MAKING THE MOST OF THERAPY + EVERYTHING YOU NEED TO KNOW

BY JARED SCHERZ, PH.D.

Considering Therapy !?

By

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Introduction

If your car is having engine problems, you go to the nearest mechanic in your neighborhood, hoping you won't get ripped off. If your home heating system is on the fritz, you open the yellow pages to find the service technician who isn't going to leave you in the cold for a week. If you have a new baby and need a pediatrician, you may ask your friends and family for a referral to a doctor they know. In all these examples we assume and/or hope the professional we find is going to have a certain amount of expertise in their field and provide us with quality service or at least the needed results. We don't ask the mechanic for a resume or recommendations from former customers (although this isn't a bad idea). In fact, we may even go back to a mechanic who hasn't done a good job because he is convenient and available.

Finding the right therapist is done much the same way as the examples just given, and sometimes these approaches results in success. The most local therapist in the phone book may be tremendously reliable and trustworthy. The therapist provided to you by your insurance company may have a high degree of expertise in the area you are seeking to work on. Even the therapist referred to you by a friend may have a philosophy of change that is in synch with your own life views. But often times these conditions are not met, and with something as tremendously important as your health and well-being, we don't want to leave this decision to chance.

So, what are you left to do about finding the right person who is going to be part of some of the most intimate aspects of your life? You can tell a mechanic that you have neglected to change your oil for years with a minimum of shame, but can you tell just any therapist about feelings and experiences you have kept from most people in your life?

To make matters worse, if you call ten therapists from the phone book or from the list your insurance company gives you, you can expect to have maybe four call you back. Yes, unfortunately it's true that even a therapist trained in being sensitive to people's pain will not call back to make an appointment. And, then, only two out of the four therapists you do speak with have an opening that fits with your schedule. So, your choice is often made based on attrition. Is this the way you want to find a therapist who is going to help you with the most serious issues facing you in your life?

Just like any other field, there are really excellent therapists, really lousy therapists, and a whole host of people in between. When you are feeling desperate and vulnerable, it is difficult to be discriminating about finding the therapist who is best suited to work with you, because you don't always have the energy to be selective. You often feel a lack of hope in your life and place great faith in the therapist you find to help you through the crisis. Let me suggest that putting a little bit more energy into the screening and preparation process can make a world of difference in your therapeutic journey. In this book, I have provided a clear outline of important issues to consider, questions to ask, and obstacles to anticipate so that you can learn to get your needs met.

About the Author

Dr. Scherz earned a bachelor's degree at the University of Binghamton in New York, a master's degree in education from Penn State University, and a Ph.D from Saybook Graduate School and Research Center. Despite these fancy degrees, he was a generally lousy student who did most of his learning outside of the classroom. From the time he was a young boy, secretly listening in on his father's sessions with clients (his father is a psychologist) and reading books from his office (particularly the ones on sex therapy), he gained a great interest in this most unusual profession. But most of all he was fascinated by how one could sit all day talking with people and still earn a living.

At the time this book was written, Dr. Scherz had been working as a psychotherapist for over 15 years with individuals of all ages, issues, ethnicities, genders (so far only two), and cultures. While he has not yet seen any animals in therapy, there have been occasions when he has brought in his own dog or a patient has brought in his or her own. While individual and family work compromises most of his practice, he has a particularly strong interest in both couples and group therapy.

In his clinical work, Dr. Scherz uses a combination of gestalt and family systems approaches (these and other orientations will be explained later). He believes the focus of therapy is to empower the client or system toward recognition of barriers toward improved health. He believes that strength is inherent in every person yet they hold themselves back in some shape or form. He helps clients appreciate that change is paradoxical, in that a greater understanding of what keeps a person feeling stuck is needed before planning steps to make change. The broad goals of therapy are to help

clients recognize and strive toward their full potential while reconciling unfinished business from the past.

In 2001, Dr. Scherz created the first wholeness center in the country, called Integrated Therapy Center (ITC). The vision for ITC is to provide individuals with a wide range of holistic services such as yoga, nutrition, massage, psycho-education, and physical conditioning to help in transforming the body, mind, and spirit. The center is located in south central New Jersey, only an hour from Dr. Scherz's birthplace in New York City. By putting together a team of outstanding professionals covering a wide range of specialties, Dr. Scherz believes this wholeness center will make a difference in the lives of many people who recognize the benefit of personal growth.

Using This Book

This book is intended for people who are considering the idea of initiating therapy or have made the decision to start therapy and need guidance in what to expect/how to prepare. Of the millions of people who seek therapy every day, only a small fraction have an idea what therapy is all about, and even fewer have reasonable expectations of what they may gain from this experience. So, for those of you looking at therapy for the first time, you are, by far, not alone. There is more help available to people via the internet than there was ten years ago, but there are few comprehensive guides, such as this one, that can help take you through the process from start to finish.

For those of you who have tried therapy and didn't feel as successful as you would have wanted, this book may help you understand what went wrong or what might need to be different. Was it the timing of when you started therapy? For instance, many people seek therapy in times of crisis but aren't yet ready to do the intricate work necessary to get healthy; instead, they just want to get through the initial crisis. Or did you find a therapist you didn't click with and assumed that therapy just wasn't right for you? In some cases it's the client who isn't well prepared for therapy, and in other instances it's the therapist who doesn't make a good fit with you.

I receive upwards of ten calls a week from new clients, many of whom have tried therapy before and didn't feel successful. Instead of trying to lay blame, I ask many questions about the therapy to get a sense of what didn't work. Could it simply have been a matter of gender—you really wanted a female therapist but there was only a male available? Did you want someone who was going to be gentler instead of pushing you too

fast? This is all good data for anyone who has made the attempt at therapy and is now ready to try again.

For those of you who are new to therapy, the opportunity exists to find a good match early on so that your first experience in therapy can be a constructive one. Each chapter in this book is designed to answer the most relevant and poignant questions that most new clients ask, and even questions that aren't asked but are just as important. Imagine a mechanic who said to you before dropping your car off, "Now, are you interested in just getting this car running for the least amount possible or do you want us to put some real work in so that these problems don't arise again any time soon?"

PART I

UNDERSTANDING PSYCHOTHERAPY

Chapter One
What is (Psycho) Therapy?

➢ **Therapy Defined**

Therapy is actually a shortened version of the more accurate term *psychotherapy*, which in essence is help with improvement in one's psychological functioning. While we shorten the term to therapy, we don't want to confuse it with other forms of therapy such as physical therapy, occupational therapy, or recreational therapy, which address other important aspects of one's personhood.

Therapy can be different things to different people, so we'll start with the simple definition of the word, which has to do with change. People are always in a state of becoming, so change is taking place all the time. Aging alters the composition of our bodies, first building tissue and then decaying it; learning creates new neuropathways in our brain; socializing expands and contracts our network of support; and living offers opportunities every day for financial, medical, recreational, and countless other areas of change.

With this ongoing change process, we are simultaneously dealing with another equally powerful force, and that is the force for sameness. Sameness is like earth's gravity, preventing us from running, climbing, and jumping too high or fast. The force for sameness or persistence helps us from experiencing chaos that accompanies too much change too quickly.

The balance between the forces for sameness and change produces a tension that pressurizes the body. Depending on how the strands of our personhood are intertwined, this tug of war may breakdown the fibers that hold us together. Therapy, in its simplest

form, is a place to work on the breakdown of these fibers and build new ones. Therapy helps a person deal with change.

Whether a person is looking for simple symptom relief from anxiety or depression, or they are embarking on a transformative journey to find more fulfillment in life, therapy can be a powerful force to reach your goals. The short term solution focused approach and the longer term self-discovery method both offer a reliable and supportive partnership to satisfy your objectives.

Therapy is not just about two people in a room discussing your innermost secrets; many activities can be therapeutic: such as exercising, taking walks, hitting balls in a batting cage, going to a comedy club or anything else that creates energy or space for self-improvement. Some therapists will help you through more traditional means such as sitting in an office and strategizing what will make your life better while others will actually partake in this journey. A therapists who is helping a client with a fear of closed spaces for instance, may plan trips outside the office to help with in-vivo exposure to the 'aversive stimulus'. Even more simply, a therapist may take a young child outside for a walk to build trust and comfort.

Therapy is a creative process that can be formalized and traditional yet it can also be spontaneous, inventive, and daring. The restrictions placed on therapy are set forth by the participants but can be adapted to meet the unique needs of each individual.

➢ The Main Components of Therapy

- ***A partnership between two or more people working toward a common goal***

A partnership is an alliance between at least two people with the aim of achieving a common goal or set of goals. The first step is coming to agree upon both the nature of

the partnership and the anticipated outcome of their relationship. The therapist investigates what the client expects of that therapist and shares what his or her expectations are of the client. Clarifying both positions helps reduce the potential for problems that may likely occur. For instance, what happens if the client doesn't give 24 hours' notice before canceling an appointment and the therapist expects to be compensated for his or her time? What happens if a client attempts to contact the therapist in an emergency but can't get through because the therapist is working with other clients during the day? Establishing some ground rules at the onset of therapy is a helpful way of avoiding these complications.

This is why a therapist will likely provide a disclaimer or statement of understanding form prior to the first session. This document is an agreement similar to other business arrangements that ultimately becomes the contract of operations between therapist and client. This may seem very formal and impersonal; however, it is required of most professionals by law, their governing and regulating bodies (such as the American Psychological Association and American Counseling Association), malpractice insurance, and the insurance companies with whom they hold contracts.

There may be a power differential experienced between client and therapist, depending upon two things: The first is how the client views the therapist, and the second is the attitude and belief system of the therapist. So, in effect, this is a partnership which may not always feel equal in power. Many years ago, therapy was referred to as psychoanalysis, where the "patient" laid down on a couch with the therapist sitting above and behind, providing interpretations. The analyst was the so-called "expert" who offered his or her opinion rendered down to the patient. More recently, the therapist-client

relationship (further evidenced by shift in language from “patient” to “client”) is viewed as more balanced. Clients may still want to defer to the professional for expert guidance; however, most therapist tend to shy away from this role, viewing it as creating dependence and not interdependence. We call this process *empowerment*, which will be discussed in later chapters.

This doesn’t mean each partner will agree on what the goals ought to be or the best way to achieve them. A good therapist will listen to and respect the desired aims of his or her client while offering insight about related areas of potential help. For instance, a client comes to a therapist and tells him that she wants to learn how to “cope better” with her stressful job. The therapist may come to believe that the job is creating so much adversity that remaining in the position is detrimental to the person’s health. Does the therapist respect the client’s wishes or put forward his own agenda?

- ***A method of gaining insight about the attributes and limitations of a situations, action, event, or traits***

Everything works on a continuum between two polarities. We are neither strong nor frail; we are somewhere in between. We are not adventurous or conservative, open or closed, expressive or withdrawn. We lie somewhere between two poles, depending upon who we are measuring ourselves against. Furthermore, we can often find plusses and minuses to actions and events that make choosing difficult. We can take the day off from work to rebuild our energy, but if we do so we may return the next day with more work piled up and questioning looks from coworkers and supervisors. This complexity makes it impossible to find the "right decision," although it is still possible to find the right decision for you at that point in time.

Some may argue that there are plenty of situations that have no upside, such as injury or illness. Consider however, the potential for turning unwanted events into life-altering experiences for the better. For example, let's look at a man who is stricken with a very aggressive form of cancer. After dealing with the anger, fear, confusion, and myriad other emotions that go along with questioning one's mortality, he comes to discover his deep appreciation of people in his life he previously took for granted. Through work on these relationships he comes to know a deeper love than he had ever felt in life, largely because of his hyperfocus on developing his professional self. With this awakening he took new risks by allowing himself to experiment with activities he never made time for in the past, such as spending time in nature, doing charitable work, and traveling. Who could argue that his life hadn't changed for the better?

- ***A process by which clients examine the difference between who they are versus who they want to be***

Therapy is a place for excavation into one's existence. Who am I? What am I? How do I matter? And perhaps most importantly, how does all this compare with what I hold as the ideal? These are existential questions, but other more concrete ones include, why do I continue to encounter this same problem or experience this same "symptom"? Through ongoing dialogue, introspection, and feedback, the therapist and client put together the pieces of a puzzle that forms the picture of life.

Understanding what is helps us to appreciate what it may take to become something different. This exploration will likely involve the systemic influences on a person—such as community, religion, family, and friendships—and other more contextual factors. After all, we do not exist in a vacuum; we are in large part determined by who we believe we need to be to exist.

There Are No Children Here is a book written by Alex Horowitz depicting the life of two African American boys growing up in the projects of inner-city Chicago. The boys resort to stealing, fighting and other less-acceptable forms of survival, not because it's who they want to be but because it's what they believe they need to be to live. We may expect these boys, as adults, to have trouble with trust and perhaps intimacy because they have been conditioned to attend to more basic needs. In therapy, they may assess how the coping mechanisms they learned early in life are working for them currently. Yes, they may feel safe if they keep others at a distance, but at what cost to their need for belonging? This is all too common for adults who experienced trauma such as child abuse early in their lives.

The Johari Window (web site) is a helpful way of conceptualizing group therapy (discussed later) and how people become more "conscious." Raising one's awareness of who they are occurs through self-exploration, a large part of therapy. Clients typically begin with safer topics to explore, and then as trust builds (both in themselves and in their therapist) move on to more risky topics. Issues of sexuality, fantasy, and identity are common themes that are explored later in therapy.

What clients often realize through therapy is that becoming somebody different is unrealistic and ultimately undesirable. Instead, they learn to come to terms with who they are.

- ***A way of gaining self- acceptance***

Sometimes therapy isn't about changing who we are but learning how to be more accepting of who and what we are. In essence, an argument can be made that this is always the goal of therapy, since we don't change ourselves in therapy but become more of who we already are. For example, if a women tells her therapist she wants to become more assertive, the therapist helps her find the barriers she as enacted to inhibit her self-expression. The therapist works with her to understand how she suppresses her voice, and she learns to deal with the fears of making herself heard.

Pigs Eat Wolves is a wonderful book, written by Charles Bates. Through the fairy tale of the Three Little Pigs, the author helps us understand how we disconnect from aspects of our personhood we do not like and/or are not comfortable with. The wolf represents all of these detached pieces of ourselves that we project onto the world. The pigs at first erect primitive houses and then more complex structures to keep the wolf at

bay, still leaving the person fragmented. Ultimately, the author teaches us that the way to wholeness is by swallowing the wolf or accepting that which we most fear.

There is an old proverb that describes group of people who throw in a pile everything they don't like about themselves (traits, experiences, conflicts). They are told they can take out anything they see from the pile including all the other 'stuff' thrown in by each of the others. After a short deliberation, each person goes to the large pile and takes back exactly what they originally put in. So what does this mean, that we wouldn't want to be thinner, stronger, smarter, or more athletic? Not exactly. It does mean that we are a product of all of our 'stuff' and over time we learn to grow more comfortable with who we are. Not only does this predictability allows us to face life with greater certainty in the wake of constant change, it helps us to come to terms with who we are.

- ***A place to be encouraged, supported, and held accountable for personal development***

People seeking therapy often feel alone, misunderstood, and unsupported in the way they really need. A primary tool of therapists is to help their clients feel relieved of the burden of solitude. Unconditional positive regard is a phrase developed by Carl Rogers, the founder of client centered therapy. It means that therapists may not always like or agree with what their clients are saying or doing, but they always accept them as people. This does not mean that therapists are disingenuous, because it is also important to be real their clients. It does mean, however, that without feeling valued and supported, a client may not feel safe or trusting enough to delve into important matter requiring a certain level of vulnerability.

Support does not always mean agreement, nor does it mean being insincere. Sometimes support is a more literal translation, such as the supportive structures in a building that hold up beam. By holding clients accountable to their work, therapists support their efforts that promote growth. At times, it is not uncommon for therapists to have more faith in their clients than those clients have in themselves.

- ***An opportunity to have your thoughts/feelings validated***

In addition to the unconditional positive regard described above, clients also need to have their ideas, thoughts, feelings, desires, needs, and actions validated. This, again, does not connote agreement; instead, it is understanding about the how's and why's of it. A young male client may say, "I can't stand my mother. I don't even care if she lives or dies." A therapist is likely to respond with, "It sounds as if you are so angry, you would like not to care about her at all."

Therapist are also prepared to have their clients angry or unhappy with them from time to time. A client may take out his or her upset on the therapist or transfer feelings intended for somebody else. For example, a client might say to a therapist, "You don't know what you are talking about. Did you really go to school for this?" In such cases, the therapist may recognize that the full brunt of the anger has to do with something outside of therapy, and that it's a safe place or target for these feelings. While therapists are human and may inadvertently personalize this perceived attack, they may still prioritize their clients' feelings first. They do this so clients will feel permission to spontaneously express themselves without filter. Doing so provides the raw data used for greater self-examination.

- ***A time to recharge one's battery***

Depleted energy is a common experience of clients entering therapy, especially when they have waited too long to seek help. When we are putting out more than we are taking in—common for caregiver types and workaholics—then exhaustion can set in. Encouragement, reassurance, and caring may be helpful for the emotional refueling a client needs. Sometimes the 45 minutes when nothing is being asked or expected of them other than being themselves is a way to recharge.

- ***A way to find greater meaning and purpose in one's life***

The existential questions alluded to earlier are necessary to ask if one is to move toward fulfillment, the ultimate state of being. Each culture has different ways of describing this phenomenon, such as utopia, self-actualization, etc.

This isn't a final destination but more of a journey into the unknown. In other words, fulfillment is more about the process of how we move ahead, as it is the content of what we are doing as we go. For instance, we can volunteer our time in the Special Olympics, but if we don't get to know the athletes, our time spent may have less meaning.

- ***A safe space to work through past and current trauma***

Therapy involves some level of trust and comfort that allows us to recognize and then lower our protective mechanisms. If we feel secure within the therapy session, we are more likely to acknowledge the shame, embarrassment, anger, and pain that we carry with us. Both the therapist and the client are responsible for building safety, and they do this through risk-taking, honesty, and receptivity to bi-directional feedback. By this I mean an open invitation for clients to safely say when they disagree, need to slow the pace, or want to take therapy in a different direction, or even when clients aren't getting what they need. A common mistake made by clients is not telling therapists when they are dissatisfied, because clients holding back this information doesn't afford therapists an opportunity to be more flexible in their approach. Safety is an ongoing process that may wax and wane throughout the life of the therapy.

Many people seek therapy to work through significantly unpleasant and painful experiences from their past. Child abuse, sexual molestation, severe neglect, victims of

violence, and other violations of respect can produce trauma, creating scars that we reenact in our adulthood. Investigating the extent to which these incidents mark our existence requires extreme trust in ourselves and our therapist.

- ***An opportunity to find closure with unfinished business***

Trauma is only one type of event that leaves us feeling unresolved. In fact, there are countless episodes or experiences in our lives that don't get finished, either because we are too fearful, decide not to expend the energy, or don't realize they need more work. Each time we are hurt through the actions of another person, we often choose to keep this feeling to ourselves, because we don't want to appear weak or vulnerable. A supervisor who influences our status within the organization, a parent who may withhold love and acceptance, or a friend who seems unreceptive to feedback are all examples of people with whom we may feel incomplete, because we have held back how we are feeling.

Unfinished business may be an intrapersonal experience, not involving others. Failing to qualify for the Olympics, deciding not to go to college, or not applying for a promotion at work are examples of this. In therapy, we seek to identify where these unresolved experiences exist, to what extent they impact our lives, and what can be done to find some sort of resolution. If we don't work on finding closure with this unfinished business than it continues to influence us in our relationships and serves to create distress that we don't attend to. True acceptance only comes when we have worked through our feelings in an honest and open way.

- ***A method of identifying barriers to reaching your potential***

We all have natural greatness that is thwarted by continuous forms of adversity throughout our lives. Whether our greatness is intended to help make a difference in the lives of others, achieve personal glory, or change the world in some significant way, we face both external and internal forces that hinder our efforts toward greatness. Some of these obstacles are out of our control and require a change in approach, while others are self-generated.

Therapy is like having a personal coach who can help you rehearse new ways of being. Acting like a trainer who challenges you to stretch yourself beyond your comfort zone, therapists assist you to "be all you could be," as the Army coined it. Potential is an interesting term that implies you are somehow falling short of your ideal. Instead of this implication, I prefer to ask whether a person is living life to his or her fullest at any particular moment in time.

- ***A laboratory to rehearse new ways of thinking, relating, and being***

Therapy can be thought of as a human laboratory, where the client is both the researcher and the subject of the experiment. An experiment is a unit of work, generally involving an idea in need of implementation. If a therapist suggests to a client that he might be giving away his power by over-controlling those around him, whether the input resonates with the client or not, it will need to be challenged. Allowing others, such as his children, to take more ownership of their lives means letting go of his belief that they won't do something well. The client may first explore the nature of his relationship with the therapist, who he may or may not be doing the same thing with.

Clients sometimes engage in role-plays, which are more structured techniques for trying out something new. Susan is a client who had real difficulty asking her husband to

meet her need for reassurance. Once Susan recognized the importance of developing her comfort level and the language for this need, she rehearsed the exchange with her therapist. In doing so she was able to anticipate different outcomes and how she would respond to them. In a more challenging example, Tom had unfinished business with his deceased father. He was angry with his father, which took him several months to realize. Tom was rarely angry on the outside, equating this feeling with being mean or oppressive. He was willing to experiment with telling his father how he felt in order to determine that anger is a healthy emotion. Expressing himself relieved a heavy burden that Tom had carried around for many years.

- ***A vehicle to help build energy toward change***

So, if we follow a typical course of therapy, trust is established, exploration about what is leads to discovery about limitations, and then experimentation is designed to see what newness will bring. Now that it is established that a change is warranted in a more permanent way, motivation needs to grow in order to sustain the effort that change requires. A ballerina standing on one leg, atop a balance beam, expends energy trying to remain still. Once she moves into a new position, more energy is needed to resteady herself.

If a person who knows what he or she is doing produces unsatisfactory results but that person keeps doing it anyway, we ask, why? The response is that it often times seems easier—the energy required to do something different seems greater, in particular when we focus on the short term. When we are struggling in our lives, energy is at a premium. Building energy toward change is an important task of the therapist and client.

- ***A process of moving from fragmentation to wholeness***

There are many parts to every person. There is our social self, where we work to fit in and be liked by others; there is our family self, where loving, commitment, and responsibility abound; and there is our work self, where creativity, perseverance, and industriousness are favored. As an average person, we can describe many sides of our personality, including our hopes, dreams, conflicts, frailties, attributes, etc. that influence our humanity. Each of our many parts can be broken down into smaller and smaller components that connect us as human beings and make up our uniqueness as individuals.

As people, we tend to compartmentalize all the different parts of ourselves because it suits us for the varied tasks and situations we encounter in our lives. The greater the compartmentalization, the more likely we are to become fragmented, like puzzle pieces that become disconnected. It is this experience that leads to many of the symptoms of discomfort in our lives. This might be physical discomfort such as headaches, stomach problems, or back pain, or it might be emotional distress such as anxiety or depression. Discomfort can also be relational in terms of loneliness and alienation. Spiritual or existential discomfort includes a sense of being out of place in the world or questioning one's existence. The list is long of the possible areas that can be affected when we become fragmented, but the common thread is, what can be done about it?

In therapy we know that the whole is always greater than the sum of its parts. This means that it's the job of a therapist to help his or her client learn to integrate the self in a way that brings all the pieces together.

➢ **What Is the Difference Between Counseling and Therapy?**

While the terms *counseling* and *therapy* are used interchangeably, we can distinguish the two by looking at the goals. Counseling tends to emphasize a problem or a solution-oriented focus. Career counselors, for instance, help people develop needed skills or assist them in developing a plan for finding or changing a job. Even the term "counsel" means to offer advice or to advise a client regarding a particular dilemma. Some clients prefer a more pragmatic approach because it doesn't require the depth of contact that is more needful in therapy.

Therapy tends to focus on empowerment. Instead of focusing on a particular outcome, therapy pays closer attention to the process by which a clients work toward their goals. For instance, if a woman comes into therapy because she is depressed, instead of simply providing strategies such as exercise, recreation, or socializing, therapy explores the nature of the unhappiness. What is keeping this woman from finding happiness?

With this being said, there are many who would suggest that counseling can encompass either definition and should not be limited to the first.

➢ **What Is the Difference Between Therapy and Coaching?**

Coaching, or life coaching as it is sometimes referred to, is growing in popularity. It is not surprising that this modality of professional help is becoming more widespread, because it offers more convenience in many ways over therapy, in large part because it can be done by phone. Coaching is a professional relationship, similar to that of a therapist, with like confidentiality and boundaries. Coaching helps clients identify and

articulate specific goals and then assists them in putting the very concrete objectives into place. Coaches first help you develop personal action plans designed to make behavioral changes, and then they help you develop strategies to maintain the changes you have made. Coaching is not reimbursed by insurance companies but can be made affordable because you determine how much you want to spend. Some coaches ask you to provide them a figure that represents what you are comfortable spending, and then they design a program around that amount. Other coaches give you different packages that fit your budget.

