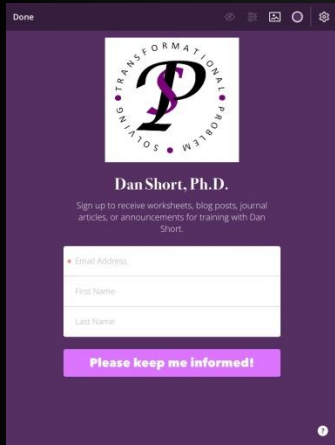


Transformational Problem Solving: The Applied Science of Brain Growth, Happiness, and Self-Empowerment



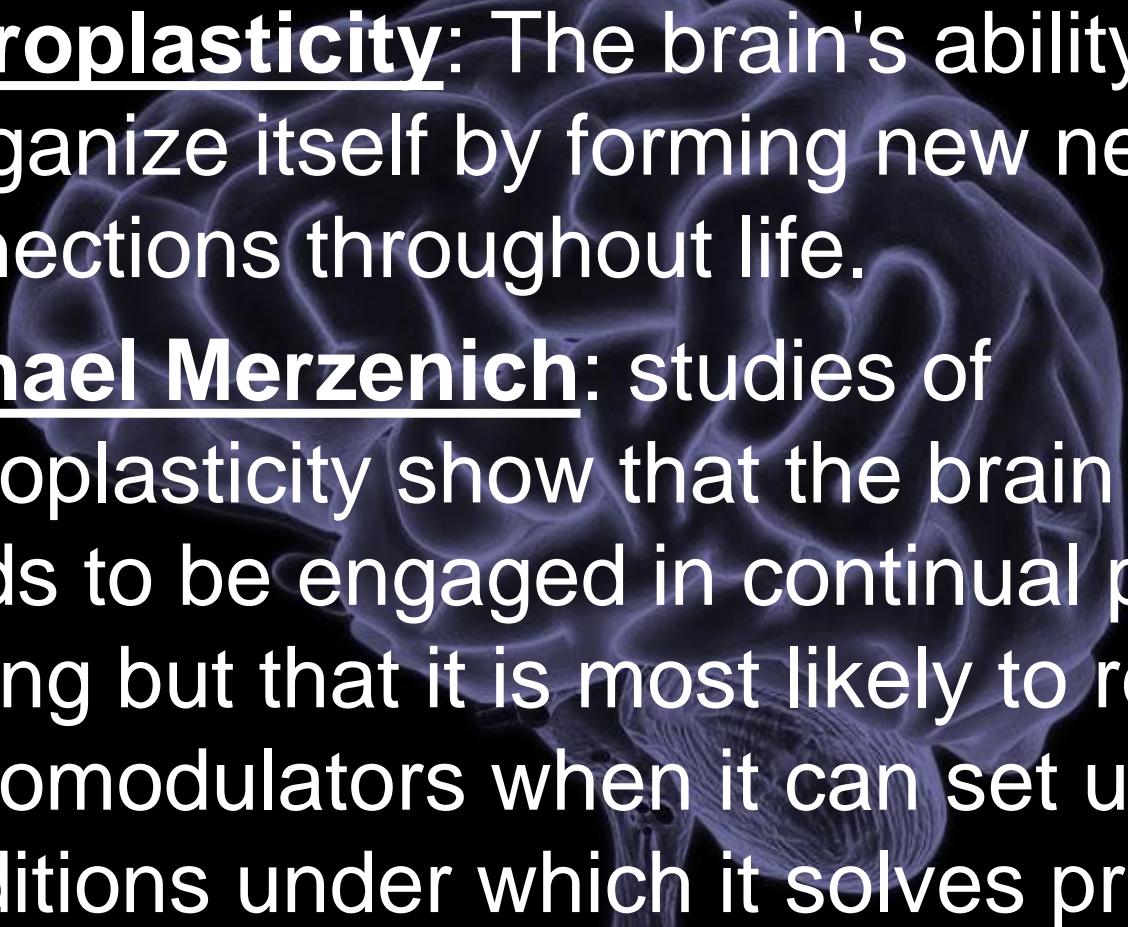
My blog about the
workshop and a copy
of the slides.
www.iamdrshort.com



