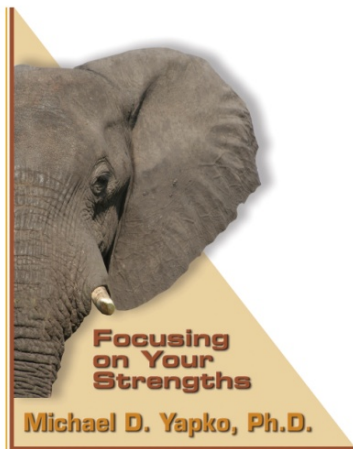


# Asking “How” Questions, Making Distinctions, and Defining Targets in Brief Therapy: The Discriminating Therapist

with

Michael D. Yapko, Ph.D.

Friday, December 7, 2018



# Today's Agenda

**Part 1:** Goals, Overview, fake news, global climate promoting global cognition, ambiguity

**Part 2:** Full group exercise: Video clips, identifying patterns, asking salient “how” questions from a brief presentation

# Part 1:

Goals, overview, fake news, global climate  
promoting global cognition, ambiguity

“Man designs for himself a garden with a hundred kinds of trees, a thousand kind of flowers, a hundred kinds of fruits and vegetables. Suppose, then, that the gardener of this garden knew no other distinction than between edible and inedible...

...nine-tenths of this garden would be useless to him. He would pull up the most enchanting flowers and hew down the noblest trees and even regard them with a loathing and envious eye.”

Herman Hesse, *Steppenwolf* (p.75)

# Discrimination Strategy Defined

A discrimination strategy is an ability to *reliably* and *skillfully* distinguish between two or more available stimuli or options in a specific context

Does someone even *know* when there are multiple choices available, when a distinction needs to be made?

Reflexive responding suggests that all too frequently the answer is *no*.

Even if you are aware there are multiple options available, then **how do you choose wisely** among them?

The therapeutic goal is to enhance the quality of the client's decisions and reactions

# Criteria of Distinction

Your criteria of distinction determine what, out of a wide range of possibilities, you will focus on and respond to

Most of the problems we treat come about directly as a result of the client ***employing criteria that are ineffective*** and thereby give rise to their problems

# Examples of Global Style in Client Self-Reports

- “I just want to be happy”
- “I just want to feel normal”
- “I ***am*** my depression” (anxiety, history, or diagnosis)
- “I’m just so overwhelmed”
- “I get so bad I just can’t think”
- “The symptom just happens to me”

# Global Thinking *in the Symptom Context* Virtually Precludes the Ability to:

- Compartmentalize (e.g., contain anxiety)
- Think linearly, sequentially
- Maintain good boundaries
- Make key discriminations

# Global Thinking Can be Disempowering, Especially When Regularly Encouraged Through the Media

# Examples of Global Therapeutic Truisms

- “Trust your guts” (inner sage, unconscious)
- “The body remembers”
- “All symptoms serve a purpose”
- “Be fully present in the moment”
- “It’s a disease...it’s not your fault”
- “Everyone is entitled to good self-esteem”
- “Hypnosis is always empowering”

# Emotional Differentiation

“Individuals differ from each other in the extent to which they differentiate between their emotional experiences, something which has been labeled emotion differentiation or emotional granularity. While some experience and label their emotions in a highly differentiated manner (e.g., I feel angry, but not scared or sad), others tend to report more undifferentiated states (e.g., I feel bad)...

# Emotional Differentiation

...The level of emotion differentiation is generally assessed by looking at how people describe how they feel in response to different emotion-eliciting events...the ability to differentiate between emotions is considered to be a potentially important individual difference variable in the context of psychological well-being...*emotion differentiation appears to be lower in individuals with affective problems, such as major depressive disorder...*” (p.373) (italics mine)

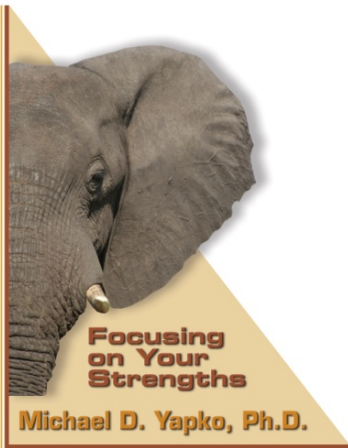
Erbas, Y., Ceulemans, E., Koval, P. & Kuppens, P. (June, 2015). The role of valence focus and appraisal overlap in emotion differentiation. *Emotion*, 15, 3, 373-382.

# The Knowledge Illusion

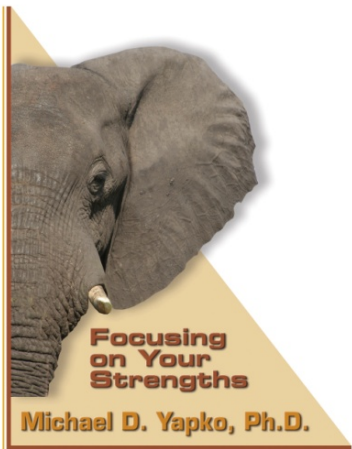
- “Our point is not that people are ignorant. It’s that people are more ignorant than they think they are. We all suffer, to a greater or lesser extent, from an illusion of understanding... we can’t possibly understand everything, and the sane among us don’t even try. We rely on abstract knowledge, vague and unanalyzed... The mind is not built to acquire details about every individual object or situation. We learn from experience so that we can generalize to new objects and situations. The ability to act in a new context requires understanding only the deep regularities in the way the world works, not the superficial details.”
- From *The Knowledge Illusion* by Steven Sloman and Philip Fernbach (March, 2017, New York: Riverhead Books)

## Part 2:

Full group exercise: Video clips,  
identifying patterns, asking  
salient “how” questions from a  
brief presentation



# Group Exercise: Assessing Controllability



# Extreme Perceptions Regarding Controllability

- ***Learned Helplessness***: Learned expectations that one's efforts will have *no* effect on the outcome
- ***Illusion of control***: Learned expectations that one's efforts are the *sole* determinant of the outcome

# “How” Questions

- How do you distinguish this from that?
- How do you know if it's A or B?
- How do you know when to do A or when to do B?
- How do you assess or evaluate whether it's A or B?
- How do you determine whether it's A or B?