Those who seem to benefit most from coaching are clients who are not looking to do in-depth work on themselves but instead want to make a specific, targeted change in their lives. This change can be in almost any area, including familial, social, professional, spiritual, physical (health), financial, recreational, etc. There is generally less vulnerability with coaching because there is less discussion of information that feels intimate to the client. Those who are motivated and self-sufficient/independent tend to appreciate coaching because it seems to be a more balanced relationship with regard to power.

Coaching is not designed to help people with more significant concerns, such as those that compromise daily functioning. Trauma, significant emotional distress, entrenched relationship difficulties, and acute physiological turmoil are examples of matters better addressed in therapy. In-person sessions lend themselves better to assisting clients achieve greater emotional vulnerability, which can be an important part of therapy, but is not a crucial component in coaching.

<u>Interesting Facts</u>:

- 21% of children ages 9 to 17 receive mental health services in a given year. (Surgeon General's Report on Mental Health, 1999)
- Nearly two thirds of all people with mental health disorders do not seek treatment. (Surgeon General's Report on Mental Health, 1999)
- Nine out of ten Americans say psychotherapy helped them. (APA, *How to Find Help Through Psychotherapy*, 1998)
- Therapy can help you learn effective ways to deal with stressful and problematic situations. (APA, *How to Find Help Through Psychotherapy*, 1998)
- More than 44 million Americans suffer from a mental health disorder. (National Institutes of Mental Health)
- Approximately 4 million youth ages 9 to 17 suffer from a major mental health disorder. (Surgeon General's Report on Mental Health, 1999)
- Nearly 50% of American households have had someone see a mental health professional. (APA Survey, 2004)

Chapter Two
How Does Therapy Work?

➢ **Stages of Therapy**

There are two major facets of therapy—assessment and intervention. These are not clearly delineated parts because assessment is an ongoing process, as is intervention. For instance, as a client is explaining the nature of his or her "problem" at a first session, a therapist might offer feedback to both assess the level of insight and to encourage the client to look at an issue from an alternative perspective. So, we can differentiate assessment and intervention, but we must realize that they often overlap and intertwine.

Assessment/Intervention

1. Rapport-Building

Every clients need to feel some sense of safety, comfort, and trust in their therapists in order to be willing to divulge personal matters of their lives. The location of the building, the milieu of the office, the way the administrative staff handles clients' introductory calls and how close to ideal the time of the scheduled appointment—all these factors influence a client's initial experience.

A therapists know how important it is for a client to feel comfort, safety, and trust; however, they aren't always aware of how the client perceives the above factors. A smart therapist will inquire how a client is feeling early in the session and even ask for feedback about the steps leading up to the first session. If you are asked how easy it was to get to the office or how the directions were, you know that the therapist is interested in his or her impact on you and not just what brings you to the office. This is a key ingredient in forming the therapeutic bond.

If a therapist demonstrates a genuine eagerness to hear your reaction to him or her as a person, rapport will be formed more easily. This is true because your needs are specific, and the therapist's willingness to adapt his or her approach to meet these needs may put you at greater ease. This isn't to say that a therapist may alter his or her beliefs or style, but the pacing of the session, the degree of challenge, and the level of support can all vary greatly. Clients ought to feel permission to test the waters by offering what is pleasing and displeasing to them as a way to assess this degree of receptivity.

Perhaps the most prominent influence on a client's level of comfort is how well that client feels understood. If a therapist can demonstrate even a peripheral understanding of the various pieces to your unique puzzle, you may become more hopeful about the efficacy of therapy. Therapists know the importance of empathy (the act of putting yourself in somebody else's shoes and then communicating this experience), and they use a tool called *reflective listening* to make certain they are doing this well. Reflective listening is also called *mirroring*, because you are hearing back from the therapist what you are expressing, sometimes in different words. For example:

> Client: "I don't know where to start. Should I just tell you about what's going on in my life right now or do you need some history?"
>
> Therapist: "You're trying to decide where to begin . . . and looking for some direction from me. Why don't you decide what is most important to you."

In this instance, the therapist recognized and appreciated the indecision and took the next step to support the client's choice of action.

Understanding can be provided at different levels of depth. In the above example, the therapist provided understanding at a very basic level. This is a safe way to communicate empathy, allowing the client to ease into his or her work. The therapist

reflected the client's concern, putting the control back in his or her hands. Rapport is being developed through both the understanding and the empowerment. If the therapist were to have decided where he wanted the client to begin, it may have helped that client feel more directed, but it would also have established a different power differential. A more directive therapist may be appealing to some, but the clinician who gives power to the client may be better appreciated. This question is part of trust-building but will also be discussed more in later chapters.

In this next example, a more advanced form of empathy is demonstrated. Advanced empathy is used to build trust in a different way. It tells a client that the therapist is listening beyond the words he or she hears and into the deeper experience of the client. This experience may not always be known to the client, or the client may not be aware of it at that point in time.

> Client: "At this point I don't know what else to do. I've tried everything to get him to listen to me but nothing has worked."

> Therapist: "It sounds like you're feeling helpless. You're not very hopeful about seeing anything change."

This is an advanced form of empathy in which the therapist is reaching into what he or she has heard beyond face value. This is a way of checking for deeper meaning beyond the immediate awareness of the client.

Rapport is created in different ways but is largely based on expectations. Is the client expecting a wise old sage with a beard who ponders his or her words deeply as he inhales deeply into a pipe, or a maternal motherly looking woman who seems touched by the client's circumstances? The picture we form of what we imagine therapy to be is often times based on media depiction, stories, books, movies, and other venues, which

don’t often provide an accurate picture. Therefore, it is important to consider all the influences that have shaped our initial picture to gain an appreciation of what our expectations are. It is from these expectations that we form standards by which we measure at least our initial experience in therapy.

2. Discovery (What is causing these problems/symptoms?)

The search for answers is what therapy is most known for. If you watch any television program or movie, the therapist provides a framework for the client to understand the nature of his or her concerns. From the more analytical interpretation of problems, such as Barbara Streisand in THE PRINCE OF TIDES to the more compassionate and empowering approach of Robin Williams in GOOD WILL HUNTING, the search for answers is the thrust of therapy.

Clients often describe “symptoms” to their therapists, much the same way you would describe an illness to your physician. With a medical doctor, a diagnosis is given with a prescriptive approach to treating the problem. You have little say in the treatment, and you measure success on the efficiency with which a solution is formed. With a doctor of philosophy (Ph.D.), or the more recent doctor of psychology (Psy.D.), the emphasis is on partnering with the client to reach a common goal.

Imagine how wonderful it would be if your medical doctor spent time with you exploring the causes of your ailment, inquiring into your nutrition, exercise regimen, stress level, hygiene, and other factors that may be at the root of your illness. Instead, we have come to expect a quick fix that often times includes medication. Perhaps this reflects the quickened pace of society or the impact of managed care, but it does not

enhance accountability for one's health. It's a reactive approach that leaves little room for prevention or longer term maintenance.

The paradoxical theory of change is not a widely held perspective but one that holds the utmost importance for appreciating the nature of discomfort and what is needed for long-term change. Simply put, nothing can be different until we appreciate why it already is. In a practical sense, we don't just get rid of anxiety until we know why it's there. For many cognitive behavioral approaches, there is real appeal to a client who believes his or her "symptoms" can be alleviated with techniques or strategies designed by the therapist. This is the quick-fix model that managed care and our own need for immediate gratification has moved us toward. The truth is that it can be a short-term fix.

Consider the amusement park game where moles pop out of different holes and the person standing atop the moles must try to punch them down with a soft mallet. Every time the moles get pushed into their holes, a new one pops up. This is a similar situation to short-term therapy that promises immediate symptom relief. You may feel better in the short term, but it is likely that similar or related problems will develop over time.

In Gestalt therapy, we pay attention to why the particular problem exists, knowing on some level that it is directly related to who the person is and how that person lives. A client with chronic stomach aches, for instance, has discomfort located in this part of the body for a certain reason. The client could have headaches, back problems, or other physical ailments, but, for that client, it's in his or her tummy. Before we help with relaxation training or other tension-relieving activities, we want to explore the message this body is giving us. The body knows no way to communicate with us other than "symptoms," so we don't want to turn down the volume of these messages prematurely.

3. Experimentation

Once you have begun to gain insight about the nature of your concern, your options for action immediately expand. Take, for instance, a woman who comes to therapy with crippling anxiety. She works hard with her therapist to make sense of her panic, exploring both her external and internal stressors. She makes sense of her powerlessness experienced within her family and the resulting tension within her body. The tension in her body is produced by trapped energy from not expressing her feelings and swallowing her anger. With the help of her therapist, she realizes that she is recreating similar dynamics in her current relationships that existed as a child. With her husband, she would rather deal with the internal turmoil than she would an external conflict with him, so she avoids arguing at all costs. She blames herself for problems but ultimately cannot fool herself to believe her rationalization.

So, what is next? The issue at this point is that she knows intellectually that taking such a passive stance with her family is hurting her, and her body is letting her know through tension (experienced as anxiety). She fears making any changes for many reasons. This is the role she has assumed for many years and it's familiar. She believes she can control the level of peace in the family by acting as a barometer. When it seems that others are on the precipice of a disagreement, she can insert herself into the dialogue with humor or another distraction. If she abandons this role, won't the family fall apart? She even fears rejection from others should she assert herself by expressing real thoughts and feelings. So, her resistance to change is strong.

The next step is then to create an experiment. An experiment is a way of attempting something different, without feeling committed to a long-standing change. An

experiment is a way of testing the waters, either by doing something different or by doing more of the same. This latter example would be if the client isn't convinced his or her action or inaction is creating a problem. So, for instance, in this example, if the woman did not believe her passivity impacted her anxiety, we might set up an experiment to help evaluate this potential connection. In the case above, however, we have established at a cognitive level that a connection does exist, but there is a healthy unwillingness to make a change—hence the experiment.

The best experiments are the ones designed by you—the client. This way you can control the level of risk, the circumstance in which you are willing to engage, and other parameters that elevate the potential for safety and success.

Preparing for various outcomes is important for experimentation. I often tell clients that if we measure success on how others respond, we are setting ourselves up for disappointment. Of course, people are not always ready or interested in us changing our role/approach. It throws off the homeostasis we have created within our family system. Instead, we might view receptivity as an added bonus that is not to be expected. If this client were to assert herself with her sister (she selected the safest person to start with) and it results in a more honest and productive exchange, wonderful. But this ought not be the primary goal. Instead, we want to evaluate ourselves based on how we experienced ourselves with this new action.

Remember that the only certainty we have is that doing the same thing gets us more of the same response. Doing something different produces the unknown. The unknown will initially be something to fear and avoid but in time will become a source of

curiosity which we seek eagerly. “When you hear the sound of the cannon, walk toward it.”

So, this experiment designed by the client to assert herself with her sister has produced an unexpected reaction. While she initially felt fear (different than anxiety because fear is about doing something, whereas anxiety is generally about anticipating something that hasn’t happened), she soon after felt powerful. As Carol Gilligan (a very early feminist psychologist) wrote about the process of finding your voice, when this happens, the energy that would have recycled back into the body (by not asserting the self) has been expelled in a way that leads to catharsis.

For men, let me use a different example. If you have ever watched a boxing match or a baseball game, you will concur that more energy is expended by throwing a punch that is not landed or swinging at a pitch without making contact than it does to connect.

So, we evaluate this experiment on what it was like to be more genuine in self-expression. We appreciate both the unappealing outcomes as well as the appreciated ones. Most important in this experiment was the client’s absence of anxiety. We don’t know what future problems will occur, but it’s safe to say there will be some. Every change we make has a ripple effect that produces some unexpected outcomes. We then have a choice to return to the way of old, doing what we had done for years, or to continue experimenting with something different. Sameness is familiar and often times comfortable, but it also means not getting needs met, which is when our bodies start to rebel. We may listen to this rebellion by action on our needs, or suffer the consequences. For some, this may mean medication to quell symptoms, or, for others, it may mean illness, injury, or other types of incapacitation.

4. Assimilation

Once a client makes sense of what's going on for him or her and has added the experiential component that solidifies this understanding, that client can begin to put it all together. A man, for instance, who knows (cognitively) that his high anxiety is the product of all-or-nothing thinking plus the high expectations he holds for himself, and has solidified this insight with an experiment designed to heighten his anxiety (spend the week thinking everything has to be at one extreme or another), is ready for the next step.

This next step is called assimilation and may last for weeks or even months. It's like having the outline to a puzzle put together and starting to work on the inside. The picture begins to take shape as all the parts of the whole are coming together.

This stage of therapy should not be interpreted as, "I'm healed." Making sense of a selected issue or set of issues is exciting because it's usually the product of a lot of hard work. This is just one picture in a much larger collage that you are starting to make sense of. Insights do seem to come quicker at this point because you are mastering the process by which work is accomplished.

5. Long-Term Self-Discovery (optional)

When clients come into therapy, they don't often estimate how long they may remain in treatment. Very few clients announce their intention for very brief work, and most clients say they will be there as long as it takes. Now, this can be interpreted differently depending upon the nature of the client's work. Clients who find early symptom relief and resolve the presenting issue that brought them to therapy gratefully

terminate their sessions with the option to return at any later point in time. For others, the work becomes an important part of their lives.

The trap of therapy, so to speak, is that the more work you do on yourself, the more work you find you want to do. Personal growth work can be intoxicating. When the sense of urgency has dissipated and you are creating successes through your experimentation, you may want to do this work at deeper levels. Like an onion that can be peeled layer after layer, people too operate similarly. Those who learn to tolerate the sting in their eyes continue to explore themselves closer to the core.

Many of these people who begin to enjoy this work, much like going to the gym or having a personal trainer, build therapy into their weekly routine like any other commitment. Some opt to join group therapy (discussed later), which is a more affordable and enjoyable way of doing this self-discovery work.

6. Termination

Therapy starts from the moment the first phone call is made. When you extend yourself to a professional in asking for help, you are placing your trust in another person. At the start of therapy, this trust is not yet formed; however, you are sharing very personal aspects of your life, both past and present, in order to help the therapist form a picture of your life.

The first several sessions are imbalanced, in that the client is working considerably harder. The therapist often remains quieter, allowing the client to share what he or she is willing to divulge, occasionally asking questions for clarification. During this period, the therapist is searching for strengths and limitations of the client's approach,

understanding his or her needs, and generally trying to figure out how to best help the client.

Toward the middle and end of the first session, the process goal formation (to be described in more detail later) occurs. Because the immediate objective tends to be the development of a plan of action, the client isn't necessarily going to "feel better" at the conclusion of the session. It is possible a client will feel more hopeful, and, having taken this first step, it is also likely the client will feel unburdened at having shared his or her experience with another person. The opportunity to ventilate the body of some tension that has been stored within can be quite cathartic.

First sessions may run longer than the traditional 45 minutes, depending upon the therapist. Because this time seems to go by very quickly, it can help to prepare before going in, which will be addressed in the chapter titled *Getting Started*. For now, it's okay if you have so much to talk about that you feel "all over the map." The therapist may take notes during the session, but even if he or she doesn't, that therapist is well trained to remember the key points of what you outlined.

Even when you have certain goals visualized, those goals will likely change as therapy goes on. Therapy involves ongoing evaluation of your goals because the more you learn about yourself, the clearer your direction becomes. It's like driving along a windy mountainous road with frequent signs for falling rock. You rarely end up where you intended because of the unexpected obstacles. Goal-setting in therapy is more like pointing to a spot on the map that moves, sometimes by degrees and sometimes by time zones.

Therapy can be a process of transitional change; incremental change; or, most frequently, transformational change. Transitional change may include surviving a divorce, grieving a loss, or even blending of a step-family. Incremental change is about taking small steps toward a very specific goal, such as those people seeking "anger management." The most rewarding type of change is the last one, the kind that places greater emphasis on the journey than the destination.

So, what is it about this journey that makes it so important? Consider the following illustration to help this idea make sense:

John rushes home from work each day, frustrated by traffic and agitated by his fellow drivers. While at first he is eager to see his family, he arrives home grumpy and wanting to be alone. In this repeated pattern, John is determined to reach his desired goal, without attending to the process by which he is reaching it.

Throughout the therapy process, the therapist is going to provide consistent feedback to help stretch your perspective. Since we typically view the world through a particular lens, we routinely act upon the same information in similar ways. Say, for instance, we perceive a coworker as being bossy, always telling us what to do. Our reaction to this perceived bossiness is perhaps to get defensive and/ or to avoid the person. It is safe to say that we would deal with like people in similar ways, not recognizing the role we play in this exchange.

Through therapy we might explore why our sensitivity to being "bossed around" is high, not recognizing where our reflexive response is coming from. Of course we can justify that 'everybody' experiences this coworker in the same way, not having to look at where our reaction is stemming from. A therapist may help you pay attention to what is

being brought up for you, say, for instance, a feeling of insecurity that is evoked through the perception of an authority figure abusing their power or a sense of helplessness that reminds us of something from our past or present.

During these sessions, your therapist will provide empathy, or a demonstration that he or she understands your feelings, allowing you to move past your fear of judgment into a more exploratory stance about who you are and how you came to be. As you feel better understood, your defenses may lower opening yourself up to greater self-exploration. Not only does feeling understood allows a person to find validation, it helps them look beyond their protective mechanisms into their core self.

In your therapy, you will likely gain useful tools to help you negotiate your needs with greater success. These tools are too numerous to include them all but may include assertiveness training, visual imagery, relaxation techniques, or breathing exercises. By expanding your repertoire of useful intrapersonal and interpersonal strategies, you may find more peace and harmony with the world.

Sometimes therapy is not about change but about accepting ourselves for who we are, flaws and all. In fact, identifying those aspects of ourselves we typically hide for fear they will lead to rejection from others are the very facets of our personhood that build intimacy with others.

Chapter Three
Why Do People Go to See a Therapist?
Who Are These People?

➢ **Why Is It Helpful?**

According to the National Institute of Mental Health, nearly 27% of Americans ages 18 and older (one in four adults) suffers from a diagnosable mental illness, an estimated 57 million people. Nearly five percent or almost three millions children are reported by their parents as having serious emotional or behavioral problems. In addition, millions more Americans who may not meet criteria for a serious mental illness seek help dealing with feelings and problems that seem beyond their control, such as problems with a marriage or relationship, a family situation, loss of a job, the death of a loved one, depression, stress, burnout, or substance abuse. Those losses and stresses of daily living can at times be significantly debilitating.

People generally seek therapy for two different but broad reasons. The first and most common reason is personal crisis. Our marriage or relationship may be in jeopardy, our children may be struggling, or we ourselves may be experiencing hardship that threatens our personhood. Crises range in severity from confusion to outright turmoil. When we face a crisis, it often means our usual coping mechanisms are not working as they once did, and/or our capacity to tolerate the distress has diminished.

A second reason for seeking therapy is an interest in personal growth. "I am content in my life but I want to be fulfilled." "I feel like I don't know who I am anymore, as if I have lost my identity." Sometimes people who begin therapy in crisis move toward this type of less urgent but equally important work. When people come to therapy for more self-discovery designed work, the work looks different. Instead of concrete, specific

goals that are more measurable, the work takes on a more existential flavor. Questions about who am I? and what do I stand for?, mean in-depth soul searching that has no clear beginning or end.

Life is full of challenges. We encounter roadblocks to happiness at every turn in the busy highway of life, and sometimes these hurdles seem too high or too frequent to navigate. We grow tired and sometimes we stumble. We may even fall and not have the strength to get back up.

Sometimes the emotional weight of these challenges can put a strain on your system, creating messages from the body we in this society refer to as “symptoms.” These messages, or symptoms, can be back pain, stomach aches, headaches, fatigue, or a range of hundreds of sensation clusters. Often times we start out by ignoring these messages, either because we are “too busy” or hoping our situations will improve and our lives will get easier, but sometimes we seek out help to feel better. Others are more sensitized to bodily changes and react more quickly, even catastrophizing the irregularity as something major. In both instances, there can be an inaccurate reading of the body that people may eventually address with their healthcare professional.

Some people may check in with their primary physician first, hoping to rule out physiological causes to these symptoms. Medications may be tried or other suggestions made to deal with the abnormality. While Chapter 11 goes into more depth about the inherent flaws in our current medical model of healthcare, we will simply state for now that these messages from the body may be indicative of something more psychologically based. This doesn’t mean that somebody is imagining or making up their ailment, in fact its quite the contrary. Stress is like trapped energy in the body that creates havoc on our

regulatory systems, leaving us with very real maladies. The question is on what level are we looking or willing to address these issues.

Sample Symptom Checklist

Symptom	*Possible Message from the Body*	*Unmet Need Conflict*
Stomach ache	Let go of fear	Security
Neck Tension	Narrowed focus	Control
Unmotivated	Lack of quality fuel	Freedom
Worry	Stop anticipating the future	Security
Indifference	Not getting enough reward	Power
Agitation	Holding in tension	Independence
Back injury	Overburdened	Burdened
Dysphoria	Battery low	Belonging
Mood swings	Lack of stability	Chaos
Sleep Trouble	Needing catharsis	Inundated
Weight gain/loss	Stuffing feelings	Turbulence

Who Is Likely to Seek Therapy?

Ten years ago when somebody “needed therapy,” that person was assumed to be crazy and believed to have some deep-seated psychological problems that made him or her the center of attention, like wearing a big scarlet letter “U” for unstable on his or her chest. If the person wasn’t pitied, he or she was ridiculed or shunned.

These “highly disturbed” individuals were thought to see a “psychiatrist” who would sit behind them on a coach, with a notepad in hand, interpreting their dreams. The worse the problems, the more bizarre their dreams. Our fantasies of what went on in these closed door sessions were wild:

> Psychiatrist: “So, you are dreaming about a vast desert, stretching for hundreds of miles with only a single cactus standing desolate in the center of this barren wasteland. And you say the cactus has the face of your mother in-law, the body of your boss at work, and your dog’s tail. Well, I think it’s clear what’s going on here . . . you are confused about sex!

With the help of films and television shows such as DEAR JOHN, a self-help support group for middle-aged men and women; the ongoing neurosis of Woody Allen, who brought his therapy into every film, many of them including a therapist; and Frasier, a psychiatrist with his own radio talk show, we have begun to view therapy with curiosity and interest. With the help of the media, we have learned that it's the most ordinary people who seek therapy, because those who are genuinely crazy don't know enough to seek help or may not benefit much if they did.

This view has evolved quicker in some parts of the country. In Manhattan, it is considered "chic" to have your own therapist. Those people who are really contemporary enter group therapy. Is this a passing fad, or have people really caught on to something of value? In either case, the stigma of going to therapy is nearly gone.

In this era of court television, where high-priced lawyers find loopholes to exculpate their clients, and talk show hosts bring on hapless victims to scapegoat or finger-point toward less-suspecting culprits, personal accountability is held in high regard.

People who are willing to put time, money, and energy into their personal growth is likely to value accountability. With the number of obligations and responsibilities each of us has, it is admirable for somebody to invest himself or herself in personal growth.

People come to therapy for many different reasons. Some are in acute distress, such as those experiencing "symptoms" of anxiety or depression. They have likely waited until their discomfort has grown so strong that they are having difficulty functioning in their daily activities. These consumers of therapy initially look for relief from their disease.

Others come into therapy not because they are in pain, but due to a desire for something greater. They are not satisfied with their lives and believe there is greater fulfillment out there waiting to be found. It is this second group that tends to stay longer in therapy, because they are not looking for the "quick fix."

Interesting Facts:

- 20% of Americans might not choose to seek help from a mental health professional because they feel there is a stigma associated with therapy. (APA Survey 2004)
- 91% of Americans are likely to consult or recommend that a family member consult with a mental health professional. (APA Survey 2004)
- 35% of Americans give the media the most credit for reducing the stigma surrounding mental health services. (APA Survey 2004)
- Almost 50% of Americans think the stigma of seeking mental health services has decreased. (APA Survey 2004)
- 30% of Americans say they would be concerned about other people knowing they saw a mental health professional. (APA Survey 2004)

➢ Common Issues

Anxiety (Panic Attacks, Generalized Anxiety)

Everyone feels anxious and under stress from time to time. Situations such as meeting tight deadlines, important social obligations, or driving in heavy traffic often bring about anxious feelings. Such mild anxiety may help make you alert and focused on facing threatening or challenging circumstances. On the other hand, anxiety disorders cause severe distress over a period of time and disrupt the lives of individuals suffering from them. The frequency and intensity of anxiety involved in these disorders is often debilitating. But, fortunately, with proper and effective treatment, people suffering from

anxiety disorders can lead normal lives. There are several major types of anxiety disorders:

People with generalized anxiety disorder have recurring fears or worries, such as about health or finances, and they often have a persistent sense that something bad is just about to happen. The reason for the intense feelings of anxiety may be difficult to identify. But the fears and worries are very real and often keep individuals from concentrating on daily tasks.

Panic disorder involves sudden, intense, and unprovoked feelings of terror and dread. People who suffer from this disorder generally develop strong fears about when and where their next panic attack will occur, and they often restrict their activities as a result.

