

EAST WEST

MEETS

IN PSYCHOTHERAPY

Intermediate to Advanced Clinical Training for Mental
and Behavioral Health Professionals

Welcome!

The webinar will begin shortly...

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During the program, please use your device's speaker settings to adjust the sound level.

The Higher Thought Institute

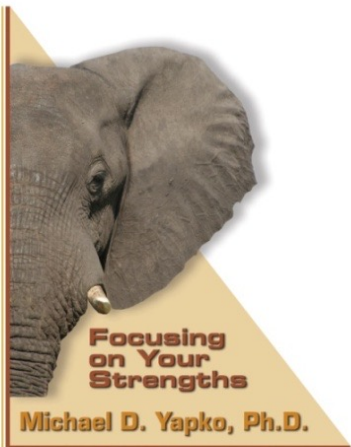
presents

The Discriminating Therapist: Helping Clients Learn to Make Better Choices

with

Michael D. Yapko, Ph.D.

April 22, 2023





The primary question we're addressing in this webinar is this one:

Why do people make bad decisions that only serve to make their lives worse in some way(s)?

This "why" question may be better answered by asking "how" instead - **how** people make their decisions

If you've attended my depression workshops, you know this is a phenomenon known as “**stress generation**”

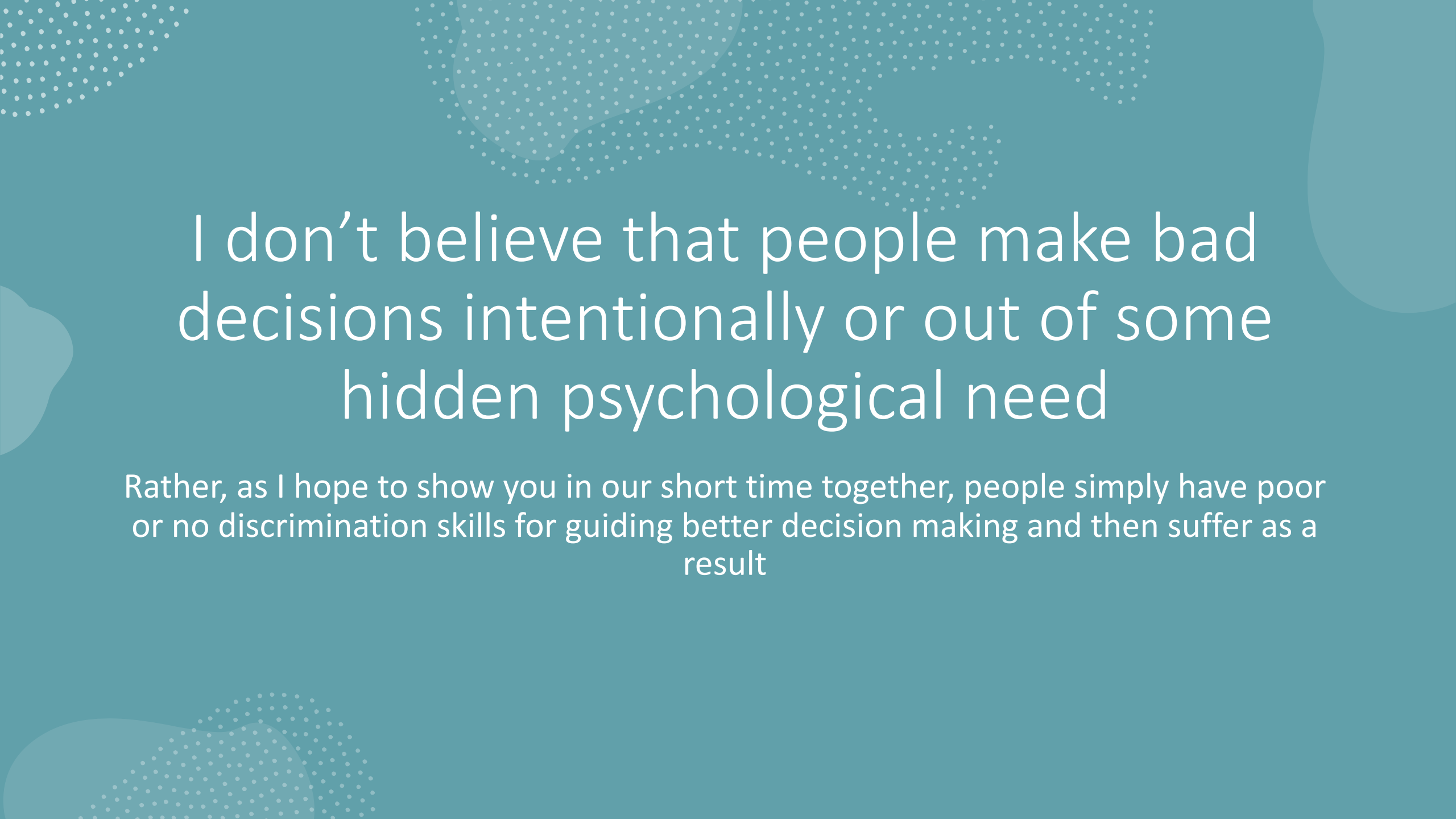
Depressed or not, what is inarguable is that ***the qualities of your decision-making process are the chief determinant of your quality of life***



