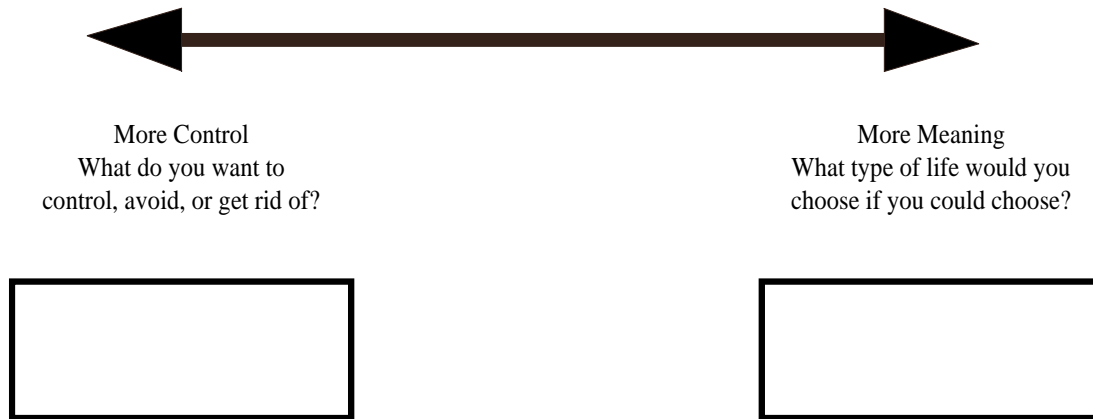


The Life Path



1. Where are you on your life line? Mark an X. Which direction are you moving toward?
2. What, if any, are the costs and benefits of moving towards control?
3. Why would you want to move toward your values now? What values?
4. What behaviors would tell you that you're moving toward more meaning in life?
5. How would you turn in the direction of a more meaningful life?
6. When you turn toward control, how will you know to turn toward meaning?
7. Who or what helps you move in the direction of more meaning?

The “Life Path Plan” Worksheet

1. How long have you had the problem that brings you here?

With this question, the clinician is inviting the patient to look at the problem from a different perspective, a view that encourages them to step back and look at their life over a longer period of time. The clinician might use the metaphor of an “eagles view versus a mouse view”.

2. What have you tried? Helpful results? Less helpful results?

The clinician is attempting to identify the patient’s efforts to solve the problem and how they impacted the problem and the patient’s ability to flourish. Many times, patients have found ways to control or diminish difficult thoughts and feelings on a short-term basis. These strategies may have costs or unanticipated negative consequences.

3. What do you want from life?

Here, the clinician is attempting to engage the patient in a conversation about the values that are most important at this moment in their life,

4. What are the barriers to doing what you want in life?

The clinician is attempting to help the patient identify reasons, rules and stories that play a role in maintaining the status quo. Patients may be able to hear themselves in a new way, as they recount reasons they’ve never questioned or tell stories that are old and automatic. The clinician might suggest that the barriers may include what the patient is doing to avoid or control difficult feelings and thoughts.

5. What do you do when the barriers show up?

What most patients do when barriers show up is to control them (e.g., “try not to think about it” or “do something to distract myself”).

6. Are you at war with the barriers? What are the consequences of being “at war” with the barriers?

When a patient is at war, they are probably using most of their resources for control and avoidance. They may be unable to connect with their values and see the possibility of more approach-oriented behavior. If this is the case, the clinician will try to help the patient find a way to “turn-around”, even a little, so that a connection with values is possible, and to let the barriers come with them as they turn. The clinician will help the client have the barriers in a way that requires less effort and less struggle. The patient can learn to notice and name barriers rather than fight them, freeing energy for pursuing what matters.