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Neuroscience Research

- **Neuroplasticity**: The brain's ability to reorganize itself by forming new neural connections throughout life.
 - **Michael Merzenich**: studies of neuroplasticity show that the brain not only needs to be engaged in continual problem solving but that it is most likely to release neuromodulators when it can set up the conditions under which it solves problems
- 

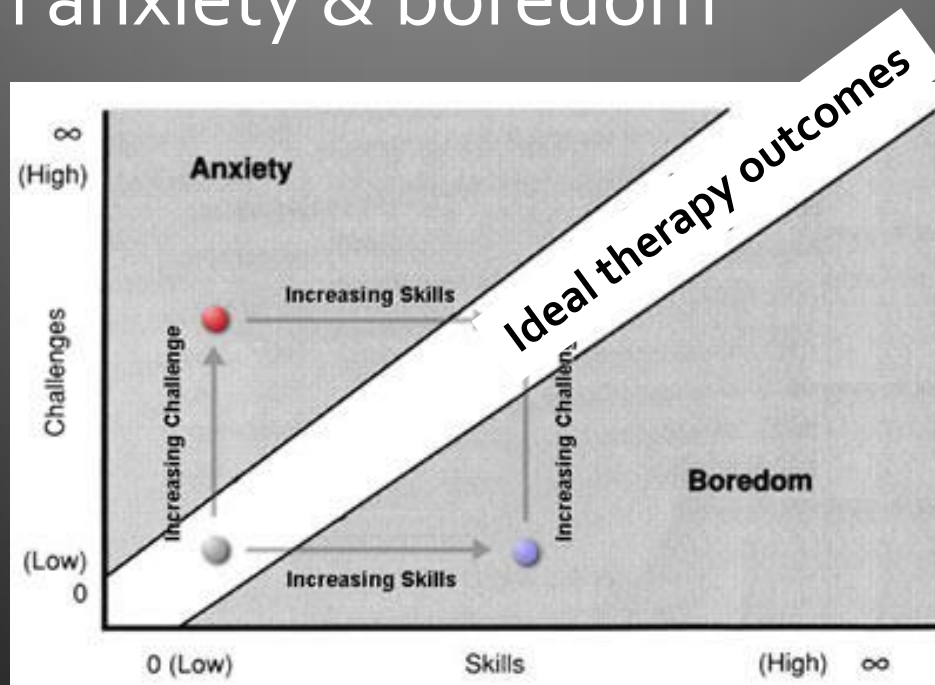
Mihály Csíkszentmihályi's Flow State

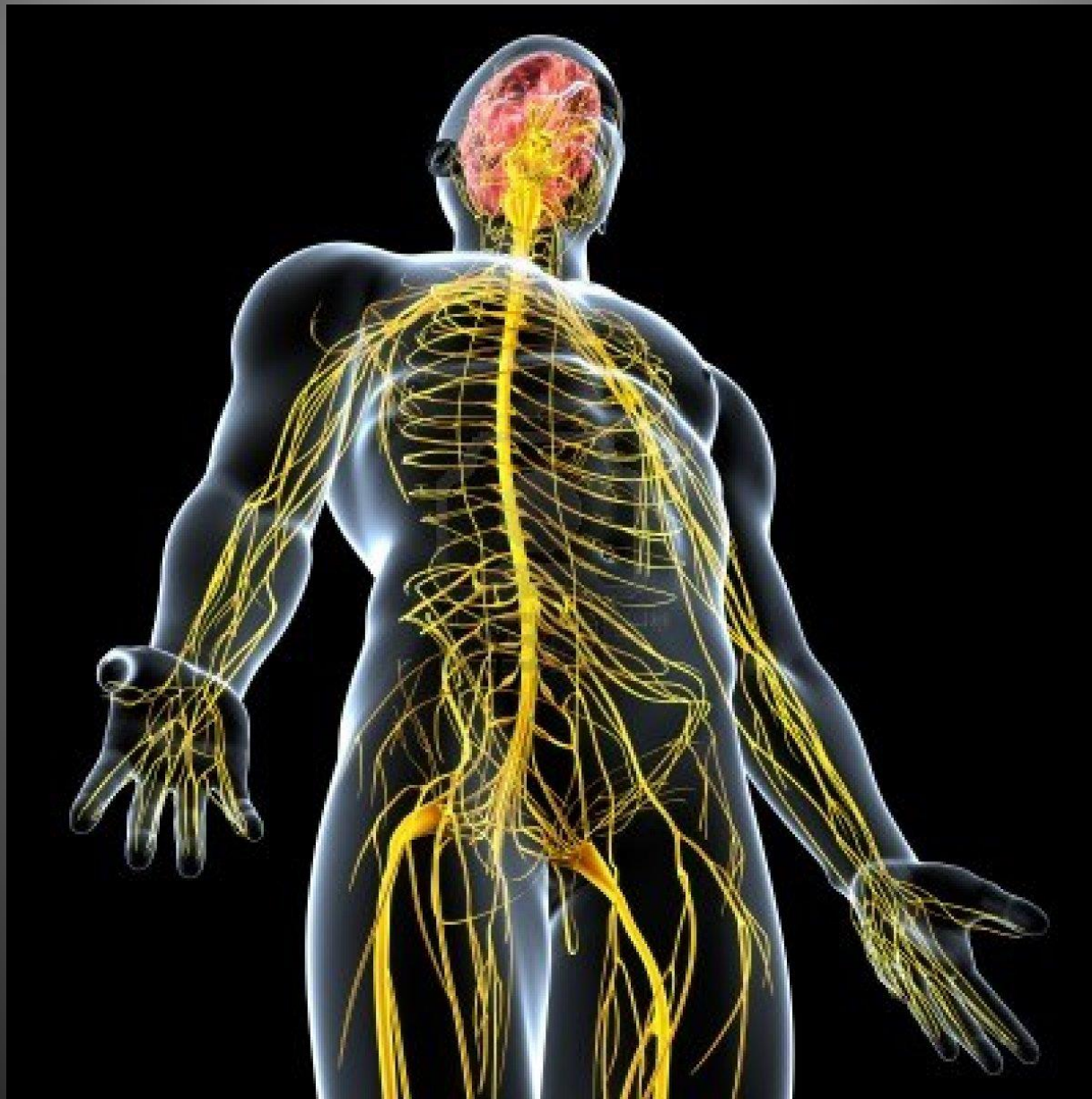


- Flow: a state of consciousness characterized by complete immersion in a specific problem solving task, without the effort of typical conscious problem solving
- Beeper study: Csikszentmihalyi found that when teen's energies were focused on a challenging task, they tended to be more upbeat, less unhappy
- Happiness: "The best moments in our lives are not the passive, receptive, relaxing times... The best moments usually occur if a person's body or mind is stretched to its limits in a voluntary effort to accomplish something difficult and worthwhile." Csíkszentmihályi (1990, p. 3)
- Learning: "Flow also happens when a person's skills are fully involved in overcoming a challenge that is just about manageable, so it acts as a magnet for learning new skills and increasing challenges."

Healthy Challenge

- During flow there is a perceived balance between challenge & ability
- Flow is a dynamic state, stretching forward between anxiety & boredom





Engineered to solve a lifetime of problems

Core Assumptions