Decisions Big and Small Generate the Consequences You Will Then Have to Live With

- What job or career to pursue
- What people to befriend
- What to eat and drink and put in your body
- What level of education to pursue
- What news and information sources to trust
- What financial decisions to make
- What risks you're willing to take
- Whether to seek help for a problem or go it alone
- Where to live
- Who to marry or partner up with
- Whether to have kids





I don't believe that people make bad decisions intentionally or out of some hidden psychological need

Rather, as I hope to show you in our short time together, people simply have poor or no discrimination skills for guiding better decision making and then suffer as a result

As therapists, then, you will of necessity have to pay attention to your client's quality of decision making

Key Point: It's far less about *what* they decide and much more about ***how*** they decide in the areas that give rise to their problems/symptoms/issues

The Discriminating Therapist:

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



by

Michael D. Yapko, PhD

With a Foreword by Diane Yapko, MA

Michael D. Yapko, Ph.D.

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Conventional
wisdom
is often
contradictory





So, Which is it?

- Look before you leap... BUT,
He who hesitates is lost.
- If at first you don't succeed try, try again... BUT
Don't beat your head against a stone wall.
- Absence makes the heart grow fonder...BUT
Out of sight, out of mind.
- You're never too old to learn...BUT
You can't teach an old dog new tricks.



- It's better to be safe than sorry... BUT
Nothing ventured, nothing gained.
- Do unto others as you would have others do
unto you... BUT
Nice guys finish last.
- Birds of a feather flock together... BUT
Opposites attract.
- Winners never quit... BUT
It's best to quit while you're ahead.

So, which is it? In every instance, the only
reasonable answer is,
“It depends on the circumstances...”

What happens when someone doesn't know that, though, and stays *reflexively* loyal to a global (“one-size-fits-all”) philosophy or belief that causes them pain when it works against them in some context?



The goal is to help the client identify *personal* and *situational factors* that suggest doing *this* not *that*, and then help that awareness become reflexive for the person



“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.



Think of Places You Rely on Making Meaningful Distinctions in **Therapy**



- **Differential diagnosis** (e.g., is it dementia or depression in this elderly patient?)
- Is this problem **resolvable**, or isn't it?
- Is this the **better therapy** approach or is that better?
- Are these **research data** valid to inform me or not?
- Can I **effectively treat** this person or not?
- Should I **recommend medication** to this client or not?

