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ROLE PREPARATION IN BRIEF STRATEGIC THERAPY: THE WELCOME LETTER

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This article presents a Welcome Letter that is mailed to prospective outpatient psychotherapy clients after their initial phone contact. The letter prepares clients for what to expect in therapy and how to participate in their own treatment. It includes ten problem solving steps that are commonly taken by clients during a five-session outpatient psychotherapy program that includes strategic, solution-focused, and cognitive-behavioral interventions. Using such a letter to prepare clients for therapy has been found to be effective in reducing clients' symptom severity.

The main goal of this article is to present a Welcome Letter, which is mailed to prospective outpatient psychotherapy clients to prepare them for what to expect in therapy and how they can participate in their own treatment. The letter includes ten problem solving steps commonly taken during a five-session outpatient psychotherapy program (see Appendix). It is presented in hopes that clinicians will recognize its symptom-reducing potential and write letters about their own unique approaches to send to clients. Clinicians are encouraged to carefully answer the question that led to the development of the Welcome Letter: "From the moment therapy begins, what commonly occurs as clients begin to discuss their troubles, define their presenting problems, define solutions, and move from problems to solutions?" Taking an anthropological approach in answering this question can lead to improved skills for therapists and decreases in symptom severity for their clients.

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The Welcome Letter provides role preparation for clients, which is defined by Orlinsky, Grawe, and Parks (1994) as including two concepts: (a) expectational clarity (preparing clients for what to expect in therapy) and (b) goal consensus (preparing clients for how to participate in their own treatment). Research suggests that role preparation helps diminish symptom severity among clients. For example, Dormaar, Dijkman, and de Vries (1989) found that when a client and therapist agreed upon the definition of the presenting problem (theoretically associated with goal consensus), the client's symptom severity tended to diminish. The researchers used the SCL-90 (Derogatis, 1977) and a five-point checklist to measure symptom severity and client-therapist agreement, respectively. Measurements were taken six months after the start of therapy. Measuring this late in therapy, however, introduces confounding variables. Also, the researchers' five-point checklist has not been widely utilized and its relationship to patient role preparation (a variable that itself may not be adequately defined) has not been determined. In addition, no replications of this study have occurred for comparison purposes.

In another study, Eisenthal, Koopman, and Lazare (1983) found that when client and therapist have a mutual understanding of "how treatment works" and "what the client needs to do," client satisfaction increases. Satisfaction was measured at the end of the initial interview, thereby introducing the possibility for confounding variables. Also, the researchers devised their own "mutuality" and satisfaction measures that have not been widely utilized in comparative studies. In addition, no relationship has been established between patient role preparation and mutuality between client and therapist on (a) how treatment works and (b) what the client needs to do. Other studies provide evidence for a symptom-reducing effect of role preparation; however, problems similar to those mentioned in the above studies exist (e.g., Horowitz, Marmar, Weiss, DeWitt, & Rosenbaum, 1984; Jones & Cummings, Horowitz 1988; Safran & Wallner, 1991). The Welcome Letter improves upon previous role preparation studies.[1]

THEORETICAL RATIONALE FOR THE WELCOME LETTER

The rationale for the development of the Welcome Letter comes from strategic, solution-focused, and cognitive-behavioral therapies (Beck, Rush, Shaw, & Emery, 1979; Fisch, Weakland, & Segal, 1983; de Shazer, 1985). These therapies are most effective with clients who acknowledge their problems and are committed to their resolution (Steps 1 and 2; see Appendix). Once these steps are attained, strategic and cognitive-behavioral therapies emphasize the importance

[1]The survey is a precursor to empirical research currently being conducted by the author, which provides further improvements on role preparation studies, including pre-therapy symptom-severity measurement and use of a standardized measure that can be included in comparative analyses.

of getting a precise definition of each client's problem (Step 3), while solution-focused therapists focus on obtaining a precise definition of one or more solutions (Step 4). Strategies, such as helping the client develop a keen awareness of when s/he engages in problem-oriented and solution-oriented thoughts and actions, are contained in all three therapies (Steps 5 and 6). All therapies address the importance of expecting setbacks (Step 7), recognizing gains (Step 8), and finding meaning in a problem (Step 9). The author has observed that breaks from resolving problems often provide valuable ideas on how to resolve them (Step 10).

