The Five Questions
To Get You Unstuck and to Promote Positive Personal Growth

Transcript of a teleseminar with Dr. Ron Kaiser and Bill O'Hanlon
Bill O’Hanlon: Hi, this is Bill O’Hanlon, and I’m here with Ron Kaiser, a psychologist who’s created an approach called Goal Achievement Psychotherapy. We’re not going to go into all the details about Goal Achievement Psychotherapy, but what got me excited when Ron agreed to be on the phone with me for is he has five questions – I’ve never heard these five questions. We started talking about them, and I said, “You have to do a teleseminar, and we have to do a session on this. I think those are great questions.” I think everybody needs to know them personally, and those of the listeners on this call that are psychotherapists to use them with clients as well. Welcome, Ron. Thank you for agreeing to be on the call.

Ron Kaiser: It’s real nice to be talking with you, Bill, and real nice to be speaking with someone who shares my passion for teaching and trying to get our ideas out and used.

Bill O’Hanlon: Give us just a little history. I don’t want to spend too much time because I want to get to these questions, I’m very excited about those, but I’m also interested in how you came to this Goal Achievement Psychotherapy – or what you call GAP; nice initials. I always like it when things go into initials and we can make them easier to talk about. How did you come to that? What’s the background?

Ron Kaiser: Basically, I come from a background of cognitive behavioral therapy and positive psychology in more recent years, and as you may know, positive psychology really emphasizes thriving and flourishing and kind of getting to the next level, and that’s really been my orientation. My website is called the Mental Health Gym; the goal of my approach to therapy is to have people work toward achieving as opposed to really focusing on, “What’s the problem, and let’s get into Neutral.” I want us to get into Drive. So everything that I try to do in my working with patients is to try and get them to drive. Now, that doesn’t mean that we ignore the problems or that we ignore history or things of this nature, but we see that as a necessary component to getting us to the next level. In other words, if somebody goes to the gym, the trainer doesn’t care that much about why the person became overweight; let’s get working. That’s kind of what my approach is, and that’s where these questions come from.

Bill O’Hanlon: You know I share this kind of orientation. I’ve called this the “third wave of psychotherapy,” the first wave being past oriented, trauma in the childhood oriented or genetically, biochemically...
oriented, looking to where the person came from, what caused them to have current problems. That’s first wave. Second wave was in the 60s and early 70s, kind of more present-oriented approaches that said, “Okay, let’s focus on what’s happening now to create or maintain the problem.” Then these third wave approaches came with a lot more strength-based, goal-oriented, solution-oriented, future-oriented, present-to-future-oriented, and more strength-oriented and solution-oriented, finding what worked with people’s lives, and what they wanted, where they wanted to go. So your Goal Achievement Psychotherapy seems to fit into that third wave, which is again why I am interested in talking to you about these questions that come out of this approach.

Interestingly, in my dotage—and I know you’ve done this for a long time but for me it’s more recent—I’ve begun to exercise more regularly, partly for brain benefits but partly because I’m aging I want to stay flexible and healthy. So I get the analogy of the gym thing, of you’re not gonna say, “What about your childhood causes you to overeat or not exercise or whatever maybe?” The trainer just wants you—or if you go to the gym yourself—you just want to get some outcome. You want to be able not wheezing—I travel a lot—not wheezing when I’m running through the airport trying to catch a plane when I only have a short time; that was one of my goals in not dropping over of a heart attack when I’m trying to catch a late plane or something like that.

This Goal Achievement Psychotherapy, now, combining this Goal Achievement Psychotherapy with questions is kind of again, sort of a different take on things. There’s positive psychology and solution-oriented therapy and solution-focused therapy, but you have a real interest in the questions. Where did that interest come from and how did you meld those two?

**Ron Kaiser:** The interest really came from kind of the background in cognitive behavioral therapy, although there’s so much of cognitive behavioral therapy that’s focused on outcomes and things of that nature. We can’t forget that it really is based kind of on a Socratic Method. Albert Ellis’s, he’d obviously ask them a lot differently than some of us would, but his

**Bill O’Hanlon:** With racier language, perhaps.

**Ron Kaiser:** [Laughs] Yes. And it’s introductory things we’re always asked were based on the asking of questions. “What’s the worst thing that can happen? Is it likely to happen? If it happened, would it be terrible or just inconvenient, unpleasant, annoying, and so on?” There’s a lot of question asking that was really part of me, and I
know just like you’re very interested in telling stories, questions are really kind of a part of the way that I approach therapy in general. One of the things that I’ve gotten rewarded for, or reinforced for, is every once in a while I come up with some questions that tend to really be quite productive and the clients or patients will let me know that. For example, in taking the history, I’ve noticed a couple of questions that come to mind when I’m asking about family. Might ask a very simple, open-ended thing like, “How was growing up in that family?” I didn’t think it was that profound a question, but I’d get things back at me like, “Hey, that’s a great question. I never really thought of it in those terms.” Or, “When was the best time in your life?” Again, I think those of us who work in this field, we find our niche based on what people give back to us, and so I’ve found that questions are an important part of the way that I work and have led to productive changes in working with patients.