Think of the Places You Rely on Making Meaningful Distinctions in Life



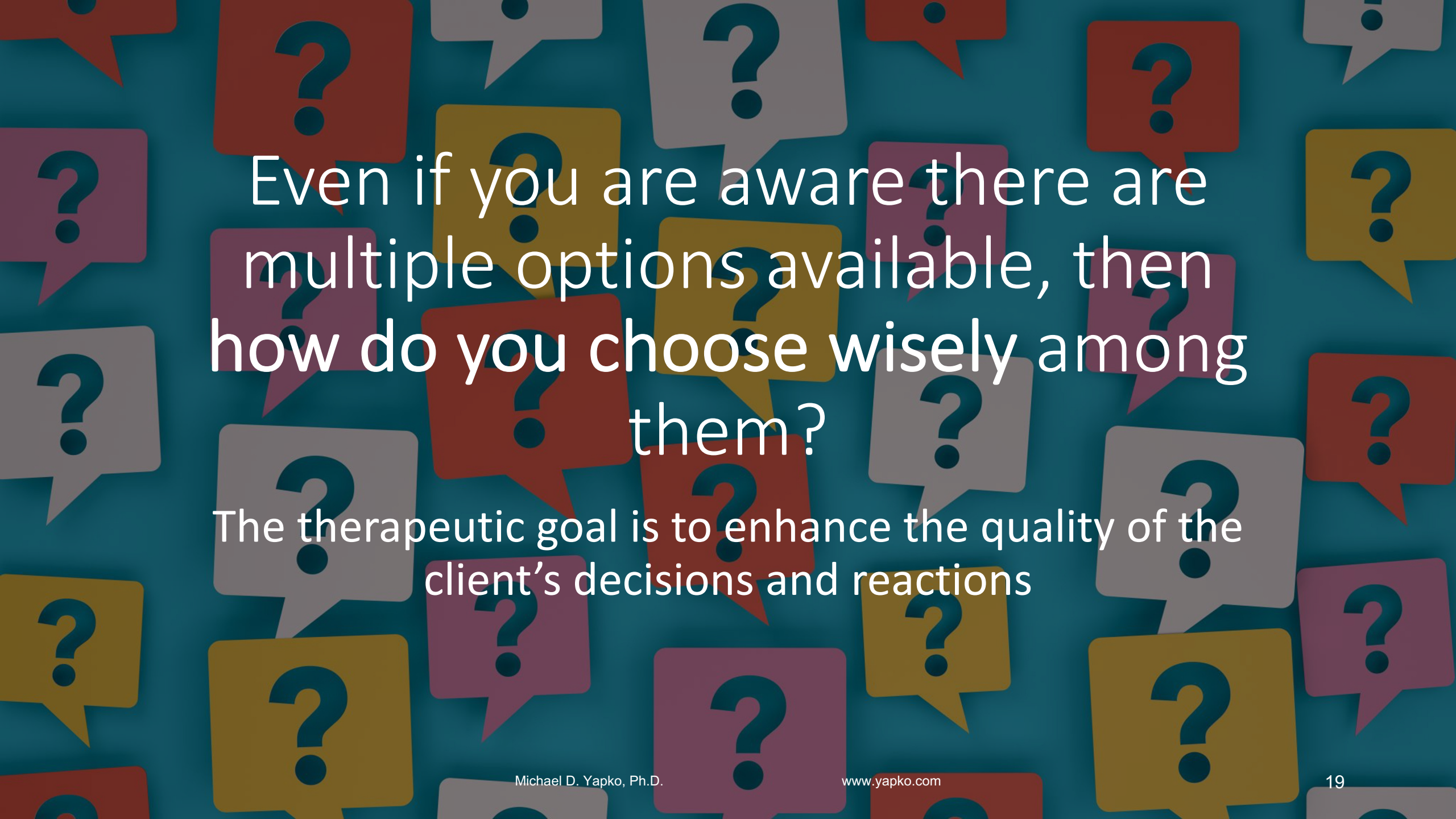
- Is this love or lust?
- Am I ready for a relationship now or not yet?
- Is this person showing genuine or merely polite interest?
- Is it better to live here or somewhere else?
- Is it better to eat this or that?
- Is this a better use of my money or is that better?
- Is this really true or merely what I prefer to believe?
- Can I trust my perceptions here or am I missing something?

