Hope: A key attribute of successful therapeutic relationships

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An overview

- Today we will discuss one key feature of the therapeutic relationship – hope.
- We will divide hope between:
  - Those measures which support the counsellor
  - An approach to support the client
- We will then discuss one of our tools to measure hope, and thus the quality of the therapeutic relationship over time, including how to make predictive course corrections.
Our journey thus far...

- Natural Intelligence Pty. Ltd. formed when Tom began to speak about counselling to Cos who is a mathematician.
- We realised we could model human behaviour and provide tailored solutions.
- We provide seminars to clients on our approach and provide them with tools to do what they do better.
So why is hope important?

- We can answer this question in two ways:
  - First, people without hope often live miserable - if not short - lives. Hopelessness is correlated with poor lifestyle choices, poor psychological outcomes and poor medical outcomes.
  - Perhaps more worrying still is when a person takes on the old motto “Nec Spe, Nec Metu!” (No hope, no fear!). For now they cut themselves loose from society.
Some initial considerations

- Hope is neither wishful thinking nor optimism. It is:
  - Typically born of hardship
  - Reality-based
  - Future orientated
  - Seeks-out opportunities for personal growth
Hope in the therapeutic relationship: 
*From the counsellor’s perspective*

- At a contextual level ask “Does my workplace support my efforts and therefore help me to maintain hope?”.
  - For example (Crain & Koehn, 2012):
    - Do workplace practices, e.g. work-load allocation, support:
      - My self-care?
      - A good work-life balance, including a separation between the two?
    - Am I given the opportunity to work collegiately?
    - Do I get opportunities to hear, and share, stories of success?
When working with clients:

- Clients who are ‘stuck’ may cause us to begin to feel hopeless.
- Snyder (1995) suggested hopelessness is catching.
- To prevent hopelessness creeping into counselling ask from the outset:
  - Is this client right for my skills?
  - Can I go all the way with this client?
  - Later on you might also ask “Have I gone as far as I can go with this client and thus should we consider a referral?”.
Having taken-on a client remove ‘road-blocks’ early which could otherwise sap the client’s hope and yours. For example:

- Involve other health professionals as needed:
  - Addiction management.
- Involve other services so that the client has adequate welfare support.
Hope in the therapeutic relationship: From the client’s perspective

- Two approaches predominate given client circumstance.
  - For clients who have hit a rough patch in life, e.g. reactive depression, we can use Snyder’s goal-orientated approach to hope.
  - For clients with a life-limiting illness, or who are in palliative care, we need to develop a sense of ‘mature hope’.
• General interventions:
  • Using a person’s name, a warm handshake and personable gestures are all hope enhancing.
  • Psychoeducation (Allen, 2013):
    • Asking “What lies at the core of hope?” helps disambiguate hope from optimism and wishful thinking.
    • Establish that ‘hope work’ requires action, wishing is passive.
    • Now draw boundaries around what is possible and what is not. This centres counselling on ‘reality’.
    • Finally, ask “What gives you hope?”. Usually goals or relationships. Other interventions then link to this response.
• Using Snyder Hope Theory:
  • The role of the counsellor is to guide, not typically to intervene.
  • **Step 1** – The client is to identify several goals, over various life domains, which are meaningful to them. Goals should be challenging, but not impossible, to reach. Monitor the number and quality of the goals set.
Step 2 – Goal achievement:

- This requires two cognitive factors named ‘pathway’ and ‘agency’.

- **Pathway thinking** requires the client to set sub-goals and for you to monitor how they are going in achieving them.

- Leveraging-off this is **agency thinking**. Getting the client to realise that they are the ‘little engine that could’.

- In many ways the counsellor helps sustain progress towards the goals set and acknowledges hope along the way.
And now for a little magic...