**Bill O’Hanlon:** That’s true for me, that I think I’ve learned about as much, maybe more, from my clients than I have from my psychotherapy training. Because you go out there in the world, and as you say, sometimes I think it’s just a throwaway line or it’s something that I use all the time, and someone – or a bunch of people – react, and the say, “Wow, that is a terrific story or question or statement, or I never thought of it that way.” You get enough of that, and you say, “Hmm, I thought everybody thought this way or knew this, and I guess not. I guess it’s a little unique. So that’s good.”

I know we talked about this before we got on the call, but there are three books that if people want to go into the question, the aspect of questioning things, what are those books if people just want to follow up on the question part, which is different from your questions, what would you recommend?

**Ron Kaiser:** Marilee Goldberg has an approach that she calls “question-centered therapy,” and she’s written a book called *The Art of the Question*. It deals with questioning both with respect to the therapist’s questions as well as the client’s asking questions. Tony Stoltzfus, who is well-known in the coaching field, has a book called *Coaching Questions: A Coach’s Guide to Powerful Asking Skills*. I’ve actually found one not book but article in the cognitive behavioral field that more formalizes or makes explicit what is kind of implicit in cognitive behavioral therapy that you do ask questions as a part of the treatment plan. It’s an article from a British journal, *Behavioral and Cognitive Psychotherapy* in 2010. The authors are James – these are last names – James, Morse and

These can give people a little more of an overview of the whole question asking thing. I don’t know that I’m as much into it as an art form as the fact that I think there are certain questions that can be integrated into virtually any therapeutic approach and can lead to some progress.

*Bill O’Hanlon:* We’re coming to these five questions which got me really excited and curious, and I know again because we had a conversation before this phone call that you typically, not only when you’re taking a history or doing an assessment or on an ongoing basis in therapy, but you like to use these questions – especially these questions that we’re just gonna talk about – during kind of stuck places in therapy and when you’re building changes in attitudes and behavior, when you’re going for the change part after the assessment part. So these are two places you typically use these five questions we’re gonna examine.

*Ron Kaiser:* Yes, that’s correct. I think questions are not just for getting background or getting history, but they’re tools for moving ahead.

*Bill O’Hanlon:* Questions are communications and invitations as well. So without too much further ado, here’s the stuff that I got excited. I said, “You gotta get on the phone with me. Will you do this?” and you said, “Yeah, okay.” Five questions to promote personal growth, and you use them again, selectively. You don’t use these with everybody and you don’t use them all the time, but these five questions are really fascinating to me, and I want to take them on one at a time. I have them in front of me ’cause you sent them ahead. Can you tell me about the first one? When you’re hitting a stuck point with a client, or yourself perhaps, and when you’re trying to make a change with people or yourself. First question you have listed here, which I love, is, “Are you a fortune teller?” Tell me about that one.

*Ron Kaiser:* First of all, I should point out that these questions are not listed as something to be done in order. As you pointed out, it’s not necessarily that all of them are given to every patient or client or that somebody won’t get the same question several times during the course of his treatment or that it goes in any particular order. Some people’s way of presenting themselves will be different than mine, so it’s not like you have to follow this question to the letter.
Are you a fortune teller?

One that I’ve gotten a lot of mileage out of is the question, “Are you a fortune teller?” The reason I raise this, and I try and do it gently, is because of the fact that so many people tend to fail to take risks, tend to avoid situations and so on, because of the possibility that something is going to go wrong. The question is, “How do you know that it’s going to go wrong?” Realistically, unless you try it, how do you know that it’s going to go wrong, and have you made a really accurate assessment of the situation? We have people who don’t apply for jobs that they could undoubtedly handle because there are lots of other people applying, and somebody must be better than I am, or don’t apply to schools or colleges that are selective, or don’t ask that attractive woman or man who’s in the club with them who really appeals to them whether they are interested in at least starting a conversation because they know they’re gonna be rejected. Very few of us have that power to really see what the future is. I’m not talking about taking unrealistic risks or crazy kinds of stuff, but I think that so many times people hold themselves back because of the fact that they’re playing fortune teller. I kind of—

**Bill O’Hanlon:** Sometimes they don’t even recognize they’re predicting the future; they’re just kind of resigned to the situation as the way it is and they’re not gonna take any action. This question you ask both illuminates the fact that they’ve made a prediction – a negative prediction for the future – and I assume it gets them to stop for a moment and challenge that assumption or that prediction.