Does someone even *know* when there are multiple choices available and when a careful discrimination needs to be made?

Reflexive responding suggests that all too frequently the answer is *no*. Instead, people tend to rely on their feelings, past experiences, other people's advice, or their idealistic wishes.



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The background of the slide is a dark teal color, overlaid with a pattern of numerous speech bubbles. Each speech bubble is a different color (red, yellow, purple, grey) and contains a large, dark blue question mark. The bubbles are scattered across the entire slide, creating a visual theme of questions and uncertainty.

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; Consider what you focus on in therapy or in assessing someone you meet.

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; similarly, when therapy falls flat, did we focus on something non-salient to solving problems or resolving issues?



Barriers to Developing Effective Discriminations

- Too internally oriented to notice “what works” (i.e., poor observational skills)
- Global (over-general) thinking
- Low tolerance for ambiguity (jump to conclusions)
- A personal value system that precludes considering alternatives
- Rigidity (tenacious holding on to a perspective even when self-limiting)
- Narrow, limited range of experience
- Gullibility, naiveté
- Age (e.g., children’s developmental stage)





Global Cognitive Style is a Key Factor

When you can't see the trees for the forest...



“Over-generality Bias” and the Global Cognitive Style in Depression and PTSD

Depressed individuals suffer from an over-generality bias in retrieving personal memories of past emotional experiences as well as in imagining possible future experiences.



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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 all the time”

“My problem must be genetic”

“No matter how hard I try, I always fail”

“My whole life is ruined”

“Life is so unfair!”

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”
- “You can’t love someone else unless you love yourself first”



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



- Compartmentalize (e.g., contain anxiety, overcome trauma, differentiate emotions)
- Think linearly, sequentially, causally
- Maintain good interpersonal boundaries
- Make key discriminations



Emotional Differentiation

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”)... 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.

Group Exercise:

Perceptions of controllability

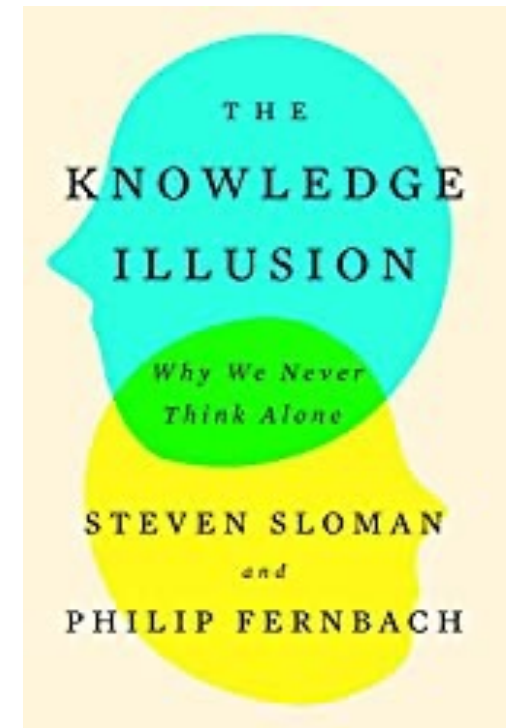


I'm going to present a series of vignettes to you and ask you to make a judgment as to how much control the person in the vignette has over their experience.

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...”

From *The Knowledge Illusion* by Steven Sloman and Philip Fernbach (March, 2017, New York: Riverhead Books)





Owning Ignorance

“This is the essence of the Illusion of Explanatory Depth. Before trying to explain something, people feel they have a reasonable level of understanding; after explaining, (*or trying to*) they don’t.”