A related disorder involves phobias, or intense fears, about certain objects or situations. Specific phobias may involve things such as encountering certain animals or flying in airplanes, whereas social phobias involve fear of social settings or public places.

Obsessive-compulsive disorder is characterized by persistent, uncontrollable, and unwanted feelings or thoughts (obsessions) and routines or rituals in which individuals try to prevent or rid themselves of these thoughts (compulsions). Examples of common compulsions include washing hands or cleaning house excessively for fear of germs, or checking over something repeatedly for errors.

Someone who suffers severe physical or emotional trauma, such as from a natural disaster or serious accident or crime, may experience post-traumatic stress disorder. Thoughts, feelings, and behavior patterns become seriously affected by reminders of the event, sometimes months or even years after the traumatic experience.

Symptoms such as shortness of breath, racing heartbeat, trembling, and dizziness often accompany certain anxiety disorders such as panic and generalized anxiety disorders. Although they may begin at any time, anxiety disorders often surface in adolescence or early adulthood. There is some evidence of a genetic or family predisposition to certain anxiety disorders.

If left untreated, anxiety disorders can have severe consequences. For example, some people who suffer from recurring panic attacks avoid at all costs putting themselves in a situation that they fear may trigger an attack. Such avoidance behavior may create problems by conflicting with job requirements, family obligations or other basic activities of daily living.

Many people who suffer from an untreated anxiety disorder are prone to other psychological disorders, such as depression, and they have a greater tendency to abuse alcohol and other drugs. Their relationships with family members, friends, and coworkers may become very strained. And their job performance may falter.

Most cases of anxiety disorder can be treated successfully by appropriately trained health and mental healthcare professionals. Although the National Institute of Mental Health shows research that both “behavioral therapy” and “cognitive therapy” can be highly effective in treating anxiety disorders, there are other less well-known approaches that can be just as, if not more, helpful. Individual, family, and group psychotherapy (typically involving individuals who are not related to one another) are common approaches for some people with anxiety disorders. While some people seek relief through medication, it is suggested that a person meet with his or her therapist first

before taking this step. Although anti-anxiety medicine may help people function more easily, the medicine may mask important information from the body.

Interesting Facts:

- Only 1 out of 4 people with panic disorder receive treatment. (National Institutes of Mental Health)
- Approximately 1 out of 75 people may experience panic disorder. (National Institutes of Mental Health)
- Twice as many women suffer panic disorder than men. (U.S. Surgeon General's Report, 1999)
- Roughly 50% to 60% of those who suffer from panic disorder also suffer from a major depressive disorder. (U.S. Surgeon General's Report, 1999)
- Panic disorder is diagnosed when a person suffers at least two unexpected panic attacks and seriously worries about having future attacks or changes his or her behavior to avoid or minimize future attacks (U.S. Surgeon General's Report, 1999).
- Roughly 10% of healthy people experience an isolated panic attack in a given year. (U.S. Surgeon General's Report, 1999)
- Most panic attacks last less than 30 minutes. (U.S. Surgeon General's Report, 1999)
- Therapy can be highly effective in treating anxiety disorders. (APA, Anxiety Disorders Fact Sheet, 1998)
- Women are more likely than men to have an anxiety disorder. (National Institutes of Mental Health)
- Anxiety disorders frequently co-occur with depressive disorders, eating disorders, or substance abuse. (National Institutes of Mental Health)
- More than 19 million American adults have an anxiety disorder. (National Institutes of Mental Health)

Depression

According to the National Institute of Mental Health, an estimated 18.8 million adult Americans suffer from depression during any one-year period. Many do not even recognize that they have a condition that can be treated very effectively. This question-and-answer fact sheet discusses depression with a focus on how psychotherapy can help a depressed person recover.

Everyone feels sad or “blue” on occasion. Most people grieve over upsetting life experiences such as a major illness, loss of a job, a death in the family, or a divorce. These feelings of grief tend to become less intense on their own as time passes. Depression occurs when feelings of extreme sadness or despair last for at least two weeks or longer and when they interfere with activities of daily living such as working or even eating and sleeping. Depressed individuals tend to feel helpless and hopeless, and blame themselves for having these feelings. Some may have thoughts of death or suicide. People who are depressed may become overwhelmed and exhausted, and stop participating in certain everyday activities altogether. They may withdraw from family and friends.

Changes in the body’s chemistry influence mood and thought processes, and biological factors contribute to some cases of depression. In addition, chronic and serious illnesses such as heart disease or cancer may be accompanied by depression. For many individuals, however, depression signals first and foremost that certain mental and emotional aspects of life are out of balance.

Significant transitions and major life stressors such as the death of a loved one or the loss of a job can bring about depression. Other more subtle factors that lead to a loss

of identity or self-esteem may also contribute. The causes of depression are not always immediately apparent, so the disorder requires careful evaluation and diagnosis by a trained mental healthcare professional.

Sometimes the circumstances involved in depression are ones over which an individual has little or no control. At other times, however, depression occurs when people are unable to see that they actually have choices and can bring about change in their lives.

Depression is highly treatable when an individual receives competent care. Psychologists are among the licensed and highly trained mental health providers with years of experience studying depression and helping patients recover from it.

There is still some stigma, or reluctance, associated with seeking help for emotional and mental problems, including depression. Unfortunately, feelings of depression often are viewed as a sign of weakness rather than as a signal that something is out of balance. The fact is that people with depression can not simply "snap out of it" and feel better spontaneously.

Persons with depression who do not seek help suffer needlessly. Unexpressed feelings and concerns accompanied by a sense of isolation can worsen a depression. The importance of obtaining quality professional healthcare cannot be overemphasized.

Psychotherapy offers people the opportunity to identify the factors that contribute to their depression and to deal effectively with the psychological, behavioral, interpersonal, and situational causes. Skilled therapists can work with depressed individuals to pinpoint the life problems that contribute to their depression, and to help them understand which aspects of those problems they may be able to solve or improve.

A trained therapist can help depressed patients identify options for the future and set realistic goals that enable these individuals to enhance their mental and emotional well-being. Therapists also help individuals identify how they have successfully dealt with similar feelings, if they have been depressed in the past.

- Identify negative or distorted thinking patterns that contribute to feelings of hopelessness and helplessness that accompany depression. For example, depressed individuals may tend to overgeneralize, that is, to think of circumstances in terms of “always” or “never.” They may also take events personally. A trained and competent therapist can help nurture a more positive outlook on life.

- Explore other learned thoughts and behaviors that create problems and contribute to depression. For example, therapists can help depressed individuals understand and improve patterns of interacting with other people that contribute to their depression.

- Help people regain a sense of control and pleasure in life. Psychotherapy helps people see choices as well as gradually incorporate enjoyable, fulfilling activities back into their lives.

Having one episode of depression greatly increases the risk of having another episode. There is some evidence that ongoing psychotherapy may lessen the chance of future episodes or reduce their intensity. Through therapy, people can learn skills to avoid unnecessary suffering from later bouts of depression.

In what other ways do therapists help depressed individuals and their loved ones? The support and involvement of family and friends can play a crucial role in helping someone who is depressed. Individuals in the “support system” can help by encouraging a depressed loved one to stick with treatment and to practice the coping techniques and problem-solving skills he or she is learning through psychotherapy.

Living with a depressed person can be very difficult and stressful for family members and friends. The pain of watching a loved one suffer from depression can bring

about feelings of helplessness and loss. Family or marital therapy may be beneficial in bringing together all the individuals affected by depression and helping them learn effective ways of coping together. This type of psychotherapy can also provide a good opportunity for individuals who have never experienced depression themselves to learn more about it and to identify constructive ways of supporting a loved one who is suffering from depression.

Medications can be very helpful for reducing the symptoms of depression in some people, particularly for cases of moderate to severe depression. Some healthcare providers treating depression may favor using a combination of psychotherapy and medications. Given the side effects, any use of medication requires close monitoring by the physician who prescribes the drugs.

Some depressed individuals may prefer psychotherapy to the use of medications, especially if their depression is not severe. By conducting a thorough assessment, a licensed and trained mental health professional can help make recommendations about an effective course of treatment for an individual's depression.

Depression can seriously impair a person's ability to function in everyday situations. But the prospects for recovery for depressed individuals who seek appropriate professional care are very good. By working with qualified and experienced therapists, those suffering from depression can help regain control of their lives.

Interesting Facts:

- Chances for recovery for depressed individuals who seek professional care are very good. (APA, *How Psychotherapy Helps People Recover from Depression*, 1998)
- Through therapy, people can learn coping techniques and problem-solving skills to deal with depression and other mental health disorders. (APA, *How Psychotherapy Helps People Recover from Depression*, 1998)
- Support from family and friends plays a crucial role in helping someone with depression. (APA, *How Psychotherapy Helps People Recover from Depression*, 1998)
- An estimated 5.8% of men and 9.5% of women worldwide will experience a depressive episode in any given year. (World Health Organization)
- An estimated 121 million people worldwide currently suffer from depression. (World Health Organization)
- Eight percent to 20% of older adults experience symptoms of depression. (Surgeon General's Report on Mental Health, 1999)
- Depression often co-occurs with anxiety disorders and substance abuse. (National Institutes of Mental Health)
- Approximately 6 million American men suffer from depression. (National Institute of Mental Health)
- Nearly twice as many American women as men are affected by depression. (National Institute of Mental Health)
- Approximately 18.8 million American adults have depression. (National Institute of Mental Health)

Substance Abuse

Substance abuse is a serious health concern that

The treatment of addictions has become a specialized field within the broader heading of mental health. There are various approaches to the treatment of drug and alcohol abuse/ dependency and different levels of care. The most intensive level is known as detox or

residential treatment, where the addicted person might spend weeks or months in a structured program with physicians, counselors, and other health care professionals. Partial hospitalization is an intermediary step for a patient who does not qualify for inpatient treatment but needs daily attention to work on their addiction. The next level down is called intensive outpatient (IOP). In IOP, clients may go two or three times a week for several hours, mostly in group therapy. Finally, there is traditional outpatient therapy, which is the focus of this book. Not all therapists work with addictions in their private practice and some people wind up doing their one on one therapy through a social service agency or hospital setting.

In outpatient therapy, the therapist and client work on several issues, including relapse prevention, intra and interpersonal relationships, family matters, and other underling issues that coincide or produce the addictive behavior. Many therapists prescribe to the disease concept model which requires its members to attend Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings on a regular basis. Even family members are encouraged to attend their own twelve step meetings to address their role in the addiction. This approach works well for some, however like any approach it has its limitations. Complaints about this model include an overemphasis on religion/ spirituality, a rigidity of philosophy, a discomfort with group settings, and a wish to get more to the core of their dysfunction.

There are several other theoretical models that have overlapping methods of intervention, so selecting the right approach is crucial to long term sobriety and recovery. I differential these two terms because a person can be sober without having worked through the myriad of issues that contributed to their addiction. In any model that you

select for your treatment provider, it is important to explore the way contact is made with self and others. Contact is the way in which individuals experience life and dictates the way in which they seek to get their needs met. A typical addict will use substances to diminish contact within, blocking out important sensations from the body that signal when needs or conflicts are present. The use of alcohol or drugs is an action that reduces self-awareness, not allowing the person to act on the messages from their body.

Due to the ongoing physiological risk of toxicity from drug/ alcohol withdrawal as well as the consumption of these harmful substances, it is often recommended that medical consultation accompany any type of therapy. Therapists are not always trained in assessing the health risk of recovering addicts so a team of professionals, including a nutritionist is often beneficial.

Eating Disorders

In a society that places such a high value on thinness, even with the growing trend toward obesity, a high percentage of people worry about their weight at least occasionally. People with eating disorders take such concerns to extremes, developing abnormal eating habits that threaten their well-being and even their lives.

There are three major types of eating disorders. People with anorexia nervosa have a distorted body image that causes them to see themselves as overweight even when they're dangerously thin. Often refusing to eat, exercising compulsively, and developing unusual habits such as refusing to eat in front of others, they lose large amounts of weight and may even starve to death. Individuals with bulimia nervosa eat excessive quantities of food, then purge their bodies of the food and calories they fear by using laxatives, enemas or diuretics, vomiting, and/or exercise. Often acting in secrecy, they feel disgusted and ashamed as they binge, yet relieved of tension and negative emotions once their stomachs are empty again. Like people with bulimia, those with binge-eating disorder experience frequent episodes of out-of-control eating. The difference is that binge eaters don't purge their bodies of excess calories.

It's important to prevent problematic behaviors from evolving into full-fledged eating disorders. Anorexia and bulimia, for example, usually are preceded by very strict dieting and weight loss. Binge-eating disorder can begin with occasional bingeing. Whenever eating behaviors start having a destructive impact on someone's functioning or self-image, it's time to see a highly trained mental health professional, such as a licensed therapist experienced in treating people with eating disorders.

According to the National Institute of Mental Health, adolescent and young women account for 90% of cases. But eating disorders aren't just a problem for the teenage women so often depicted in the media. Older women, men, and boys can also develop these disorders. And an increasing number of ethnic minorities are falling prey to these devastating illnesses.

People sometimes have eating disorders without their families or friends ever suspecting that they have a problem. Aware that their behavior is abnormal, people with eating disorders may withdraw from social contact, hide their behavior, and deny that their eating patterns are problematic. Making an accurate diagnosis requires the involvement of a licensed psychologist or other appropriate mental health expert.

Certain psychological factors predispose people to developing eating disorders. Dysfunctional families or relationships are one factor. Personality traits also may contribute to these disorders. Most people with eating disorders suffer from low self-esteem, feelings of helplessness, and intense dissatisfaction with the way they look.

Specific traits are linked to each of the disorders. People with anorexia tend to be perfectionistic, for instance, whereas people with bulimia are often impulsive. Physical factors such as genetics also may play a role in putting people at risk.

A wide range of situations can precipitate eating disorders in susceptible individuals. Family members or friends may repeatedly tease people about their bodies. Individuals may be participating in gymnastics or other sports that emphasize low weight or a certain body image. Negative emotions or traumas such as rape, abuse, or the death of a loved one can also trigger disorders. Even a happy event, such as giving birth, can

lead to disorders because of the stressful impact of the event on an individual's new role and body image.

Once people start engaging in abnormal eating behaviors, the problem can perpetuate itself. Bingeing can set a vicious cycle in motion, as individuals purge to rid themselves of excess calories and psychic pain, then binge again to escape problems in their day-to-day lives.

Research indicates that eating disorders are one of the psychological problems least likely to be treated. But eating disorders often don't go away on their own. And leaving them untreated can have serious consequences. In fact, the National Institute of Mental Health estimates that one in ten anorexia cases ends in death from starvation, suicide, or medical complications like heart attacks or kidney failure.

Eating disorders can devastate the body. Physical problems associated with eating disorders include anemia, palpitations, hair and bone loss, tooth decay, esophagitis, and the cessation of menstruation. People with binge-eating disorder may develop high blood pressure, diabetes, and other problems associated with obesity.

Eating disorders are also associated with other mental disorders like depression. Researchers don't yet know whether eating disorders are symptoms of such problems or whether the problems develop because of the isolation, stigma, and physiological changes wrought by the eating disorders themselves. What is clear is that people with eating disorders suffer higher rates of other mental disorders—including depression, anxiety disorders, and substance abuse—than people without eating disorders.

Therapists play a vital role in the successful treatment of eating disorders and are integral members of the multidisciplinary team that may be required to provide patient

care. As part of this treatment, a physician may be called on to rule out medical illnesses and determine that the patient is not in immediate physical danger. A nutritionist may be asked to help assess and improve nutritional intake.

Once the therapist has identified important issues that need attention and has developed a treatment plan, he or she helps the patient replace destructive thoughts and behaviors with more positive ones. The therapist and the client work together to focus on healthier ways of coping with distress while delving into the underlying issues that promote the pathology. Or, a patient might keep a food diary as a way of becoming more aware of the types of situations that trigger bingeing.

Simply changing patients' thoughts and behaviors is not enough, however. To ensure lasting improvement, patients and therapists must work together to explore the psychological issues underlying the eating disorder. Psychotherapy may need to focus on improving patients' personal relationships. And it may involve helping patients get beyond an event or situation that triggered the disorder in the first place. Group therapy also may be helpful.

Some patients, especially those with bulimia, may benefit from medication. It's important to remember, however, that medication should be used in combination with psychotherapy, not as a replacement for it. Patients who are advised to take medication should be aware of possible side effects and the need for close supervision by a physician.

Most cases of eating disorder can be treated successfully by appropriately trained health and mental healthcare professionals. But treatments do not work instantly. For many patients, treatment may need to be long term. Incorporating family or marital

therapy into patient care may help prevent relapses by resolving interpersonal issues related to the eating disorder. Therapists can guide family members in understanding the patient's disorder and learning new techniques for coping with problems. Support groups can also help.

Remember, the sooner treatment starts, the better. The longer abnormal eating patterns continue, the more deeply ingrained they become and the more difficult they are to treat. Eating disorders can severely impair people's functioning and health. But the prospects for long-term recovery are good for most people who seek help from appropriate professionals. Qualified therapists, such as licensed psychologists with experience in this area, can help those who suffer from eating disorders regain control of their eating behaviors and their lives.

<u>Interesting Facts:</u>

- People with eating disorders tend to suffer from other mental health disorders like depression or anxiety. (APA, *Eating Disorders: Psychotherapy's Role in Effective Treatment*, 1998)
- Eating disorders contribute to physical problems such as anemia, hair and bone loss, and tooth decay. (APA, *Eating Disorders: Psychotherapy's Role in Effective Treatment*, 1998)
- One in ten anorexia cases, ends in death from starvation, suicide, or medical complications like heart attacks or kidney failure. (APA, *Eating Disorders: Psychotherapy's Role in Effective Treatment*, 1998)
- Research shows that eating disorders are one of the psychological problems least likely to be treated. (APA, *Eating Disorders: Psychotherapy's Role in Effective Treatment*, 1998)
- People with anorexia tend to be perfectionists, while people with bulimia are often impulsive. (APA, *Eating Disorders: Psychotherapy's Role in Effective Treatment*, 1998)

- Most people with eating disorders suffer from low self-esteem and feelings of helplessness. (APA, *Eating Disorders: Psychotherapy's Role in Effective Treatment*, 1998)
- People with eating disorders tend to withdraw from social contact and hide their eating behavior. (APA, *Eating Disorders: Psychotherapy's Role in Effective Treatment*, 1998)
- Approximately 35% of people with binge-eating disorder are male. (National Institute of Mental Health)
- An estimated 5% to 15% of people with anorexia and bulimia are male. (National Institutes of Mental Health)
- Females are much more likely to develop an eating disorder than males. (National Institutes of Mental Health)
- The three main types of eating disorders are anorexia nervosa, bulimia nervosa, and binge-eating disorder. (National Institutes of Mental Health)

➢ **Should I Go Alone to the Session or With My Partner/Family?**

This is a question many first time clients consider in anticipation of their first session. The answer is determined by these three determining factors: First off, how comfortable are you going alone. If you are scared and would be at greater ease having companionship, then you could always have a friend or family member travel with you to the office and sit in the waiting room. If you are terribly anxious, they might even join you in the session. Secondly, does the reason you are seeking therapy have anything to do with relationships, in particular with a spouse or significant other. Many wives will initiate therapy because of unhappiness in their marriage but want to check out the therapist first before bringing their husband. This is perfectly alright, but remember that as soon as one person in a dyad has developed a rapport with the therapist, there may be some uneasiness for the partner. Also consider that the way in which a therapist works with a person individually, may vary from their style when

seeing a family or couple. Thirdly, is having somebody with you going to impede or buttress your work. If having a third person in the session may inhibit your disclosure than you may consider coming alone. If you believe a third person can help shed light on your situation and support you in being more open, then you might have them with you for at least the first session.

- **Do All Therapists See Families/Couples?**

No, not all therapists work with families or couples. In fact, couples and family therapy is as much as specialty or concentration area as substance abuse or eating disorders treatment. The major difference between individual and family/ couples therapy is the perspective of the therapist. A systems perspective is one in which a therapist is well aware of how an individual relates to others and their community. Systems therapists make their diagnostic impressions largely on the interpersonal functioning of the various subsystems within the family unit.

If you are working with an individual therapist and believe you may eventually want to include other family members in your therapy, you have a number of options. Firstly you can ask your existing therapist what their comfort level is bringing in additional persons to the session. You may also want to ask the same question of the people you are intending on bringing in, because they may feel awkward coming into your therapy. The relationship has already been established and an alliance has already been made. Navigating the assimilation of a new person(s) can be tricky and requires a lot of ongoing talking about each person's experience.

The least complicated way to deal with bringing in somebody new to therapy is finding another therapist who can see you and your spouse or family. This is common practice because it keep boundaries clear and intact. If you want the two therapists to speak with each other than you sign a release of information and they can talk about whatever you entrust them to. Your individual therapist can often recommend somebody they know of who does family/ couples therapy so you are not having to start from scratch in the search process. This is a particularly helpful way of getting a referral because the therapist knows you and likely has insight into who you would work well with.

PART II

SELECTING A THERAPIST

Chapter Four
Selecting the Right Therapist For You

Selecting a therapist can be a difficult decision. Unlike finding a medical doctor, we often rely on our insurance companies to tell us which providers are "on the list". We should not feel compelled, however, to only work with those clinicians who are part of the managed care panels for our insurance. For those who can afford it, paying for a therapist privately can help protect your privacy and give you more control over the number of sessions. Although unfair and unethical, some clinicians may give preference (when scheduling) to those who are paying privately because it costs more time, energy, and money to deal with insurance companies.

➢ **Interviewing Therapists: 11 Questions to Ask**

1. How long have you been in practice?
2. What is your theoretical orientation?
3. How do you see change take place?
4. How directive are you?
5. Have you worked with __________ before?
6. What are your views on medication?
7. How frequently do you typically schedule appointments?
8. Do you specialize in a particular area?
9. Is there a fee for missed or canceled sessions?
10. Do you work with my insurance?
11. How easy are you to get a hold of?

1. How long have you been in practice?

Similar to many other professions, the longer you "practice," the more practiced you become. Although each individual has uniqueness to their situation, there are very similar underlying themes that come up repeatedly with clients. An experienced therapist knows what to look for and has "experimented" with different approaches to achieve a

desired outcome. More experienced therapists may be less inclined to personalize anger or upset that a client may inadvertently direct toward them.

There are benefits to working with a therapist who has been practicing a shorter period of time. First of all, more novice therapists will likely have great enthusiasm for their work; they are eager to please and prove their worth. Younger or lesser experienced therapists often charge less money and may be more flexible with regard to scheduling and/or payment options. Younger therapists also tend to present less as an "expert", which could be a potential turn-off for a client.

Having experience helps a therapist to be more certain of his or her orientation/ philosophy of change, which is the most important variable.

2. What is your theoretical orientation?

Chapter Eleven is devoted to this topic, so we will not be redundant here. Suffice to say that when considering what a therapist's orientation is, imagine what it would be like to work with a person who has this philosophy. Try to sense how well it fits with your own belief system or how well you think you might respond. Keep in mind that the most common or recognizable approaches do not mean they are the most effective for you. Simple and common-sense approaches may be appealing, but they may also lack depth.

3. How do you see change take place?

Change was described earlier as an ongoing process that often times creates distress. How a therapist views change can tell you a lot about the way that therapist helps people cope with this unyielding process. Asking this question may yield valuable

information about the way the therapist operates along many continuums, including existential versus practical, nurturing versus challenging, empowering versus authoritarian, or directive versus less directive.

4. How directive are you?

The degree to which a therapist is directive dictates how much he or she leads the session versus how much you lead it. A very directive therapist is likely to offer more feedback, give advice or suggestion, and tell you of his or her experience of you. A directive therapist may challenge you more and provoke more conflict. Clients who feel less motivation, are lost, or need a higher degree of accountability may be tempted to gravitate toward this approach. Be careful of your agenda, however, in selecting a therapist toward this end of the continuum, especially if you have the fantasy that the therapist will fix you. Regardless of how directive a therapist is, the onus of responsibility for doing the work is squarely on your shoulders.

A less directive therapist does not mean that he or she is passive or less skilled. It may mean that the therapist empowers his or her clients by evoking responses in you that lead to your own insight and self-direction. This type of clinician believes that providing the right conditions in therapy, such as unconditional positive regard and empathy, is sufficient to allow you to be helped.

5. Have you worked with _____________ before?

A therapist may be very experienced as a general practitioner, but that doesn't necessarily mean he or she is ready or willing to work with your particular issue. A therapist in practice for 30 years, for instance, who has seen thousands of young women

in therapy, may be adverse to treating an eating disorder because of his or her own life experience.

6. What are your views on medication?

Therapists are not medical doctors (with a few exceptions), nor are they qualified to answer questions about whether or not a client ought to be taking medication. With that said, it is commonplace for a therapist to recommend that a client seek an evaluation from a psychiatrist (a medical doctor trained in psychotropic medication). Because therapists can have extensive experience working with clients who take medication, they may also be good sources of information for clients on the topic of medication.

