Resource Activation
Christoph Flückiger, PhD, MAS Psychotherapy, is a member of the academic staff and a psychotherapist in the Department of Clinical Psychology and Psychotherapy at the University of Bern, Switzerland. He is also an instructor in several clinical training programs in Switzerland and Germany. Currently, he is an Honorary Fellow at the University of Wisconsin, Madison, WI, USA and at Northwestern University, Evanston, IL, USA. His research interests focus on understanding general mechanisms of change and how they can be implemented in daily practice.

Günther Wüsten, PhD, MAS Psychotherapy, is professor and program administrator of the training program in Psychosocial Counseling at the University of Applied Sciences in Olten, Switzerland. He also attended drama school in Zürich and was head of the Theater Department at the Cultural Center of Lübeck, Germany. He is interested in the processes of resource activation and self-regulation, particularly in the analysis of aims in life and motivation. He specializes in the instruction of role play in psychosocial counseling and psychotherapy.

Richard E. Zinbarg, PhD, is a professor in the Psychology Department of Northwestern University and in The Family Institute at Northwestern University, Evanston, IL, USA. He is currently an Associate Editor of the *Journal of Abnormal Psychology*. His research interests focus on understanding the structure and development of anxiety and depression, research methodology and basic measurement theory and techniques as well as treatments for anxiety disorders, with a particular focus on generalized anxiety disorder.

Bruce E. Wampold, PhD, ABPP, is Professor of Counseling Psychology at the University of Wisconsin, Madison, WI, USA. He is a Fellow of the American Psychological Association (APA, Divisions 12, 17, 29, 45), a Diplomate of the American Board of Professional Psychology, and a recipient of the APA Distinguished Professional Contributions to Applied Research Award. His current work involves understanding psychotherapy from empirical, historical, and anthropological perspectives, and is summarized in the volume *The Great Psychotherapy Debate: Models, Methods, and Findings*. 
Resource Activation

Using Clients’ Own Strengths in Psychotherapy and Counseling

Christoph Flückiger
Günther Wüsten
Richard E. Zinbarg
Bruce E. Wampold
Foreword

The practice of psychotherapy and counseling is dedicated to helping individuals lead happier, more productive, and satisfying lives by helping to relieve the distress that motivated them to seek help. Thus, there is an emphasis on distress remediation: How can the therapist or counselor assist the client to address the issues that brought him or her to therapy? This perspective leads to a focus on problems and, in the extreme, to the development and dissemination of particular treatments for particular disorders. Efforts are made to alleviate the problem; if one conceptualizes the therapy process in a medical model, the goal is symptom reduction.

It is quite easy to be coerced or maybe even seduced into the medicalization of psychotherapy and counseling. In most contexts, we are now asked to provide diagnoses (What disorder is being treated?) and treatment plans (How will the treatment address the symptoms of the disorder?) to be reimbursed for services, or simply because it is required at the clinic or agency at which we work. Reading the academic journals, we see that they are focused on treatments for particular disorders – manuscripts on the topic of psychotherapy and counseling that do not investigate the treatment of a disorder have a low probability of being published in prestigious journals. And, of course, there is a push to remove psychological symptoms as quickly as possible, since most payers – whether government, managed care companies, or college administrations – require brief (as brief as possible) treatments for particular disorders.

As a result of the focus on brief treatments for disorders, it is understandable that counselors and therapists focus on client problems and the psychological bases of those problems. What is the client doing in his or her life that creates problems? How can I, the counselor or therapist, intervene to change destructive patterns? Simply put, great forces are being exerted to address distress.

It is not surprising then that we can easily forget that clients bring to therapy an immense array of strengths. Clients often have difficulties in a particular area (e.g., marital relationship) but are successful in others (e.g., their career). Even the most distressed and disadvantaged clients use their strengths to manage their own lives, despite having conditions that would frighten many of us. I am continually struck by the unrecognized courage that clients have to persevere through truly tough times. Some of us were trained in programs that emphasized client strengths and focused on client development,
but it seems to me that the forces of the mental health services world are conspiring to work against using client strengths in therapy.

The dichotomy between remediation of symptoms and distress versus health and growth is a false one, however. Activating client resources by emphasizing strengths is not incompatible with distress remediation – it is simply a very positive and effective way to increase client well-being and reduce distress. Equally, focusing on strengths in therapy is not incompatible with existing treatments; incorporating therapeutic actions that utilize client strengths makes existing treatments more effective.