- **This is much of what makes the “how” question so important.**

From *The Knowledge Illusion* by Steven Sloman and Philip Fernbach (March, 2017, New York: Riverhead Books)

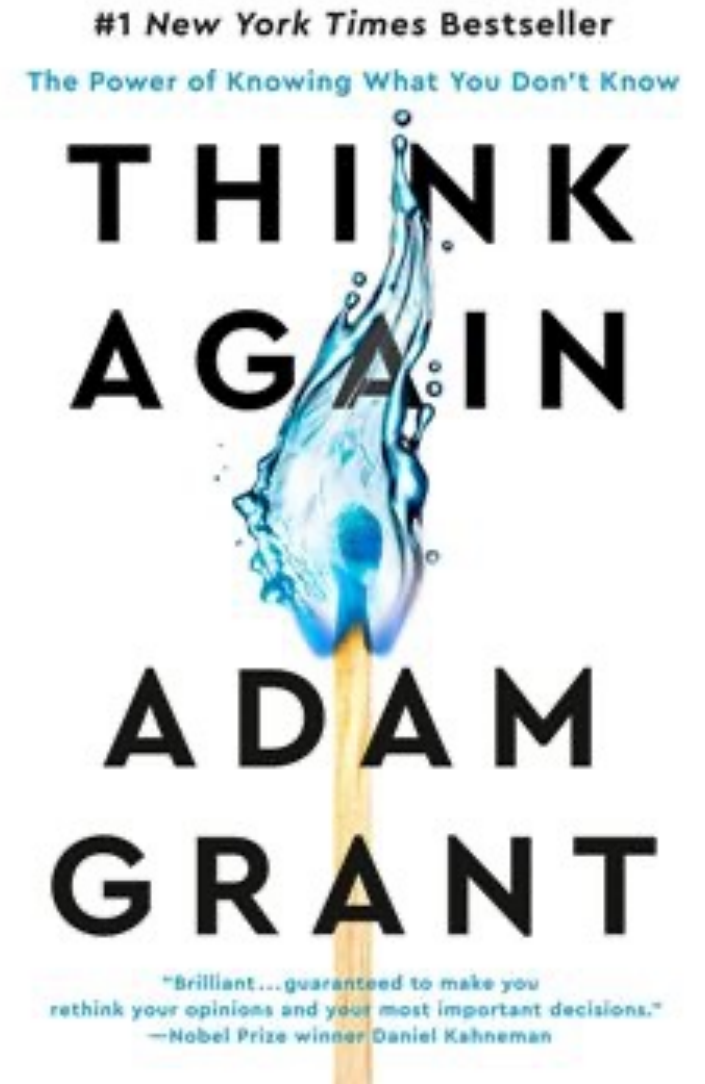
More Deliberative Thinking Reduces the Illusion of Explanatory Depth

- People who are more reflective depend more on their deliberative powers of thought and expression; those who are less reflective depend more on their intuitions. People who are more reflective:
- Tend to be more careful when given problems involving reasoning
- Make fewer errors and are less likely to fall for tricks
- Tend to be less impulsive
- Judged their understanding of some topic to be identical before and after an explanation (e.g., zippers)
- Prefer more detailed ads for a product over less detailed ads



“In a series of studies, people rated whether they knew more or less than most people about a range of topics...and then took a quiz to test their actual knowledge. The more superior participants thought their knowledge was, the more they overestimated themselves – and the less interested they were in learning and updating.”

Adam Grant, *Think Again* (2021)



The Dunning-Kruger Effect

Two psychologists, David Dunning and Justin Kruger, published a “modest report” on skill and confidence...they found that in many situations, those who can't... don't know they can't, what is now known as the **Dunning/Kruger** effect.

It's when we lack competence that we're most likely to be brimming with overconfidence. The less intelligent we are in a particular domain, the more we seem to overestimate our actual intelligence in that domain. It compromises self awareness...

...the first rule of the Dunning/Kruger club is that *you don't know you're a member* of the Dunning/Kruger club!

“If knowledge is power, knowing what we don’t know is wisdom”

Adam Grant, *Think Again*
(2021)





“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?

