

Back to Basics: 11 Universal counseling themes

**handouts for case conceptualization presentation**

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***The***

**BRAVING INVENTORY**

***BRAVING Definitions (TRUST)***

The acronym BRAVING breaks down trust into seven elements:

**BOUNDARIES, RELIABILITY, ACCOUNTABILITY, VAULT, INTEGRITY, NONJUDGMENT, AND GENEROSITY.**

**BOUNDARIES:** Setting boundaries is making clear what’s okay and what’s not okay, and why.

**RELIABILITY:** You do what you say you’ll do. At work, this means staying aware of your competencies and limitations so you don’t overpromise and are able to deliver on commitments and balance competing priorities.

**ACCOUNTABILITY:** You own your mistakes, apologize, and make amends. **VAULT:** You don’t share information or experiences that are not yours to share. I need to know that my confidences are kept, and that you’re not sharing with me any information about other people that should be confidential.

**INTEGRITY:** Choosing courage over comfort; choosing what’s right over what’s fun, fast, or easy; and practicing your values, not just professing them.

**NONJUDGMENT:** I can ask for what I need, and you can ask for what you need. We can talk about how we feel without judgment.

**GENEROSITY:** Extending the most generous interpretation to the intentions, words, and actions of others.

The BRAVING Inventory can be used as a rumble tool—a conversation guide to use with colleagues that walks us through the conversation from a place of curiosity, learning, and ultimately trust-building.

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**Enright Forgiveness Process Model**

International Forgiveness Institute

# PRELIMINARIES

Who hurt you?



How deeply were you hurt?



On what specific incident will you focus?



What were the circumstances at the time? Was it morning or afternoon? Cloudy or sunny? What was said? How did you respond?



# PHASE I—UNCOVERING YOUR ANGER

How have you avoided dealing with anger?



Have you faced your anger?



Are you afraid to expose your shame or guilt?



Has your anger affected your health?



Have you been obsessed about the injury or the offender?



Do you compare your situation with that of the offender?



Has the injury caused a permanent change in your life? Has the injury changed your worldview?



# PHASE 2—DECIDING TO FORGIVE

Decide that what you have been doing hasn’t worked.



Be willing to begin the forgiveness process. Decide to forgive.



# PHASE 3—WORKING ON FORGIVENESS

Work toward understanding.



Work toward compassion.



Accept the pain.



Give the offender a gift.



# PHASE 4—DISCOVERY AND RELEASE FROM EMOTIONAL PRISON

Discover the meaning of suffering.



Discover your need for forgiveness.



Discover that you are not alone.



Discover the purpose of your life.



Discover the freedom of forgiveness.



©R. Enright (2001). Forgiveness Is a Choice. Washington, D.C.: APA Books.

**Four Worlds of Human Existence – Identity**

The four worlds of human existence are an essential aspect of existential therapy and can stimulate ongoing reflection in clients; they include (Adams, 2013):

■ Physical

■ Social

■ Personal

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■ Spiritual

The following questionscan be shared with clients and revisited throughout treatment.

Reflect on the following questions (Adams, 2013, p. 27-28). There are no right or wrong answers, but the act of trying to answer each one will help you consider your values and what gives your life meaning.

*How can I live my life fully knowing I may die at any moment?*

1

*What are other people there for?*

*How can I be me?*

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*How should I live?*

Spend some time on each question and keep the answers safe.

# References

■ Adams, M. (2013). *A concise introduction to existential counselling*. London: SAGE.

Dr. Jeremy Sutton

# Valued Living Questionnaire (VLQ)

# Identity

**Author:** Kelly Wilson & Groom

The VLQ is an instrument that taps into 10 valued domains of living. These domains include: 1. Family, 2. Marriage/couples/intimate relations, 3. Parenting, 4. Friendship, 5. Work, 6. Education, 7. Recreation, 8. Spirituality, 9. Citizenship, and 10. Physical selfcare.

**Scoring:** Respondents are asked to rate the 10 areas of life on a scale of 1–10, indicating the level of importance and how consistently they have lived in accord with those values in the past week. For detailed information on scoring the VLQ see Wilson and Murrell (2004).

**Reliability:** The instrument has shown good test-retest reliability.

**Validity:** Currently being collected.

**Reference:**

Wilson, K. G. & Groom, J. (2002). *The Valued Living Questionnaire.* Available from Kelly Wilson.