Resource Activation – Using Client’s Own Strengths in Psychotherapy and Counseling provides pragmatic strategies that can be – or, rather, should be – used in therapy to help clients recognize and use their strengths. Sometimes therapeutic strategies involve simply changing the way we ask questions, focusing on coping and success rather than frustration and failures. Others involve more elaborate exercises to assist the client in recognizing and using their existing coping strategies, developing new strategies, and using their strengths. The questions, strategies, and exercises in this volume are deceptively simple, but often simple changes produce the best outcomes. However, a change of therapist attitude is needed – redirecting ourselves from a focus on symptoms and distress to a focus on client strengths.

Bruce E. Wampold, PhD, ABPP
University of Wisconsin – Madison
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Mr. M. has suffered from extreme shyness for many years now. He defines his current state as hopeless, and he has more or less given up thinking that he can learn to cope on his own. His shyness and his tendency toward social withdrawal have led to his losing nearly his entire circle of friends. He’s been wanting a partner for years, but every time he sees an interesting woman, he freezes and can’t even speak to her. When that happens, his negative cognitions of being the “most boring” man in the world simply overwhelm him. By the time these thoughts have receded, so has the chance of an encounter. These problems have assumed such a predominant position in Mr. M.’s life that he cannot think of anything else or do the things he most enjoys. Recently, however, he mustered the courage to look for professional help.

Mr. M. noticed that his therapist does not simply examine his symptoms, but rather also wants to understand his talents. His therapist, for instance, was very interested in Mr. M.’s job as a teacher and in his popularity with his pupils. Up to that point, Mr. M. had nearly forgotten how many interests he had. This in turn gives Mr. M. the confidence that he is indeed getting competent help – and the hope that his problems can be solved. With the help of the therapist, he tries to strengthen his innate but dormant talents and to build on his strengths and wishes to create new behavioral patterns. After seeing how the detailed work with his therapist has helped him make progress, Mr. M. gains the certainty that his state of affairs can be changed, which in turn motivates him to continue the therapy even more and to work on himself and his problems.

All of which is easier said than done! This manual is meant for psychologists, psychiatrists, social workers, supervisors, and counselors to illustrate practical starting points for directly diagnosing an individual’s resources and employing them in therapy. It is written in an easy and relaxed style, using everyday language, to enable direct integration into therapy.

Counselors often find themselves in situations in which they have to make quick decisions about how to move forward without necessarily knowing in advance the possible solutions at their disposal. To find their way among these possibilities they need effective metastrategies for searching and finding heu-
istics that allow them to be able to react to the situation at hand (Groner, Groner, & Bischof, 1983). A central role is played by the way they handle the individual resources of the person seeking help. When trying to solve problems, one runs the risk of relegating a person’s resources to the back burner by focusing solely on problematic aspects – which effectively assumes the negative cognitions of the person seeking help and leaves patients in their web of negative thoughts (Grawe, 1997, 2004). Upon starting therapy or counseling, people seeking help often feel hopeless and have given up believing in their own problem-solving resources. It is therefore the counselor’s job to reactivate the experience of that person’s self-effectiveness. A counselor should pick up on the person’s existing strengths and skills.

The present manual illustrates how to actively take a person’s resources into consideration during the therapy and counseling sessions, and how to integrate them into existing intervention concepts. This does not mean excluding a person’s problematic aspects; on the contrary, a situation favorable to establishing a stronger resource orientation will simultaneously make a direct handling of the problems easier.

The first part illustrates several perspectives that can be used to focus attention on diagnostics and dialog, and that shed light on a person’s individual resources from various angles. These therapeutic perspectives can be used in the framework of existing manuals and guidelines to focus on how to “do things.” The second part illustrates procedures offering an adequate framework for further applying the different perspectives. The interventions illustrated here, of course, do not purport to be complete.

Further Reading


Grawe, K. (2006). Neuropsychotherapy. Mahwah, NJ: Erlbaum. These two books offer, in a nutshell, an overall concept for psychotherapeutic modes of operation. They provide practical assistance for putting into context processes active in the interaction between patient and therapist and for influencing them therapeutically.


Note: We make a point of using gender-neutral language in this volume, employing either neutral terms of reference or masculine and feminine terms at random.
Systematic resource analysis serves to complement existing case conceptions as presently used in therapy and counseling (e.g., situation analyses and relationship analyses). Resource analysis, illustrated in Figure 1-1, can be used both for training or for self-teaching.