**Ron Kaiser:** Yeah, at least to pause, take a look at it, and say, “Why is he asking me this?” Unless they’re gonna operate as if I’m totally crazy in raising the question – and that’s certainly arguable – but if you assume that the person you’re going to for help is reasonably sane and is trying to help you, then I think that they’ve got to process this as a legitimate question. I also will take the next step and point out that I call this a reverse insurance policy. If you ask the question and then you decide that hey, I’m willing to go up and ask that woman to dance, I’m gonna go up and ask her if I can buy her a drink, I’m gonna really go apply for this job, something like that, then I’ve taken out the insurance policy that protects me against things going right or that protects me in favor of things going right. There’s no way I’m ever gonna find that out unless I
take that risk. Asking if I’m a fortune teller is the first step toward getting reasonable risk taking as part of your repertoire.

*Bill O’Hanlon:* Say that again, because I didn’t exactly follow that. It’s insurance against things going right? I didn’t quite get that.

*Ron Kaiser:* Insurance so that if things go right, you’ve got that covered. In other words, if you go out on that next step and apply for the job or ask the woman or man for a date, if it’s gonna work, you’ve set yourself up for it.

*Bill O’Hanlon:* How so?

*Ron Kaiser:* Am I making it too complicated?

*Bill O’Hanlon:* How does asking this question set yourself up for it? I’m not sure I follow.

*Ron Kaiser:* If you’re not a fortune teller, then we know that one of two things can happen: you can apply for the job and you may get it or you may not get it. By applying for it, you’ve given yourself the opportunity to get it. If you’re a fortune teller and you know you’re not going to get it, then okay, you’re not applying for it. But if you apply for it –

*Bill O’Hanlon:* You’re guaranteed not to get it.

*Ron Kaiser:* -- you’ve got your insurance –

*Bill O’Hanlon:* Okay.

*Ron Kaiser:* Yeah. So this way, you’ve got your bets hedged both ways. If you’re going to get it, you’re going to get it; if you’re not going to get it, you’re no worse off than you were before; but you know that you’re going to get it if you don’t apply for it.

*Bill O’Hanlon:* Yeah, okay, good.

*Ron Kaiser:* Obviously needlessly complicating something that makes –

*Bill O’Hanlon:* Oh, no, no, I got it. I just wanted to make sure I got it. It’s the old saying they have in Las Vegas: if you go to the table, you’re not guaranteed to win, but if you don’t go to the table, you’re guaranteed not to win. It’s that. You’re not even taking the step to find out whether you’re gonna proceed forward or not; you just stay where you are. I guess again, what you said earlier, this is one
of the times that you ask this question, when people are stuck or when you’re really coaching them or trying to get them to make a change when they’re holding back from trying something that’s new or hard or uncertain. This is the time to use the “are you a fortune teller” question. Yes?

**Ron Kaiser:** Yes, and it also can begin to address certain basic personality characteristics of holding themselves back, of being overly avoidant of situations, things of this nature. If you begin to look at this one particular situation and ask, “Are you a fortune teller,” at some point in therapy we could expand that to look at hey, is this a microcosm of the way that you work generally, that you look at a situation, you say, “I’m not going to be able to be successful at it, and I don’t try,” as opposed to figuring out what’s a reasonable risk, and since I don’t know whether I’m going to be successful or not, is this a reasonable risk to take given what it’s gonna cost me in terms of time or money or whatever else goes into the taking of that risk?

**Bill O’Hanlon:** So it may not just be about this situation; it may generalize to other situations – and I assumed this is the case; I was gonna ask you this – how do people respond to this question. But my guess is some people come back and they say, “I’m in a new situation, Dr. Kaiser, and I asked myself this question. ‘Wait a minute. Am I a fortune teller? Why don’t I just go ahead and try it?’” I assume it generalizes out for some people. Is that right?

**Ron Kaiser:** Yeah, that’s one of those really rewarding moments that we get in our field, when somebody has applied something that we’ve worked on to a different situation and they come back and tell us about it.

**Bill O’Hanlon:** What are the other ranges of reactions – we’ll probably talk about this with the other questions, too – to this question? Do people sometimes it doesn’t move them at all, to profoundly moved, and I guess what are the typical responses you get to this question?

**Ron Kaiser:** I think for some people, they’ll pull up their history and say, “I’ve applied to 15 other jobs; there’s no reason to think that this one is gonna work. I understand I’m not a fortune teller,” things of this nature. I think for some people that you do have to try to acknowledge that history is what it is but we’re focusing on moving forward, and we may need to learn from some of the things that they’ve done rightly or wrongly in the past that we can incorporate into building our odds for the future. But nonetheless, we still can move ahead even though this isn’t a totally unique
situation for us, to apply for a job or approach a woman who is attractive and risk being turned down. I think that there is a certain amount of skepticism.

By the same token, what I like to do in my work is to not confine myself to just working on one problem at a time so that – I mean we’re obviously working on one at this particular time, but in general, we’re looking at some overall personality change. So very often, we can draw from other parts of their behavior repertoire and find places where they have felt more comfortable in doing risk taking and been successful at it. So those are things that we’ll sometimes find.