- Perpetuity: Happiness and wellbeing are bi-products of an ongoing process of successful problem-solving. “Problem-solving is like breathing, you do not want it to stop”
- Efficacy: The better the problem-solving skills, the healthier the individual--more likely to thrive & seek opportunity
- Transformation: Therapy is transformational only if new ability is acquired that has relevance for the future. The presenting problem is used as a vehicle for conveying greater problem-solving skill
(Restorative care is not bad, it just ignores opportunity)

Problem solving is a **prOCESS** that involves the intentional activation of various mental resources, which in turn leads to mental & physical growth

The more you engage in creative problem solving, the more capable you become at problem solving.

Group Discussion: What is the difference between creative vs. stereotypic problem solving?

Michael Merzenich

- “One of the lessons of brain research is that **stereotypy is the enemy**. You really want to exercise the brain with a variety of movements, a variety of actions, a variety of challenges.”
- What the brain really wants: to be able to set up the conditions by which it can solve the task in almost any circumstance (i.e., creative problem solving)
- **“The more richer, the more varied the possibilities of your movement landscapes, the more powerful you are, and the more imaginative you are, and the more fun you are having.”**

Rules of Engagement

Therapists should engage and work with any mental phenomena associated with the process of problem solving:

- Thoughts/Beliefs/Goals
- Emotions/Attitudes
- Motivation/Instinct
- Memory
- Attention
- Experience of Time



"I don't have to know what your problem is for you to correct it."