Making Discriminations;

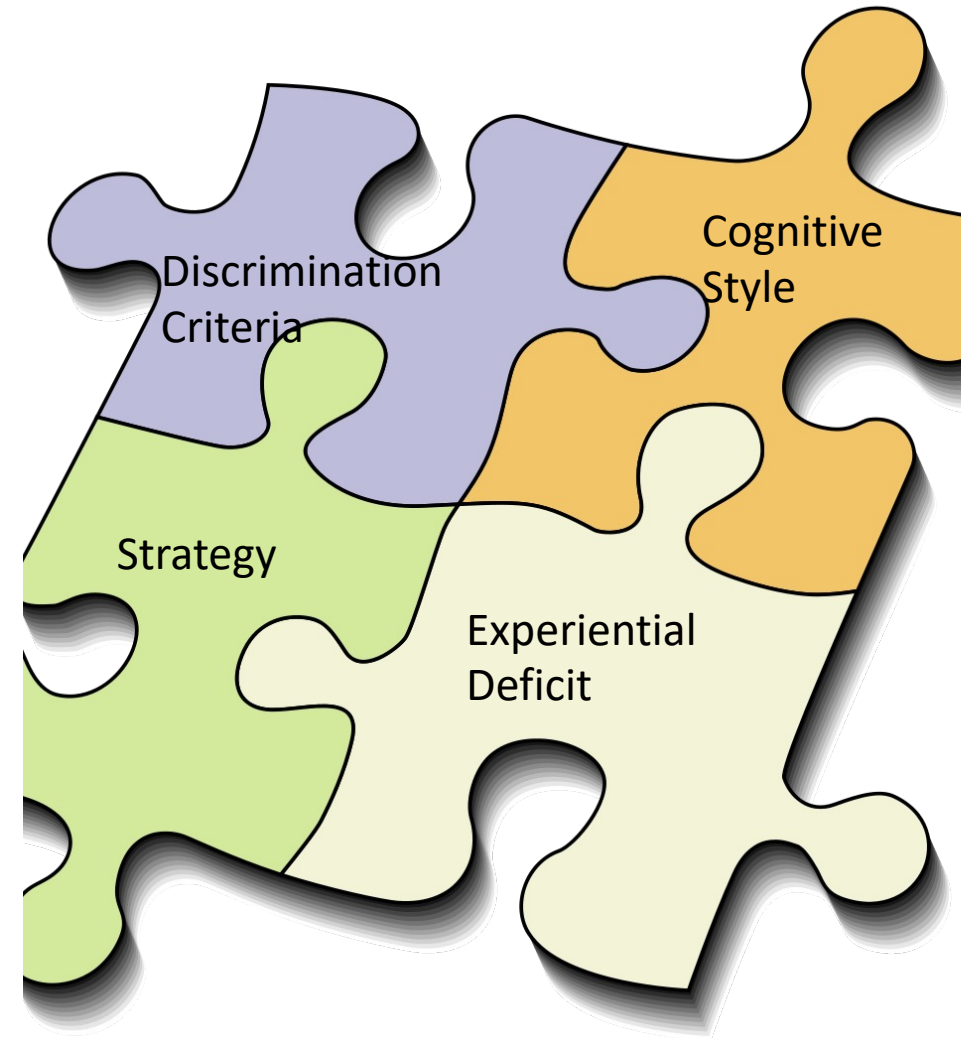
How Do You Distinguish...

- 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?
- Realistic from unrealistic expectations?
- When to accept a personal limitation from when to strive to transcend it?
- When to adhere rigidly to a boundary from when to compromise?
- Whether it’s a temporary setback to endure or a sufficient reason to give up?



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 and I failed”)
- The client’s **experiential deficit** (what’s either incorrect, misrepresented, or missing altogether)



Asking HOW Questions

- The “experiential deficit” or personal “blind spot” emerges through questioning when a person:
 - presents misinformation they sincerely believe,
 - answers you 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 your help,**
 - i.e., providing them with a structure of specific discrimination criteria that can help them approach the problem more realistically, skillfully, knowledgeably



Your



Blind Spot

It helps you identify your therapeutic target(s) and
it helps your client build therapeutic responsiveness
when the client recognizes their own blind spot

What Are You Listening For in the Replies You Get?