I also should point out, I think all of us, once we have a little bit of a reputation, tend to attract a certain clientele that tends to fit in with our reputation so that while I’ll get challenged, I think that most of the people I work with, either themselves or they know somebody who has benefited from this approach, and I don’t have to spend a whole lot of time arguing about this.

Bill O’Hanlon: I just reminds me, because these are the questions that we’re talking about, just to remind people, are questions to promote positive personal growth, and I heard some personal growth first in talking a few years ago about the task he was after, the goal or the outcome he was after. He said imagine you have two filing cabinets. One is filled with things that happened to you in the past, and it’s labeled “The Past” or “The Present,” and then there’s another filing cabinet called “The Future.” He said really, the Future should be empty. It shouldn’t have any files in there because it hasn’t happened yet. What people do is they take files out of their Present filing drawer or their Past filing drawer and they put it in the Future. So this question, seems to me, you’re asking people, “Clear out your Future filing cabinet ‘cause it hasn’t happened yet. Put that stuff back where – it’s part of your background and yes, it happened. And maybe we can even pull something out of your past that might help you take that step into the unknown future.” So seems to me that’s what this question does, this, “Are you a fortune teller?” question.

Ron Kaiser: Exactly. Glad I heard about that story. I can use it again.

What can go right?
Bill O’Hanlon: It’s a nice image, yeah. Let’s move on to Question No. 2. This is a different question than most people ask in themselves or, again, therapists or coaches ask of their clients or patients. The second question is, “What can go right?” Tell us about that.

Ron Kaiser: As you said in leading into this, for some strong reason, this isn’t an automatic thing that comes to mind, and it’s another one of those questions where, after a period of time, I found that I was stunning patients and clients by asking them the question, “What can go right?” when they’re assessing different situations. I would get the response, “Well, I can tell you what can go wrong,” or, “I never thought of what can go right,” or things of this nature. At some point I got so impressed by the fact that so many people don’t think in those terms that I actually wrote an e-book about it called *What Can Go Right?*, which I call *The Thinking Person’s Guide to Making Good Things Happen*. I will plug this question in lots of times for problems large or small. When people find that they’re facing some very difficult obstacles — going back to visit my mother, with whom I’ve had a contentious relationship; I’ve had this argument with a coworker, and she’s lining up people against me, and now I have to go back to the work situation — different kinds of situations — I’ve gone through a divorce, experienced a death in the family, I’ve had financial reverses — almost any kind of thing that gets the person to think negatively can be addressed with the question, “What can go right?” because I think that’s the kind of thing that guards against catastrophizing, of only thinking the worst, only thinking what can go wrong.

Bill O’Hanlon: It sounds to me like again, you’re not saying, “Think positively.” You’re saying, “Let’s balance this.” Your mind naturally goes to what can go wrong or what’s gonna go wrong — again, you’re predicting the future or you’re fearing what could go wrong — and you’re saying, “Yeah, that could happen, and let’s examine the other side, too, and make sure you’ve got a more complete picture. What can go right?” As you say, when people are anxious or upset, or they’re facing a stressful or fearful situation, their minds don’t natural go to the answer to the question, “What can go right?”

Ron Kaiser: Yeah, because something is going wrong at the present. But the powerful thing that I think exists about this question is the fact that when you only think in terms of what can go wrong, when you’re only catastrophizing, that kind of really immobilizes you. You’re not thinking in terms of solutions. As a solutions guy yourself, Bill, you know that you have to be active to think in terms of solutions. If you think in terms of what can go right, usually the
answer that comes about isn’t based on things happening passively. But, “Things can go right,” is, “I can go there and address the situation. I can talk about the person. I can go in, see my parent, and behave not like a child but as another adult.” It leads to coming up with solutions. I think that that’s again, a really powerful aspect of the question, is that if you think about what can go right, it almost always means that you’ve got something to do to make it go right.

**Bill O’Hanlon:** So it elicits an active planning rather than a passive, “I’m gonna go there, and just like last time, it’s gonna happen,” or, “I’m gonna get shut down,” or, “I’m gonna be under a lot of stress or be criticized or whatever.” You say, “Yeah, yeah, that could happen. And if you actually had something to do with it and something went right, what would you – you could take a break from the family situation if it got too stressful and go meditate or read or get away for a little while and come back refreshed.” “Oh, okay.” Now you’re an active participant rather than a passive recipient, I think is what you’re saying. So getting them out of that immobilized, catastrophizing place and into a more active, being an agent in their own life rather than a passive recipient, that’s what this question does in part; and it also in part gets them into a different groove of thinking.

**Ron Kaiser:** Right. Just like with the first question, we hope that it’s not just a won-and-done thing with respect to their current problem, but gets them to actively think in terms of what can go right when facing problems.

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**What does it have to do with you?**

**Bill O’Hanlon:** This is great. So first question, “Are you a fortune teller?” Second question, “What can go right?” Third question, “What does it have to do with you?”