— Milton Erickson, 1979

The burden of responsibility for all personal problem solving remains with the client.

Group Discussion:

Client: Personal problem solving

vs.

Therapist: Clinical problem solving

Therapeutic Problem-Solving

A silhouette of a person hanging from the edge of a cliff, set against a vibrant sunset background with a rainbow. The person is positioned on the left side of the frame, reaching up to hold onto the cliff edge. The background features a bright sun low on the horizon, creating a lens flare effect, and a rainbow arching across the sky. The overall scene conveys a sense of challenge and perseverance.

- The patient has a personal problem that requires greater problem-solving ability
- The therapist has clinical problems: the idiosyncrasy of the client's circumstance, formation of the collaborative alliance, resistance, lying, transference, etc.
- The problem solving skills modeled by the therapist simultaneously serve the needs of the patient & practitioner
- We do not do something **“to”** the patient (intervention), we work **“with”** the patient (collaborative process)

Positive Psychology: the scientific study of optimal human functioning and flourishing. Instead of drawing on a “disease model” of human behavior, it focuses on factors that enable individuals & communities to thrive and pursue opportunity in life.

- Disease Model: Patient is dependent on a doctor to identify pathology and perform the appropriate intervention
- Medical Intervention: therapist action is treatment, an “exogenous agent,” something done to remove symptoms
- Cure: aim at restorative care, a return to a state of pre-incident or “normal” functioning
- Problem Solving Model: promotion of a person’s ability to address problems of daily living and personal welfare
- Collaborative Process: stimulate the mental resources needed to better accomplish an action, task, or function
- Transformation: the presenting problem is used as an opportunity to increase problem solving ability for a lifetime of solving problems

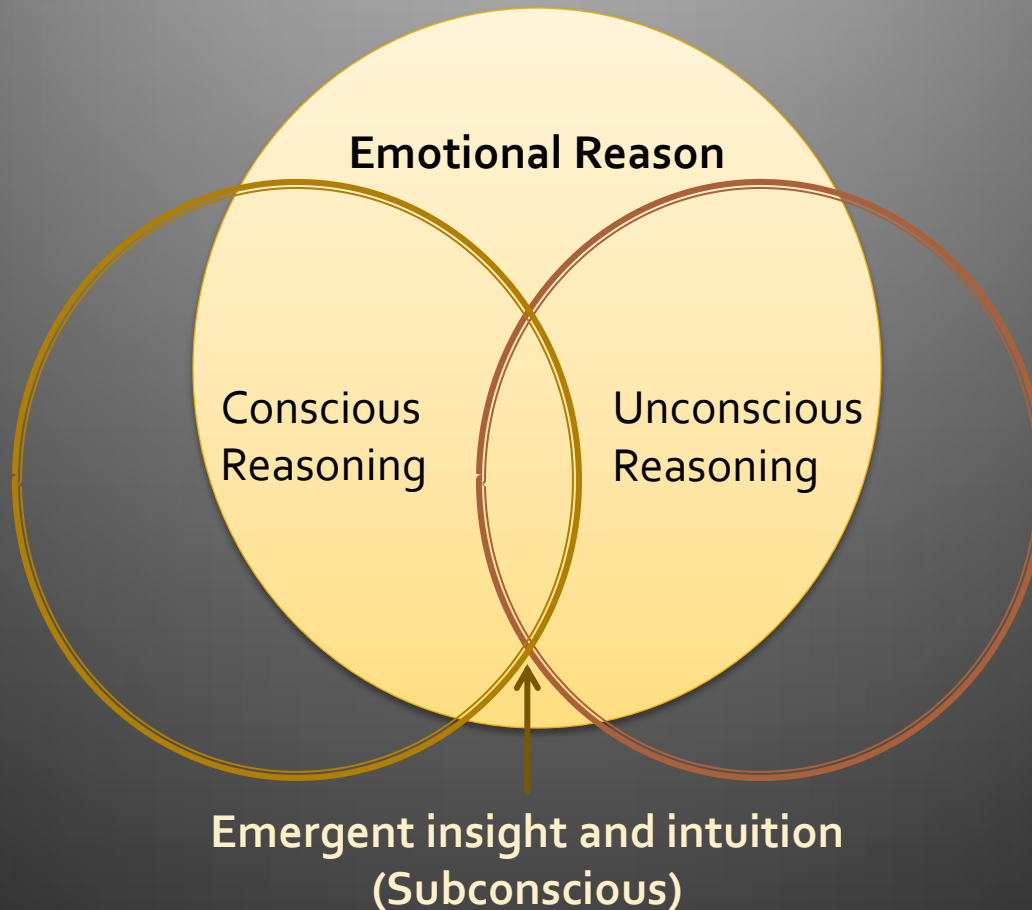
“Keep in mind, the client is listening with a conscious mind, an unconscious mind, and an emotional mind.”