Wilson, K. G. & Murrell, A. R. (2004). Values work in acceptance and commitment therapy: Setting a course for behavioral treatment. In S. C. Hayes, V. M. Follette, & M. M. Linehan (Eds.), *Mindfulness and acceptance: Expanding the cognitivebehavioral tradition* (pp. 120-151). New York, NY: Guilford Press.

# Valued Living Questionnaire

Below are areas of life that are valued by some people. We are concerned with your quality of life in each of these areas. One aspect of quality of life involves the importance one puts on different areas of living. Rate the importance of each area (by circling a number) on a scale of 1-10. 1 means that area is not at all important. 10 means that area is very important. Not everyone will value all of these areas, or value all areas the same. Rate each area according to **your own personal sense of importance**.

|  |  |
| --- | --- |
|  |  |
| Area **not at all** | **extremely** |
| **important**    1. Family (other than | **important** |
| marriage or parenting) 1 2 | 3 4 5 6 7 8 9 10 |
| 2. Marriage/couples/intimate relations 1 2 | 3 4 5 6 7 8 9 10 |
| 3. Parenting 1 2 | 3 4 5 6 7 8 9 10 |
| 4. Friends/social life 1 2 | 3 4 5 6 7 8 9 10 |
| 5. Work 1 2 | 3 4 5 6 7 8 9 10 |
| 6. Education/training 1 2 | 3 4 5 6 7 8 9 10 |
| 7. Recreation/fun 1 2 | 3 4 5 6 7 8 9 10 |
| 8. Spirituality 1 2 | 3 4 5 6 7 8 9 10 |
| 9. Citizenship/Community Life 1 2 | 3 4 5 6 7 8 9 10 |
| 10. Physical self care 1 2  (diet, exercise, sleep) | 3 4 5 6 7 8 9 10 |

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In this section, we would like you to give a rating of how consistent your actions have been with each of your values. We are **not** asking about your ideal in each area. We are also **not** asking what others think of you. Everyone does better in some areas than others. People also do better at some times than at others. **We want to know how you think you have been doing during the past week.** Rate each area (by circling a number) on a scale of 1-10. 1 means that your actions have been completely inconsistent with your value. 10 means that your actions have been completely consistent with your value.

**During the past week**

Area **not at all consistent completely consistent**

**with my value with my value**

|  |  |
| --- | --- |
| 1. Family (other than |  |
| marriage or parenting) 1 2 | 3 4 5 6 7 8 9 10 |
| 2. Marriage/couples/intimate relations 1 2 | 3 4 5 6 7 8 9 10 |
| 3. Parenting 1 2 | 3 4 5 6 7 8 9 10 |
| 4. Friends/social life 1 2 | 3 4 5 6 7 8 9 10 |
| 5. Work 1 2 | 3 4 5 6 7 8 9 10 |
| 6. Education/training 1 2 | 3 4 5 6 7 8 9 10 |
| 7. Recreation/fun 1 2 | 3 4 5 6 7 8 9 10 |
| 8. Spirituality 1 2 | 3 4 5 6 7 8 9 10 |
| 9. Citizenship/Community Life 1 2 | 3 4 5 6 7 8 9 10 |
| 10. Physical self care 1 2  (diet, exercise, sleep) | 3 4 5 6 7 8 9 10 |

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**distress tolerance Handout 11** 

(Distress Tolerance Worksheets 8–9a ; pp. 391–395 ) **radical acceptance**

**(When you cannot keep painful events and emotions from coming your way.)**

**WhaT iS raDical accePTance?**

1. Radical means *all the way*, complete and total.
2. It is accepting in your mind, your heart, and your body.
3. It’s when you stop fighting reality, stop throwing tantrums because reality is not the way you want it, and let go of bitterness.

**WhaT haS TO Be accePTeD?**

1. Reality is as it is (the facts about the past and the present are the facts, even if you don’t like them).
2. There are limitations on the future for everyone (but only realistic limitations need to be accepted).
3. Everything has a cause (including events and situations that cause you pain and suffering).
4. Life can be worth living even with painful events in it.

**Why accePT realiTy?**

1. Rejecting reality does not change reality.
2. Changing reality requires first accepting reality.
3. Pain can’t be avoided; it is nature’s way of signaling that something is wrong.
4. Rejecting reality turns pain into suffering.
5. Refusing to accept reality can keep you stuck in unhappiness, bitterness, anger, sadness, shame, or other painful emotions.
6. Acceptance may lead to sadness, but deep calmness usually follows.
7. The path out of hell is through misery. By refusing to accept the misery that is part of climbing out of hell, you fall back into hell.