It is helpful to know where your therapist stands on the issue of medication, because it could be a potential factor relevant to your experience. Some therapists are quick to recommend that a client seek an evaluation for medication before therapy even has been given a chance to help. At the other end of the spectrum are those therapists who have strong biases against medication and may believe that it is never indicated. A balanced view is a therapist who doesn't rush to judgment and knows that the client is in the best position to know whether medication is needed.

7. How frequently do you typically schedule appointments?

Traditionally, therapists meet with their clients at least one time per week for the foreseeable future of therapy or until the client has met most or all of his or her treatment goals. Weekly appointments allow for sustained momentum where work can be easily continued from week to week. Any lesser frequency can make it difficult to build a relationship and/or work on established goals, depending upon the seriousness of the

presenting issues. Some therapists have very busy schedules and attempt to meet with clients twice a month. This is an option to consider only if you believe your objectives will not require more in-depth work.

8. Do you specialize in a particular area?

While many therapists have eclectic practices with general populations, others focus in on very specific issues or clientele. Some therapists, for instance, will only work with women, while others call themselves child therapists. Just because a therapist focuses on a particular population does not make that therapist an expert, nor does it mean he or she has specialized. These are very particular terms that connote advanced training in a particular field. What is helpful to know from the clinician is what percentage of their practice consists of men/women, anxiety/depression, children/couples, for instance. This may give you an idea of where that therapist's interest and experience is strongest.

9. Is there a fee for missed or canceled sessions?

Almost every therapist has a policy for when a client misses a session or cancels a session within a certain time period, such as 24 or 48 hours before the scheduled appointment. It is helpful for a client to know about this policy up front because it indicates how the therapist operates. The most typical scenarios are (1) a fixed fee for a missed session, or (2) being responsible for the full session fee (co-pay and contracted rate with the insurance company). While it may seem inflexible or uncaring to have your therapist charge you for missed appointments, it prevents the therapist from building resentment, which can interfere with the therapeutic relationship. It also helps to hold a

client accountable when he or she doesn't feel like attending a session, which often occurs when difficult issues are being tackled or there has been significant emotional drain.

10. Do you work with my insurance?

This will be addressed in greater detail in Part III of this book, but it is important to know, if you are unable to pay for therapy privately. Not all therapists are contracted with your insurance carrier and may not be considered "in-network." If you don't have an out-of-network option with your insurance, then you might not be reimbursed for services. If you didn't get a list from your insurance company of participating clinicians, then you might ask this question early in your phone call.

11. How easy are you to get a hold of?

It might seem like a difficult or obvious question to ask, but it can really make a difference whether or not your clinician is reachable. Many therapists see clients throughout their entire day, leaving little time for returning phone calls promptly. It is usual for a therapist to call clients back at the end of the day (or evening) unless they have a cancellation or other break earlier, so knowing the therapist's usual practice is helpful. This way, if your therapist waits several hours to return phone calls, you will not be anxiously waiting for the return call. Asking this question also sends a message to the therapist that you are expecting that therapist to have a certain level of accountability. While therapists are not crisis counselors, immediately available to help you through emergency situations, they ought to be responsive within a reasonable timeframe. Knowing this up front can help clients avoid potentially upsetting disappointments.

➢ **<u>Interviewing Therapists: 10 Questions to Consider After First Call or Interview</u>**

1. Does the therapist seem genuinely interested or distracted?
2. How well do I feel listened to and understood?
3. Has he or she given me any useful feedback?
4. Do I feel a little hopeful that I can successfully address my concerns with the therapist?
5. As I look around the therapist's office, do I get the feeling that I could be comfortable spending some time here?
6. Where on the continuum of clinically objective/detached does he or she seem to be?
7. Is working with a therapist of the same/different gender/age/ethnicity going to matter?
8. Am I ready to make this kind of time/energy/monetary commitment?
9. What might be the challenges of working with this particular clinician?
10. Will I be willing to assert myself with this therapist if or when needed?

1. Does the therapist seem genuinely interested or distracted?

Keep in mind that a person may be having a rushed day, so judgment might be suspended until the second contact. Letting a therapist know that he or she seem rushed and asking if he or she would prefer to speak at another time may be a helpful way of assessing the therapist's interest in working with you. I know that I often times return phone calls to new clients in between sessions, before lunch, or sometimes in the evening when I am finished with appointments. Any and all of these times can feel rushed for different reasons.

2. How well do I feel listened to and understood?

Your very first conversation with a clinician gives you an idea of what you may expect from your therapist. While you aren't getting into very deep or specific matters on the phone, the clinician will likely ask for a vague description of why you are calling for therapy. This is done to ensure that your issue is within the scope of competence for the

therapists and whether he or she has an interest in working with your particular matter. It is not uncommon, for instance, for a therapist to turn down a client who is depressed, if that therapist has an unusually high number of depressed clients on his or her "caseload." This is good self-care for the clinician, knowing that certain issues require different types of energy expenditure on the part of the therapist. If you hang up the phone saying to yourself, "They get it," then you are off to a good start.

3. Has he or she given me any useful feedback?

While the initial phone call is restrictive because of time and limited information, many therapists will offer some type of feedback to assess your level of insight, receptivity, and willingness to look at yourself from another perspective. This is why it's very important for the person who is seeking therapy to call himself or herself. Obviously, parents of children will have to make the calls, but even teenagers can be involved with screening a therapist. This gives them more ownership of the process from the onset. In all other instances, such as wives calling for their husbands or friends calling for a significant other, I recommend doing only the initial screening. After finding a few names, give these names to the intended client for them to call.

Many therapists will not provide initial feedback for the purpose of exposure to liability, insufficient insight into your situation, or simply because they aren't being paid for their time—all reasonable explanations. I believe, however, that you can gain helpful information about a perspective therapist by the way he or she responds to your queries.

4. Do I feel a little hopeful that I can successfully address my concerns with the therapist?

This is a gut check. You can't answer this question through your intellect alone, because hopefulness is only experienced through the body. So, pay attention to your energy and whether it rises through excitement (the hope of finding somebody who can help) or gets bottled up into anxiety (I don't know if he is she is right for me). Along with your gut, ask yourself whether this person seems knowledgeable, accepting (but not complacent), and interested. This will help you decide if a few trial sessions are appropriate to gain a better sense of what therapy may offer.

5. As I look around the therapist's office, do I get the feeling that I could be comfortable spending some time here?

Once you have had your initial appointment, you will be able to assess the therapist in a number of different ways. How comfortable was the waiting area and how conducive was it to privacy and peacefulness? How helpful was the receptionist with the complicated process of getting you authorized through the insurance and explaining to you the bundle of paperwork you will be filling out? Did the therapist explain his or her policy on confidentiality and make clear the limits to your privacy?

Once inside the office, how comfortable do you feel? Are you seated on a couch or a chair that faces the therapist, or are there obstacles between you, such as a desk? My personal preference is for open space between myself and my client. Any objects or furniture serve as barriers that interfere with contact.

What kind of decorations hang on the wall? Is the clinician licensed with diplomas hanging on the wall, and are they legitimate? I know of colleagues who would attend conferences for which they gained continuing education credit and framed each

one for their walls. These overt attempts to impress a client may be an indication of insecurity or self-absorption, not qualities absent in psychotherapists.

6. ***Where on the continuum of clinically objective/detached does he or she seem to be?***

Perhaps the most noticeable characteristic that impacts a first impression is the therapist's level of involvement. This is going to be a matter of personal preference, so try not to look for good or bad on this continuum. A clinician who seems considerably concerned about you may be appealing because you feel cared for. The pitfall can be a loss of objectivity that clouds a therapist's judgment. On the other end of the continuum is a clinician who seems extremely professional, so much so that you aren't able to make an emotional connection with him or her. Thus, a middle ground between caring with clear boundaries may be the ideal.

7. ***Is working with a therapist of the same/different gender/age/ethnicity going to matter?***

An initial consideration for new clients is the preferred gender of the therapist. This decision is made on who they believe they will feel most comfortable talking with. Female clients often times chose female therapists because they suspect they will be better understood, and so too do male clients select male therapists. What new clients don't always consider is that they may be more challenged or gain a different perspective by choosing a therapist of the opposite gender. So, clients will balance out their comfort level with their desire for a unique perspective. The issue of ethnicity has similar yet different factors. Similar cultural or ethnic backgrounds may yield greater appreciation of experiences a client may have had, such as a client and therapist who both attended years

of Catholic school. A qualified therapist, however, will explore differences in moral, religious, or ethnic backgrounds rather than assuming that commonalities exist.

8. Am I ready to make this kind of time/energy/monetary commitment?

The decision to partake in therapy is a major one because it involves a considerable amount of time, energy, and money. Setting aside at least an hour a week is not always easy, particularly when a person feels pressured to accomplish all the obligations already present in his or her life. For those people who are serious about improving their lives, the effort that is needed to make important changes can extend well beyond the session itself, which also can be challenging for a person who feels drained or low on motivation. Whether you are using insurance and making a co-payment or paying privately for therapy, the cost can also add up over time. Consider that a simple weekly $20 co-payment over the course of a year comes out to about $1,000 annually. It is for these reasons that you have to prepare yourself for this grand endeavor.

9. What might be the challenges to working with this particular clinician?

Every therapist, no matter how helpful, is going to inherently bring certain qualities or conditions that can serve as barriers to therapy. This can be as simple as an inflexible schedule that forces you to come during inopportune times, or as complicated as talking about private aspects of your sex life with the opposite gender therapist. Try to anticipate what challenges will exist so that you are not caught entirely off guard.

A helpful therapist will welcome feedback about the obstacles to therapy, helping you to feel as though your concerns are normal and worthwhile. Remember that you are the consumer and you have a right to voice your experiences, even if it means

confronting the therapist which can be uncomfortable, if you view him or her as an 'expert' that is rigid and beyond reproach.

10. Will I be willing to assert myself with this therapist if or when needed?

There will come a point, or many points if you remain in therapy long enough, that you will have cause to challenge your therapist. This ought not be viewed as defiance, arrogance, or a disregard for being helped, but instead as a natural response to the therapeutic process. The important question to ask yourself is, what will you do when this time comes? Answering the question, what is my instinctive response to such situations? can help. If you are a person who shies away from conflict, might you need a therapist who is gentler and more nurturing? If you tend to get combative and overpowering, you might benefit from a therapist who is going to stand up to you and who enjoys a "good fight." You might even experiment with this during the initial phone call or the first session. Test drive your assertiveness early and see what the response is. If you are really bold, you can bring it to the therapist's attention and let him or her know what you are doing—this is sure to lead to a lively conversation that will give you helpful data.

Chapter Five
Theoretical Orientation

While some people may find this chapter unnecessary, I recommend that you consider the contents carefully. There are many ways to achieve a certain outcome, but the method by which we find ultimate success can have as much to do with how we experience this conquest. Therapists can have widely differing beliefs about how a client is intended to be helped and what the clinician's role is in this process. In order for you to make a determination about what the most effective type of help will be, you will want to understand the vehicle by which you are taking this important journey.

Perhaps the most telling aspects of how a therapist works is how that therapist sees change occur and what role he or she plays in facilitating this change. After all, most people seek out therapy because they want something to be different. Change may be the elimination of uncomfortable "symptoms" such as tension, apprehension, and panic (anxiety); or lethargy, apathy, and dysphoria (depression). It may be the improvement of relationships through assertiveness training, development of trust, or the creation of intimacy. Or change may be the attainment of greater joy/happiness in one's life through resolving trauma, reducing anger, or finding greater meaning in an area such as a career.

Theoretical orientation can also be referred to as the philosophy by which a therapist operates. These orientations may differ significantly in many ways: the role of the therapist; the nature of the intervention; and how one conceptualizes pathology (deviation from the norm or, on this case, health). It is important to have a basic understanding of your therapist's orientation because it will help you understand what to expect from him or her and the process of therapy itself.

Below are summaries of some of the more common orientations. These are only a few of the many hundreds of approaches/philosophies that exist, so this list is by no means comprehensive. The ones listed are not the most effective, so if there is an orientation that is not listed, you may learn more about it through an internet search or by asking the therapist to provide references for you.

- **Gestalt**

There is more written about this approach because it is the preferred perspective for this author, so consider the bias when reading these explanations.

There are two main functions of gestalt therapy. The first function is to help people resolve unfinished business, or those experiences in a person's life that have not been fully integrated. The trauma, for instance, of being mistreated as a child has strong implications for how we relate in our current lives. In addition to understanding the influences of this early event, we also want to come to terms and find some level of acceptance so that we can move forward with our lives.

The second function of gestalt therapy has to do with reaching our potential as human beings. We all have inherent greatness within our reach, but fragmentation (the parts of ourselves becoming more separate), self-imposed obstacles, and resistance stand in the way. The way we recognize our potential is through integrating our parts, removing obstacles (sometimes this is unfinished business) and recognizing our resistance (the forces for sameness and change).

Gestalt therapy is based on the paradoxical theory of change—in order to make something different, you must fully understand what it already is. So, for instance, if you are experiencing anxiety, then before we introduce relaxation techniques to reduce the

worry, we explore it to understand why it's occurring. This philosophy is far from the quick fix that many people seek who want to eliminate discomfort. A gestalt therapist does not want to patch a person up only to see that person in six months with new problems. If getting your needs met were a simple process, each of you would have done so long before the signals from your body became so loud. One reason for this difficulty with change is not recognizing your resistance to change or need for sameness.

Contact is the lifeblood of growth, the means for changing oneself, and one's experience in the world. When we explore ourselves fully, we learn, and when we learn, we grow. When we take in another person fully, we realize new aspects of ourselves and again we grow. Contact leads to change and change requires imbalance, therefore we resist change and also the contact. Contact is part of the cycle of experience, which is the way a gestalt therapist conceptualizes human functioning.

➢ **Cognitive Behavioral**

This approach may be the most well known by the general public because there is more written about it. There may also be more research about this approach because it lends itself well to measurement. Furthermore, this approach is favored by insurance companies who have brought us the era of managed care. When your therapist is requesting more sessions, he or she must fill out a form called a TRF (treatment request form) or an OTR (ongoing treatment request) that asks for specific, concrete, and measurable objectives. Most therapists, regardless of their treatment approach, complete these forms with very behavioral goals.

Cognitive Behavioral Therapy, or CBT, helps people with two major aspects of their personhood—thinking and doing. By helping people recognize cognitive errors or

distortions (minimizing, maximizing, personalizing, etc.), and then replacing these automatic messages with something more constructive, a person's behavior is freer to change. Take a string, for instance, and tie a small object to the end of it. Hold the string very still out in front of you and think (don't do), north-south. After a minute or so you will find the string moving forward and backward. Repeat the exercise thinking east-west and you may find the object moving left and right. What we learn from this is that our body wants to respond to what the mind is thinking, so if we change our thoughts, we can alter our behavior. In children we call it "stinkin' thinkin'" to help them learn how to turn negative into positive.

There are many ways to create behavioral change, but all of them involve some type of reinforcement. This can be positive reinforcement, where we add an incentive to maintain or change a behavior, or negative reinforcement, where we apply an aversive stimulus to effect the same end. This philosophy is a primary tool for helping parents with unruly children because it steers us away from punishment, which is less effective.

CBT is not based on insight or awareness, nor is it about the past. It is a very practical approach for those who are interested in shorter term, less involved objectives. There is considerable research on the efficacy of this orientation with people suffering from phobias, as well as children with behavioral problems.

- **Psychodynamic (Object Relations, Psychoanalytic, Self Psychology)**

Psychodynamic refers to a cluster of orientations that examine the intrapsychic experience of the client, largely influenced by early childhood relationships and experiences. This does not mean "Freud," as many have come to associate. Sigmund Freud was a pioneer in the field of psychology because of his work with psychoanalysis.

Contemporary therapists who practice psychodynamic therapy are influenced by the early work of Freud but do not likely ascribe to his beliefs in any literally way.

There are many different kinds of psychodynamic therapy, including self psychology, object relations, psychoanalysis, etc. Each of these orientations is somewhat different in the way it conceptualizes and treats patients. A common thread among all the different subtypes is an emphasis on understanding the unconscious motives, conflicts, and drives of the patient. All of these perspectives seek to understand the patient's coping mechanisms as a way of identifying less healthy adaptation within relationships.

The role of the therapist is very clear in this orientation. The therapist is something of a tabula rosa, or blank slate, onto which the patient projects thoughts, feelings, and fantasies—this is called transference. This event is significant because it allows the patient and therapist to understand early-life experiences and current intra- and interpersonal dilemmas.

This orientation is best suited for individuals who are interested in understanding how they came to be. There may be less empathy and encouragement through this approach; instead, the focus is on insight and discovery.

- **<u>Client-Centered (Rogerian)</u>**

Carl Rogers was perhaps one of the most famous psychologists of all time. He was an extraordinary therapist who could help a client feel better simply by being in his presence. His warmth and compassion made him a unique therapist who has significantly shaped the way therapy is done. He pioneered the move away from traditional psychoanalysis and developed client-centered psychotherapy, which recognizes that each client has within himself or herself the vast resources for self-understanding, for altering

his or her self-concept, attitudes, and self-directed behavior—and that these resources can be tapped by providing a definable climate of facilitative attitudes.

It is a non-directive approach to therapy, "directive" meaning any therapist behavior that deliberately steers the client in some way. Directive behaviors include asking questions, offering treatments, and making interpretations and diagnoses. Virtually all forms of therapy practiced in the United States are directive. Carl Rogers believed that certain conditions are necessary in therapy to help a person, such as empathy, unconditional positive regard, non-judgmental (acceptance), and others.

A non-directive approach is very appealing to many clients because they get to keep control over the content and pace of the therapy. The therapist isn't evaluating the client in any way or trying to figure out the client. Clients who work hard, have good insight, and appreciate being in control may benefit from this model.

PART III

PRACTICAL CONSIDERATIONS

Chapter Six
Understanding Managed Care and Health Insurance

It is difficult to write about managed care in an objective manner. For many therapists, these words conjure thoughts of excessive paperwork, countless hours spent arguing over authorization and reimbursement, and unfavorable limitations and restrictions placed on the therapy process. It is for this reason that a growing number of therapists decline to work with insurance companies or have dissolved their existing contracts, making it more difficult for clients to access qualified professionals in a timely manner.

Clients seeking therapy should prepare for the exhausting and often times frustrating process of finding a therapist through their insurance company. The initial call to one's insurance yields several names, sometimes five to ten providers in the geographic region requested by the client. Certain factors, such as whether a male or female therapist is requested, a specialty area is needed, or a certain license type (outlined in another chapter) is wanted, dictate the number of names provided to the subscriber.

Once the initial calls are made, it is common to get answering machines and voice mails instead of live people. Many therapists don't call back, an unfortunate side effect of having very full caseloads and a disregard for good "customer service." For those few who actually answer the phone, many have waiting lists and/ or are not accepting new patients. It is common for those with HMO plans to be given less priority, although few professionals may admit to this. With more therapists moving toward private pay as their only option for services, the choices for selection may continue to decline.

There are advantages to private payment for therapy, including an increase in privacy and no limits on the number of sessions. The issue of privacy has become an important topic with the advent of electronic billing and dissemination of information. Although there is no hard evidence that using your insurance will jeopardize your privacy, people regularly voice concerns about how secure their information is and the potential consequences of being diagnosed (a prerequisite if you are using insurance). It may have been the introduction of preexisting conditions that first led people to question whether they want a formal diagnosis in their permanent record, wondering if it would interfere with securing new insurance when changing jobs. More recent concerns have to do with employers and whether jobs will be affected by the use of insurance. While there may not be many known examples of confidentiality being jeopardized by using your insurance, the recent incidents of stolen laptops and internet theft have left people weary.

Most people aren't aware that insurance reimbursement, or third-party payment as it is sometimes referred to, is based on a model of medical necessity. Many insurance companies will not pay for mental health counseling unless a serious medical condition is indicated, such as major depression, schizophrenia, or bi-polar disorder, to name a few. This means that people with adjustment problems, such as relationship strife, are not always considered eligible or have different co-pay/fewer session available to them.

Therapists have worked around this issue in the recent past, stretching diagnoses to help their clients be able to use their coverage. The danger with this strategy is that insurance companies routinely audit cases, sending clients for independent medical evaluations (IME's). If it is deemed a diagnosis has been applied inaccurately, the insurance company has the right to terminate services or, in some cases, request its

money back. If this happens, the therapist may then seek to recover the lost revenue from the client. Imagine this happening after being in therapy for an extended period of time.

What most people do not know is that a serious mental illness or psychological disturbance is often required to access mental health benefits when they make their initial calls for therapy. A couple seeking treatment to improve their marriage or an individual feeling a lack of contentment with his or her life and seeks guidance to find fulfillment may ultimately become discouraged with their inability to access health insurance benefits. It becomes even more confusing to clients who call their insurance and get a list of therapists in their network but are not told about these limitations. Even more disconcerting is that you may ask your network provider if you can get therapy authorized and that provider will be happy to do so, even if you don't have a diagnosis that warrants reimbursement. This is where it gets very confusing. The bottom line to consider is that those persons in the billing department are not in communication with those who authorize sessions, so conflicting information is often the result.

➢ What Information Does My Insurance Company Have About Me?

This is a question with growing importance in this era of technological growth. Our personal health information is extremely private, often something we withhold from even close fiends and family, yet thousands of strangers have access to this information at the push of a button. By this information, I mean all the logistical data you provide to your insurance company when you sign up for health insurance, plus every doctor visit, lab result, and medication you take from that point forward. In addition to this information that the insurance company has, a therapist is required to provide that company with additional data about your treatment.

This information begins with a diagnosis. All mental health professionals use either the DSM or the ICD, which is a classification system for diagnosis. Each diagnosis has a three-digit number followed by a period and then a couple of other numbers (i.e., 296.21 is major depression, severe, single episode). This is a diagnosis that will be permanently imbedded in your record and cannot be removed. It's important to consider whether you are okay with this prior to starting therapy, because it can have unknown implications later in life, especially when considering sensitive employment matters.

Following the diagnosis, the insurance company requires TRF's or OTR's, which are ongoing treatment request forms. Since you are approved for only a certain number of sessions at the onset, the therapist must request more sessions as time goes on and justify the reasons why. Some insurance companies require minimal information, such as the number of sessions requested and the anticipated duration of therapy. Others ask for detailed goals, medications taken, and other data about daily functioning.

In addition to what the insurance company asks for on a routine basis, it also has a right to review your **entire treatment record** at any time during or following the course of therapy. This includes all the private progress notes that a therapist writes following each session. While many therapists attempt to keep these notes somewhat vague, it is impossible to be non-specific while meeting the general requirements of record-keeping.

Of course, this is only for persons using their health insurance to pay for therapy. A growing number of people are opting not to use their insurance but to pay privately for therapy due to these limitations of privacy and availability of treatment.

- **Why Do Insurance Companies Control the Number of Sessions?**

Most insurance plans have a limit on either the number of sessions afforded to you in a year or the amount of money available. The better the plan, the more sessions you typically get. For instance, many HMO's give you twenty to thirty sessions, whereas some PPO's provide up to fifty sessions in a given year. If you remain in therapy for a year, then you would estimate needing at least 52 sessions, which is one per week.

When you first get a letter from the insurance or managed care company, you may see only a handful of sessions authorized. This does not mean you are limited to this number; it means it's the amount given at this point in time. Prior to running out of sessions, your therapist will send in a request for more sessions, which is reviewed and generally accepted. It is a good idea to keep track of how many session you have used and not just rely on the therapist to keep track. Most therapists monitor this for you as a courtesy, but it is ultimately your responsibility, as the insured, to keep good records. If you exceed the number of sessions authorized, you may be responsible for paying your therapist's fee. The statement of understanding form most therapists have you fill out at the start of therapy makes clear who is responsible for authorizations.

- **Who Is Responsible for Getting Me Authorized or Reauthorized?**

This is an important question to ask at the start of therapy. We often assume the professional is the one who will track our sessions and get us continued authorization, although this is not always the case or done accurately. For initial authorization, ask the therapist who will be responsible for gaining authorization. If the therapist would like you to do this, here is a list of questions you want to ask:

1. I am requesting authorization for outpatient mental heath therapy for ______________. Do I need an authorization and can you tell me what my benefits are?

2. What is the authorization number?

3. How many sessions do I have approved initially? How many are available to me over the year?

4. Do I have a deductible? What is my co-pay? (Almost every insurance plan requires you to pay for a portion of the therapy.)

5. Is the provider I wish to see in network? (This means the clinician has a contract with the insurance company.) For those therapists who are not in-network, do I have an out-of-network benefit? What is the deductible and co-pay?

6. Where does the therapist send TRF's or gain ongoing authorization?

7. Where do claims get sent? Who do the checks get sent to?

8. Do you work off a calendar year for renewing my benefits?

Always get the name of the person you are speaking with. It is my experience that you can speak with ten different people and get the same number of different answers to these questions. Having a record of who you spoke with and when can help when disagreements are addressed.