**Ron Kaiser:** This is a very important and timely one. I live in Pennsylvania. I assume that wherever you live in the country, you’ve been hearing about the child abuse issues at Penn State with the former football coach. This is a question that I use widely with people who have been victimized by abuse, people who have been treated unfairly, people who have suffered trauma, people who are – I hesitate to say – suffering more mild forms of unfairness like a supervisor overloading them or two coworkers not liking them as much as they like each other, things of this nature, and displaying some behaviors that are inappropriate. I don’t pose this as the solution to
abuse or trauma or anything of this nature, but I do think an
important first step is to get out of the victim role of seeing
yourself as being a participant in it in any way, that if somebody
else acted inappropriately, what’s that have to do with you? If we
can get the person to recognize this as a first step, then it allows –
again, I think that these questions can be used with any approach to
therapy, and I think that people can take their own specific
approaches and take it further. But I do think it’s important in
cases of abuse and trauma, but in lots of cases when you’ve been
involved with somebody whose inappropriate behavior affected
you, to be able to distance yourself somewhat from that behavior
so that you don’t become labeled by it, you don’t become a self-
determined labeler, and so that you can move into the next phase
of getting away from it.

Bill O’Hanlon: There was a Terry Cole-Whittaker book years ago I remember. I
never read it unfortunately; I just saw it on the bookshelf, and I
thought the title was so great. It said, *What You Think of Me is
None of My Business.* How does that relate to this question? I
think it’s a little different. It’s not a question, first, but secondly,
how does that differ? “What you think of me is none of my
business.” How’s that different from, “What does this have to do
with you? What does that have to do with you?”

Ron Kaiser: I think there are some similarities about it, but my main concern is
not so much in relation to thinking as much as it is in terms of
behavior that may be victimizing people. Because again, I think as
I’m sure in your work with trauma, you’re well aware of the fact as
– I’m teaching you something that you know – but you’re well
aware of the fact that the person too often winds up with a negative
self-image because of something that they were not active
participants in. They may have been passive recipients, but they
weren’t active participants. I think it can happen whether it’s a
real traumatic situation or whether somebody gets verbally abused
over time. You begin to think in terms of the fact that, “There
must be something wrong with me; otherwise, this wouldn’t be
happening to me.” That takes the predator or the victimizer off the
hook, and I think that the last person to do that should be the
victim. I think that helps you get out of the victim role.

Bill O’Hanlon: I get exactly what you’re saying; that clarifies it for me a lot.
Because I’ve had clients like that, and I’m sure other people
listening to this or maybe it’s been true for them. Something
happens to you, and you decide that somehow you brought it on or
caused it when you actually didn’t. I think it is fairly common in
sexual abuse cases at least that I’ve dealt with. I remember I had a
client that came in, and when she came in, she’d been massively
abused by an acquaintance of the family, and sexually and
physically and in other ways – verbally and all that stuff. She had
decided she was a bad person and that she somehow had brought it
on or there was something wrong with her, as you say, that allowed
this to happen or caused this to happen. So we did a bunch of
work, and one day she came in and said, “I have something to tell
you. Three times in my life, I sought out the person who abused
me to have sexual contact with him.” I said, “Oh, well” – I started
explaining my therapy way. “You were sexualized when you were
very young, and you come to associate this with attention,” and
everything. She said, “No, no, stop, Bill.” She said, “You can’t do
– don’t say that therapizing thing. These are three things that I did,
and all the other things that happened, he did. And I want to make
that distinction, because if I can’t hold myself accountable, then I
can’t hold him accountable, because he was probably abused when
he was younger, things like that.”

So your question, really, this question gets to sometimes people are
having things done to them – it’s behavior as you say – and when
you ask that question, “What does that have to do with you?” it
illuminates or highlights or brings to the foreground this idea that
they’ve made some conclusion about themselves on what kind of
person they are or whether they were to blame for something that
they may not have had anything to do with or probably didn’t have
anything to do with. Is that right?

Ron Kaiser: Yes, that’s correct. I should point out that it can be used in less
heavy situations, too. In working with a couple of instances that
come to mind, somebody who was – in today’s economy, it’s not
unusual, somebody who’s the last hired is the first fired, and that
just happened to be one of my patients’ bad luck. It had nothing to
do with him. Whoever would have been the last hired would have
been the first to have been let go because the company wasn’t
making enough money. I had somebody who’s working with an
unreasonable boss who still is a pretty good boss in some ways but
has a lot of craziness connected with him, and getting her to
recognize if somebody else was in your role, he’d still be crazy.
The boss would still be doing some crazy things, and it has nothing
to do with you, in much the same way as if the Penn State assistant
coach had some other child available to him, do you think they
wouldn’t have abuse him, or if an incompetent, abusive parent had
a different daughter, would they suddenly become competent? It’s
a way of being able to kind of look at things a little more
objectively, and that again, the goal is to allow us to move forward
and achieve our own goals rather than living reactively.
Bill O’Hanlon: I can think of the job situation. I think most of us know people, or we’ve seen them in our clinical work, who’ve been out of work for a while, and they start to conclude that there’s something wrong with them, when if you take that 30,000-foot, more objective view, you see a lot of people out of work and it’s not a reflection of you precisely. It’s partly that it’s a certain situation; it’s your geographic location; it’s a bunch of stuff that isn’t under your direct control or doesn’t reflect upon you. Sometimes people get so discouraged, they won’t get off the couch and go apply jobs because they just make conclusions about themselves. I guess again, that question that we’ve just been dealing with, “What does that have to do with you that you haven’t gotten a job offer in two months, or whatever it may be?” would get them to shift out of that self-evaluation, that negative one, and maybe again get them more active in going out and doing what they need to do.