# Asking “How” Reveals:

- The client’s **discrimination criteria** for making a decision (“How did you decide this was important to do?”)
- The client’s **cognitive style** (global/linear)
- The client’s **strategy** for pursuing some desirable outcome (“Here’s how I approached the goal”)
- The client’s **experiential deficit** (what’s either incorrect, misrepresented, or missing altogether)

# Asking HOW Questions

- The “experiential deficit” emerges through questioning when a person presents misinformation they sincerely believe, answers with irrelevant information, or when they simply don’t know how to answer the question
- **The “I don’t know” response highlights an area where they need help, i.e.,** a structure that helps them approach the problem more realistically, skillfully, knowledgeably

# What Are You Listening For in the Replies You Get?

- **Dichotomous (“all-or-none”) thinking** with no apparent consideration of possible exceptions

## 2 Current Examples:

- 1) Voting - Vote for a party candidate no matter how unqualified (disturbed?) he/she may be;
- 2) Gun control – if you make even a slight modification, such as limiting access by the mentally ill, you’re attacking 2<sup>nd</sup> amendment rights and “trying to take our guns away”

# What Are You Listening For in the Replies You Get?

- **Overgeneralizations** without recognition of any contexts (exceptions) in which they don't apply

Examples:

- 1) *All* men (women, politicians, marriages...) are bad
- 2) The news they report is *all* fake
- 3) Children don't make up abuse stories

# Types of Discriminations (by dimension)

- Social discriminations
- Cognitive discriminations
- Behavioral discriminations
- Physiological discriminations
- Perceptual discriminations
- Emotional discriminations
- Predictive discriminations

# Types of Discriminations (by diagnosis)

- Controllability (anxiety, depression)
- Responsibility (depression, guilt)
- Locus of control (depression, anxiety)
- Real vs. imagined threat (anxiety, paranoia)
- Real vs. imagined rejection (social phobia, depression)

# Examples: Asking HOW Questions

**Client's Statement: "I'm sure he was angry even though he didn't say anything about what happened."**

**Q: "How do you know he felt that way?"**

**A: "That's how I'd feel if it were me."**

- Patterns: **(Internal orientation, presupposition, overgeneralization)**

# Examples: Asking HOW Questions

**Client's Statement: "I told him I thought that even though he got an A on the test that there was still room for improvement and he should always strive to do better."**

**Q: "How did you decide that was the right thing to say?"**

**A: "It just felt right, it felt genuine to me."**

**Patterns: (Internal orientation, emotional frame of reference, dichotomous thinking)**

# Examples: Asking HOW Questions

**Client's Statement:** "I knew early on in the interview I wasn't going to get the job, so I ended up offering some pretty curt answers just to get it over with."

**Q:** "How did you determine you'd be turned down?"

**A:** "I just didn't the have feeling I'd get the job. It was a real shock when they offered it to me. Just lucky, I guess."

**Patterns:** Internal orientation, presupposition

# Examples: Asking HOW Questions

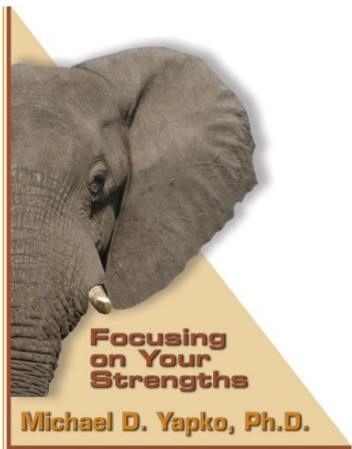
**Client's Statement:** "My daughter's not speaking to me right now after a crack I made about how harmless flirting now gets called sexual harassment. She always over-reacts."

**Q:** "How did you arrive at the conclusion that she over-reacted?"

**A:** "Anyone with common sense would have known I was just kidding around."

**Patterns:** Overgeneralization, external attribution

# Some “how” clips from client interviews



# Making Discriminations; How do You Distinguish...

- When to “hold on” from when to “let go?”
- What you are and are not in control of?
- What you are and are not responsible for?
- When you can and cannot “trust your guts?”
- What is personal from what affects you personally?
- What you feel from what you think?
- Realistic from unrealistic expectations?

What is the general process  
for teaching discriminations?

**First identify exceptions** (contradictions, counter-examples) **then articulate the criteria** that define what makes the belief or perspective true or useful in one context but wrong or unhelpful in another context, and **finally build an association** (hypnosis, metaphor, homework) to make the discrimination reflexive

# **The Discriminating Therapist:**

Asking “How” Questions,  
Making Distinctions,  
and Finding Direction in Therapy



by

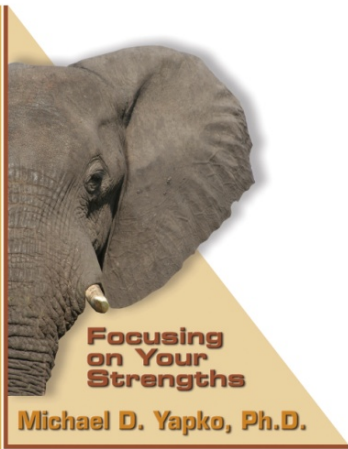
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# Thank you for coming!



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