THE WELCOME LETTER

The Welcome

I want to welcome you to therapy and provide an explanation of what you can expect to occur during our sessions. This letter is about your desire to resolve a problem that either (a) you personally acknowledge having, (b) someone else experiences, or (c) someone tells you that you have (without your agreement).

If you are here because you are personally experiencing a problem, the best thing to do is to consider the following: "Is there some action you could take, which is different from what does not work and could (1) diminish the problem you experience and/or (2) help you cope with it better?"

If you are here because you want someone else to resolve a problem, you could consider the following: "Is there some action that you could take, which is different from what does not work and could (1) influence someone to resolve his or her problem and/or (2) help you cope better with that problem?"

If you've come to therapy because someone has strongly urged or demanded it, this letter may not seem to apply to you. However, before dismissing it entirely, consider this: Therapy could help you take some action, which is different from what does not work and could (1) influence someone to diminish their demands for you to attend therapy and/or (2) help you cope with those demands better.

Overview of the Therapy

The therapy you are about to experience includes ten steps that people commonly take to resolve a problem. These steps are included in a therapy program that averages five visits and are explained further in the next section.

Some people significantly reduce their problems after the first or second visit, while others may take longer. The goal is to establish an optimum time frame for resolving the problem, so things don't move too quickly or too slowly. Also, complete resolution of the problem usually does not need to occur before taking a break from therapy or ending it altogether.

Ten Problem-Solving Steps

The following steps are commonly taken to resolve any problem. Please choose some quiet moments to carefully read through these sections and think about them in relation to the problem you'd most like to resolve. As you read, it can be helpful to underline any concept that is of significant interest to you.

Step 1: Acknowledging a Problem Exists and Must Be Resolved

Scheduling a therapy visit most likely means that you have already acknowledged you are experiencing a problem that is either personal, involves someone else, or both. Therefore, you have already taken a key step in problem resolution.

One of the challenges you may face in acknowledging a problem is how to reduce blaming yourself and/or someone else. One way to reduce blame is to solidly focus on the question: "What can you do to resolve the problem?" This gets you oriented to looking for solutions rather than blame.

Step 2: Making a Commitment to Resolve a Problem

Our first meeting will start with me asking you what is the most important problem that brings you to therapy. I want to know how this problem is affecting you and in what specific areas of your life (e.g., family, social, vocation, education, self-image, financial, health areas, and/or legal). If multiple areas are affected, I will ask you what is the most important one.

Selecting the most important problem is done for several reasons. Resolving one problem is less difficult than resolving two or more in a single time frame. In addition, resolving or partly resolving one problem often diminishes any other problems associated with it. Also, the strengths you gain from resolving one problem can be used to resolve others.

We will then discuss how committed you are to resolving the problem that you have selected. Commitment is basically made up of (1) your ability to let yourself experience how unsettling the problem is; (2) your desire to diminish the distress associated with the problem; and (3) your desire to experience how satisfying it will be to resolve the problem. I will therefore ask you how unsettling the problem really is, how much you want it resolved, and what it would be like to have it resolved.

Step 3: Precisely Defining the Most Important Problem to Resolve

After selecting the most important problem to resolve, I will ask you to define it precisely. In its simplest form, a problem consists of three components: (1) a problem-oriented thought, (2) a problem-oriented action, and (3) unsettling results. The problem-oriented thought influences us to engage in the problem-oriented action. Both are often based on good intentions, but simply lead to

unsettling results. The problem-oriented action can include a refusal to act. The following are examples of clearly defined problems:

Problem 1-Failing Persuasions. I have to stop my husband from _____ (doing something that's unsettling, e.g., spending too much, refusing to do chores, drinking, etc.) **(problem-oriented thought)**, but when I try to persuade him to stop **(problem-oriented action)**, he doesn't seem to listen and sometimes does what I don't like even more **(unsettling results)**.

Problem 2-Inconsistent Discipline. Sometimes I'm not sure that I'm doing the right thing when my child is upset over discipline I provide **(problem-oriented thought)**. I also get so stressed myself, that I can't put up with my child's outbursts against being disciplined **(problem-oriented thought)**. When these doubts and distress occur, I often stop my son's punishment early or won't give him one at all **(problem-oriented action)**. But this seems to prevent him from behaving better because I think he knows I tend to let him off the hook **(unsettling results)**.