Ron Kaiser: Sometimes it actually may, in some situations, contribute to them identifying. “Hey, maybe this does have something to do with me because I’m only applying to 5 places a week instead of – I could probably apply to 15,” or something like that.

How is this getting you where you want to go?

Bill O’Hanlon: Yeah. It might get them to shift their behavior or their strategy about something. Okay. On to Question No. 4. “How is this getting you where you want to go?”

Ron Kaiser: In Goal Achievement Psychotherapy, along with much of the other approaches like yours and others that come from or are related to cognitive behavioral therapy and so on, we do set goals. The purpose of therapy, while it certainly is to feel better, be happier, things of that nature, like to get some concrete goals out there. In doing that, again, many of us who have been trained in cognitive behavioral therapy will utilize homework assignments, and it’s not totally unheard of that somebody will come back the next session and they just didn’t have time to do the assignment. We do, with some of our headache patients with whom I work, we utilize relaxation training and biofeedback and ask them to practice on a regular basis, and some just, “Well, I was able to practice once a day for ten minutes, but I couldn’t do it twice a day, every day.” I think that those are statements of where they’re making themselves as a priority and where they’re making their goals as a priority. I raise this question at times like that. “How is this getting you to
where you want to go?” Somebody temporarily has a relapse in
some way, whether it be a substance abuse or alcohol relapse or
whether it be a relapse in the way that they’re treating their spouse,
whether they slept in instead of going to work, things of this
nature. How is this getting you where you want to go?

Now, this is something that really tests the resolve of the person to
really follow through with achieving their goals. In other words,
it’s a lot easier to talk about goals when you’re farther away from
them. It’s a lot easier to want to really be a good skier before you
get up the hill the first time; it’s easier to want to swim till you
realize the water can be cold and you have to put your head under,
and things of this nature. But once you’ve made those initial steps,
then it’s kind of a test to see if you can sustain it, and when
somebody has – as we all do – have some type of setback, again, I
don’t like to lecture people about it, I don’t like to induce a whole
lot of guilt about it, “I’m more invested in this than you are,” and
so on. I just like to ask, “How is this helping you to get to where
you want to go?”

Bill O’Hanlon: That’s good because actually, just to compare and contrast, I knew
you’d probably have something like that. There’s a question that
some people use in life and in therapy situations or coaching
situations which I think is a little more confrontive and maybe
more guilt inducing or sort of a putdown maybe; I don’t know. It
has a different flavor to me. That’s the question, “How’s that
working for you?” How is that different from your question? I
think it is, but I just want you to talk about this. “How is this
getting you where you want to go?”

Ron Kaiser: I would tend to agree. I just think that that’s – I think it has at least
potentially negative connotations. There’s a little bit of a
disapproval in that kind of thing, whereas again, I think in my
approach – and I know it may seem like nitpicking – but I really
try to avoid a guilt-inducing kind of thing. Because again, it is
their session, it is their goal, and if it truly is their goal, then they
should be able to respond to the question. “How is that getting me
to where I want to go? And if it’s not, then hey, there’s a behavior
I can do to change.” I ask myself the same question lots of times,
both with respect to working with patients but also with respect to
some of the writing that I’m trying to do. I’ve got a lot of ideas
that I try to get out there, and some days and nights just get a little
tired a little faster and so on; and one of the things that keeps me
going is I set aside a certain amount of time to work on more
creative projects, and if I don’t feel like it, I’ve got to answer
myself when I ask that question. How is that getting me to where I
want to go? I either better change where I want to go, or else I better work on getting there.

Bill O’Hanlon: Again, that clarifies it for me. There’s a couple of things that come out of this question, then, as far as I can tell: one is you clarify – or your client or patient clarifies their goals. Maybe that isn’t their goal anymore or they misstated it, and they want to clarify. So that’s one thing that can come out of this. The second thing is, it’s a real curiosity question. If you’re curious, just say, “Okay, maybe I don’t understand this. How is this getting you where you want to go?” So they can explain how it’s getting them where they want to go; they need to have a respite so they can come back to it fresh or whatever. They’ll have an explanation. Or it gets them to think, “Okay, maybe this isn’t getting me where I want to go and I need to make a change.” So yours is designed to both illuminate or clarify as well as call to new behavior and new recommitment or new behavior, it sounds like.