Do not direct a task to a part of the mind that is not suited for that task. And, do not ignore parts of the mind that are essential to daily problem solving.

Group Discussion:

How do you engage the emotional mind, vs. a conscious mind, vs. an unconscious mind?

Trans-Mental Problem Solving



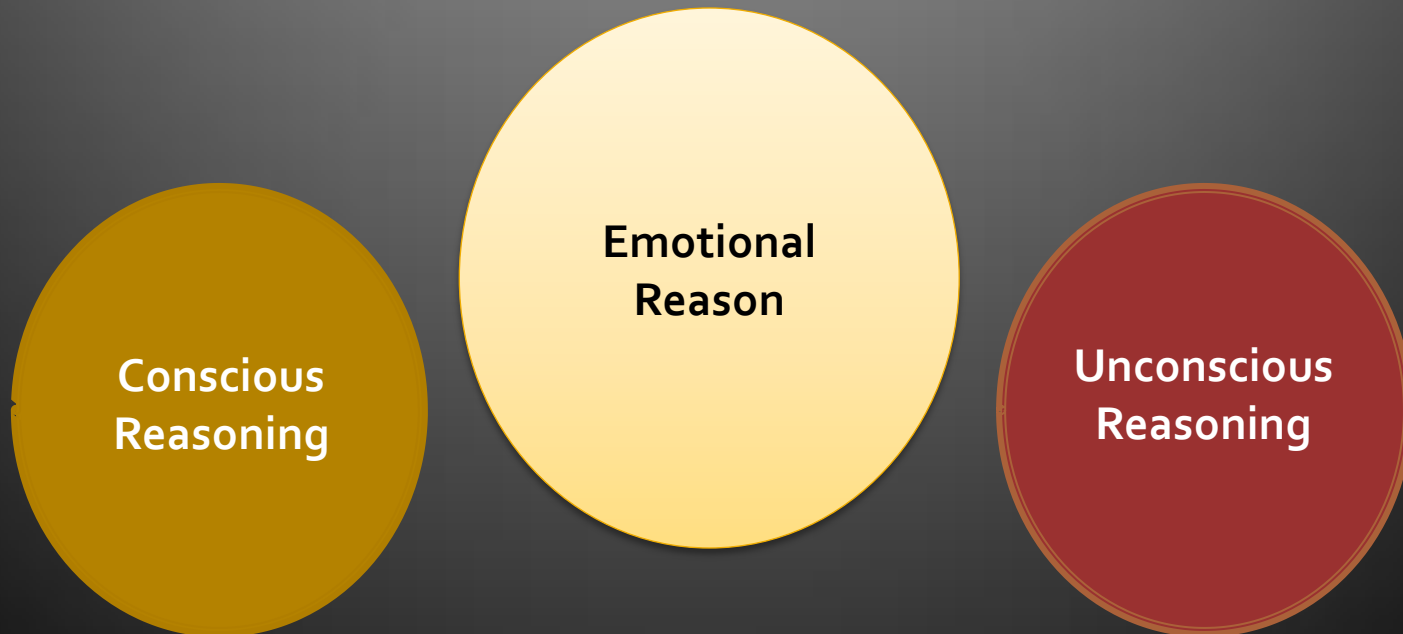
All innate mental resources are valuable for problem solving and should be used

Working Across 3 Mental Domains

- Emotional Reason: Use emotional process work or reframing to shift the emotional perspective, down-regulate overly intense emotions, or express suppressed emotions.
- Conscious Reason: Counseling or “sounding board” is used to assist planning, goal setting, evaluation of outcomes, decisions based on probability.
- Unconscious Reason: Hypnosis or experiential activities are used to access greater depth of knowledge, increased perception, speed and ease of implementation.