After the initial number of session are used, the therapist may submit a request for more, or the therapist may you to do this yourself (less likely). Even if your therapist assumes responsibility for this task, it is important to track the number of sessions you have used. You want to do this because most therapists consider it a courtesy to get you authorized, but if a mistake is made or a miscalculation occurs, the therapist may hold you responsible for a session that the insurance refuses to cover. If you know when you are down to a few sessions left in your authorization, you can remind the therapist that he

or she needs to submit the TRF. This raises the likelihood that mistakes will be absorbed by the therapist and not be expected of you to correct.

➢ **Is My Therapist In-Network?**

Insurance companies establish contracts with providers in different communities to offer psychotherapy services to their consumers. There are many requirements insurance companies have for participating clinicians, such as malpractice coverage limitations, years of supervised experience post licensure, and expertise in certain areas. Insurance companies require certain record-keeping practices, particularly around privacy. In some ways, this ensures a certain level of protection for a client who is seeking a therapist. The insurance has already pre-screened its approved clinicians and assumes a certain amount of responsibility for their service.

The benefits to a clinician for being in network is a steadier stream of referrals and an established rate of pay. To access a list of providers in your insurance company's network, you can call the member helpline on the back of your insurance card, usually a 1-800 number. You may have to call back several times to get more names and numbers if you don't have initial success. You can even ask your insurance company for help in finding you a therapist if you are unable to find one yourself.

In certain circumstances, you may find a therapist you would like to work with before you contact your insurance company. There is a chance that this therapist does not have a contract with your insurance company and is considered out-of-network. This may not be a dead end if your insurance company (or managed care) offers out-of-network benefits. The insurance company can easily tell you this over the phone. Sometimes the benefits are different, meaning a higher co-pay or a deductible.

When seeing a therapist who is out-of-network, the clinician may ask you to pay his or her fee and wait to be reimbursed by the insurance company. Clinicians do this because many insurance companies pay the client directly and not the clinician. It can take several weeks (up to two months) for initial claims to be paid, so prepare for this financially from the start. The therapist will be submitting an HCVA form to the insurance company, which indicates dates of service and the rate he or she is charging. If you would like, the therapist can provide you with a copy of these HCVA's so that you can track what your insurance company has received. It isn't uncommon to have to stay on top of your insurance company with repeated phone calls to get reimbursed. The company may indicate that it hasn't received the claim or that it wasn't completed correctly. This is standard practice for insurance companies, and the persistent client will handle this in a patient but determined way. You can always call upon the therapist to assist with this process. Because the clinician is saved from having to do the billing, he or she is eager to keep you as a client and help navigate the difficulties with insurance billing.

In some instances, there is no out-of-network benefit but you are determined to work with a certain therapist you have found. What you might do is contact the insurance company, tell the company you have exhausted the list of providers it has given you (several times), and have the name of a therapist you wish to see. The insurance company can develop an Ad-Hoc contract for your particular case. This is an agreement between the insurance company and the therapist to see you for a certain period of time. Although this strategy can require a fair amount of arrangement time, it may be worthwhile.

➢ **Check Your EOB's**

An EOB is an explanation of benefits. Each time your insurance company pays or does not pay for services (following submission of an HCVA), the EOB is sent, with or without a check, to the provider (or the client if that is the arrangement). It is important to check your EOB for several reasons. You want to make sure the insurance company has an accurate reflection of the sessions you have used to help you compare with your authorization. It is also a way to ensure that your co-pay hasn't changed. It is quite frequent that an insurance company will change the amount of money you are responsible for paying without letting you know. It is also possible that the person on the phone who explained the benefits provided the wrong information. I had one instance where a patient was paying a $25 co-pay for an entire year, but, as it turned out, he was only responsible for a $10 co-pay. Needless to say, that client was happy to learn he was owed money. If you keep track of this on your EOB's your may avoid owing or being owed money.

➢ **What is an EAP?**

Many large companies have EAP's, or employee assistance plans. These are outside agencies hired by an organization to provide all types of assistance, such as legal, medical, financial, psychological, etc. EAP's are generally short term, used for assessment and referral. Before considering therapy, it might be helpful to ask your company to see if it has an EAP, because EAP's are free and highly confidential. It can be a helpful way to determine whether therapy is indicated.

Interesting Facts:

- Fifteen percent of the adult population uses some form of mental health services during the year. (APA Survey, 2004)

- In 1996, the United States spent more than $99 billion for the direct treatment of mental health disorders. (Surgeon General's Report on Mental Health, 1999)

- 97% of Americans believe access to mental health care is important. (APA Survey, 2004)

- 85% of Americans say health insurance should cover mental health services. (APA Survey, 2004)

- 87% of Americans cite lack of insurance coverage as a top reason for not seeking mental health services. (APA Survey, 2004)

Chapter Seven
Insurance Versus Self-Pay

➢ **What Is the Cost of Therapy?**

This is an important question, especially if you plan on being in therapy for an extended period of time. Let's first talk about private pay, and then we will address insurance.

For private pay, the cost of therapy is largely dependent on the part of the country you live in, the experience of the clinician, and the availability of resources. Psychotherapy can range in cost, depending upon your location (urban areas tend to be more costly), the experience and educational level of the therapist (Ph.D.'s tend to be higher than master's-level therapists), and the nature of the therapy. Family and couples therapy are sometimes more costly. Private practices are generally more expensive than clinics because the professionals providing the service have greater overhead. Clinics and social service agencies tend to use students and less experienced clinicians (although this is not always the case).

A doctoral-level therapist may charge anywhere between $85 and $250 per hour. I am sure there are exceptions on either end of the continuum, but this seems to be the more typical range. The average tends to be around $150 per hour, increasing as you move out of New Jersey and into the New York area. Many practices use sliding fee scales, which makes therapy even more affordable. A sliding fee scale can be done in many ways but is most often based on income. Other practices have set fees ranging from $25 to $85, which include student therapists (interns) non-licensed clinicians, and licensed therapists who opt not to be part of an insurance network or are not eligible.

➢ **<u>Does More Expensive Mean Better?</u>**

Not necessarily. There are wonderful therapists who charge less money for many reasons, including the idea that they don't want to work with insurance companies, and will reduce their fee to attract clientele who do not want a higher priced clinician. It is likely that a therapist who charges a substantial amount of money has a good bit of experience and/or has attained advanced training and/or accreditations. There are institutes that offer specialized training to psychologists, including the Gestalt Institute and the Psychoanalytic Institute in Manhattan. These specialized clinicians may be worth a higher fee. It should be noted that the most dynamic therapist I have ever met was a sculptor until his 40's. He never earned his doctorate but instead went for and then became an advanced trainer at the Gestalt Institute in Cleveland.

➢ **<u>What is a Co-Payment? What is a Deductible?</u>**

If you are using your insurance to pay for therapy, you will likely be responsible for a percentage of the contracted rate, much the same as if you visit your physician or purchase medication. The amount of your co-pay is predetermined, although it can change during the term of the therapy, even if your insurance doesn't change. There are some policies that have graduating amounts of a co-payment, such as $0 for the first two sessions, $10 for sessions 3 through 10, and $25 for sessions 11 through 30. You will be responsible for this payment at either the start or the conclusion of each session. You can usually pay with either cash or a check, however a few clinicians do take credit cards. Having your check made out at the start of the session saves time and allows you and your therapist to work together for the entire time of your session. Being responsible with

your co-pay is important, because it lets the therapist know you value your time and are honoring your commitment to the therapeutic contract.

Some plans require you to pay a deductible before the insurance begins to reimburse for therapy. This is more common in the better PPO plans because they offer you more sessions and less hassle about authorization. If your deductible is $500, for instance, you will pay out of pocket until this amount is met, estimating at least three to four sessions. Remember that this deductible begins again every calendar year.

When checking to see if you have a deductible, you want to inquire whether the deductible covers both medical and mental health. If this is the case, you may have met the deductible sooner. Some plans have individual and family deductibles, which mean that more money out of pocket is expected for multiple family members.

- **<u>How Often Do I Schedule Appointments?</u>**

Most therapists schedule appointments on a weekly basis. This seems to be a fair amount of time to assimilate the work from the last session and prepare for the work of the next one. Anything less frequent interrupts the momentum of therapy, especially if you are early in your work. Later in therapy, or in particular when you are winding down, you may likely move to every other week or ultimately once a month. Most therapists will attempt to make themselves available at another time during the week if a second session is needed.

- **<u>Is Therapy Confidential? What is HIPAA?</u>**

Limits on confidentiality are determined in part by the nature in which you are securing services. For instance, a mandatory referral from an EAP is going to have more

limits to confidentiality than a person paying privately, coming on their own volition. Age is another factor that affects confidentiality and varies from state to state. Although children and adolescents need to feel a sense of safety and privacy with their therapist in order to open up about important issues, the law dictates the extent of this confidentiality. If you are a couple and you eventually decide to divorce, both parties generally have equal rights to the information (sometimes dependent on who the identified patient is according to the insurance record).

The Health Insurance and Portability Accountability Act (HIPAA) is a new federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and healthcare operations. The purpose of this law is to protect the privacy of patients with the advent of online billing and other information sharing through the internet. HIPAA only applies to those patients who are using their health insurance to cover therapy. This doesn't mean, however, that patients who are paying for therapy privately aren't entitled to privacy; it just means that their confidentiality is inherently safer because there are no outside agencies having access to their records, and nobody other than themselves is authorized to review their information.

Here are sample passages from a standard HIPPA form used to give an idea of how confidentiality is treated:

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a social worker/ psychologist. In most situations, I can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

- I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The other professionals are also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together. I will note all consultations in your Clinical Record (which is called "PHI" in this agreement).

- You should be aware that I practice with other mental health professionals and that I employ administrative staff. In most cases, I need to share protected information with these individuals for both clinical and administrative purposes, such as scheduling, billing and quality assurance. All of the mental health professionals are bound by the same rules of confidentiality. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice without the permission of a professional staff member.

- I also have a contract with BAC Collection Agency. As required by HIPAA, I have a formal business associate contract with this business, in which they promise to maintain the confidentiality of this data except as specifically allowed in the contract or otherwise required by law. If you wish, I can provide you with a blank copy of this contract.

- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.

- If a patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.

There are some situations where I am permitted or required to disclose information without either your consent or Authorization:

- If you are involved in a court proceeding and a request is made for information concerning the professional services that I provided you, such information is protected by the mental health practitioner privilege law. I cannot provide any information without your written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.

- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.

- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.

- If I am providing treatment for conditions directly related to worker's compensation claim, I may have to submit such records, upon appropriate request, to Chairman of the Worker's Compensation Board on such forms and at such times as the chairman may require.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a patient's treatment. These situations are unusual in my practice.

- If I receive information in my professional capacity from a child or the parents or guardian or other custodian of a child that that gives me reasonable cause to suspect that a child is an abused or neglected child, the law requires that I report to the appropriate governmental agency, usually the statewide central register of child abuse and maltreatment, or the local child protective services office. Once such a report is filed, I may be required to provide additional information.

- If a patient communicates an immediate threat of serious physical harm to an identifiable victim, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient.

- If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

- While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep (PHI) Protected Health Information about you in your Clinical Record. Except in unusual circumstances that involve danger to yourself and/or others or where information has been supplied to me confidentially by others, you may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, I am allowed to charge a copying fee of 75 cents per page (and for certain other expenses). If I refuse your request for access to your records, you have a right to of review, which I will discuss with you upon request.

PATIENT RIGHTS

HIPAA provides you with several new or expanded rights with regard to your Clinical Records and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this agreement, the attached Notice form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

MINORS AND PARENTS

New Jersey law gives children of any age the right to independently consent to and receive mental health treatment without parental consent if they request it and I determine that such services are necessary and requiring parental consent would have a detrimental effect on the course of the child's treatment. In that situation, information about that treatment cannot be disclosed to anyone without the child's agreement. Even where parental consent is given, children over age 14 have the right to control access to their treatment records. While privacy in psychotherapy is very important, particularly with teenagers, parental involvement is also essential to successful treatment. Therefore, it is my policy not to provide treatment to a child under age 14 unless he/she agrees that I can share whatever information I consider necessary with his/her parents. For children age 14 and over, I request an agreement between my patient and his/her parents allowing me to share general information about the progress of the child's treatment and his/her attendance at scheduled sessions. I will also provide parents with a summary of their child's treatment when it is complete, if you request it. Any other communication will require the child's Authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

➢ Is There a Specialist For My Problem?

The term *specialist* is used differently by the general public, as it is by therapists who are part of professional organizations such as the APA (American Psychological Association) or the ACA (American Counseling Association). The generic meaning as we have come to know it is somebody who focuses primarily on a particular issue, has extensive experience treating this issue, or has gotten some type of advanced certification/training. According to the governing bodies of the APA and the ACA, there are certain requirements a therapist must meet before calling himself or herself a specialist. This does not mean, however, that a clinician is not highly specialized in the area you are seeking help with. A better question to ask the therapist is, What degree of confidence/experience do you have in working with my particular issue?

People seeking specialists are often experiencing difficulties with addictions (sex, drugs/alcohol, gambling); eating disorders; or are children, couples, or the elderly. These issues and populations do require a certain level of sophistication because the issues can

be complex. It is not advisable to work with a therapist in a more specialized area unless that therapist can convey to you a sincere interest and capability.

Issues such as depression and anxiety are not considered specialty areas, but some therapists do spend more of their practice working with such patients. Inquiring as to the percentage of patients that particular therapists treats with such conditions may be helpful, but don't use this as the sole measure of aptitude. Instead, you might combine this with other questions suggested earlier, such as orientation and therapeutic approach. In the next section, we will discuss specialty areas in greater depth.

Interesting Facts:

- 25% of Americans would be concerned about privacy if their employer's human resources department found out they were seeing a mental health professional. (APA Survey, 2004)
- 25% of Americans say they would be less concerned about someone finding out they had been seeing a mental health professional than they would have been five years ago. (APA Survey, 2004)
- 68% of Americans would not be concerned if someone found out they were seeking help from a mental health professional. (APA Survey, 2004)
- 21% of Americans said that concerns about other people finding out might be a reason not to seek help from a mental health professional. (APA Survey, 2004)

PART IV

PREPARING FOR THERAPY

Chapter Eight
Before I Begin

➢ **Preparing a Timeline**

Before the start of therapy, whether you do it mentally or on paper, it can be helpful to prepare a timeline of important events that have taken place in your life. This timeline can include events and experiences, as well as reactions to what has happened. It can be especially helpful to include any symptoms you can recall and their degree of intensity. For instance, if you have been feuding with your spouse with increasing intensity and as a result have been experiencing sleep problems, try to document it with as much specificity as possible. For instance:

January 15th	Arguing for over two weeks.	Trouble falling asleep.
January 25th	Emotional distance from spouse.	Waking up twice a night. Mood decline 2 points.

Using scales of intensity from 1 to 10 can be ways of measuring things such as mood. A scale from 1 to 10 with the high number representing strong anxiety, for instance, can give you a way of assessing whether your worrying level is increasing or decreasing. The same holds true for other emotions such as sadness.

➢ **Keeping a Journal**

A journal is different from a timeline because it's a more personal way of recording your thoughts, feelings, and behavior around important issues in your life. In addition to being a good outlet for distress, a journal also helps you keep a record of your experiences. Once you enter therapy, it isn't easy to keep track of progress while you're

in the midst of your turmoil. A journal can also be a real gift to yourself once therapy is complete, because you can look back over your accomplishments to your starting point. Many people who have gone through therapy have transformed themselves so thoroughly that they may not recognize who they were prior to the work.

➢ **Who Do I Tell? Creating a Support System**

For many people, therapy is a terribly personal experience that took time to eventually decide on beginning. For some, the resistance to initiating therapy has to do with shame or embarrassment about "needing help." For those who have great pride and believe they ought to be managing their problems on their own, therapy can present an initial challenge to self-worth.

Telling those who are close to you in your life that you are considering/starting therapy may be a difficult decision. You might argue that it's nobody else's business and keep it to yourself, or you may be proud of the idea that you are taking this step and share it with your mailman. Then there are the whole range of people in between these two polarities who struggle with who to tell. For those people who are undecided, let's consider some of the benefits and limitations to telling others.

Let's start by stating that there is no clear right or wrong with telling others. If you believe that you will be met with judgment and criticism, it may be best to hold off and discuss the matter with your therapist. If you are unsure about the reaction you may receive, you can always test the waters by asking what others think about therapy to assess their level of receptivity.

If there is a chance that friends and family will be open to your decision to start therapy, it's a good idea to let them know because you are going to need a number of things from your "support system" while in therapy.

First, you will want support while you are expending large amounts of energy excavating hidden aspects of yourself and getting in touch with often times painful experiences stored in the body. Therapy can be exhausting, and it's helpful to have caring others who can recognize this hard work and incentivize you during the tougher times.

Second, it can be useful to have others who will provide you with honest feedback from which you can broaden your awareness. Observations and opinions from those who know you help to reduce your blind spot or the realm of unknown that each of us has about who we are. Soliciting this feedback can be more effective if others know why you are asking it of them.

Third, you may wish to experiment with new behaviors that have come about through experiments designed during your sessions. If you are working on being more assertive, for instance, this change in relatedness will be more readily accepted if the subject is aware of what you are doing.

If you don't have a solid support system, which is often a part of why people seek therapy, don't be dismayed. Your work in therapy will be building this network of people with whom you can do all of the above.

➢ **Replenishing Spent Energy**

As mentioned in the previous description of a support system, therapy can be hard work with many ups and downs. Sometimes energy is built with grand insights and successful experiments, and sometimes it feels completely drained by feeling stuck or

taking steps backwards. Even the best constructive and successful work is still work that can exhaust persons who is not taking good enough care of themselves.

Consider a person who is going to the gym for the first time in a long while and maybe have decided to hire a personal trainer. This person is going to be tearing tissue in order to build stronger tissue, expending energy in order to build endurance, and feeling overall pain in the hope of gaining greater flexibility. In order to accomplish these feats more easily, this person will need to provide his or her body with better nutrients for fueling restoration.

The same holds true for therapy. You need emotional fuel to keep yourself hydrated, in particular when tackling the deeper issues. Depending on who you are and where your interests lie will determine how you accomplish this. If you are a homebody, then you might rent comedies, read humorous books, or schedule the occasional massage. If you are more outward, then going out with friends or taking an exercise class at the gym may be helpful.

Chapter Nine
The First Few Sessions

➢ **Where Do I Begin?**

Once you have decided on a therapist to work with, even if that decision is tentative because you haven't yet met the therapist or had the opportunity to see if your intuition matches your experience, there must be a place to make the plunge. After all, you cannot really tell if a therapist is right for you without giving him or her a full picture of what's going on in your life. After the initial small talk or ice-breaking, you may begin to wonder whose responsibility it is to get you started. Do you wait to be asked specific questions, or do you introduce something particular? Do you talk about your past, or do you give an update on your current dilemma? Some therapists may make it easier for you by giving you some lead, while others will allow you to sit with your discomfort, allowing you to take charge. There is no right way to begin, but know that you can ask for help if needed.

Because you may have spent some time on the phone discussing the nature of why you are seeking therapy, this may be a natural point to pick up at. Providing some greater depth and breadth of understanding the current situation can help the therapist formulate a picture of what brings you in and what you might be expecting from the therapist. If you didn't talk about your concerns by phone, you might ease into it by describing your symptomotology, much like you are visiting a physician.

Most therapists will help you ease into the session by sharing something about themselves, talking with you about being apprehensive (normalizing your feelings), or offering you some feedback about how you seem to them. I once told a woman that she

seemed incredibly calm on the outside, and I asked her if this perceived calmness matched her inner experience. We both laughed for a good minute as she described the skill she had developed in putting up a façade.

Once you have described your current circumstance, the therapist may ask some probing questions to get a sense of some important areas, such as what is your support system (who in your life can you count on for useful help), how long you have been dealing with this particular issue (to assess severity of symptoms), how has the stress impacted your and your functioning, and what have you done to this point to improve your situation? All these questions and similar ones give the therapist an idea of what keeps you stuck and how much damage has occurred to this point.

Toward the latter part of the first session, or perhaps in the second or third, you will begin to discuss your ideas for what therapy is about and how it may be of help to you. Goal-planning is like developing a road map with a starting point and an ending destination. Where would you like to see yourself when we say good-bye?

➢ What Are Goals? How Do I Set Goals? Who Is Responsible For Them?

Some of the most important work in the early stage of therapy is goal-planning. This is how the therapist and client get on the same page with a shared agenda. Generally speaking, clients don't have a clear picture of their goals, other than to feel better. They may know they wish not to be depressed, or to resolve their marital turmoil, or to figure out what kind of career they want to change to, but these may be a starting point for more concrete and specific goals.

Let's use a more common presenting problem to demonstrate how goal-planning is accomplished. A client, Mary, came to therapy reporting a moderate level of

depression. Upon investigation, it is found that Mary isn't sleeping well, she continues to gain weight, her marriage is stale, her career is not satisfying, and she is generally confused about her identity as a person. So, what might simply be diagnosed as depression has a mixture of ingredients, any one of which can be turned into a concrete goal.

Mary would like to improve her sleep, improve her self-image through better fitness, make some decisions about how to either improve her relationships and her job, etc. Now, to take this a step further, goals can be further broken down into measurable objectives. It's one thing for Mary to say she wants an improved body image but quite another to say that she will go to the gym three times a week, find a nutritionist, and discover the underlying reasons she has put the weight on in the first place.

This last goal of understanding what is has been described earlier as quite significant. Knowing what is helps us to appreciate the forces for sameness or the resistance we have to making a change. Mary may be keeping this added weight on for a variety of reasons, such as self-protection, avoiding the attention of males, or self-punishment for believing she isn't deserved of happiness. The key is learning the reasons for what is before attempting to make something different.

So, any attempt at goal-setting may begin with an appreciation for what is. You are having marital problems, so let's get a better appreciation for how these problems came to be. Did you start off being attracted to your partner because he seemed strong and independent but now you feel unnecessary?

Often times, the key to finding how to effectively get our needs met lies in the knowing of how we inhibit ourselves. This, too, comes under the heading of

understanding what is. Once we gain this appreciation, we may sometimes decide we need to accept who we are and not try to make a change. If Mary can truly love herself for being slightly heavy, then maybe she can free herself of energy needed for other areas.

Sample Goals:

The first step in your therapy is designing specific goals, which will assist you in attaining your ultimate goal. Your needs and preferences will be used to develop your goals (broad, long term) and objectives (specific, concrete, and measurable). When designing your plan of action, remember they can always be changed. *The plan that was developed below was used by a client with a substance abuse problem.*

Family Systems

Many people entering treatment have significant impairment in their relationships. There has likely been damage to trust leading to further isolation. At some point in time during your treatment, it will be important to address the issues within these important family relationships, which arose from your addiction and played a role in forming the addiction. This is a family disease and therefore the more involvement from siblings, parents, partners, and children, the greater the potential for recovery,

Sample Goal: Learn how your family has impacted your addiction.
Sample Objectives:

a. Have at least one family therapy session with your therapist.
b. Read an article or a book on relationships (i.e., *Codependent No More* by Melody Beattie or *Getting the Love You Want* by Harville Hendrix).
c. Write a letter to your family, taking responsibility for your addiction.

Relapse Prevention

From the moment you enter treatment, you are planning for your life without drugs and alcohol. Due to the serious risk of relapse, you are assisted in forming a plan, which will reduce the likelihood of cycling through the stages of addiction. Consider the tools you will need in developing and maintaining a realistic plan for relapse prevention as you develop your treatment plan.

Sample Goal: Develop a comprehensive relapse plan.
Sample Objectives:

a. Complete a worksheet on developing a relapse prevention plan.
b. Develop aftercare support such as the continuing care group (once a week).
c. Establish a “home group.”

Triggers
In developing your relapse prevention plan, an important aspect of this plan will be in identifying your triggers for substance use. A trigger can be a person, place, thing, or event that elicits certain thoughts and feelings leading to substance use. Developing an awareness of these "people, places and things" will help you restructure your life in a way that minimizes your risk for relapse. You will also work to understand your internal and external triggers and, in time, develop strategies to provide you with strength for dealing with them.

Sample Goal: Increase awareness of triggers.
Sample Objectives:

a. Make a list of people, places, and things in need of changing.
b. Keep a journal of thoughts, feelings, and behaviors influencing cravings.
c. Contact your therapist or group member at least once a day.

Self-Image
Most people who enter treatment programs have significant impairment to their self-worth. A person may have feelings of worthlessness, insignificance, and indifference, or self-loathing. Others may not yet have experienced this pain and instead be holding on to a façade of how they view themselves, which inhibits real honesty with themselves. In either of these scenarios, these persons will need to learn how to take a personal inventory, allowing themselves to genuinely assess who they are and who they would like to be.

Sample Goal: Improve happiness and self-worth.
Sample Objectives:

a. Complete a personal inventory, which you may choose to share in group.
b. Read an article or a book on body image and self-esteem (i.e., *Like Mother Like Daughter* by Debra Waterhouse).
c. Complete a focus group on a topic such as assertiveness training.
d. Schedule an individual therapy session.