**distress tolerance Handout**

**radical acceptance: factors That interfere**

**raDical accePTance iS nOT:**

Approval, compassion, love, passivity, or against change.

**facTOrS ThaT inTerfere WiTh accePTance**

1. You don’t have the skills for acceptance; you do not know how to accept really painful events and facts.

2. You believe that if you accept a painful event, you are making light of it or are approving of the facts, and that nothing will be done to change or prevent future painful events.

3. Emotions get in the way (unbearable sadness; anger at the person or group that caused the painful event; rage at the injustice of the world; overwhelming shame about who you are; guilt about your own behavior).

Other:

**distress tolerance Handout 11b**

(Distress Tolerance Worksheets 9, 9a ; pp. 394–395 )’

Practicing radical acceptance Step by Step

Observe that you are questioning or fighting reality (“It shouldn’t be this way”).

Remind yourself that the unpleasant reality is just as it is and cannot be changed (“This is what happened”).

Remind yourself that there are causes for the reality. Acknowledge that some sort of history led up to this very moment. Consider how people’s lives have been shaped by a series of factors. Notice that given these causal factors and how history led up to this moment, this reality had to occur just this way (“This is how things happened”).

Practice accepting with the whole self (mind, body, and spirit). Be creative in finding ways to involve your whole self. Use accepting self-talk—but also consider using relaxation; mindfulness of your breath; half- smiling and willing hands while thinking about what feels unacceptable; prayer; going to a place that helps bring you to acceptance; or imagery.

Practice opposite action. List all the behaviors you would do if you did accept the facts. Then act as if you have already accepted the facts. Engage in the behaviors that you would do if you really had accepted.

Cope ahead with events that seem unacceptable. Imagine (in your mind’s eye) believing what you don’t want to accept. Rehearse in your mind what you would do if you accepted what seems unacceptable.

Attend to body sensations as you think about what you need to accept.

Allow disappointment, sadness, or grief to arise within you.

Acknowledge that life can be worth living even when there is pain.

Do pros and cons if you find yourself resisting practicing acceptance.

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SHAME & Self-Criticism Worksheets (pages 12-17)

**Materials needed:**

Handout: Understanding your history related to shame and self criticism

**Example Instructions to Relate in Session:**

As children and adolescents, we develop our views of ourselves through the way we believe we are seen by others. Another way to say this is that we “internalize” the views of those around us. For example, if we’re surrounded by a culture that devalues an attribute we have, then we may experience shame. Or if we believe that important person to us saw us negatively, then we are likely to develop a negative view of ourselves, at least in part. This means that an important source of self-criticism can be found in the way that we were treated by our early caregivers. Keep in mind that it doesn’t necessarily take a lot of abuse or criticism as a child for a person to develop into a self-critical adult. A lack of warmth, expressions of love, or affectionate physical contact from others can leave a void that the mind can on to fill with self-criticism and shame. It also doesn’t mean that people who hurt us were “evil” or all bad. It’s very likely they didn’t know how to treat *themselves* with kindness and care either.

So for this exercise, I’d like to have you take a closer look at some of the relationships and events that may have contributed to your feelings of shame and your self-criticism.

As you do this exercise, please keep in mind that it can be very painful to recall these past events. You may find yourself feeling sad, angry, or confused. You may also notice getting caught up in your own self-criticism and shame as you review these events. All of this is completely understandable and very common. As best as you can, try to be kind with yourself as you approach this exercise and maybe see it as a part of starting to develop a more compassionate way of relating to yourself.

It’s common that people have a hard time recalling events that contributed to your current sense of self-criticism, being flawed, or inadequate. That’s quite alright. If you are not able to answer all of the questions on this handout or you are not ready to write the answers to these questions out on paper, feel free to just consider the questions for a while in your own mind and we can discuss them in our next session if you’re willing.

Do you have any questions?

**Debrief at next session:**

1. What was it like to do this homework? What did you notice?

1. Did you learn anything new here about what might have contributed to you developing the level of shame and selfcriticism that you have?
2. How does it feel when you spend time thinking about and reflecting on these relationships and experiences that may have caused you pain?