Ron Kaiser: Yeah, good. Thanks for pointing that out, because I think that with this question especially, but probably true for all of them other than maybe the fortune teller one, is that I really don’t know the answer to the question, “How’s this getting you to where you want to go?” and I’ve got to – I see it as kind of a respectful question that I’m asking the person what – “Is this fitting in with your goal,” and I’ve gotta be open to the fact that maybe it’s not getting you there because maybe that isn’t really what I want. Maybe the effort isn’t what I want to put into it, or maybe as I got closer to it – the Olympics is not my goal, and if I can be a pretty good recreational swimmer, I’d be fine with that.

Bill O’Hanlon: I remember a clever quotation I heard from former French President Georges Pompidou, and he said, “Conception is a lot more fun than delivery.” I think that may clarify that for some people. It’s like, “I don’t want to be in the Olympics. I just want to be in good enough shape to run for a couple of miles. That’s it.” Clarifies their goals, or gets them to figure out what their goal really is, rather than an ideal goal or some goal that used to be their goal or value and it’s no longer their goal.

Now we’re heading up to Question No. 5, the last one in this series. “What can you do now to make good things happen?”

What can you do now to make good things happen?
Ron Kaiser: This is actually the height of the process, because what we’re looking at, at least in the approach to therapy that I think both of us utilize, is we’re looking at behavior change. We’re not necessarily that the end of the line is okay, I’m not depressed anymore and my anxiety is under better control, but that I want the future to be better for me. And what can I do to make that better? Now, I have to say that of the five questions, this is the most proactive of them, and thus, I like to introduce it fairly early. I don’t want to wait until all the other questions are dealt with, because I do want the sessions to be seen as something that will lead to behavior change. So proactivity is a definite part of the process. But I think that the other part of that is the fact that by introducing it early, we very clearly state that this is not a spectator sport, that it’s not something where you’re coming and getting something done to you by the therapist or somebody’s gonna lead you by the hand, but there’s always stuff to be done along the way. That’s where homework assignments come in. I have what I call “exercise cards,” because I probably ad nauseum use the gym as an example, but I do have these exercise cards to have people take small steps in the right direction, and I’m constantly challenging them, “What can you do now to make good things happen?” so that even if somebody is seeing that they’re in a job that they don’t like but they can’t afford to leave because they get health care, where can they get their satisfactions outside of the job? If they’ve got – again, I work with a lot of headache patients – they may have their quality of life compromised considerably, but they can’t make the headache the central definition of themselves. What can they do with their headaches that they might not have been able to – they may not be able to do all that they could before, but what kinds of steps can they take to move in the direction that they want to go? So it’s building on the other questions, but it moves into the treatment process long before the end of the process.

Bill O’Hanlon: I guess we’re circling back around to where we started, which is your notion of this GAP, or Goal Achievement Psychotherapy, which pervades these questions as far as I can tell. I think each therapist creates a little mini-culture in their room, in their clinic, in their hospital or whatever it may be. So what’s emerging for me as I listen to you is that there are two aspects of these questions: one is a genuine curiosity. You want to know. You don’t go in knowing the answer, but you want to ask a question and hear – kind of engage in dialog with people. So it’s truly a curiosity question, and it’s a curiosity question that invites them to be curious about their own truth or reality or response or whatever it may be. But the second part of it is these questions all reflect a
certain kind of assumption or direction. They’re sort of direction setting and culture communicating questions, which is the way you think about therapy is it’s about moving forward towards where you want to go, and that also, that process gets communicated as there’s gonna be something you have to do with that – you the patient, you the client, have to do with that – and it’s kind of disabusing of the notion that it’s gonna be you waving some magic wand and giving them the freeing insight from, “Here’s what happened when you were five years old and now everything’s better.” Your idea is that comes from shifts, changes that they make out of their own effort, and these questions all communicate that assumption in that culture. Is that right?

**Ron Kaiser:** Yeah, absolutely. Again, if we tie it in with the mental health gym concept, you don’t go to the gym and somebody shows you the equipment and you can benefit by them demonstrating. You can’t go take a swimming lesson from one of the great swimming teachers of the world, and you’re not gonna learn how to swim if you don’t go in the water. The reality is in mental health and positive, proactive growth, it’s not a spectator sport. My approach is designed to gently not overload but gently move them in the direction of seeing themselves as being a part of the process and feeling that they can accomplish and that hopefully the best part of their life is still ahead of them with some of the things that they can learn in the treatment process.

**Bill O’Hanlon:** I just have to say this because I know this about you, but I’ve worked with people in Hospice and people that are dying, and people ask me sometimes about this. “Well, what about your solution-oriented, future-oriented, goal-oriented goal achievement psychotherapy?” With people that are older that don’t have much of their life in front of them, what would you say to that?