Thinking
Addiction is a disease that is significantly affected by our cognitions. The way people think about their use of alcohol or other drugs is a direct result of their addiction. They may believe that because they hold a job or have a family, they "couldn't possibly be an addict." This type of thinking is a way of protecting themselves from the discomfort of dealing honestly with their problems. During your treatment planning stage, give some thought to how your thinking plays a role in your addiction. Do you have negative thoughts that affect your self-worth? Do you have angry thoughts that affect your relationships? Do you use rigid thinking that prevents you from hearing feedback? Consider these and other aspects of your cognitive process that may require work during your treatment. Fortunately, the brain is like a tape recorder, in that new messages can be taped onto our brain. People can therefore learn to identify their cognitive distortions and restructure their thinking.

Sample Goal: Learn how your thinking affects your addiction.
Sample Objectives:

a. Complete a worksheet on cognitive distortions (thinking errors).
b. Ask for feedback from three people regarding your thought process.
c. Keep a journal of thought replacement activities.

Relationships
If people can learn how to build relationships that are satisfying and productive, they will find greater happiness and reduce their isolation. Group therapy is a perfect opportunity to learn about oneself through feedback and to practice new behavior. A person can practice effective ways of resolving conflicts, learn how to effectively share thoughts and feelings, understand how support is achieved through giving and receiving feedback, and ultimately learn how to ask for what he or she needs.

Sample Goal: Understand and/or improve quality of relationships.
Sample Objectives:

a. Practice giving and asking for support/feedback in each group (required).
b. Engage at least one couples counseling session.
c. Read an article or a book about relationships.

Coping Skills
Often times, people will turn to drugs and alcohol when their life stresses seem overwhelming. A primary goal for your treatment program will be developing tools for effectively dealing with internal and external stress. For some, this may be stress management requiring relaxation training; for others, this may be anger management; and for some, it may mean assertiveness training. It is in your interest to identify the tools you will need to effectively cope with life outside of treatment.

Sample Goal: Develop new coping skills
Sample Objectives:

a. Complete a focus group on anger management or relaxation training.
b. Learn a strategy for decision-making and complete a practice exercise.
c. Complete a workbook assignment for anxiety or depression.

Resistance
Each person enters treatment with a certain level of discomfort, uncertainty, and reluctance, which can serve to reduce the usefulness of therapy. Reluctance to accept the importance of treatment and the idea that you have a problem will be the single greatest obstacle to your recovery. Those persons who enter treatment "internally motivated"—meaning they refer themselves or come willingly—are at a greater advantage than persons who are being forced into treatment (externally motivated). In either case, it is important to find ways of making treatment useful; otherwise, you will hurt others who are working hard to improve themselves. One of the first goals for treatment can be learning how to take in feedback to increase your self-awareness.

Sample Goal: Understand and decrease resistance toward change.
Sample Objectives:

a. Ask for feedback at least one time per group about your resistance/acceptance toward treatment.
b. Identify which defense mechanism you employ through the use of a daily journal.
c. Establish a treatment plan you review each day.
d. Complete a resistance worksheet handout.

Support Systems

When people seek treatment, they are taking a risk in acknowledging that they don't have all the answers and don't want to continue trying to get sober alone. It is instrumental to a person's recovery to feel supported by others who understand and accept that person without judgment or condition.

Sample Goal: Improve the scope of your support system.
Sample Objectives:

a. Attend at least three AA/NA meetings per week (required).
b. Contact your sponsor at least one time per day.
c. Confide in a trusted friend or family member about your addiction.
d. Develop three new people with whom you can give and receive support.

Socialization

Enjoying oneself, whether alone or with friends, is vital to a person's well-being, both during and after the conclusion of treatment. For many, there is an absence of "sober fun" activities to take part in. A useful goal for treatment is developing recreational interests that do not include drugs or alcohol. AA/NA meetings are a good place to meet others who have already done work in this area and may be a good resource for you.

Sample Goal: Develop sober social support and activities.
Sample Objectives:

a. Develop a new hobby or interest to pursue daily, weekly.
b. Join the PTA at your child's school to make new friends.
c. Volunteer your time for an agency such as Big Brother/Big Sister or a nursing home.

Health and Wellness

Caring for oneself is a task that many people do not prioritize in their lives. In addition to the physical toll of drugs and alcohol on the body, there is often a disruption to balanced eating, regular exercise, and spiritual growth. During your treatment goal planning, consider how you will reorganize your life to make this a priority.

Sample Goal: Attain a balance of physical wellness lifestyle habits.
Sample Objectives:

a. Join a gym.
b. Exercise on a daily basis.
c. See a nutritionist/develop a diet of healthy foods.

d. Go visit a massage therapist.
e. Join a smoking cessation group.

Internal/External Conflicts
There is a deepening of awareness that occurs during the step-down and continuing care groups. At this point in time, you are encouraged to look inside yourself to find the underlying unresolved issues affecting your recovery. There are likely to be internal conflicts that have led to confusion and ambiguity in your life. You may not be aware of what these issues are, but with a willingness to explore, you may identify these areas that need closure.

Sample Goal: Identify personal areas of disharmony and gain closure/resolution.
Sample Objectives:

a. Identify at least one unresolved issue and understand how it affects your addiction.
b. Find closure regarding an traumatic event from your past.
c. Learn how to balance personal wants/needs versus expectations from others (i.e., assertiveness).

Grief and Loss
Many people are unaware of how losses in their lives are consciously and unconsciously affecting them. Many are also unaware of what constitutes a loss and how normal it is to go through the stages of grieving. While in treatment, it is important to explore the issues of loss, whether they relate to death, separation, identity, lifestyle, career, etc. When we do not effectively deal with issues of abandonment and loss, we often reinforce our unhealthy coping mechanisms such as alcohol or other drugs. Group therapy is a safe environment to examine these issues and find how to gain closure.

Sample Goal: To understand the losses in our life and find ways of feeling whole.
Sample Objectives:

a. Learn the stages of grief and how you personally experience loss.
b. Read an article or a book on the process of grieving.
c. Gain support while working through losses in one's life.

➢ **<u>Can I Conceive of Telling a Therapist My Innermost Secrets?</u>**

We all have feelings, fantasies, experiences, traits, etc. that cause us shame and embarrassment. So, we hide them in the recesses of our mind, suppressing them so they are not part of our everyday lives, ultimately leading to compartmentalization or, over the long run, fragmentation. Even if we pay attention to these undesirables at times, we tend not to share them with others. Now, in therapy, we come to find out that in order to get

past the superficial understanding of what keeps us stuck, we must consider sharing these things out in the open. Unbelievable!

Let me share something with you that may make this process easier. For one thing, a therapist has likely heard many very similar or related admissions from other clients. After all, people have many commonalities, so it's likely that what you have to share will not shock a therapist. In fact, a therapist is likely to be impressed with the risk-taking of persons who can reveal very intimate aspects of their personhood. Second, the relief that comes from sharing such things out loud with another human being can be tremendous. Some have described it as removing a hundred-pound weight off of their chests.

Remember that there is no need to disclose too much too soon. Instead, you might disclose with smaller risks and see how that works. If you share something slightly less personal and it seems to be okay, you may graduate to issues of greater substance. The only time restraints that are put on therapy are ones by you (and perhaps your insurance company). In other words, pace yourself with self-disclosure.

➢ Is My Therapist Supposed to Talk? Give Advice? What if I Just Want My Therapist to Listen?

This is a very difficult question to answer because there are no absolutes, and certainly there will be little agreement if you interview several hundred therapists. Different situations call for different approaches to working with a client, so the balance of the conversation is generally going to be determined by how much you are talking. Therapists who are self-aware and put your agenda first are going to take their cues from you. If it seems you are having a difficult time knowing what to say, the therapist may

talk more, or, conversely, if the therapist senses your need to vent, he or she may remain quieter. Remember that you can influence this by being direct with the therapist about what you need from him or her.

Regarding the subject of a therapist giving advice, this is slightly less ambiguous. Most therapists will tell you they are not the experts of your life, so how can they propose to tell you what is best for you? They may even tell you that giving you advice creates a dependency on the therapist that is the opposite of self-reliance, the ultimate goal of therapy. Now, the reality is that a therapist who is being genuine and not so detached will have honest reactions to your situation at times. Authentic therapists will offer you their immediate reaction to what you are sharing, which may be the closest many will come to offering advice. If you are remaining in a marriage where you are being abused, claiming that separation would be hard on the children, a therapist may point out that staying married may be even worse for the kids. So, we can call this advice or just broadening a person's perspective, but it amounts to the same thing.

Advice is typically not advisable because it's a more superficial way of interacting. When we advise somebody, we are telling them what we think, what we believe, what we know to be right. This is very limiting because it doesn't take into account our own biases, nor does it offer the other person your truest reaction. Let me give you an example from a group therapy session to illustrate this point.

One day a group member announces that he no longer wants to attend group and will be making this his final session. The group is initially stunned by this announcement and proceeds to ask questions about why he is choosing to leave. Initial responses include statements about a lack of time, difficulty getting out of work, the cost factor, and so on.

Members begin to give suggestions about what this group member might do to deal with some of the problems, such as making up work on different days and cutting back in other areas to afford the cost of therapy. All of these suggestions are waved off or dismissed with increasing ambivalence. The therapist suggests that the member doesn't

- **Does My Therapist Judge Me?**

While we are told not to judge by our parents, our religious leaders, and our peers, we must realize that judgment is a very natural and common way of relating to another person. Judging is believed to keep us safe because we are sizing up others to decide what threat they may pose. While we are not doing so consciously, a portion of our mind functions as a self-defense mechanism. Who is a potential threat and who is an ally? Judgment is the mechanism by which we make these decisions.

The problem with judgment is that it's a fairly superficial means of self-protection because it shields people from better understanding themselves. Judgment is, in fact, as much about the person having the impression as it is the other. Here is an example: Pete judges Dawn to be rigid and controlling. If instead of judging her, Pete decides to explore what is being touched off for him, he may find that he himself is so flexible that he resents Dawn for being so firm in her beliefs.

So, rather than viewing judgment as an evil we have to stay away from, we can view it as a way of learning more about ourselves. In this explanation, is may also be concluded that therapists judge because they are human. The difference is that therapists are trained to look beyond this superficial method of relating and into something deeper. They use the information about how they are reacting to their clients to better understand them.

➢ **How Will I Feel Following the Initial Sessions?**

Because you have only about forty-five minutes to provide the therapist both a picture of your current circumstance and some background on who you are and where you have come from, it doesn't leave much time for deep work to take place. It is for this reason that your expectations of the first few sessions might be measured. You may leave the session feeling a sense of relief at having shared your story with another person, and you may even feel somewhat hopeful that you are taking action to improve yourself. Some people, however, may be so eager to feel better quickly that they leave the first couple of sessions discouraged because nothing is different. So, in short, how you feel following your initial sessions will likely be commiserate with your expectations going in to therapy.

Some clients report feeling relieved that they were able to take this initial step. After the first session is over, they go home and assimilate all the information about the therapist, themselves, and the process of therapy itself. A simple yet complicated step of taking action to get help can be a powerful decision which alters a person's sense of self. Try paying attention to what you experience following an initial visit and share it with the therapist in the next session. A therapist who is open to hearing your experience of him or her, yourself, and the process will help you to acclimate to therapy more quickly.

➢ **What Does It Mean to Change? Will I Be a Different Person?**

The essence of who you are remains constant throughout your life—although experientially we grow as we learn more about ourselves. By growing I mean that we assess our attributes and limitations, making decisions about what we want to improve

upon. Therapy does not change who you are or turn you into a different person. Instead, it assists you with the self-discovery process of finding lost or hidden aspects of yourself and then integrates them into your personhood.

For example, a 46-year-old man, Joe, came into therapy because his wife and children had become so frustrated with his abrasiveness that they gave him an ultimatum of separation or counseling. Joe was baffled by their lack of appreciation for how hard he has worked in his life and the sacrifices he had made to provide for them, but he agreed to come to therapy. Through the course of his work, he came to understand that he harbored resentment at giving up so much and not taking good enough care of himself, that he behaved grumpily around those people who didn't seem to acknowledge his effort. So, he began to create better balance in his life by reclaiming time for himself with hobbies and interests that were put on the back burner for many years. He took up wood working and began to build items for his wife and daughters, which they really valued. Ultimately, they built more intimacy into their relationships as Joe felt more whole as a person.

We could argue that Joe became a different person by bringing better balance into his life and thus behaving differently toward his family, but the truth is he became more of who he already was.

➢ Will I Have Homework?

Because therapy occupies only a very small percentage of your week, the bulk of your work may take place in the days in between your scheduled sessions. When you are ready, you and your therapist may elect to design homework assignments. This may

conjure images of high school and grades, but it is far from the case. For optimal homework assignments, you are both the designer and evaluator.

PART V

OTHER IMPORTANT CONSIDERATIONS

Chapter Ten
Therapy Concentration Areas

➢ **Child Therapy**

When searching for a counselor for your child or grandchild, it is terribly important to find somebody who both you and your child can trust. Finding that right person can be a challenge, so perseverance and patience are encouraged. It is particularly challenging to find a child or adolescent therapist who works with your insurance and doesn't have a long waiting list.

Working with very young children and adolescents can be viewed as two distinct competency areas, which may narrow the focus even further. Not all therapists are trained to work with very young children, who may require a particular modality called Play Therapy.

Play therapy is intended for young children who are not sufficiently verbal to benefit from traditional talk therapy. This approach has evolved since its creation by Virginia Axline many years ago. The most traditional version provides a safe and empowering environment that allows a child to feel in control (within reasonable limits). Through a technique called *reflection*, the therapist helps the child reconcile the conflicts, fears, fantasies, and potential traumas he or she may have experienced or is currently involved with. Some therapists will train the child's parents to do play therapy.

Other work with young children involves the development of a language to express their feelings in a way that helps them get their needs met. Often times, peer conflicts result from low self-confidence, which can be helped by affirmation and

understanding. Involvement of the parents nearly always means greater success for a child in therapy.

Working with adolescents requires patience, persistence, and a willingness to meet them at their level. Adolescents often feel misunderstood and restricted in their lives. Some feel alienated, while others experience the pressure of their upcoming transition to adulthood. Common for this age group are eating disorders, cutting, and aggression. These behavioral anomalies typically involve a need for control, an escape from emotional distress, and a struggle for autonomy.

Interesting Facts:

- Between 20% and 50% of depressed children and teens have a family history of depression. (U.S. Surgeon General's Survey, 1999)
- An estimated 10% to 20% of children worldwide have one or more mental health or behavioral problems. (World Health Organization)
- Mental health disorders in children and teens can result in significant impairments at home, at school, and with peers. (APA, *How to Find Help Through Psychotherapy*, 1998)
- Children of stepfamilies face higher risks of emotional and behavioral problems. (APA, *Interventions That Work for Stepfamilies*)
- Children of depressed parents are more than three times as likely to suffer from depression. (U.S. Surgeon General's Survey, 1999)

➢ **Couples Therapy**

Couples therapy involves three people—the therapist, and the partners (a married couple, a couple who are dating but not married, or a couple who are divorced or in the process of divorce/separation). The couple need not be of the same sex, but it's important to find a therapist in this case who is competent working with gay, lesbian, bisexual, and transgender clients.

Couples therapy differs significantly from individual therapy in that you are working with both intra- and inter-personal issues (within a person and between people) with an apparent focus on the latter. The system is the client in the case of couples therapy, even though there may be one “identified patient” for purposes of insurance or record-keeping.

There are two distinct ways couples therapists work with their clients. The first is to have the couple facing the therapist, directing their dialogue toward the professional. In this circumstance, the therapist is viewed more as the relationship expert who assesses and directs the clients more similarly to an individual session. This approach tends to be less threatening at first because the therapist serves as a buffer between the partners. In addition, this approach is designed to provide more interpretation and feedback about why the couple is having trouble and what they might do about it.

The other approach is to have the couple facing each other, and the therapist acts as a facilitator of contact. While this may seem more ominous to first-time clients, it offers the opportunity for a therapist to better assess how a couple navigates intimacy. Having a couple speak with each other directly also approximates therapy more to real life, instead of a contrived setting where clients are on their best behavior. This approach allows the couple to deal with each other as they might at home, providing the therapist a better idea of the obstacles to intimacy. Additionally, this approach allows couples to experiment with new ways of relating to each other, as opposed to going home and trying something new for the first time.

Couples therapy has two significant dimensions. The first is a about mechanics. How effectively do the partners express themselves, and how well do they listen and

demonstrate understanding? How does the couple negotiate conflict and problem solve? Does the couple argue in a way that preserves respect/dignity, or is ongoing damage occurring? How does decision-making occur, and how might the couple learn to compromise and negotiate more effectively? These and other more functional aspects of the relationship are worked on through skill-building and the development of awareness. The couple is taught to attend to the methods they use to get their needs met and how they might become more effective through improved communication.

The other dimension of couples therapy is identifying those issues that have likely created or at least reinforced the communication problems within the dyad. Although many couples site "communication" as *the* problem within their partnership, it is often the case that unmet needs create communication breakdowns. For instance, if you believe your spouse has been insensitive to your need for reinforcement regarding your parenting, in particular because you are often saying how much you doubt yourself, then you may become resentful they haven't picked up on your clues. Instead of telling your partner what you need, you become quiet and withdrawn. Communication is the result of an unmet need in this circumstance and not the cause of your discord.

Many couples arrive at therapy with an identified problem, such as finances or communication, but they are unaware of the dynamics that lead to this presenting issue. Differences in how finances are reconciled often involve power and control. Communication problems inevitably lead back to how needs are being met. Remember that what we identify as the "issue" is often the part of the iceberg we see sticking out of the water.

For more information on couples therapy, see my book on intimate relationships.

➢ **Family Therapy**

Family therapy generally involves at least one parent and another relative other than the spouse (both parents in therapy is generally called couples or marital therapy, unless the couple is divorced). For instance, it could be a parent and a child, a parent and a relative such as an older parent, or even siblings who are working on their relationship. (Insurance companies refer to couples therapy as family therapy.)

Therapists who utilize a "systems approach" believe that most, if not all, "problems" are the result of dynamics within the family. This is particularly important when considering therapy for a child. The temptation is to want the child to be helped by the therapist without the involvement of the family because it may mean dealing with very personal and complicated issues that can be uncomfortable to address.

The goals of family therapy vary, depending on the particular approach of the clinician and needs of the family unit. Typical overarching goals may include helping members identify roles, boundaries, subsystems, and communication styles within the family.

Roles are the positions we take up within the family that create our identity. These roles often times satisfy a need in the family and help to create homeostasis (balance); for instance, the older child who becomes super responsible to help his or her parents, or the child who becomes the rebellious trouble maker to take the focus off something else in the family. What is your role in your family of origin, and how do you see this role with your current family and friends?

Boundaries are the invisible lines that are drawn around dyads that create subsystems. For instance, the parental boundary is the dotted line that delineates the

parents' relationship from the children. This boundary can be diffuse or rigid, meaning the children might be very able to involve themselves in their parents' relationship, such as the "parentified" child. A mother, for example, may talk with one of her children about her unhappiness with her husband (the child's father), bringing him or her into that subsystem. Boundaries can also be very rigid, meaning the children feel very isolated and cut off from the parents' relationship. "We never argue in front of the children" can be indicative of a belief that children must never know what's going on with their parents. Both of these extremes can lead to problems in the family.

Communication styles are the overt and covert ways in which messages about needs, limits, and conflicts are expressed or dealt with. Communication can be verbal or non-verbal, direct or indirect, clear or unclear, unidirectional or bi-directional, etc. Learning how effective communication patterns are can help a family understand their obstacles to resolving conflicts and negotiating differences. Understanding communication styles can also help members build trust and intimacy within their relationships.

The therapist's role in family therapy is bringing all these concepts into focus so that members can better understand why problems exist. One of the first tasks of the therapist is typically to broaden the scope of why families come to therapy. For instance, there is typically an "identified patient," or the family member who is elected to have problems that make therapy necessary. A therapist may say to a family during an initial session that the difficulties described are the responsibility of the entire family, created by all the members and to be resolved by all the members. This idea may meet with

resistance by the family because they don't often see their role or want to acknowledge their part in what brings them to counseling.

Once this idea is considered by each of the family members, the therapist will attempt to make contact with each of the members, helping him or her feel understood and supported, so that the therapist appears objective without taking sides. This is important because many people who enter family therapy are fearful that they will become the focus or be blamed for the family's struggles. An ongoing process for the therapist will be to support the risks taken by each person and help the family while they become more balanced.

Throughout the course of family therapy, the clinician may call upon various members, including the youngest of the children, to share their perspectives about why problems exist in order to help each person have a voice. As each member gains respect for his or her position, fighting becomes more productive and less harmful. Children may feel less need to explode or implode, while parents learn to feel more potent through the different tactics they take to shape their children. Struggles for autonomy are balanced against needs for belonging. As the family constellation adapts to better suit the wants of all its constituents, cohesion grows and the involvement of the therapist diminishes.

- **Group Therapy**

In my estimation, group therapy can be one of the most exciting and rewarding experiences a person can have in his or her life. If done well, it is a transformative experience that helps people to grow well beyond even what they believed was their potential.

Group therapy is a safe but challenging place that helps improve self-awareness. With increased awareness, we understand what helps and hinders us from getting what we want out of life and what it may take to achieve our dreams. Awareness includes appreciating your role, your interaction style, how you get your needs met, how you create intimacy/distance with others, how you resist change, and many other insights about yourself in relation to the world. Group therapy is an exciting and supportive environment to experiment with new ways of being, getting/providing support, discovering hidden aspects of yourself, and finding greater fulfillment in life.

There are two general types of group therapy—process oriented and content focused. Content-focused groups are more educational, and, while they can be therapeutic, they are less likely to involve in-depth exploration of underlying issues. Process-oriented groups can involve most themes or topics, attracting people who are dealing with depression, anxiety, relationship issues, and almost every other theme imaginable. A specific kind of process group that we will explore more in this book is called experiential group therapy.

Experiential group therapy is vastly different from the types of groups you may have heard of or even been part of. Instead of being content focused, as are most groups such as AA, grief support, etc., these groups are process focused, an examination of the "how" as well as the "what." How do we get our needs met? How can I express anger without worrying I will hurt or offend? Experiential group therapy is a self-designed laboratory where you create experiments for improved relatedness.

In order for groups to be most effective, there are certain tasks that promote power and safety. Honesty, consistency, receptivity to giving/receiving feedback, and a willingness to explore who you are in relation to others are all vital to group efficacy.

A significant distinction of a process group involves working in the "here and now." In other words, attending to the dynamics of your exchanges, the experiences of yourself and each other in the room, and the role you are playing within the group are extremely valuable. Through this work, you will learn how to be more immediate, spontaneous, and authentic. The greatest opportunities for growth and the most rewarding experiences will happen when you are "in the moment."

To assist you in determining whether group therapy may be right for you, consider the common goals suggested below. While this is not an exhaustive list, it will give you some appreciation of what members can expect to gain from the group therapy experience. Use these suggestions to generate your own curiosity and perhaps spark an interest in similar or related objectives of your own.

<u>Sample Goals:</u>

Learn how to ask for support
Experiment with new ways of relating
Increase comfort with self-expression
Explore similarities and differences
Improve assertiveness
Gain closure on unfinished business
Understand your defensive structures
Understand how others influence you
Learn how to provide support
Increase self-awareness
Set healthy limits and boundaries
Improve decision-making
Resolve hurt and other painful emotions
Increase your overall sense of well-being
Improve intimacy within your relationships
Gain support and provide support to others

Group therapy is a transformational experience! Members utilize their group experience to better understand who they are, gain greater self-acceptance, and create opportunities to experiment with change.

Your first few sessions may be filled with apprehension—wondering how others view you and how you will fit in, and trying to understand how the group works and how it might work for you. While there is no pressure to share when you are not comfortable, group is about learning to take risks. Coming prepared to share something about why you chose group therapy and what you hope to gain may ease in your transition.

In order for the group to become a safe environment to engage in important therapeutic work, a number of commitments are often asked of you: (1) arrive on time and consistently to each session, (2) be open and honest to the best of your readiness, (3) take risks when you feel safe and look for ways to create safety, (4) honor the work being done by others in the group, (5) keep all information confidential (including people's names and distinguishing information), and (6) extend the same respect to others as you would expect for yourself. If and when you decide to discontinue group therapy, coming to a final session to discuss your decision provides an opportunity for closure, both for yourself and others. Healthy good-byes are very important for closure and continued growth.

The therapist also makes commitments to the group as well: (1) begin and end each group at the scheduled time; (2) support group members in their efforts to grow; (3) encourage members to extend themselves as fully as possible; (4) challenge members to embrace new experiences; (5) support the generation of data, valid information concerning problems; (6) further the development of member skills in seeing new ways to work through problems (7) help provide an atmosphere of safety, (8) enhance contact between members of the group and within each person, (9) be available to group

members outside of the group should the need arise, and (10) become as marginal as possible.