Both in professional and private contexts we constantly form hypotheses about our counterparts – the way they behave, what they are thinking, what they care about, what makes them uncomfortable, and of course how they relate to us. We may have a more or less conscious image of the other person, and that image may be more or less influenced by our subjective impression.

**Figure 1-1. Resource analysis: Problem areas and resource hotspots.**
Such an image can be solely problem-centered, thus neglecting that person’s resources (Rosenhan, 1973; Duckworth, Steen, & Seeligman, 2005).

However, parallel to the diagnosis of “problems,” it is possible to look for “resources” in the various areas of life. Often people have problems in certain areas of life and desperately try to solve them without realizing that they possess skills and talents that could be used toward achieving their goals. Figure 1-1 offers an overview of different areas of psychological functioning concerning both talents and skills as well as problems and difficulties. Areas with particularly helpful talents and skills we’ve denoted as “resource hotspots.” One can determine the individual areas through direct questioning or more systematically through professional psychodiagnostics. We do not recommend a particular set of questionnaires because in our experience even the more traditional questionnaires allow one to determine relevant resources, and a useful combination thereof would differ depending on the institutional background. Obtaining an outside assessment from a close third party can sometimes prove extremely beneficial because the person seeking help may be unaware of their own resources.

Resource hotspots are sources of contentment and well-being. The consistency principle says that people are happy only when their needs and respective goals are consistent, and when they can attain “personal goals.” On the one hand, resources are the means a person uses to achieve such goals; on the other hand, the goals themselves contribute to the satisfaction of basic needs. According to Grawe (1998, 2004) possible basic needs are as follows:

1) The need for bonding, for experiencing close relationships and friendships;
2) The need for direction and control, to know one’s scope of action;
3) The need for a higher sense of self-value;
4) The need to gain pleasure and avoid displeasure.

Before you develop solutions on your own, you should gain a broad understanding of a person’s individual resources. Table 1-1 lists a few examples of appropriate questions.
Table 1-1. Possible questions for examining individual resources in different areas of psychological functioning

<table>
<thead>
<tr>
<th>Area</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Favorable life conditions (client and significant other)</td>
<td>What areas in the individual’s past and current professional and personal life are considered satisfying?</td>
</tr>
<tr>
<td>Healthy life goals</td>
<td>What are the individual’s attainable goals, life plans, and wishes?</td>
</tr>
<tr>
<td>Self-reflection, knowledge of one’s own difficulties</td>
<td>Can the person reflect on his or her own problems? Does the person have a sense of how the problems arose?</td>
</tr>
<tr>
<td>Special skills</td>
<td>Does the person have particular skills that stand out from those of others?</td>
</tr>
<tr>
<td>Areas of well-being</td>
<td>Does the person have positive memories? In what areas of life has the individual felt comfortable?</td>
</tr>
<tr>
<td>Nonexistent or weak symptoms</td>
<td>Where has the complete psychopathological picture not been reached? How pronounced are the symptoms? What caused the situation to worsen?</td>
</tr>
<tr>
<td>Weakly pronounced avoidance</td>
<td>Is avoidance behavior limited to certain places, times, or moods?</td>
</tr>
<tr>
<td>Motivational readiness and strengths</td>
<td>Does the person show positive motivations such as social integration, connectedness with others, or high productivity?</td>
</tr>
<tr>
<td>Functional cognitions and conviction</td>
<td>Do positive thoughts and convictions exist that make it easier to face difficult situations?</td>
</tr>
<tr>
<td>Expression and regulation potential for strong emotions</td>
<td>To what extent can the person verbalize and self-regulate emotions?</td>
</tr>
<tr>
<td>Favorable relationship behavior</td>
<td>To what extent can the person enter into relationships? What is necessary for this to happen?</td>
</tr>
<tr>
<td>Helpful relationships</td>
<td>Does the person have friends and people who can be trusted? Were there any such relationships in the past?</td>
</tr>
</tbody>
</table>
1.1 Resource Priming

Resource priming is a systematic way for counselors to prepare by making them focus more on the resources of the person seeking help (see Worksheet 1 in the Appendix). It helps implement resource analysis in therapy and counseling. Figure 1-2 shows an example of resource priming.

Resource priming is best done at the beginning of a course of therapy or counseling in order to flow into the first few sessions. It would be ideal if the counselor were to focus on the resource hotspots and find a way of putting them to good use in the upcoming session. This revisualization of the patient’s resources is meant to facilitate the change of perspective.