# Handout: Understanding Your History Related to Shame and Self-Criticism

*Please use this form so that we can get a better understanding of some of the relationships and events that may have contributed to your tendency toward self-criticism.*

1. Looking back on your childhood and while you were growing up, who you would say were the people you most depended upon as to take care of your emotional and physical needs? These might include parents, grandparents, other family members, or others who helped care for you. For the purpose of this exercise, we are going to call these people your “caregivers.” Please list up to three of these people below and rate your relationship with them as indicated.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Person 1 | Person 2 | Person 3 |
| Person’s name |  |  |  |
| How were you related to this person? |  |  |  |
| **Warmth/Care** On a scale of 1-5 person how much warmth and caring did you feel from this person?  ***1*** *= not at all warm/caring*  ***2****= rarely warm/caring*  ***3****= moderately warm/caring*  ***4****= frequent or somewhat strong warmth/caring*  ***5*** *= consistently or intensely warm/caring* |  |  |  |
| **Criticism/Shame/Abuse** On a scale of 1-5 how critical would you say this person was of you (e.g. would say mean things to you, was abusive or neglectful, would shame or humiliate you in some way)?  ***1*** *= not at all critical/shaming*  ***2****= rarely critical/shaming*  ***3****= moderately critical/shaming*  ***4****= frequently critical/shaming*  ***5*** *= consistently or intensely critical/shaming* |  |  |  |
| **Emotional/physical neglect** On a scale of 1-5 how rate how well this person did at meeting your emotional and physical needs as a child  ***1*** *= Very consistent and reliable in meeting my needs*  ***2****= Fairly consistent and reliable in meeting my needs*  ***3****= Somewhat reliable in meeting my needs*  ***4****= Usually unreliable and unable to meet my needs*  ***5*** *= consistently unreliable and neglectful* |  |  |  |
| **Importance** On a scale of 1-5 how important was this person to you in terms of their impact on you?  ***1*** *= not at important*  ***2****= slightly important*  ***3****= moderately important*  ***4****= quite important*  ***5*** *= extremely important* |  |  |  |

*Of the relationships you’ve listed on the previous page, please identify the one you feel had the biggest impact on your own development of shame and self-criticism. If you are unsure, you might ask yourself who your selfcritic sounds most like. Please answer questions 2-5 with that person in mind.*

1. How did this person respond to you when you were distressed? Did they soothe you and express empathy for your experiences? Did you feel that they understood what you were feeling and expressed that it was ok to be feeling that? Or did they try to get you to change what you were feeling or tell you shouldn’t be feeling that? Did they ignore what you were feeling or humiliate you further? Was this person predictably warm or predictably shaming, or was it hard to know what to expect from them? Please describe how this person responded to you when you were distressed:

1. What happened when your wants/needs conflicted with what that person wanted? Did this person show enthusiasm and excitement for the things that you were inherently interested in? Or did you feel like they had expectations of what you should want and who should be that you needed to live up to? Please write about this below:

1. Did this person neglect, bully, or abuse you? If so, in what ways?

1. Do you remember this person ever humiliating you making you feel ashamed? If so, how did this occur?

1. **Other experiences:** Sometimes events with other people or at other times can be significant contributors to selfcriticism and shame. These can include times in which you may have been humiliated, experiences with bullying, or sexual or physical assaults. It can also include experiences of prejudice, stigma, or feeling like you were judged or devalued because of some attribute you have. Have you ever experienced any other events that have made you feel degraded, humiliated, worthless, or helpless? If so, record those below.

# History of compassion and connection experiences handout

**When to use:**

Along with exercises to track self-critical thinking

As part of case conceptualization

**Materials needed:**

Handout: Your Experience of Warm and Supportive Relationships form

**Instructions:**

While we have talked about some of your past experiences that may have contributed to your history with shame and self-criticism, I think it’s also really important to get a sense of any experiences you might have had with relationships that were characterized by kindness, caring, or warmth. People’s experiences with caring and kind relationships are incredibly varied. Some people have had lots of relationships in their life with others who have treated them with kindness, caring, or compassion. For others, there may have been one or two of those relationships, but maybe those relationships were incredibly important. Still others may not be able to recall anyone who has treated them with kindness and compassion.

While this might be surprising, it’s fairly common for people to feel sad or upset when thinking about past experiences of loving and caring. This may be the case whether you are unable to recall any at all or whether you are able to recall quite a few. Remembering past experiences of love and warmth can bring us into contact with what we are lacking in our current lives. That’s normal and part of the process of developing greater self-compassion.