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

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

Examples:

- 1) *All* men (women, politicians, marriages...) are bad
- 2) Children don't make up abuse stories



Examples: Asking HOW Questions

Client's Statement:

"I'm sure he was angry even though he didn't say anything about what happened."

Therapist Question: "How do you know he felt that way?"

Client Answer: "That's how I'd feel if it were me."

Patterns revealed in Client's Response:

Internal orientation, presupposition, overgeneralization



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."

Therapist Question: "How did you determine you'd be turned down?"

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

Patterns revealed in Client's Response:

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."

Therapist Question: "How did you decide your joke was appropriate?"

Client's Answer: "Anyone with common sense would have known I was just kidding around."

Patterns revealed in Client's Response:

Overgeneralization, internal orientation, external attribution



Clips of Interviews

What is the process for teaching discriminations in or out of hypnosis?

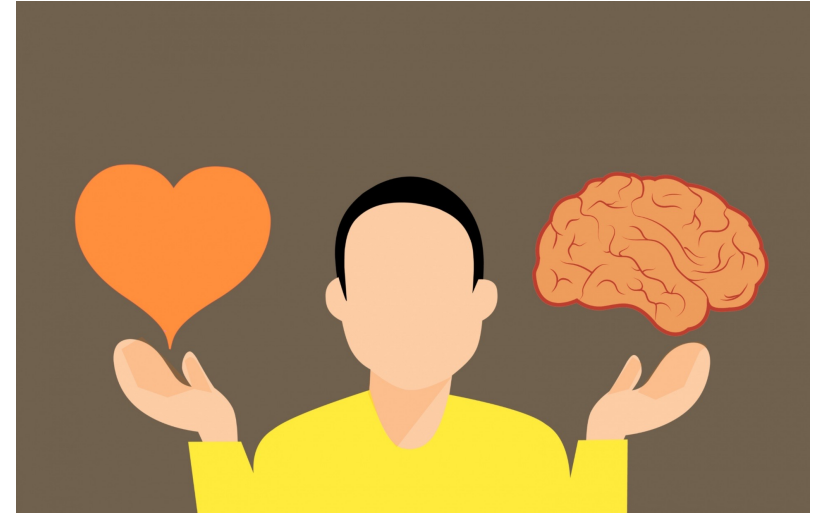
- **First identify contexts in which the client's view is indeed valid,**
- **Then identify exceptions** (contradictions, counter-examples);
- **Next articulate the criteria** that define what makes the belief or perspective true or useful in one context but wrong or unhelpful in another context, and
- **Finally build an association** (hypnosis, metaphor, homework) to make the discrimination reflexive



Emotional Framing Effects Choice

(Amos Tversky and Daniel Kahneman)

The framing effect is a cognitive bias that highlights that phrasing the same decision in terms of gains or losses (positive/negative) alters the choice made.



The way something is framed can influence our certainty that it will bring either gain or loss.

Food: Do you want the 90% fat free yogurt or 10% fat?