Problem 3-Trying to Force Something. I have to force myself to be a certain way (e.g., not want to use drugs, happy to look for a job, being less depressed, performing well at something) **(problem-oriented thought)**, but the harder I try to use my will to succeed **(problem-oriented actions)**, the more distressed I feel **(unsettling results)**.

Although multiple thoughts and actions are usually associated with a problem, there are often one or two thoughts and actions that are most dominant. It is most beneficial to single these out, clearly focus upon them, then ask the question, "What would be a different thought or action?" The following step can help you answer this question.

Step 4: Precisely Defining a "Potential" Solution

Because a problem consists of one or two dominant problem-oriented thoughts and actions, resolving it involves engaging in a thought and action that are quite different. These are referred to as a **solution-oriented thought and action**, respectively. I will ask you what thought and action would be quite different from a dominant thought and action associated with the problem you most want to resolve. Providing an answer may seem simple, but in fact, is often quite difficult.

Step 5: Discovering a Solution and How to Engage in It

A general discussion of thoughts and actions that are different from those associated with the problem will help you formulate the exact solution-

oriented thought and action that could resolve your problem. To illustrate this concept, the following solutions are offered for the sample problems set forth in Step 3:

Solution 1-Self-Change. I realize that I cannot change my husband, but I can do something to change myself **(solution-oriented thought)**. Instead of trying to persuade him to stop _____ (doing something that's unsettling [e.g., spending too much, refusing to do chores, drinking, etc.]), I'm going to do something that helps me cope with him better (e.g., visit relatives and friends more to seek their support and share mutual interests) **(solution-oriented action)**. This will make me more satisfied and diminish the unsettling arguments I have with my husband **(satisfying results)**. (Note that the wife's approach could actually influence her husband to change, if she gives it enough time. If he doesn't change, she can still be more satisfied overall.)

Solution 2-Consistent Discipline. When my child is upset over the discipline I provide, I will remember that his anger and pain motivate him to do better **(solution-oriented thought)**. I will also be sure to compliment him for his good behaviors by keeping track of them on a large calendar that hangs in his room **(solution-oriented action)**. This will further motivate him to do well, especially if he looks at it after I send him to his room for misbehaving **(solution-oriented thought)**.

Solution 3-Practice. I can't get myself to be a certain way by sheer force, but I can practice being the way I want to be **(solution-oriented thought)**. I will therefore repeatedly engage in activities that will gradually help me be the way I want to be **(solution-oriented action)**, while accepting that I will not succeed immediately and may not succeed as much as I'd like **(solution-oriented thought)**. One thing I know is that I will always do my best and consider my efforts a success **(solution-oriented thoughts)**.

It takes only one engagement in a solution-oriented thought and action to enact a chain reaction of changes that, in time, can lead to resolution.

If you are having difficulty coming up with a solution-oriented thought and action, I will ask you questions such as, "Exactly what do you think and do when the problem is relatively diminished?"; How do you cope when the problem occurs?"; How do you prevent the problem from getting worse?"; or "How did you get yourself to come to therapy?" Responses to questions like these will help formulate a solution-oriented thought and action.

Once you identify a solution-oriented thought and action, we will first discuss how to get you to engage in them just one time (or one more time if you've already engaged in them). We will then discuss how to engage in them consistently, which involves the next step.

Step 6: Consistently Engaging in the Solution Using Awareness

While carefully monitoring yourself to identify when you engage in the problem, you will become well aware of one or two dominant problem-oriented thoughts and actions. When you reach this awareness, you should consider which thought and action would be quite different. Once a solution-oriented thought and action are clearly in mind, you should then consider how to engage in them.

You may already be engaging in both a solution-oriented thought and action during breaks or lulls in the problem, which is why I will ask you to self-monitor carefully during relatively satisfying times.

Step 7: Expecting and Accepting the "Growing Pains" that Usually Come with Resolution

Growing pains often accompany the move from problem to solution. Growing pains commonly include (1) discomfort over the newness of engaging in a solution-oriented thought and action; (2) discomfort over new difficulties that often come with resolution; (3) impatience over a solution-oriented thought and action not working fast enough or with as much success as you would like; (4) doubts that a solution-oriented thought and action will resolve a problem; (5) fear that gains will not be maintained; (6) distress over setbacks, which test your resolve to stay motivated; (7) distress associated with the effort it takes to engage in a solution consistently over time; (8) regret over not having been able to resolve the problem long ago; (9) worry over another problem taking the place of the old one; and/or (10) distress that can occur because others are distressed over the resolution you're making. Any one of these can understandably impede your ability to engage consistently in a solution-oriented thought and action.