Just as we did with taking a look at your history with criticism and shaming experiences, I’d like us to just gather some data about your relationship, both in the past and currently that you’d say were characterized by feelings of kindness, care, or compassion.

Would you be willing to do that?

[Assuming client is willing]. Great. So this week, I will ask you to spend some time writing about those experiences you may or may not have had. If you’re willing to answer the questions here on this handout [Your Experience with Warm and Supportive Relationships form] and bring it back to our next session. We can talk about it more then.

Do you have any questions or concerns?

**Debrief at next session:**

1. What was it like to do this homework? What did you notice?
2. Did you learn anything new in doing this homework?
3. After doing this exercise, did you have anything you might wish would have been different for you?

# Handout: Your Experience of Warm and Supportive Relationships

*Please use this form so that we can get a better understanding of some of the warm and supportive relationships you may have had in the past and currently.*

1. Who, if anyone, in your family (parents, siblings, grandparents, aunts, uncles, etc.), would you say treated you with warmth, kindness, or affection as you were growing up? How would you describe those people to someone who had never met them? How did they show you they cared about you?

1. As you grew up, did you ever have any excellent teachers, mentors, or coaches who really cared about you and wanted you to do well? If so, please write some about who those people were and the way they treated you.

1. Did you ever have friends or other people such as neighbors or acquaintances that were warm, caring, or supportive to you? If so, please describe those relationships.

1. Have you had pets or other animals that you loved and that you felt cared for you in return? What did it feel like to be cared for by that animal?

1. Did you have religious or spiritual experiences with a warm or loving God or other spiritual experiences where you felt loved, connected, or part of something larger than yourself? If so, describe these experiences.

1. Did you ever have periods of life or situations where you felt you felt like they fit in or were valued, for example, as a summer camp, on particular vacations, at church, in a social group, or during particular activities (e.g., sports)? If so, please describe those experiences and how it felt to be a part of that experience.

1. Were there any other ways that you received feelings of warmth, comfort, love, or safety when you needed them?

1. Finally, how does it feel when you spend time thinking about and reflecting on these experiences you may have had or not had in the past? As you reflect on these experiences, what do you wish might have been different for you if anything?

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## Worksheet - Learningabout your experiences of shame (pages 18-21)

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Sometimes it can be hard to tell when we are feeling shame. We can get so stuck in shame, insecurity or self-hatred, that it’s hard to even notice that we are experiencing an emotion. Or we might have little practice in identifying shame, and so we may react on autopilot. Sometimes shame only occurs in little flashes and is quickly followed by anger or is mixed with fear or self-hatred. There are a whole range of reasons why it can be hard to detect shame. However, if you can’t notice it when it happens, shame just operates in the background. Then shame, not YOU, is deciding what you do.

*Look for a time when you think you might be experiencing shame and fill out this handout*. You can either fill it out at the time you think you are experiencing shame, or you can fill it out afterward if you have a sense that maybe you were experiencing shame. Either is fine. This can help you see whether you are currently experiencing shame or some other emotion and also help you learn more about how you respond to shame. As you do the worksheet, check off those items that apply to you.

**Step 1: Describe the cue that triggered the emotion.**

Use the options below to help you:

* did the cue occur in your thoughts? (e.g., a memory of something you feel bad about)
* did the cue occur inside your body? (e.g., you felt an emotion that seems like it’s not OK to feel)
* did the cue occur in your behavior? (e.g., you did something you felt ashamed of)
* did the cue occur in the environment? (e.g., someone said something mean or you)

Describe the cue that triggered the emotion as best you can below:

**Step 1b: If the cue *involved another person*, try to understand how your brain may have interpreted it.** Remember, high self-critics tend to interpret low intensity cues of rejection or criticism very strongly or interpret ambiguous cues as threatening. Use the checklist below to help. Did your brain interpret the person/cue as:

* being cold, harsh, critical or rejecting
* treating you like your viewpoint is wrong or doesn’t really matter (i.e., invalidation)
* exploiting you when or where you were vulnerable or mistreating you
* indicating you did something wrong

Describe any other ways your brain may have interpreted the other person’s behavior:

**Step 2: Investigate what you are feeling in your body:**

Sensations typical of shame (often mixed with fear):

* I feel intense emotional pain or tension all over
* I can feel my heart beating hard or fast
* I feel exposed or naked
* I feel small

Sensations typical of overwhelming shame:

* I feel empty
* My body feels numb and detached from reality
* I feel like I am going to collapse
* I feel disoriented