Demonstration

- Working with the emotional mind
- Working with the conscious mind
- Working with the unconscious mind



Working with the Emotional Mind

- emotional reason is biased
- this part of the mind focuses thought and action on a single function and eliminates distraction
- must know the emotion that is active and its function in order to speak in a way that seems reasonable (to the client)

Group Discussion:

Which emotions are most common in therapy?

What function does each emotion serve?

Function of individual emotions

- Fear: to avoid
- Anger: to conquer
- Sadness: to keep
- Anxiety: to be aware
- Despair: to seek help
- Shame: to conform
- Desire: to consume
- Confusion/Surprise: to learn

Stimulating Emotional Resources

- Explore Narratives: “What happened? How did it start? How did it end? What did you see, feel, smell? Give me a little more detail.” or share narratives, “Let me tell you about a client who...”
- Discuss Triggers: “What makes you most emotional?” “Under what conditions is the emotion more or less intense?” “Do certain words/sights/sounds trigger strong emotion?”
- Somatic Focusing: “Where in your body do you experience that emotion?” “Describe the sensation.” “What is happening now, in your body?”

Working with the Conscious Mind

- conscious reason is progressive
- this part of the mind organizes change (it is attracted to novelty)
- must know what beliefs are active and build on them in ways that are interesting, compelling, surprising (or in some cases shocking)—
Following your first statement, the client should instantly respond with “yes!”

Group Discussion:

Which rigid beliefs are most common in therapy?

How can this belief be used therapeutically?

Eliciting a “Yes” Response

- **Example 1:** I don't deserve to be happy.
 - “Do you believe you deserve to suffer?”
 - “What would make you suffer most? How about buying nice clothes for yourself or new furniture or going on a date? Which of these would make you suffer most?”
- **Example 2:** No one really loves me.
 - “You will not trust anyone who claims to love you.”
 - “So if someone were to tell you that he loves you but you are incapable of feeling love, then you would know not to believe anything he just said.”
- **Example 3:** I can't handle it. If this happens I will go insane.
 - “If this happens you will forever be changed?”
 - “Which parts of your personality need to change? What would you have to be “crazy” to do but that would probably be good for you?”

Stimulating Conscious Resources

- Introduction of Novelty: offer new information, new perspectives, new challenges, new choices, etc.
- Goal Setting: select goals which the subject is on the verge of being able to accomplish, just need more time and practice, replace theory driven goals with goals that have a high subjective value
- Variability: “You get to solve this problem in a way that is interesting to you. You get to use your unique skills and abilities.” Examine many different routes for arriving at the same destination “How can you get from the waiting room to my office?”

Working with the Unconscious Mind

- unconscious reason is conservative
- this part of the mind seeks to protect all other mental systems or parts of the body (it is attracted to familiarity & habit)
- must know what the unconscious is seeking to protect and send a signal that you will assist with protection of that area

Group Discussion:

Which automatic defenses are most common in therapy?
What types of protection do clients need?

What the Unconscious might be Shielding a Person From

- Protection from emotional pain
 - (aortic dissection)
- Protection from negative ideas
 - (highly suggestibles)
- Protection from toxic memories
 - (decompensation following recall)
- Protection from others
 - (has been abused)
- Protection from self
 - (suicidal tendencies)
- Protection from reality
 - (learns of her affair and stabs the man to death)

Stimulating Unconscious Resources

- Imaginative Involvement: “See yourself [*performing the action*]. See how natural it is for you. No effort, just enjoyment.” or “Imagine you have all the ability you need. Pretend you are doing this with ease.”
- Automaticity: “You do not need to make it happen. Just wait and see what occurs spontaneously.”
- Positive Outcome Expectancy (Suggestion):
 - Clt. “I just needed someone to believe in me.”
 - Thrp., “Yes! That’s right! You’ve got it! The rest will come automatically. Your unconscious will figure it out.”