Growing pains are part of a "rite of passage" that occurs when we move from problem to solution. Many of us consider a rite of passage in terms of ancient or so-called primitive cultures, but the concept is far from primitive. We must often deliberately accept the pain that comes with resolution in order to gain wisdom, maturity, and strength.

It is a common mistake to view growing pains as an indication that a solution-oriented thought and action are not working. In fact, the unsettling newness of growing pains can add to the distress of a "not-yet-resolved" problem, making things seem worse before they get better. But things aren't always as they seem. If you give a solution-oriented thought and action enough time, you will notice that unsettling feelings are gradually outweighed by satisfying results.

We will discuss any growing pains you experience so you can learn to identify and cope with them. Having the wisdom to understand that growing pains usually occur can actually increase your capacity to overcome them, which will allow you to continue engaging in a solution, even if it hurts.

Step 8: Recognizing and Appreciating the Attainment of each Problem Solving Step

Developing an appreciation for the attainment of each problem solving step is extremely important as it will enable you to maintain gains, make new ones, withstand setbacks, and overcome the difficulties that come with resolution.

In order to appreciate the attainment of each step, you must first recognize it has actually been attained. This can be harder than it sounds, especially when the distress of a "not-yet-resolved" problem combines with the growing pains of solution. The most beneficial way to recognize your progress is to (1) engage in an activity that brings satisfaction or relief from your problem, then (2) think about the step or steps you've completed. During this period of satisfaction, your ability to recognize and appreciate each step will increase. We will also discuss other ways to recognize and appreciate your progress.

Step 9: Finding Meaning and Value in a Problem and Growing Pains

The notion that there is meaning and value in experiencing a problem may at first seem opposite to what you would expect. However, the distress associated with a problem can motivate you to seek a resolution, thereby allowing you to grow both emotionally and intellectually. A problem and the effort it takes to resolve it can also build character and endurance. In the words of Martin Luther King, Jr., "What does not destroy me, makes me stronger."

Experiencing a problem can provide additional meaning and value if you are able to learn from it and/or appreciate where it leads you. For example, your problem can influence you to get closer to others to seek their support. It can direct you to appreciate what you have instead of what is missing. Your problem could also be teaching you how to be empathetic, which will allow you to relate better to others.

Certainly, not all problems can be looked upon as having value and meaning. But we will consider the possibility as a way to reduce some of the distress associated with the problem you face.

Step 10: Taking Breaks from Resolving the Problem

Taking breaks from trying to resolve a problem will prevent overload, allow you to appreciate and maintain gains, and can give you a chance to appreciate nonproblematic aspects of your life. Breaks will also rejuvenate confidence, increase endurance, and restore motivation for problem resolution.

We will discuss the importance of taking breaks and the best times to take them (e.g., when overloaded, after making a problem solving step, and after a setback). Breaks are particularly necessary with problems that (a) aren't entirely resolvable, (b) take a long time to resolve, or (c) have a solution that itself brings on difficulties that are tough to handle.

Practice at Resolving a Problem

It takes practice to resolve a problem. Practice involves a willingness to engage in a solution-oriented thought and action repeatedly until the positive results outweigh the negative ones. A strong, focused resolve to practice increases the chances of successfully resolving a problem.

There are generally two ways to practice. One involves finding a way to engage in a solution-oriented thought, then using that thought to help you replace a problem-oriented action with one that is solution-oriented.

The second way to practice resolving a problem is actually the reverse of the first method and is often less difficult. With this second method, you deliberately replace a problem-oriented behavior with one that is very different, even if it doesn't seem entirely solution-oriented at first. In time, this can bring on a solution-oriented thought as well as satisfying results.

Changing a behavior can be less difficult than changing a thought or feeling because we often have more control over behaviors. For example, a person with a drinking problem can walk to an A.A. meeting more readily than s/he can force away a desire to drink (behavior change first). Solution-oriented thoughts and satisfying results could be brought on by the meeting (e.g., companionship and support can take one's mind off of drinking).