Client Experiences of Group Therapy:

> "I have been thinking about how much my perception of the 'group experience' has changed since I first started. I realized this as I was thinking over the notes sent by Jared and how everyone responded on Thursday night. My first reaction was that of admiration and gratefulness for the honest feelings and emotions displayed by all of the members at one time or another. There was a time when I would have been very, very uncomfortable by this. Not only would I have been unable to conceive of the idea of doing this myself, but having others be so open and vulnerable would have made me shut down. (Even now I have a physical reaction when I say the word *vulnerable*.) I have really come to look forward to such honesty, especially from the newer members who are really taking big risks considering they have only known me for a short time. They have helped me by example and by allowing me to do my own work, sometimes using them as a springboard. My desire for this ability to connect becomes stronger and stronger every week. I am hopeful there will come a time when the desire for such emotional freedom will outweigh my desire for emotional safety and this will become my way of life. . . . I love you all so much."

> "Group is a sacred place. We have a circle of 9 when we are all in attendance. We have grown, together, to trust each other. We 9 know that we can bring in anything we need help with. And that if we aren't able to get what we need, we learn to ask for it. Jared sometimes has to do some leading, prompting, when needed. We have become powerful together in the hope that we can become powerfully authentic alone."

> "Group therapy is the place where it is safe for your walls to come down—walls you are not even aware that you alone put up. Other members have tools that they can lend you because they have used them. Some need them right back 'cause they are in the process of still bringing their own walls down. In many cases, it is a community project. Nevertheless, it is a "work-at-your-own-pace" place! I wish it were longer than 75 minutes."

> "Group has been a very useful tool for me. Like anyone else, I have had issues to deal with in my life. Group therapy has allowed me to recognize what they are and how to deal with them. Through group, I have come to the realization of other facets of my life having a negative impact on me and why I have not dealt with them, instead pushing them and hiding them away. Group has been a huge learning tool for me and has allowed me to grow and heal in a good way. Jared's guidance and knowledge has been valuable in allowing me to accept what I have to deal with and move forward in healing."

"Group therapy is the safe and trusting place that I allow myself to deal with the issues I know I have, and the place that I discovered issues I didn't know I had. It has given me a place to experiment with relationships and real life situations that I encounter. Group therapy has helped to me grow into and to like the person I am today. It is the one thing that I truly do for me and no one else."

"For the past two years my teenage son and I have been in therapy. His behavioral problems have been overwhelming at times and have put a cloud of doubt over my belief that my parenting skills are what they should be. I am a single parent and have no support from the other custodial parent.

When group therapy was mentioned to me I was excited to have a chance to listen and talk with others about "life events, feelings, and experiences." At first the adjustment was new and a bit different from one-on-one therapy, but understanding what you can get out of it is "real." The best part of group was not feeling alone. Even though some of the issues were different for each one of us, the sense of honesty, openness, and trust is what we all came to share. And the best part is also using these new skills outside the group with family, friends, and at work. It has given me a greater sense of trust in myself and a greater sense of self-esteem. I look forward to group each week because it is something that I do special for myself. One thing that I have realized is that I need to do for me so I can do for others.

Almost every week at group I learn I am not alone in my loneliness and that others struggle to find a peaceful place to be in there lives. When I hear others share their pain, the overwhelming sense of being by myself is lifted."

"For me, this is about taking risks lately. Its not easy to let down the guard, to reach out to take those feelings buried deep and expose them. To search deep, to sort through the mess, and to see that I do have needs, and that I have not allowed myself to acknowledge them, let alone allow others to contribute to me. There is no great miracle in the moment, just a long series of small miracles there to be had if only one lets them come their way."

"I have benefited from group therapy. Group helped me to focus on how I experience what I see, hear, feel, smell and think—in short, how I experience what I sense. Group has helped me understand more about how I react, and what I do in reaction to experiences. Group has helped me focus on how my reactions are satisfying for me and limiting for me. How I experience group is more like how I experience daily life in comparison to individual therapy, and so I can pull from group experiences and relate them to everyday contact with others easier than applying what I learn from individual therapy. Group has helped me practice how I relate to others' points of view, especially my spouse's. My relationship with my wife has improved in every way since I've participated in group."

Chapter Eleven
A Wholistic Approach to Wellness

> "The greatest mistake in the treatment of disease is that there are physicians for the body and physicians for the soul, although the two cannot be separated."
>
> ~ Plato

➢ **Understanding Wellness**

When was the last time you felt well? Not "well enough," or even "pretty good," but completely and optimally well? Sadly, we tend to measure health in terms of disease and/or discomfort. We base how well we feel on whether or not our allergies are acting up, how bad our arthritis is, or how intense our stress headache might be. In other words, we consider wellness the absence of symptoms as opposed to the presence of health and vitality. We've come to accept minor, recurrent symptoms such as allergies and digestive trouble as part of the human condition instead of indicators warning us of compromised health. This chapter is designed to help you understand integrated approaches to wellness and prevention. It will help you become an involved, educated healthcare consumer, ultimately raising the bar for your own standards of health and wellness.

Optimal health and wellness ought be measured with adjectives like *energetic*, *vibrant, optimistic, relaxed, clear-headed, limber, agile, strong, peaceful,* and *fulfilled*. If this seems unrealistic or impossible, take a moment to examine how you feel right at this moment. You might find yourself experiencing symptoms such as tight muscles, sinus congestion, fatigue, or gastric discomfort that you might not have even been aware of, or that you might even consider "normal" because you usually feel that way. Now consider how frequently a symptom must be present in order for you to not notice it much of the

time (or consider it "normal"), and imagine the strain that such constant symptoms (let alone their causes) place on you.

If we define "normal" by comparing our experience to those around us, then these symptoms and conditions might indeed seem normal. If, however, we define "normal" as natural and unavoidable, then nothing could be further from the truth. We might consider some conditions "normal" within the confines of aging. Although some decline in health is inevitable with age, many of our debilitating age-related conditions have more to do with chronic neglect than they do with age itself.

Imagine a beautiful Victorian house built 150 years ago. If that house was never maintained by the families that inhabited it—never cleaned, repaired, painted, etc.—it would likely be anywhere from needing repair to completely uninhabitable today. If, on the other hand, that house had been kept up and regularly maintained, today it would be a beautiful, historic, even antique home that people might pay top dollar to own. Certainly, there would be some signs of wear and age, but for a house that has been well maintained, this would contribute to the house's character. Similarly, if at age 20 or so we begin to focus exclusively on our career and raising a family; working long hours; eating on the run; and not leaving time for exercise, meditation, rest, massage or other self-care, by the time we are 35 or 40 we will be suffering from two decades worth of neglect.

We are generally concerned with our health only when symptoms become intolerable. In the face of such discomfort, we are often satisfied with symptom management even when the precipitating condition still exists. This would be like painting the wall of our Victorian home to cover cracks resulting from a compromised foundation without necessarily fixing the foundation. By contrast, in Okinawa, Tibet,

Russia, and other parts of the world where food and water are pure and clean, spirituality is emphasized, stress is minimized, and a more primitive lifestyle requires regular exercise in the form of walking (and sometimes carrying heavy loads), it is not uncommon for people to live past 100 years of age while still enjoying vigorous health and vitality. In fact, many of these countries have never even heard of cancer, diabetes, or ADHD. By learning from the example set in these remote eastern cultures, we can choose to maintain ourselves the way we might maintain a Victorian home and enjoy a vibrant quality of life—even into late adulthood.

➢ The Integrated Nature of Dis-Ease

Just as illness, injury, and other maladies need not be a normal part of the natural aging process, they are also, barring some exceptions, neither random nor unavoidable nor genetically encoded onto our DNA. We can easily understand this by examining a common condition (not even considered an illness by most) often considered genetic: allergies.

By definition, an allergy is a false auto-immune response. This means that we came into contact with (or ingested) something harmless like grass or pollen or animal dander, and our immune system mistook it for something dangerous like a virus or toxin and went to work to expel it by sneezing, creating a fever, creating excess mucus, coughing, etc. In short, with allergies (as with all auto-immune conditions), the body attacks itself without good cause (like burning off a virus or expelling bacteria).

In the United States, most people suffering from allergies see an allergist who treats them with inhalers, injections, and pills. Ironically, most of these people continue seeing these same allergists and taking these same treatments throughout their lives

without any improvement in their health. By contrast, there is a strong correlation between diet and lifestyle change, and relief from the symptoms of allergies. When the body's immune system functions optimally (from proper nutrition, hydration, rest, etc.), it no longer mis-identifies benign objects as harmful, yet we seem to have accepted symptom management or decreased suffering as acceptable instead of insisting on a cure. Unfortunately, we share responsibility with the healthcare community for this situation.

By accepting the status quo and not assuming responsibility for our own health management, we have enabled healthcare providers to fill a role by medicating away our symptoms. We have given them responsibility for making us *feel* well instead of having them educate us and teach us to be self-reliant. Understanding this, however, we have the opportunity to accept responsibility for our own healthcare and maintenance. We can educate ourselves about prevention, integrated treatments, and holistic wellness, and insist that our healthcare providers focus more on promoting optimal wellness and illness prevention instead of managing our symptoms and keeping us ill.

- **Understanding the Role of Stress**

By design, human beings need a certain type and amount of stress. Although an in-depth discussion of human stress response and its benefits are beyond the scope of this book, suffice it to say that human beings were designed for intervals of high-intensity stress with intermittent intervals of recovery and relaxation. For example, a life of farming, prayer, or craftsmanship might be periodically interrupted by an invading army, a hunt for food, or the need to run from a dangerous animal. When exposed to this intermittent, high-intensity stress, our heart rate and blood pressure spike, our muscles get damaged from exertion, and we secrete hormones that interrupt digestion and

elimination. Once the stressor is removed, we recover while resting, eating, and drinking, and our bodies' systems rebuild stronger and more capable than they were before. In fact, proper exercise design is based on this very model—periods of intense work followed by periods of rest, recovery, hydration, and good food.

Unfortunately, this lifestyle proves elusive in modern American culture. Instead of short periods of high-intensity stress, most people live under sustained, low-level (not life-threatening) stress such as work, money, and family pressure. Although these stressors are not life threatening, our bodies and minds respond as if they were. Living with this constant stress response (even at a low intensity) inhibits our ability to recover from it and taxes our immune system, preventing it from ever functioning optimally. Add to this phenomenon the immune system's need to protect us from chemicals, hormones, and antibiotics in our food; the strain of dehydration; and pollutants such as cigarette smoke and engine exhaust in our air and water, and the stage is set for auto-immune-based chronic illness (allergies, Lupus, asthma, etc.). By adjusting our lifestyles to better manage the physical and emotional stressors in our lives, and allowing for greater rest and recovery, we can dramatically limit, if not entirely eliminate, auto-immune conditions and their chronic threat to our quality of life.

- **Lifestyle Versus Genetics**

Many chronic ailments are considered "genetic" and thus unavoidable. In examining your own health, you might find that you tend to suffer from conditions similar to others in your family. Genetics do play a role in our health-related tendencies. We are not, however, bound by genetic predetermination. We can inherit various threats to our well-being from our families through a combination of learned lifestyles, behaviors

and habits, and latent predispositions. The good news is that we can usually avoid these threats by learning to better manage the lifestyle piece.

Some people are born with conditions like Type I diabetes or multiple sclerosis. In these cases, the person's condition was predetermined via genetics, leaving the person only the choice to minimize or not to minimize the disease's symptoms through lifestyle. Although it is important to acknowledge that this does occur, we must understand it as the exception, not the rule. In most cases, our illnesses and conditions are entirely avoidable and are entirely reversible.

We learn our behaviors, habits, and coping skills from our families. If, for example, our parents tend to eat poorly and not exercise, we will grow up knowing this as normal, not realizing that there are healthier ways to eat and live. Ultimately, our dietary and lifestyle choices might set us up for Type II diabetes just as our parents' choices contributed to their developing the same illness. Similarly, emotional distress such as depression likely has more to do with how we learned to cope with our difficulties (from watching our families) than with losing some genetic lottery.

What genetics do is outline our predispositions or tendencies—not necessarily our fate. If, for example, people in your family tend to store excess body fat in their bellies, or in their hips and thighs, you will likely store excess body fat in the same areas. This does not mean, however, that you must store excess body fat at all. Even if you have a genetically slow metabolism that makes it difficult for you to lose weight, you can, through more optimal channels such as proper diet and exercise programs, maintain a healthy weight throughout your life. (Adhering to a proper diet and fitness program need not be difficult, but it does require some education. Not all diets and/or fitness programs

are created equal. It might be worth consulting experts in these fields before making lifestyle changes.) Genetics will determine which ailments you might develop if you neglect your health (allergies, Lupus, asthma, etc.), but, in most cases, lifestyle decisions will determine whether or not you get sick at all.

➢ The Modern Medical Paradigm

Modern medical science has accomplished amazing things. Where people once died in their teens and 20's due to acute infections and illnesses, influenza, and cuts/abrasions, we now enjoy long lives in which these acute infections seldom develop into more than a minor interruption in our daily lives. Thanks to advances in surgical procedure, people can walk with prosthetic legs, survive major organ dysfunction with artificial heart valves, or overcome disease and injury with organ transplants. What's more, most bone, joint, and muscle injuries can be corrected in such a way that we can continue our lives without restricting ourselves in sports or other enjoyable activities.

Unfortunately, despite our ever-increasing knowledge and ability, we, as a culture, continue to get sicker and sicker. Some might argue that this is because we are living longer than we ever have, but this may only be part of the picture. Young people, and well as older people, suffer from obesity, cancer, and depression. Also, as previously noted, people in other parts of the world often live longer than the average American while enjoying considerable health and vitality. The fundamental flaw in modern American citizens' state of health may have more to do with our medical paradigm than with any other variable.

The first of two primary limitations in our current healthcare system has to do with the culture we have created. Between our high-powered careers and our family

responsibilities, our lives have become so demanding that we find ourselves unable to take time for health maintenance practices like meditation, healthful eating, massage, or regular exercise, let alone taking the time to rest and recover when we do get sick. Instead, when we fall ill, we take medicines to treat our symptoms, allowing us to continue working, taking the kids to karate and cooking dinner despite an illness. We overlook the condition(s) damaging our bodies and taxing our immune systems because we feel well enough to do these things.

Instead of adjusting our lifestyles to accommodate (or prevent) illness, we adjust the illness to accommodate our lifestyles. Case in point, there used to be a condition called "adult onset diabetes." With the prominence of fast, convenient junk food and high-tech, sedentary lifestyles, more and more children began developing "adult onset diabetes." We did not address the social conditions creating this phenomenon and instead renamed the disease Type II diabetes so as not to discriminate against the millions of youths who have developed the condition.

The second concern with our current healthcare system is that the business of medicine needs people to be sick. It gains nothing when we are well. Doctors, managed care organizations, and pharmaceutical companies only make money when we are sick or believe ourselves to be unwell. In ancient China, families used to pay their physician a monthly retainer to keep them well. In turn, the doctor designed the family's diet, exercise regime, meditation schedule, herbal supplements, etc. If a member of the family did take ill, the doctor paid the family the monthly retainer until the person was well again. The doctor profited only if his patients were healthy. In fact, he lost money when

their health suffered. Because of the current business model in healthcare, prevention and health maintenance is not only poor economics but threatens some people's careers. Just as regular oil changes, tire rotations, and tune-ups are necessary components in avoiding expensive car repairs, nutrition, hydration, exercise, and therapy must be necessary components in avoiding expensive and life-threatening disease. Just as fixing your car (brakes, transmission, etc.) when it needs repair is more important than just covering the problem so you become less aware of it, creating health and wellness must become more important than simply managing illness so that we are less aware of it.

In order to facilitate change, we must change our mindset. We must no longer tolerate a medical business model that requires us to be ill for the industry to profit. We must take responsibility for our own wellness instead of expecting doctors to "fix" us. In fact, we must understand that we are not necessarily "broken" to begin with. We have just not laid the groundwork to facilitate good health. People begin therapy not so that a therapist will "fix" their problems (the therapist could not possibly know enough about them to "fix" their lives or relationships), but so they might know themselves well enough to effect their own changes. This same premise can work just as effectively in addressing our physical health.

The good news is that a push for change seems to be starting. More people are turning to alternative healing methods like psychotherapy, nutrition, acupuncture/ acupressure, herbal treatments, meditation, and exercise instead of traditional pharmaceuticals and surgeries. Managed care organizations are starting to cover alternative treatments and reimburse gym memberships in the name of prevention. In

fact, you might be reading this book because your frustration with the current medical paradigm has inspired to take responsibility for facilitating your own wellness.

➢ **Understanding the Importance of Symptoms**

When we get sick, it's the symptoms of our illnesses that interfere with our lives. In the absence of these symptoms, we can continue to live and work with everything from a cold to cancer. Accordingly, most medications are designed to combat symptoms of illness—not to cure illness. Although the symptoms of illness can make it difficult or even impossible to function in our daily lives, our symptoms have two very important functions.

First, our bodies combat illness with symptoms. A fever, for example, is the body's way of creating an environment where bacteria cannot live, much the same way pasteurizing (heating) milk or boiling water kills the bacteria there. In emotional struggles, too, symptoms are important. It is thanks to the feedback we receive from our bodies that we know how we feel and what we might need in order to feel better. Depression, anxiety, anger, and sadness are all accompanied by sensations or symptoms that let us know how we feel and what we need. Although this concept might seem foreign to many, if we can learn to listen to our body's messages in the form of symptoms, we might gain insights into what we need and find ourselves able to make the adjustments that will help us grow and progress through a given struggle.

When our bellies grumble, this is the body telling us we need food. If we pause and connect with our bellies (through images in our mind's eye) without distraction, we will likely see different foods like chicken, steak, pineapple, or salad. Often, our bodies tell us what foods we want in order to address existing nutritional deficiencies. It is not

uncommon for people with Crohn's disease (a digestive disorder) to crave cultured foods like yogurt, kim chee, and sauerkraut because the cultures in these foods aid in digestion.

Along these same lines, learning to listen to our bodies is often an important component of therapy because doing so helps us better understand our reactions to other people, places, and situations. If we can listen to our anxiety or our depression, we might find that we also experience physical sensations in our bodies. Like when we are hungry, if we can connect with these messages from the body, we will likely learn what we need (i.e., safety, love, acceptance, challenge, etc.). If we medicate our symptoms away, in gaining the capacity to function better in certain areas, we run the risk of missing the opportunity to interpret this vital data, which is the key to feeling better or healing.

Second, simple as it might seem, our symptoms let us know that we are unwell so that we will slow our lives down and spend some time attending to our health. Medication can produce relief from symptoms that might give us a false sense of health or wellness. This false sense of wellness can be dangerous because if the virus, bacteria, or emotional disturbance that created our symptoms still exists despite the absence of symptoms due to medication, we might not give ourselves the rest, nutrition, therapy, or other treatment we might need to overcome the illness. If we take painkillers for a broken arm, for example, in the absence of pain (the symptom), we might try to use the arm again, worsening the damage that has already been done.

- **Prevention**

"An ounce of prevention is worth a pound of the cure." As stated earlier, our current system requires us to become ill in order for doctors, insurance companies, and pharmaceutical companies to prosper. Even therapy, when subsidized by healthcare

organizations, cannot be accessed unless there is a serious medical illness diagnosed. Consequently, we learn to ignore problems unless they become severe.

We need to decide whether we intend to allow the current system to dictate our healthcare and, by extension, limit how well we can possibly feel. This can be a challenging decision because deviating from the status quo can cost money in therapies (massage, psychotherapy, personal trainer) that might not be covered by insurance, gym memberships, organic foods, and in time spent finding quality providers. However, once prevention and health maintenance becomes our lifestyle, we stand to save a great deal of time and money in the long run.

Just as a small, periodic monetary and time investment in the name of maintaining your car can help you avoid costly auto repairs, a similar commitment to maintaining your health and vitality can save you time and money on medications, frequent doctor visits, and even hospitalizations in the future. Organic food is often more expensive than conventionally grown foods, but organic foods have also been correlated with a significant decrease in allergies, asthma, ADHD, depression, and other maladies. The extra money spent on higher quality foods pales in comparison to the cost of treating any one (let alone a combination of) the aforementioned conditions, the cost of lower productivity due to compromised work performance, and money lost by taking time off from work due to illness.

Attention to health maintenance and illness prevention requires a paradigm shift. Those interested in experiencing optimum health and vitality must begin to focus on wholeness. Where our current medical paradigm breaks the person down into small, specialized parts (therapists; podiatrists; allergists; proctologists; shoulder specialists; ear,

nose, and throat specialists, etc.), the shift to wholeness implies that the whole is greater than the sum of its parts. Although a specialist might be appropriate when a particular condition or injury does arise, in terms of prevention, we can no longer care only for the health of our left elbow over the rest our bodies than we can separate the physical from the mental and emotional.

➢ Defining the Wholeness Center

As the public's interest in prevention and holistic wellness grows, facilities providing integrated health solutions begin to emerge. Sometimes referred to as "wellness centers," "alternative health centers," "integrated wellness centers," or "wholeness centers," these facilities strive to offer the healthcare consumer natural, non-pharmaceutical, non-surgical treatment and prevention options that integrate mental, physical, and sometimes spiritual health.

In researching wholeness centers, one might find any combination of psychotherapists, massage therapists, yoga instructors, Rolfers, personal trainers, Feldenkrais instructors, nutritionists, apothecaries, naturopathic doctors, chiropractors, acupuncturists, meditation teachers, and clergy. Occasionally, an assortment of the aforementioned professionals will keep offices in the same building or strip mall. Sometimes, they will not occupy the same physical space but will work together as a wellness network nonetheless.

Choosing a wholeness center can be a challenging proposition. Although many such centers legitimately strive to help people improve their health practices and related education by staffing themselves with educated, licensed/certified professionals who are committed to continuing education and excellence in practice, some centers are simply

exercise studios, massage parlors, or diet centers with names that might prove misleading. There may be nothing inherently wrong or bad about these facilities, but if they do not attend to mental/emotional health, nutrition, disease prevention/treatment, and spirituality, as well as physical health, then they are not truly helping their clients move towards wholeness. Other centers may indeed address mental, physical, and spiritual wellness, but do so through different disciplines.

- **Becoming an Involved Wellness Consumer**

Should you choose a wholeness center that offers yoga, psychotherapy, and herbal medicine, or one that combines counseling, physical fitness and nutrition? The answer is that there is more than one road to the desired destination. In fact, the road one chooses to wellness often proves a vital component in sustaining a long-term lifestyle change. Some people prefer cycling to running or weightlifting for fitness. Some might choose a more directive therapist, while others want someone less willing to direct the therapy session. Some people might need specific nutritional changes in order to address allergies and food intolerances, whereas others only need minor dietary adjustments to ensure proper nutrition. In becoming more self-reliant and assuming responsibility for one's own wellness, the consumer must first identify his or her specific needs and preferences, and then find the facility that best accommodates his or her individual situation.

Because wholeness centers are still few and far between in most areas, you might find it difficult to locate any such facility, let alone one that will accommodate your specific wants and needs. The apparent absence of an adequate wholeness center in your area, however, need not derail your decision to pursue an integrated wellness lifestyle. Until an adequate center is established, you might need to design your own wellness

"team." This might entail finding a therapist, a personal trainer, a nutritionist, and a massage therapist you like. Even if they practice independently of one another, you, as their client, can empower them to communicate with one another in order develop a complete, cohesive lifestyle plan on your behalf.

In researching wholeness centers (or assembling a wholeness team of your own), ensuring that the providers you choose are qualified and professional can also be a concern. While certain professionals such as psychologists, registered dieticians, and naturopathic doctors must have specific degrees from accredited universities and state licenses to practice legally, other practitioners like personal trainers, nutritionists, and massage therapists might not need any formal credential to practice legally in your state. If they do possess a credential, you must understand that not all certifications are created equal. Personal training credentials, for example, can range from passing an on-line examination after reading an article on the certifying organization's web site to passing a battery of written and practical exams after an intensive 6- to 12-month study period. The educated consumer might benefit from researching specific credentials before hiring professionals to help manage his or her health.

So often, in buying a car, choosing investments, hiring a landscaper, or picking out furniture, we comparison shop, look for sales, and research consumer reports. We put much energy into ensuring that we buy the right products for the best prices or choose the best investments for our finances. Yet, we often ignore health matters until we become ill. Then, we see any doctor that will accept our insurance, accept his or her diagnosis, and follow his or her subsequent medical advice without question. If we can learn to maintain our wellness, especially before we take ill; integrate emotional, physical,

nutritional and spiritual practices in order to approach wholeness; and exercise the same judgment and scrutiny in employing healthcare professionals as we do employing other professionals, we can pave the road to a long life of optimal health and vitality.