Sensations typical indicators of embarrassment:

* I feel uncomfortable but it is not too intense
* I can feel myself blushing
* I want to smile

Describe other bodily sensations here:

**Step 3: Observe your urges and desires:**

Emotions typically come with a desire to act in a particular way or an urge to do something. Check the ones that fit for you below:

Urges typical with shame:

* I want to disappear or not be seen
* I want to hide my face
* I want to keep something secret
* I want to please the people around me or submit to their wishes
* I want to curl up into a ball

Urges often related to shame, that along with shame, or are confused with shame:

* I want to apologize or repair a harm I have caused someone (maybe guilt)
* I want to laugh and/or fidget (maybe embarrassment)
* I want to run away (maybe fear)
* I want to fight or attack (maybe anger)
* I want to be clean or rid myself of something bothersome (maybe disgust)
* I want to be left alone (maybe loneliness/hopelessness)

Describe other urges you notice here:

**Step 4: Observe how you socially signaled:**

If you were in a social situation (i.e., in the presence of one or more people) when the emotion occurred, observe how you socially signaled:

* Did you find it hard to make eye contact or did you tend to look down?
* Were your gestures tight or constrained?
* Were your shoulders hunched or your posture collapsed?
* Was your face flat or expressionless?
* Did you turn away or hide your face?
* Was your speech rate slow or your voice tone flat?
* Were your movements slow?

Describe any other social signals you might have given in the interaction, for example in what you said:

**Step 5: Notice thoughts:**

* I am thinking negative thoughts about myself (e.g, “I’m broken,” “I’m bad.”)
* My mind is blank and thoughts are fragmented or unclear
* I am thinking thoughts about being rejected or left out
* I am remembering images or past experiences of abuse, rejection, failure, or ostracism
* I am thinking over and over about something I wish I would have done differently

Did you have any other thoughts about yourself or others? If so, write those here:

**Step 6: Next steps**

When we are feeling shame, this is usually *not* a time to act quickly. Usually we need to spend some time taking care of ourselves first before we act. Here are several options for taking care of yourself once you have noticed shame. We encourage you to experiment with which options are most helpful/soothing for you. Check the ones that you decide to try:

* Label the emotion, for example, “This is shame*.”* Or “this is shame and fear,” or, “this is shame and numbness.” Practice labelling until you land on labels that resonate with your experience.
* Validate the emotion. Use this script for yourself: “It makes sense I’m feeling this because \_\_\_\_\_\_\_”
* Validate the pain you are feeling by telling yourself, “Ouch,” or, “this hurts,” like you would do for a child who just fell down (e.g., “that knee hurts, doesn’t it?”)
* Place a hand on the place in your body that hurts the most. See if that part of you can feel the warmth from your hand. Say lovingkindness phrases to yourself like, “May the part of me that hurts be safe, may the part of me that hurts be well, may the part of me that hurts be at ease.”
* Take deep breaths. Breathing slightly longer on the exhale than the inhale engages the parasympathetic (“rest and digest”) nervous system and may have a soothing effect.
* Remind yourself of who is in your tribe, even if it is just one person. Write out, “\_\_\_\_\_\_\_\_ is in my tribe.” You get to decide.
* Offer yourself something physically warm like a cup of warm tea or a warm bath. Research shows that physical warmth helps to increase a sense of emotional warmth.
* Practice a mantra that reminds you that shame is human. You may want to consider phrases like, “Shame is human,” “Other people feel shame too,” or, “I am not alone.”
* If you are feeling overwhelming shame, you may be disoriented. In that case, it may be helpful to notice the sensation of your body sitting in a chair, or feet touching the floor, or it may be helpful to use a stronger sensory experience to re-connect to the present moment. For example, you could hold an ice cube, or eat a very sour candy. Alternately, it may be helpful to engage your sympathetic nervous system by doing some vigorous exercise like running in place or jumping jacks for 60 seconds or so.

Is there anything else that you tried? What was most soothing to you?

No. 3 Way to Determine Your Counseling Theoretical Orientation: Take the Theoretical Orientation Scale (TOS © Smith, 2010)

*Theoretical Orientation Scale (TOS)*

Theoretical Orientation Scale (©Smith, 2010) is designed to help you determine your theoretical orientation in counseling theories. This scale is not scientific, and I am not claiming any psychometric properties attached to this survey. The primary purpose of this scale is designed for your own self-discovery.