Other advantages occur when changing a behavior before changing a thought or feeling. A thought change alone may not resolve a problem until a behavior change occurs. It is also easier to notice a behavior change as a sign of progress than it is to notice a thought change. You may therefore decide to attempt behavior change first, but if you choose to change a thought first, try to allow it to lead to a change in behavior.

Our Roles in Therapy

As your counselor, my most important role is to be a guide (i.e., someone who asks questions, makes comments, or makes suggestions that help you attain each of the ten problem-solving steps). Your role is to make the emotional and intellectual effort to attain each individual step. Among the most difficult is Step 5 (discovering a solution and how to engage in it), which requires you to engage in an action and thought that are different from those associated with the problem you most want to resolve.

Attaining all ten steps normally requires a consistent effort between therapy sessions. I will suggest assignments to help you focus your efforts and you can come up with assignments of your own. The more you commit yourself to working between therapy sessions, the more you increase your chances of resolving the problem that brought you to therapy in the first place.

During therapy, we will focus on increasing your satisfaction with the present to ensure an even better future. This means we do not have to discuss childhood

experiences or other events that occurred years ago. What occurred in the past does not always contribute to a problem that is occurring in the present. When past events do play a contributing role, even a partial resolution of the present problem can lead to a more clear view of how to diminish the effects of "the past." I will leave it up to your judgment as to whether or not you wish to discuss past events.

Together we will work hard to get you through the transition from problem to solution. You are likely to find that once you (a) engage in an action that is different from any associated with the problem, (b) withstand the growing pains that usually follow, and (c) engage in that action a few more times, you can either take a break from therapy or make further progress without it.

Finally, resolving a problem often depends on (a) getting enough sleep, (b) exercising, (c) eating wisely, (d) limiting or avoiding cigarettes and alcohol, and (e) avoiding drug use. If you feel it's helpful, we will discuss how to establish any of these habits.

I hope this letter has given you key ideas on how you will resolve the problem you bring to therapy.

EXPERIENCE WITH THE WELCOME LETTER

An exploratory study on the Welcome Letter indicated that some clients rated it more helpful than others. The ratings seemed to depend on three client-types: (1) Customer-Type clients, who acknowledge their problems; (2) Complainant-Type clients, who came to therapy because someone close to them had a problem (also referred to as Agents by the author); and (3) Visitor-Type clients, who were forced into therapy by someone (e.g., a spouse, social worker at Child Protective Services). Client-types were originally designated by Berg (1989) and Fisch (1983). Results indicated that out of 14 Customer-Type clients, 12 designated that the letter helped them understand how to resolve their problems. The other two Customers found it unhelpful. Out of six Complainant-Type clients, four did not feel the Welcome Letter helped them. Three of these thought it could help the person who had the problem. The other two Agents did not read the letter. Finally, all four Visitor-Type clients did not read the letter. Based on previous research and this experience, it appears that clients who identify themselves as Customers are more likely to rate the letter as significantly more helpful than those who identify themselves as either Complainants or Visitors. Thus, the primary usefulness of the Welcome Letter may be in helping those clients who are self-motivated to accelerate the change process!

APPENDIX

The following problem solving steps are included in a five-session therapy program devised by the author. After the prospective client's initial phone contact, this appendix is mailed to him or her, along with the Welcome Letter.

Session Number	10 Steps to Solving a Problem
	Identifying the Problem
1	Step 1: Acknowledging a problem exists and must be resolved.
	Step 2: Making a commitment to resolve a problem.
	Step 3: Precisely defining the most important problem to resolve.
	Identifying a Solution
2 and 3	Step 4: Precisely defining a "potential" solution.
	Step 5: Discovering a solution and how to engage in it.
	Maintaining the Solution
4	Step 6: Consistently engaging in the solution using awareness.
	Step 7: Expecting and accepting the "growing pains" that normally come with resolution.
	Step 8: Recognizing and appreciating the attainment of each problem solving step.
	Step 9: Finding meaning and value in a problem and growing pains.
	Step 10: Taking breaks from resolving the problem.
5	Session 5 is optional and occurs after a two- to four-week break from therapy is taken to see how the client does on his or her own. The client may reschedule Session 5 for a later date or postpone it indefinitely.

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