Doing Therapy with Unconscious Resources

- Ask your unconscious a crucial question, then do other things, *with the strong expectation that the answer will come to you* (incubation)
- Follow automatic association, share stories and analogies that “spontaneously” come to awareness.
- Speak slowly, do not rush yourself while responding to the client, follow a non-linear thought pattern
- Replace self-consciousness with intense observation and focus on the client’s face and micro-movements or expressions (external focus)
- Focus your attention on immediate process and the exercise of skill more so than on future outcomes (do not worry about therapy “failing”)

Trans-Temporal Happiness

- Immediate Moment: Small daily pleasures, recognition of a job well-done, etc. The actual experience tends to last no more than 7 seconds, the emotional after-glow lasts 7-10 minutes.
- Reminiscing: the memory of past pleasures, without negative details, the best moments of one's life should be relived at least once.
- Eager Anticipation: a mixture of hope, dreaming, and seeking out challenges. The outcome does not have to be realized for the joy to be legitimate.
- "1/3rd of all happiness can be found in the immediate moment, another 1/3rd in the past, and another 1/3rd in the future."

Trans-Temporal Problem Solving

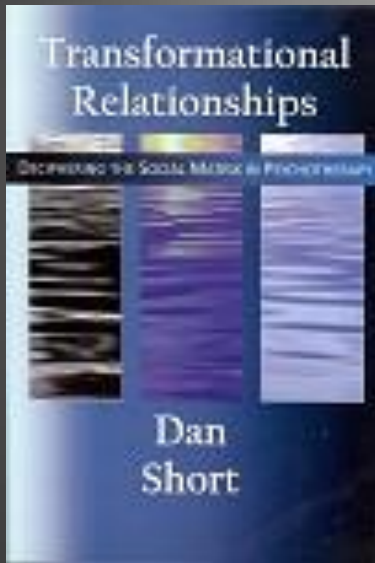
- Immediacy: Translate clinical goals into an immediate action performed during therapy, using role-play, trance, or interpersonal authenticity (therapist as a surrogate)
- Past: what has been learned? when were impossible odds overcome? how did you survive that? how else could you feel about that event?
- Future: what are your dreams, what do you hope to achieve? envision yourself in the future, happy and successful. deliver a message from the future you to the you of today.

Discussion Groups

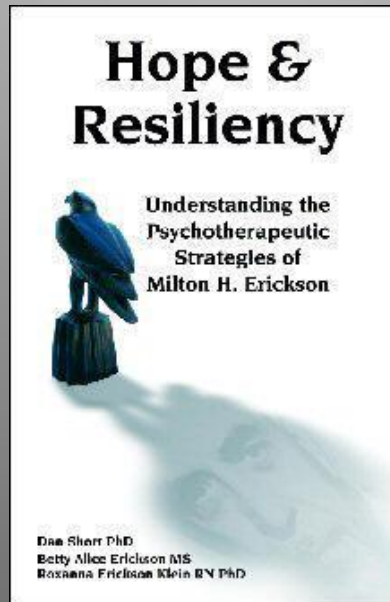
- Tell the group which mental resource you are most comfortable working with
 - emotional * conscious * unconscious).
- Invite the group to help you create a plan for how to be more inclusive of the mental domain you are least familiar working with
- Tell the group which dimension of time you tend to focus on. Then create a plan for working in other time domains.

Conclusions

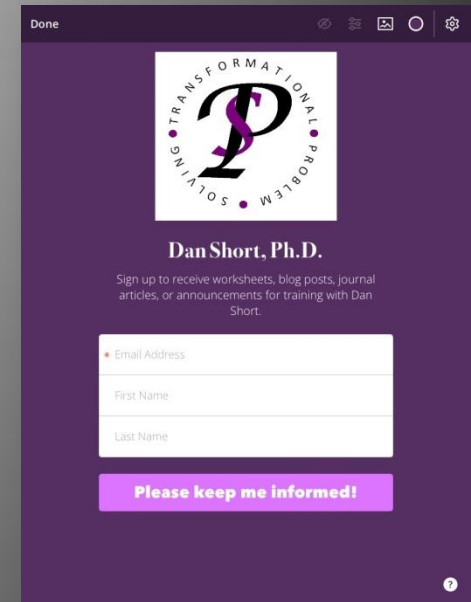
- Being engaged in life means actively searching for opportunities to exercise conscious & unconscious problem solving resources.
- Therapy should be collaborative & organic, such that both the client and therapist learn more about their own problem solving abilities.
- Transformational Problem Solving is aligned with the goals and values of the positive psychology movement, producing joy & greater personal empowerment.



Dan Short, 2010
Transformational
Relationships



Dan Short, Betty Alice
Erickson,
& Roxanna Erickson
Klein, 2006
Crown House Publishing



Mailing List:
Return