**DIRECTIONS: TOS is an educational tool designed to give immediate feedback on your theoretical preferences. Select the number that best reflects your agreement or disagreement with each item. When completed, you will have an opportunity to interpret your score.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 = strongly  disagree | 2 = disagree | 3 = mildly  disagree | 4 = neutral | 5 = mildly  agree | 6 = agree | 7 = strongly agree |

1. Transference is valuable in therapy because it provides clients with the opportunity to reexperience a variety of feelings from early childhood.
2. The social determinants of personality are far more powerful than psychosexual determinants.
3. A therapist should challenge clients with the ways in which they are living an unauthentic life.
4. I like to devise experiments designed to increase clients’ self-awareness of what they are doing and how they are doing it.
5. It is important to ask clients about their earliest recollections.
6. It is important to state therapy treatment goals in concrete, specific, and objective terms to best help clients.
7. Although it is desirable to be loved and accepted by others, it is not necessary.
8. Therapy should emphasize clients’ interactions with their families.
9. The basic problem of most clients is that they are either involved in a present unsatisfying relationship or lack a significant relationship.
10. A good client–therapist relationship is a neces- sary but not sufficient condition for behavior change to occur.
11. The conditions that the therapist offers during therapy are far more powerful than the techniques he or she uses.
12. The appropriate goals of therapy are social change and individual change.
13. Although we all encounter certain circum- stances in life, we are not victims of our circum- stances. We are what we choose to become.
14. Therapy should focus on the client’s feelings, present awareness, and blocks to awareness.
15. Cognitions are the major determinants of how we feel and act.
16. Too much of therapy is problem focused rather than solution focused.
17. A therapist’s congruence or genuineness is one of the most significant conditions for establish- ing a therapeutic relationship.
18. It is important to know a client’s position in their family of origin so that I can bet- ter understand the roles they have adopted in life.
19. Instead of talking about feelings and experi- ences in therapy, I believe that it is more impor- tant for clients to relive and reexperience those feelings during the therapy hour.
20. When an individual in a family has problems, a therapist might help by examining family communication and relationship problems.
21. Clients are ready to terminate therapy when they understand the historical roots of their problems and when they have clarified how their early childhood problems are affecting them in the present.
22. The major themes of psychotherapy deal with a search for meaning, freedom and responsibility, isolation, alienation, death and its ramifications for living.
23. Each person develops a unique lifestyle, which I will examine during therapy.
24. Therapists should encourage clients to take responsibility for how they are choosing to be or live in their world.
25. A therapist helps produce change in clients by restoring healthy family organizational structures.
26. The most fundamental goal of therapy is to create a psychological climate of safety in which clients will feel safe enough to drop their defenses.
27. Therapists should pick and choose from dif- ferent theoretical systems for the purpose of integrating them.
28. It is important for therapists to counsel clients with their families.
29. Working on clients’ weaknesses rarely produces excellence. If one is looking for excellence, one has to focus on clients’ strengths.
30. Denial, repression, intellectualization, and other defense mechanisms are central to under- standing therapy.
31. It is important to teach clients techniques to help them deal with issues.
32. There is no one best theory when it comes to therapy. (Integrative)
33. I don’t believe that a therapist should be skilled in only one theory of psychotherapy.
34. People strive for self-actualization.
35. Irrational beliefs are the primary causes of emotional disturbance.
36. People learn both adaptive and maladaptive behaviors.
37. Successful living is connected to the degree of social interest that clients display.
38. The client is the expert on his or her problems rather than the therapist.
39. Human behavior is determined by patterns of reinforcements and punishments in the environment.
40. Events themselves do not cause emotional disturbances. Instead, it is our evaluation of and beliefs about these events that cause our problems.
41. It is the client’s responsibility, not the thera- pist’s, to evaluate their current behavior.
42. All of the following are basic psychological needs: belonging, power, freedom, and fun.
43. Sometimes people choose to be depressed; they engage in depressing behavior.
44. It is important to intentionally include a stage in counseling that helps to instill hope within the client.
45. An appropriate goal for therapy is to conduct conversations with clients that help them develop new meanings for their feelings and behaviors.
46. Clients are sometimes stuck in a pattern of living a problem-saturated story that has not worked for them for some time.
47. A useful counseling strategy is to help a client create a more satisfying life story.
48. The therapist should be viewed as only one source of information instead of as the expert.
49. Clients’ stories assume hold over their lives only when there is an audience to appreciate and support such stories.
50. Therapy should help clients engage in externalizing conversations.
51. Clients are best understood through assessing the interactions between and among family members.
52. Gender role analysis is an important therapeu- tic technique I intend to use.
53. Counseling should focus on a client’s strengths rather than on their problems.
54. Culturally skilled counselors are not limited to only one theoretical counseling approach but recognize that helping strategies may be culture bound.
55. Emphasizing even one client strength may function to counteract two negative events that took place in his or her day.
56. It is important for therapists to help clients man- age their weaknesses rather than eradicate them.
57. Change takes place during therapy because the therapist helps the client gain insight into the way he or she relates to others based on child- hood experiences.
58. One of the functions of the therapist is to pay close attention to the client’s body language and unfinished business.
59. The purpose of therapy is to bring the uncon- scious to the conscious level.
60. It is important for me to become knowledge- able about the ways that oppression and social inequities can operate on individual, societal, and cultural levels.
61. Mutual trust, acceptance, and warmth are impor- tant when building the therapeutic relationship.
62. We must learn to fulfill our needs and to do so in a way that does not deprive others of their ability to fulfill their needs.
63. One goal of therapy should be to help clients recover meaning in their lives.
64. It is important for me to learn about indig- enous models of health and healing and be willing to collaborate with such resources.
65. I would like to use the miracle question as one of my counseling techniques.
66. Culturally skilled counselors seek to become aware of their own personal culture and rec- ognize that culture may impact the counseling relationship.
67. Therapy should focus on client awareness, contact with the environment, and integration of these forces.
68. In therapy, the client controls what behavior he or she wants to change, and the therapist controls how the behavior is changed.
69. I intend to learn several theories well so that I can meet the needs of a diverse group of clients.
70. I feel comfortable using techniques from several different theoretical approaches to counseling.
71. I don’t believe in the existence of a construct called personality. Instead, I believe that we construct stories about our lives.
72. Many problems that men and women face are caused by their adoption of societal gender roles.
73. Change in any one part of the system affects all parts of the system.
74. Culturally skilled counselors become knowl- edgeable about the cultures of the clients with whom they work.
75. Women therapists are often more sensitive to women’s issues than are men therapists.
76. Therapists should understand how sexist and oppressive societal beliefs and practices affect women clients in negative ways.