Column 1: First of all, the individual resource hotspots that resulted from resource analysis and were explored in the initial conversation are collated. It is important to formulate a workable number of resource hotspots, subsuming individual resource areas in main categories. If in the course of the sessions new additional crucial hotspots are found, these can be documented as well under the heading “Additional resources over the course of the therapy.”

By collating resource hotspots, the counselor, after a few initial problems, may in the end think of so many different resources that the impression arises

<table>
<thead>
<tr>
<th>Resource hotspots</th>
<th>How can they be activated?</th>
<th>How well was the resource activated?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test battery/clinical impression</td>
<td>1</td>
<td>Within therapy</td>
</tr>
<tr>
<td>Married for 51 years</td>
<td>1</td>
<td>Wife as expert on the patient’s problems and strengths</td>
</tr>
<tr>
<td>Vivid storyteller</td>
<td>3</td>
<td>Notice, estimate</td>
</tr>
<tr>
<td>Self-definition as a foreman</td>
<td>2</td>
<td>Therapy as hard work, tackling things</td>
</tr>
<tr>
<td>Additional resources over the course of the therapy</td>
<td></td>
<td>Same understanding of problems</td>
</tr>
</tbody>
</table>

Notes: I = assessment of the importance for the patient; *assessment after the sessions 1–5: 4 = extremely, 3 = very, 2 = fairly, 1 = somewhat, 0 = not at all.

Figure 1-2. Example of the resource priming of a 72-year-old clinically depressed patient.
that the individual possesses many more resources than the average patient – a first indication of the change of perspective.

Column 2: After formulating the resource hotspots, rank these according to the importance of crucial needs. The explicitly motivational meaning of an action is often hard for the observer to recognize, although one can usually assess the importance of the action to the person carrying it out.

Column 3 and Column 4: After creating a ranking of important resource hotspots, look for ways to activate the resource hotspots both during sessions and outside of sessions. The goal is to find as many ways of activation as possible. The resource hotspots can be activated independently of the problem areas in question; on the other hand, they can also be useful when working through distinct problems. It is vital to document everything, even things taken for granted because otherwise they could be neglected.

Column 5 to Column 9: Following the sessions, assess the extent to which the individual resource hotspots were activated in the session.
2 Resource-Oriented Dialog
Strategies

C. Flückiger, G. Wüsten, and R.E. Zinbarg

Manuals or guidelines tend to focus on the description of certain therapeutic or counseling methods – on “what” to do. Often, “how” it is done is overhastily shrugged off as clear and thus negligible. The following chapter offers an overview of several strategies of resource-oriented dialog that can be used to channel the individual’s attention. Think of it as moving and focusing a source of light or as a resource that can be looked at from various angles. These perspectives are characterized by opposite poles, whereby the two poles of a perspective are in fact complementary.

The job of the counselor is to focus the attention on one or the other pole of a single resource perspective during the session. Patients are often in a state in which they tend to focus on their deficits and are largely unaware of their resources. In order to further an active change of perspective, the counselor has to break out of the patient’s thinking patterns.

The goal of resource-oriented dialog is to heighten the patient’s immediate positive emotional experience and thus to make it easier for that person to work through problems. Progressive integration of the resource perspective sets a positive feedback mechanism in motion, characterized by an improved working relationship as well as greater openness and cooperation: It reactivates one’s own attempts at coping with the problem. In friendly discussions with family or friends resource-oriented dialog often occurs spontaneously and is recognized as such only when it is missing. Discussions are then perceived as halting and slow.

It is possible to differentiate between the following perspectives with two opposing poles:

1) Perceiving and validating directly available resources and actively searching out unused resources.

2) Verbalizing resources and immediately experiencing resources.

3) Using potential resources and integrating motivational resources.
4) Strengthening personal resources and furthering the available resources of the social network.
5) Focusing on problem-independent resources and taking advantage of problem-relevant resources.
6) Optimizing usable resources and boosting and maintaining trainable resources.

In the following, we explain the individual resource perspectives and point out relevant questions. Short case studies serve to exemplify the change of perspective from a deficit-oriented one to a resource-oriented one. In contrast, an intervention is always presented that remains stuck in a deficit-oriented perspective. We are not suggesting that these questions are not pertinent; rather, we wish to emphasize the technical aspect of the change of perspective. A resource that is not picked up is not necessarily a “wasted opportunity,” but can be discussed at a later stage.