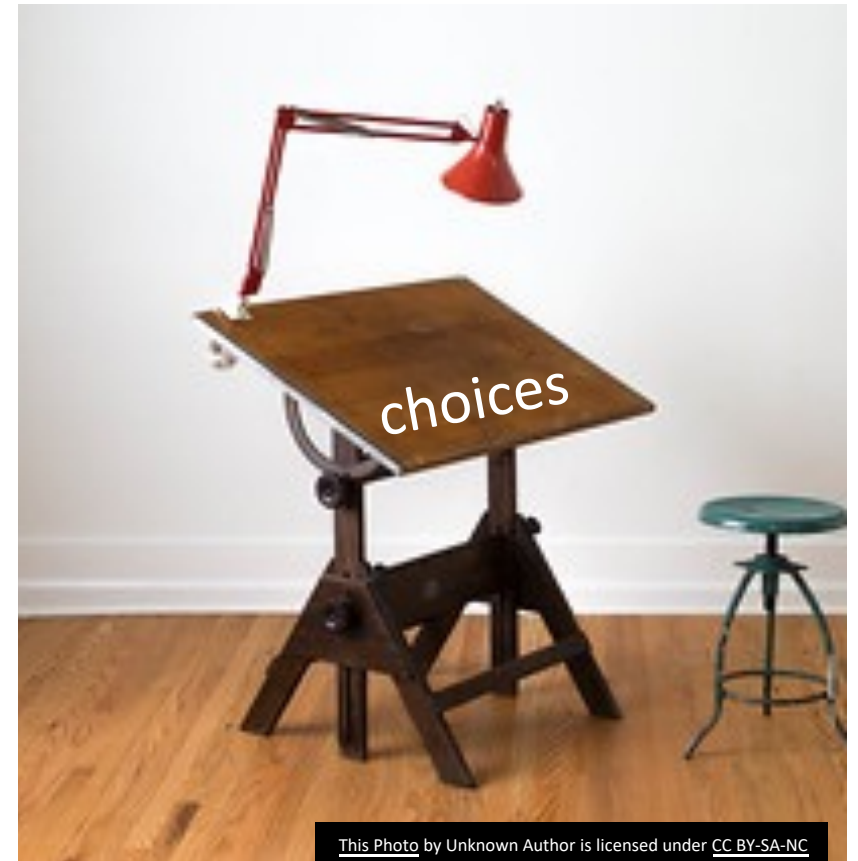
Medical: Do you want the surgery with a 90% success rate or a 10% mortality rate?

The Therapist as a “*Choice Architect*”

“A choice architect has the responsibility for organizing the context in which people make decisions...*If you are a doctor and must describe the alternative treatments available to a patient, you are a choice architect (italics mine)*...If you are a parent, describing possible educational options to your son or daughter, you are a choice architect.”

(p. 3)

Thaler, R. & Sunstein, C. (2008). *Nudge*. New Haven: Yale.



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Influence is Inevitable – and *Necessary*

As a *choice architect*, you will inevitably influence your client by what choices you offer, and how you steer the client directly or indirectly in a presumably desirable direction.

Some key ways people make bad decisions are when they:

- 1) don't pay full attention;
- 2) don't have complete information;
- 3) have poor cognitive strategies
- 4) lack impulse control.



Some Common Decision Frames

- “Gut feeling” (emotion in the moment)
- Expectations (what you think will happen)
- Familiarity (as done before)
- Tradition, modeling (sig. others do it this way)
- Novelty (just want to do it differently)
- Avoiding the negative (personally/interpersonally)
- Seeking the positive (personally/interpersonally)
- Immediate gratification
- Long term outcomes



Q & A, Summary, Closure

Suggested Readings

- *The Knowledge Illusion* by Steven Sloman and Phillip Fernbach
- *Think Again* by Adam Grant
- *How We Decide* by Jonah Lehrer
- *Predictably Irrational: The Hidden Forces That Shape Our Decisions* by Dan Ariely
- *Smart Choices: A Practical Guide to Making Better Decisions* by John Hammond, Ralph Keeney, and Howard Raiffa
- *The Art of Choosing* by Sheena Iyengar

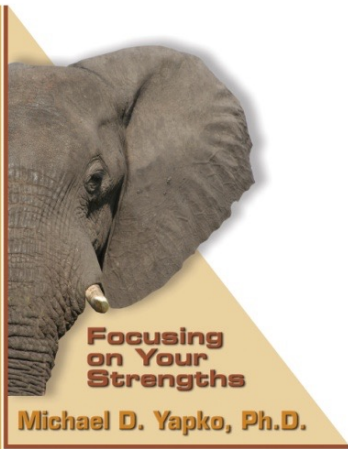


Suggested Readings

- *The Paradox of Choice* by Barry Schwartz
- *Who's in Charge? Free Will and the Science of the Brain* by Michael Gazzaniga
- *Nudge: Improving Decisions About Health, Wealth, and Happiness* by Richard Thaler and Cass Sunstein
- *The Discriminating Therapist* by Michael Yapko
- *Thinking, Fast and Slow* by Daniel Kahneman



Thank you for attending!



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