***Scoring the Theoretical Orientation Scale:*** The Theoretical Orientation Scale consists of the following subscales: Psychoanalytic/psychodynamic, existential, Adlerian, person-centered, cognitive, behavioral, Gestalt, family therapy, feminist, mul- ticultural, solutions-focused, narrative therapy, strengths-based, reality therapy, and integrative therapy. For each subscale, simply take the num- bers and add up your total score. Your highest score reveals the theory with which you feel the greatest kinship. Take your three highest subscale scores and consider making these theoretical orientations part of your integrative approach to psychotherapy. Remember that this scale has not been validated scientifically. It is intended to help you to begin the decision-making process regard- ing which counseling theory or theories you feel the closest affinity. You know yourself better than anyone; therefore, after much reflection on the theories, select the one you think suits your approach to psychotherapy.

Subscales of the Theoretical Orientation Scale

|  |  |
| --- | --- |
|  | **Subscale Score** |
| **Psychoanalytic/Psychodynamic: Add #s 1, 21, 30, 57, 59,** |  |
| **Adlerian: 2, 5, 18, 23, 37** |  |
| **Behavioral: 6, 10, 36, 39, 68** |  |
| **Cognitive: 7, 15, 31, 35, 40** |  |
| **Reality Therapy: 9, 41, 42, 43, 62** |  |
| **Existential: 3, 13, 22, 24, 63,** |  |
| **Person-Centered: 11, 17, 26, 34, 61** |  |
| **Gestalt Therapy: 4, 14, 19, 58, 67** |  |
| **Multicultural Counseling: 54, 60, 64, 66, 74** |  |
| **Feminist Therapy: 12, 52, 72, 75, 76** |  |
| **Family Therapy: 20, 25, 28, 51, 73** |  |
| **Solutions-Focused Therapy: 16, 38, 46, 48, 65** |  |
| **Narrative Therapy: 45, 47, 49, 50, 71** |  |
| **Strengths-Based Therapy: 29, 44, 53, 55, 56** |  |
| **Integrative Therapy Approach: 27, 33, 32, 69, 70** |  |