**Ron Kaiser:** I can only say I’m like – well, I’m still a week short of 74, and I still go to the gym 2 or 3 times a week, plus doing yoga once a week, plus working fulltime, plus doing some other kinds of things in terms of writing and operating a website and trying to be a good husband and father and grandfather and all those other kinds of things, do some reading. Everything that I’ve learned about the brain and the plasticity of the brain and the things that you can accomplish leads me to think that I want to have as much going for me as possible, because I think that there’s still a lot to be gotten out there, and I like to share that with other people. I just think that – well, I feel rather strongly that personality isn’t set at a certain age. I think you can always develop – not just make certain behavior changes but develop personality attributes and
characteristics. Read Carol Dweck’s work and others who kind of
come from that frame of mind – I guess I should say “mindset,” to
use her term – and I just think that when somebody says they’re
too old, I have a thing that I call the “too” excuse. Too old, too
emotional, too sick –

*Bill O’Hanlon:* Too busy, too tired.

*Ron Kaiser:* -- too young, too – yeah, too anything.

*Bill O’Hanlon:* Too damaged.

*Ron Kaiser:* Yeah. In essence, they’re defining the rules of the game, but
they’re not talking about a condition. They’re talking about a
behavior, and behavior can be changed.

*Bill O’Hanlon:* Right, and that’s that Carol Dweck mindset, which she says you
either have the growth mindset or the fixed mindset, and that’s a
choice; and depending on what you choose or figure out or take as
an attitude, it has profound effects on learning and on the quality of
your life. So yeah, I was think about, too, about a person I was
working with who was dying – very close to dying, within weeks –
and my question was, “How do you want to live while you’re still
here? How do you want to die while you’re dying?” There’s
always a goal. If the person’s still breathing and they’re still on the
planet, there’s something that they want. That person said, “I want
to reconcile with my son, who I haven’t seen for a long time, and I
don’t want to go out without at least making an effort at that.”
Now, that’s a goal. That person was dying, but they still had a
goal to look forward to, and it sounds like that’s the common
thread – again, to go back to these questions – you’re asking
people, “Where do you want to be, and what can you do to move
yourself there?” And all these questions are asked at different
points and with different people at different times, and I’m sure in
slight variations, that seem to evoke that ability that people have to
constantly learn and change their behavior to affect their lives in
positive ways, and I guess that goes back to why you call them the
Five Questions to Promote Positive Personal Growth.

*Ron Kaiser:* Yeah, definitely. They’re questions that have, at least from my
standpoint, met the test of time. I’ve seen them work, and I just
think that – well, I obviously think that it’s a good idea to have
them in your bag of tricks to be able to call upon, regardless of
your orientation or regardless of whether you share some of the
same beliefs about personal growth and personality change than I
do.
Ron Kaiser: Two ways: one is my website is called http://www.thementalhealthgym.com— that’s all one word. I actually, one of the— for professionals, one of the things that we’re working on, and I have a page, is to establish a professional research network. Some of the materials that I’ve been working with, I’d like to get tested out in other places, and so I’m always interested in interactions and feedback from others and other ideas from them. Also, while I hope that isn’t the end of my publishing of these ideas, I do have one e-book out there currently; it’s called What Can Go Right? The Thinking Person’s Guide to Making Good Things Happen, and it’s available in e-book form from pretty much everybody. It’s published by Smashwords, but you can get it through Amazon or Barnes & Noble, any of the places that have e-books.


Ron Kaiser: Yeah, Apple, sure.

Bill O’Hanlon: Yeah, all that kind of stuff. They can get your e-book that way, and there are more books to come, I know.

Ron Kaiser: Right. I’m also working on trying to get these into some print editions for those dinosaurs who are preferring to hold things and they’re waiting for the print edition to get it. But those are the two ways to find out about my ideas, and I’d love to hear from anybody, whether they’re supportive or challenging of the ideas, because that’s how I learn.

Bill O’Hanlon: So they can go on that http://www.thementalhealthgym.com website and get in touch with you and sign up for your newsletter, which I get all the time as well; it’s partly how I found out about these questions. I just want to thank you for taking the time. I know you have a busy personal and professional life, a busy practice, and you go to the gym much more regularly than I do and do your yoga, so I appreciate you taking the time out of your busy schedule to share
these questions. When I heard them, I was so excited, and I think people that listen to this call will be as excited, I hope, as I am and use these questions, just try them out and find out what happens. So thank you so much for sharing these with us.

Ron Kaiser: Thanks for the good words, and I’m sure when you get to be my age, you’ll get to the gym as often as I do.

Bill O’Hanlon: That’s a future suggestion! Just a suggestion and you’re only a hypnotist, eh? Okay, well, I’m looking forward to being 74 and—

Ron Kaiser: But I’m a fortune teller.

Bill O’Hanlon: Yeah, you’re a fortune teller, there you go. I like that.

Ron Kaiser: I really enjoyed this conversation, Bill, as I always enjoy speaking with you.

Bill O’Hanlon: So did I, Ron. Thanks very much. All right, we’ll say goodnight to everybody. Bye-bye.

Ron Kaiser: Good night.