Interviewing in Primary Care* (video)

http://vimeo.com/18577370

*Modifying Automatic Thoughts* (video)

http://www.youtube.com/watch?v=a0YyC1iS8Rc

*Patient-Centered Collaborative Care* (video)

http://www.youtube.com/watch?v=h7jHp5ooNec

**Books**

*Motivational Interviewing – Helping People Change*, Third Edition, William Miller and Stephen Rollnick, The Guilford Press, 2013

*Motivational Interviewing in Health Care* by Stephen Rollnick, William Miller and Christopher Butler. The Guilford Press, New York, 2008.

*Building Motivational Interviewing Skills – A Practitioner Workbook* by David Rosengren., the Guilford Press, New York, 2009

*Motivational Interviewing in Nursing Practice* by Michelle Dart, Jones and Bartlett, Sudbury, MA, 2011

*Motivational Interviewing* – Training Video, produced by Jennifer Hettema, PhD., Land of Enchantment Publications, LLC, 2009

**Cognitive Behavioral Therapy**

Automatic Thoughts (Beck, A.T. 1976. *Cognitive Therapy and the Emotional Disorders*. New York: International Universities Press.)

*Modifying Automatic Thoughts* (video)

<http://www.youtube.com/watch?v=a0YyC1iS8Rc>

**Books**

*Burns, David. 1999. The Feeling Good Handbook.* Plume Publishers.

**Mindfulness and Relaxation**

*Relaxation Therapy*

Susan G. Komen

http://ww5.komen.org/BreastCancer/Relaxationtherapy.html

*6 Mindfulness Exercises You Can Try Today*

Pocket Mindfulness

http://www.pocketmindfulness.com/6-mindfulness-exercises-you-can-try-today/

*Mindfulness Exercises*

Living Well

http://www.livingwell.org.au/mindfulness-exercises-3/