- The above strategies are effective but we often only intuit this over the mid- to long-term. What if we could see changes in:
  - Client hopefulness as counselling progressed
  - The counsellor’s level of hope over time
  - And make tailored ‘course corrections’ to sustain the journey for both client and counsellor
- For clients this posits better outcomes.
- For counsellors and their employers this promotes self-care and reduces OH&S risks, let alone burn-out.
In the work we do

• Hope acts like a car’s accelerator to power the system.
• So let us take a look ‘under the hood’ and see how we ‘tune’ hope much like a mechanic would tune a car.
To chart a person’s journey from despair to hope we need five variables:

1. The **time** over which the journey takes place
2. The person’s **Initial Resistance** to change
3. The **Threats** they face to their wellbeing
4. Those life circumstances they can **Control**
5. And the **Number of Course Corrections** which need to be applied by the counsellor to move the client towards a positive outcome.
The Lay of the Land...

• The terrain we will be travelling over is a broad plain leading into a narrow pass, with a treacherous valley on one side and a mountain of dizzying heights on the other.

• Our journey (i.e. trajectory) is a pathway that seeks to avoid the valley, but also the mountain tops.
A Trajectory from hopelessness to hope
Stage 1: Determining ‘Resistance to Change’

- Initial Resistance to change ($R_0$)
  - Involves the use of a hope index (e.g. Snyder Scale).

- Resistance Threshold ($R_{Act}$) till Action
  - Derived from the underlying model.

- Resistance Estimation
  - Given a projected treatment duration we can estimate the number of corrections needed.
  - We can estimate the likelihood of Resistance dropping below an action threshold.
A Trajectory from hopelessness to hope
Stage 2: Finding the key starting points

- What is the client’s life narrative?
  - Need to identify key events and actors which promote or impair hope.
  - This is different to only focusing on ‘negatives’ or just building towards ‘positives’ in a client’s life.
- So the **Domain of Influence Analysis**:
  - Finds damaged relationships/influences.
  - Regions of neutral influence that can be cultivated.
  - Key positive people (or events) to be focused on.
A trajectory from hopelessness to hope

Stage 3: Generating trajectories of change

- The client commences their counselling journey:
  - At an arbitrary time.
  - With a moderate Initial Resistance \( R_0 \).
  - And with more Threat than Control elements.

- As counselling progresses variables shift for the better. We can:
  - Predict when a trajectory will change. Therefore identify ‘resistant’ clients.
  - Identify key contextual Threats to change.
  - Design effective challenges to build hope consistent with Snyder keeping the Threat-Control ratio close.
A case study describing the effect of a single course correction


- We will just focus on the hope component of this study.
- The sample consisted of 43 first-year students in Israel.
- State Hope Scale (Snyder et al., 1996) was given to each participant:
  - Immediately before a workshop designed to build hope (i.e. an intervention designed to cause a trajectory course correction)
  - Immediately following the workshop and
  - One month later.
- All participants heard a short presentation on Snyder hope theory, did some goals-based cognitive mapping to improve pathway thinking and a visualisation exercise to improve agency thinking.
- Students were divided into high or low hope groups and their progress followed.
Key findings for high and low hope students over 1 month

FIGURE 2. Hope levels across time for individuals with high versus low hope at Time 3. (Color figure available online.)
• For Initial Resistance ($R_0$)
  - High hope students = low $R_0$ [Yellow]
  - Low hope students = medium $R_0$ [Blue]

• Perception of Threats when going to university:
  - May be greater for low hope students.

• We see the following predictable outcomes:
  - A high impact correction can significantly change Resistance.
  - Some people revert back because their Initial Resistance has been under-estimated.
  - These high Resistance people revert back to at least their base state, and sometimes greater than, due to a loss of hope.
Predictions of the model

- Initial Resistance is key to understanding client change.
- Brief therapy may not be appropriate to provide sustained change.
- To see sustained change in medium-to-high Initial Resistance clients they require frequent and multiple ‘course corrections’ over a long period of counselling.
- We conclude current government health policies underestimate the number of treatment sessions required for sustained change.
- With respect to other psychological factors, to increase hope is to modify the entire system in a positive way.
If you would like to know more about designing interventions and trajectories for your clients...

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Questions