Interesting Facts:

- Chronic and serious illness such as heart disease or cancer may be accompanied by depression. (APA, *How Psychotherapy Helps People Recover from Depression*, 1998)

- A breast cancer diagnosis can impair women's psychological functioning, which in turn can jeopardize their physical health. (APA, *Breast Cancer: How Your Mind Can Help Your Body*, 1998)

- Studies have shown patients with advanced breast cancer who undergo group therapy live longer than those who do not. (APA, *Breast Cancer: How Your Mind Can Help Your Body*, 1998)

- It's important to address an illness on both an emotional and physical level. (APA, *Coping with Serious Illness*)

- Optimism can improve a person's physical health. (APA, *Learned Optimism Yields Health Benefits*)

- Psychology can help family and loved ones cope with the effects of a serious or life-threatening illness. (APA, *Coping With Serious Illness*)

- Psychology can help manage the side effects of medical treatments. (APA, *Coping With Serious Illness*)

- Studies have shown if the mind is in good shape, then quality of life is better. (APA, *Coping With Serious Illness*)

Chapter Twelve
Miscellaneous Topics

➢ **<u>Common Mistakes: By the Client</u>**

- Not keeping regular appointment times
- Not considering work prior to session (coming prepared)
- Not considering work after session
- Not selecting clear, concise, attainable, or sometimes measurable goals
- Not creating experiments to practice new ways of being/relating (expecting the therapy sessions to change you or be sufficient for work)
- Leaving therapy when "symptoms" abate
- Not telling therapist when your needs aren't getting met, or when you are dissatisfied or upset
- Not having patience or rushing progress
- Not talking with people about your experience in therapy
- Seeing the amount of work as being "screwed up"

Not Keeping Regular Appointment Times

It is particularly important to be consistent with your scheduled sessions, especially at the start of therapy. Imagine pushing a large boulder up an incline—the momentum you generate from the initial expenditure of energy is more easily sustained than it is if you stop pushing and have to start again. Due to a natural resistance to change, or at least the reluctance one may experience toward the very personal issues you bring to therapy, the temptation may be to take mental breaks.

If you feel inundated with the work of therapy, it is best to talk about this and perhaps schedule a break. The alternative is forgetting a session, coming late, or even milling around during a session that leaves you feeling unproductive.

Not Considering Work Prior To Session (Coming Prepared)

Many people arrive at therapy knowing they aren't happy but are unsure what to do about it. After all, if they knew what to do, they may not be coming to therapy. Rather than viewing the therapist as the expert who is going to fix you, it is important to reconceptualize therapy as a vehicle as opposed to a cure. How you navigate the vehicle, such as how quickly you go and how willing you are to explore alternative courses, determines the degree of success. Therapy is not a limousine that you give directions to and then suddenly appear, but rather a car that you drive with a co-pilot in the seat next to you.

With that said, it is important that you arrive at sessions prepared to work. If you come in without anticipating what work you want to do, you may spend valuable time milling around. Your therapist will likely help you to determine in what direction you might want to head, but the greater this reliance on your navigator, the less self-determination you experience. The ultimate goal of therapy, after all, is greater self-sufficiency, so the sooner you start this in therapy, the closer you will be upon termination.

Not Considering Work After Session

Similar to the above section, therapy is a concentrated time to explore yourself in greater depth than you may do on your own. The work that is done during the therapy

session is designed to spark your awareness toward a greater understanding of "what is" in order to determine what might be. If you spend time following your session assimilating what was discussed, you may likely find further insight than you gained during the session. What is said to you during the session by the therapist might not always register at that point in time due to the layers of self-protection we commonly employ. Contemplation post-session can help open doors that were only slightly ajar earlier.

Not Selecting Clear, Concise, Attainable, or Sometimes Measurable Goals

This is a somewhat confusing mistake because goals can be looked at in a couple of ways. More contemporary therapists, particularly ones that employ a more pragmatic approach such as cognitive-behavioral, will advocate for specific and concrete goal-setting because it lets you know how successful your work is. Furthermore, it helps you to strategize what steps you are going to take when you know your intended outcome. This is similar to driving toward a particular destination as opposed to a region, which allows for better course plotting.

Another way of looking at this is through the idea of transformational change. This type of change process pays greater attention to how you are getting somewhere as opposed to where you are headed. For instance, a young man comes to therapy complaining of panic attacks. He is insistent that the therapist provide him with strategies to "get rid of" the anxiety. He was rewarded by previous therapists who teach relaxation techniques that initially help decrease the worry. Unfortunately, this young man relapsed back into panic shortly following his sessions concluded with these therapists.

It is likely the reason for this relapse was that this young man didn't explore the underlying issues creating the anxiety. Fortunately, he found a therapist months later who challenged him on his desire for a quick fix. The therapist helped him to explore the way in which he was looking at and trying to address this complicated issue, as opposed to moving him quickly toward problem resolution.

Not Creating Experiments to Practice New Ways of Being/Relating (Expecting the Therapy Sessions to Change You or Be Sufficient For Work)

Experiments have been defined as the risk-taking or creative actions that clients take based on the insight they gain through the course of their therapy. Experiments allow you to experience yourself doing something outside your usual realm of action. For instance, if you argue with your spouse by telling him or her everything he or she does wrong, then an experiment might be paying attention to only the things you are doing.

If most of your experimentation comes outside the session, your growth will be exponentially increased. If you reserve your risk-taking for the session alone and don't give much consideration to what risks you can take in your life, you may remain stuck. It's understandable that therapy is a safe place to move outside your comfort zone, but eventually you want to expand your work outside the office.

Leaving Therapy When "Symptoms" Abate

It's not uncommon for people to discontinue therapy when they begin to feel better. After all, therapy is an investment of time, energy, and money that takes away from other important obligations in your life. Most people are not initially ready to make a commitment to themselves for considerable personal growth but instead want to feel better quickly. The danger with leaving therapy prematurely is that you can feel better

without significant change taking place. Simply the act of unburdening oneself can lead to feeling better. Then a person can rebound into similar or related discomfort that originally brought that person to therapy. This time, however, the person can feel worse, because he or she adds the disappointment of the perceived setback.

Not Telling Therapist When Your Needs Aren't Getting Met, or When You Are Dissatisfied or Upset

Therapists are far from perfect individuals. Their efforts to help may inadvertently harm or cause discomfort. Even the intended actions of a therapist to alleviate suffering may not be effective, and the only way a clinician can measure his or her approach is through feedback from clients. Your willingness to share your thoughts and feelings about what is happening in therapy can prevent the rifts that sometimes lead to premature termination of therapy. Many therapists are receptive to hearing your experience, even if involves unhappiness they may have created, because it says to them you have trust in the relationship.

Not Having Patience or Rushing Progress

It can take a lifetime to develop the concerns that bring you to therapy, yet we often wish for immediate alleviation of discomfort. Therapy unfortunately does not involve miraculous cures through the wave of a wand; instead, it involves hard work that invites strong resistance to change. If we push too hard or go too fast, we might invite deeper heel-digging that can slow down the growth process.

Not Talking With People About Your Experience in Therapy

Many people elect not to even tell others they are in therapy because it's deemed embarrassing or a sign of weakness. They may fear unwanted questions or inquiries into their business and feel unable to set appropriate limits. Perhaps it's because they don't trust those people in their lives to keep the information confidential, so they go through the experience without others knowing. The unfortunate aspect of this is that there isn't support available during a time when your energy may be drained. It can also be helpful to have a support system that can witness your experiments and provide feedback.

Seeing the Amount of Work as Being "Screwed Up"

The more work you do in therapy, the more likely you are to find work worth doing. At first, this can be upsetting to clients who begin to see all the damage done in their lives, feeling as though they are beyond repair, or at least "really screwed up," as one client said to me. While it may be true that the more trauma you incur, the greater the disarray your life is in, this doesn't have to be entirely bad.

If you look at therapy as a place to come to terms with your dark side, realizing that our frailties and inequities make us interesting and unique, we can resist the temptation to label ourselves as worthless.

- **Common Mistakes: By the Therapist**
  - Being too lenient about collecting money
  - Steering you away from "hot topics"
  - Being too aloof or too chatty
  - Taking sides (couples therapy)

- Giving too much advice
- Not providing enough feedback
- Being too much of an "expert"
- Taking too much or too little responsibility for the growth process
- Not recognizing what feelings are sparked for the therapist
- Not challenging or confronting complacency or stuckedness
- Not meeting clients where they are
- Not addressing the therapeutic relationship
- Not addressing issues of diversity (gender, sexuality, ethnicity, etc.)

Being Too Lenient About Collecting Money

Many therapists are attracted to the helping profession because they care about people. This often means they are not as focused on the business aspect of their profession, such as collecting fees. This can lead to a problem because clients, particularly those whose troubles are influenced or directly related to financial distress, may inadvertently take advantage of their therapist's kindness. Consider the following scenario:

A client has been coming to therapy for several months, occasionally neglecting his co-pay. On one occasion, this client forgets to cancel his appointment, leading to an additional fee that raises his balance even higher. The therapist reminds the client of this at times but has difficulty being firm about it. The resentment build on the part of the therapist but comes out indirectly, such as paying less attention during sessions or providing fewer openings for the client to schedule appointments. This is not done

intentionally but is due to feelings that have not been expressed. Now the potential for sabotage to the therapy exists, all because of money.

Steering You Away From "Hot Topics"

Therapists are human and, because of this, they have similar responses to human suffering. When clients are nearing areas of their work that elicit strong feelings in a therapist, there may be a tendency to move in another direction. For instance, if a therapist is not comfortable with anger, or that therapist has his or her own issues around sexual abuse, he or she may have difficulty allowing the client to experience the full range of emotions that accompanies those topics. This is not usually a purposeful act by the therapist but instead a quite normal reaction to distress. If you sense that your therapist may be uncomfortable around a particular subject, or you experience the therapist as steering you away from talking about something of importance to you, bring it up. The really good therapist will be receptive to your feedback and will consider what you are relating to him or her.

Being Too Aloof or Too Chatty

Small talk is the more common way for two people who haven't seen each other in a while to break the ice. Whether you are working out at the gym or getting ready to delve into your therapy, warming up can be a helpful way to build momentum. Some therapists may not recognize when you are relying on them to take the work deeper, instead remaining too long with superficial banter. Because therapy sessions tend to be approximately 45 minutes long, which occupies a very small portion of your week, it is important to make the most of your time.

As the therapy relationship progresses, small talk may increase or decrease, depending upon the relationship. For instance, at the start of therapy, it may be all business, or it may be a slow buildup to the "issues." Once the relationship is established, it may feel like a friendship, and you may want to talk about extraneous issues to the therapist. Some therapists are very eager to talk about world events or unrelated matters. In my experience, I have exchanged recipes with clients, made predictions about football games, and talked about politics. All of these extraneous issues were initiated by the client, and often times I would make sure that the client was not intentionally avoiding dealing with a difficult topic.

Taking Sides (Couples Therapy)

No matter how experienced a therapist is, he or she is always going to have opinions about which partner is keeping a relationship stuck. As a trained observer of relationships, the therapist's job is to assess the mechanics of a relationship and help each partner raise his or her awareness of what he or she is doing to influence the process of relatedness. There are times when a therapist may feel very strongly about the behavior of one person, in particular when one of the clients seems oppressed or overpowered. In these instances, there is a temptation to gravitate toward one partner in defense. The outcome of this can be harmful to the relationship because the imbalance of support can lead to greater resentment on one side and further disempowerment on the other.

Keep in mind this is not to imply that therapists don't focus on one person or another during part of the session. What I am describing is a prolonged and obvious departure from the objective stance into an alignment with one person. This may be either overt or not obvious, depending upon the situation. If you feel as though your therapist is

not seeing both sides or has aligned with one person, you can make the therapist aware of this. Too many clients leave therapy prematurely because they experience this very event and give up too quickly. Couples therapy is not about making one person right and one person wrong. If one person is “wrong,” then both partners lose.

Giving Too Much Advice

Therapy is not about telling people what they ought to do. Although therapists can be construed as experts on human behavior, they are not the expert on you. Nobody knows better what to do than you, and if you feel lost or stuck, then look for a therapist to help you figure this out as opposed to directing you. If your therapist continues to tell you what you should be doing, then you can create reliance on that therapist instead of a self-reliance, which is the ultimate goal of therapy.

Advice is certainly a part of therapy. Therapists routinely give their opinions or provide you with feedback about how they view your circumstance. Often times this advice is intended to help you become stronger while you are doing the work of therapy, such as telling you to work out at the gym to burn energy, or consulting with a nutritionist to learn how to eat healthier. Sometimes advice takes the form of building coping mechanisms, such as the suggestion to journal or create a schedule. These are simple examples of advice that do not foster dependence.

If the larger issues that you are dealing with in therapy lead to advice-giving from your therapist, then you may have cause for concern. Advice tends to be the most impersonal and ineffective form of support. Even in your personal life, advice is a way of not getting intimate with the person you are dealing with, because all you are lending is your thoughts or beliefs that are based on your own experience. If this happens, then you

may bring it to the attention of the therapist, no matter how tempting it is to take his or her direction. Because listening to your therapist's advice can have two likely outcomes—you are successful, in which case the credit goes to them (and you can't feel as good about it), or it turns out poorly and you have somebody else to hold responsible.

Not Providing Enough Feedback

Many clients come into therapy with a notion of what the experience will be like. This idea is derived from stories, movies, books, general fantasy, and any prior experience the person may have had. One of the biggest myths that I hear from first-time clients is that therapists don't say much during a session, but instead just ponder their thoughts while smoking a pipe and rubbing their chin saying, "Hmmm." This would hardly be helpful to anybody who needs more than a warm body in the room to talk at. Instead, therapy is about an open exchange of ideas, where beliefs can be expanded, thinking broadened, and emotions expressed. Unfortunately, some therapists do not recognize that a client needs more than is being given, and clients are often reluctant to make this need known.

Therapists may not provide sufficient feedback for several reasons, none of which will become known without you, as the client, speaking up. The possibilities may include a caution due to not knowing you well enough (therapists have to feel safe with you as well), not knowing you wanted to hear more, stylistically the clinician doesn't offer as much as you want, and a desire not to influence you, to name a few. It is important, particularly early in your relationship-building, that you let the therapist know if you are not getting enough input from him or her. This is perfectly alright to ask for, and the therapist may be grateful for the direction.

Being Too Much of an "Expert"

We tend to feel the best when we are in control of the work we do in therapy. If we come to some important realization or implement a successful experiment, the reward is greater if it was self-generated. This is not to say the therapist ought not be involved with the creative process; it means that the more ownership we as clients have over the design and implementation, the better we feel (this holds true for teaching children as well).

If the therapist you are working with comes off as too much of an expert, that therapist may seem as though he or she needs to feel important. This can be a hindrance to therapy because the therapist may not be as receptive to your feedback, or the therapist may not allow you to be in charge of your therapy. While we want therapists to be knowledgeable and even have expertise about our predicaments, we don't want them to be the expert of us. It is for this reason that a client can become disenfranchised with therapy, because the power dynamics in the relationship seem imbalanced. Know-it-alls are generally turn-offs in our lives, and the same applies to therapists.

Taking Too Much or Too Little Responsibility for the Growth Process

Who is ultimately responsible for the success of your therapy? Some might argue it is the client; after all, the clients are the ones who determine how hard they work and how much risk-taking they are willing to do. Others might say it is the therapist, because therapists are the ones who know what is generally helpful to do. I suppose the answer lies somewhere in the middle. Having a therapist who feels too responsible for a client's success can put too much pressure on the client. Having a therapist who takes too little

responsibility can leave a client feeling as though the therapist isn't invested enough, which leaves that client feeling too much on his or her own.

Not Recognizing What Feelings Are Sparked for the Therapist

There is a debate among the therapeutic community regarding the role of the therapist and how authentic one ought to be. This means that some clinicians believe therapists are there to be neutral and objective figures, and that clients can project their feelings onto clinicians without the clinicians reacting. Others believe that therapists ought to be more human and genuine, sharing openly how they are experiencing their client, including what feelings are generated for them throughout the course of a session.

There is a concrete answer to the above question—which is that there is no right answer. It depends on the client and what works well for the client and the therapist. Just because a clinician has a feeling about or toward his or her client does not mean that feeling should be shared. Sometimes what a client brings up to the therapist in a therapy session has little to do with the client but is instead about the therapist's own life. I can tell you that at least once a day a client says something that sparks my own contemplation about something going on in my life. This is why most therapists do this kind of work—it's not about being philanthropists; it's about wanting to be stimulated in our own personal growth.

Therapists make a mistake by being unaware of the thoughts and feelings that are sparked for them during the course of therapy. If therapists are not aware of what gets brought up for them, they may inadvertently allow it to influence the work with their clients. Now, there is no cause for alarm here, because this happens *all the time*. A therapist reacts spontaneously to a client, so the potential for a therapist making a

statement to a client that is generated by something unknown is high. As a client, you may not be aware when this happens, but there is a way to check it out. If you find that feedback you are given does not make sense to you or fit with your gut instinct, you can ask the therapist about it. Many therapists welcome the opportunity to consider and talk about themselves—it's a result of being present for others much of their day.

Not Challenging or Confronting Complacency or "Stuckedness"

Therapy is about supporting, encouraging, and stimulating insight and awareness, and it is also about helping to create momentum toward change. When inertia sets in for clients who find it difficult to generate self-initiative, it is the therapist's job to help those clients understand the resistance to change. Beyond this promotion of self-understanding, it is also the job of the therapist to help clients take action to get their needs met, which doesn't always happen though the tactics described above. Sometimes the movement is more like a car that is trapped in the snow, rocking it back and forth until traction can be gained.

Therapists may not push their clients beyond their comfort levels out of fear, respect, or a belief this will not be helpful. Much of the time this is a correct assumption, because a client who feel trapped may not be ready for such prompting, or it may even serve to strengthen that client's resistance, alienating him or her from the therapist. In some cases, however, a gentle shove is exactly what's needed to create movement. As the client, it is important that you provide your therapist with feedback on what degree of prompting you can handle, or if you are getting too little or too much prompting.

Not Meeting Clients Where They Are

When clients initially come into therapy, they may have varying degrees of understanding about their situations and what needs to happen to get to where they need to be. There are also differing levels of understanding about the nature of therapy and how it can be used to accomplish one's goals. Because of this, there is no prescriptive treatment (highly structured and predetermined) that works for every person. Instead, therapy must be custom tailored to each individual. We use the term *meeting clients where they are* to describe this assessment process to help determine where help is needed.

Not Addressing the Therapeutic Relationship

There is a relationship between a client and a therapist that, in many ways, is similar to any other relationship. There is a need for trust, openness, and honesty, and there are shared experiences that unite and separate the pair. This professional-personal relationship is finite, however, in that there will be a time when the relationship comes to a close, if only for a portion of time. Another difference and this is a significant relationship, in that the relationship is clearly imbalanced. In most friendships, there is a reciprocal agreement that allows for give and take. Therapy is all about the client.

If the therapist and the client don't tend to their relationship, then several problems may emerge. First, there may be a concern of judgment on the part of the therapist, which may hinder the work of the client. There may also be things said by the therapist which evoke uncomfortable emotions, even resentment at times. Without periodic check-ins, rifts may develop, ultimately sabotaging the work of the client.

It is also good practice to talk about the relationship. In our everyday lives we tend to avoid direct conversations about our experience of others, instead choosing to use conduits and go-betweens. Speaking with your therapist about how you experience them, either warmly or contrarily, can provide the practice needed to navigate those very important relationships in your life.

Not Addressing Issues of Diversity (Gender, Sexuality, Ethnicity, Etc.)

Unless you are seeing a therapist that is an exact replica of yourself (not advisable when you are trying to become something more), then differences are likely to exist along several continuums. The most noticeable dissimilarities are that of race, gender, and ethnicity, although there are many others that may not be as apparent. When screening a therapist for the first time, you may want to find a therapist who shares certain value systems with you, such as religious beliefs, but for some people this is not a concern. At some point in the therapy, this may be an important topic to discuss, because it can produce tension.

It is advisable for therapists to address these potential influences on therapy early on so that clients can be a teacher for the therapist. That is, clients teach therapists about who they are, what traditions they were exposed to, what values they espouse, and what beliefs have influenced them throughout the course of their lives. In doing so, therapists can gain a broader perspective of who their clients are and how they might be useful in helping them address their goals. Most importantly, addressing these potential influences can help therapists and clients anticipate and deal with differences in this very real and very powerful relationship.

➢ **<u>Resistance to Change</u>**

Resistance is defined in the dictionary as confrontation or opposition. Resistance is viewed as synonymous with battle, struggle, fight, or any such type of confrontation. Interestingly enough, the antonym given for resistance is *surrender*, meaning that victory is the goal in dealing with resistance. So, if one uses this definition to conceptualize resistance, we come away with the idea that those who display resistance are a threat to those in power. The way to deal with this threat must, then, involves overpowering, coercion, or perhaps avoidance. Let's first look at how resistance works within a person and then compare it to the process of negotiation between people.

Consider the muscles in your shoulders and neck. If you want to let go and relax, your head will slump forward (if you are sitting upright). If you are sitting in a chair and your head is not slumped forward, your body is resisting the option for too much relaxation. You were not paying attention to this resistance to letting go of your neck muscles, yet it was constantly there. Consider as well your energy level and the degree of fatigue in your body. You may be tired and want to close your eyes, but instead you are keeping them open to read this book. These examples represent the very physical intrapersonal (within body) conflict that keeps your momentum paced in such a way that change does not occur too quickly.

This conflict also occurs between people. In another example, you may feel conflicted about something or somebody in your life, and you are choosing whether or not to intervene in some way. Perhaps you are unhappy with your job or a relationship in your life but have decided to wait it out instead of making a change. These are all

examples of conflicts taking place within the body at various levels—physiological, emotional, and cognitive—all of which create uncertainty in one's life.

The conflict that helps regulate the process of change is also known as resistance. Resistance creates a constant tension state within the body that helps mobilize us to take action toward getting our needs met. If the tension is too low, we become flat and unresponsive, otherwise known as depression. If the tension is too high, we become hyper-vigilant and "stressed out," exhausting us mentally and physically. The optimal level of tension is a balancing act that requires regular attention. This balancing act is analogous to a fisherman who lets out a certain amount of line to allow a fish to take the bait. If there is too much slack in the line, the fisherman may not know the fish is present and the bait may be taken before a response is made. If the line is too taught, the fish may be scared away by impulsive jerking of the rod.

The maintenance of our tension states is a process that occurs, for the most part, beyond our awareness. We are not concentrating as intently as the fisherman because there are so many choice points in our life, so many conflicts that emerge through the course of a day, that we go on auto pilot to reach our destination. We forget the importance of how we are getting to where we would like and simply focus on the end result. We are not recognizing how much uncertainty exists in our lives, in part because acknowledging this experience may lead us to feeling out of control. So, instead, we pretend not to notice our ambivalence and function as if we have it all together. Although change is going on all the time, we attempt to steer this change in a certain direction.

Imagine a married couple who are largely unaware of how they navigate resistance. Whenever absolute agreement is not found, some form of battle will take

place, with one person being victorious and the other person wounded by defeat. Depending on what style of adaptation is used to deal with the resistance, the loser may feel overpowered, manipulated, or disregarded. Consequently, the winner may feel defeated as well, since the loser of this particular dispute will find a way of repaying his or her partner with passivity, withdrawal, or another form of retaliation.

If this style of interaction continues over any sustained period of time, there will be a number of likely results. Within the relationship, there will be a loss of intimacy due to the distance created by the win-lose outcome of conflicts. A power differential will likely be established that alters the communication style of the couple so that covert operations replace a more open and honest mode of interaction. For each individual within the dyad, a different phenomenon can be found. The person who typically comes out on top of conflicts learns this is the preferred mode of relating and utilizes this style in other circumstances. He or she learns to seek out others who can be overpowered and will submit to those with more authority. A survival-of-the-fittest mentality ensues that creates hierarchical patterns within their system. Loneliness is often times the result, as genuine relating with vulnerability and receptivity is lost.

Conversely, the individual who more frequently comes out on the bottom of conflict experiences the situation quite differently. Symptoms such as anxiety and depression are present, as these people have learned that helplessness is inevitable. The person may feel it no longer matters what he or she does, because there will not be a chance of being successful. This loss of power can also lead to a loss of genuine contact with others due to his or her victim mentality.

The balance-oriented orientation assumes that there is a great deal of ambivalence regarding change in any system (individual or organizational). The difference is that this approach views ambivalence as normal, potentially useful, and often times valuable. If we can become curious about this ambivalence such that we explore it at a deeper level, the nature of the resistance can be better understood. In fact, once we understand the underlying meaning of the resistance, we can find there are protective, curative, and creative aspects of resistance that may be utilized. Our task is to find ways to harness this energy appropriately to get our needs met.

As difficult as it may seem to be curious about resistance (as it may be considered a threat), consider it an experiment in relating. You need not use this approach if it doesn't fit with your style of leading, but for the time being, leave the window partly open just in case you find some idea that resonates with your approach. As you read the proceeding pages it is important to continuously pay attention to your own experience of resistance. When concepts do not fit within your schema of understanding, recognize this lack of fit and pay attention to what you do with it. Do you disregard the idea as silly or stupid? Do you minimize the importance of what is being suggested as if you had not read it? Or, perhaps, do you pretend to understand what is being offered but in actuality cannot make sense of it?

The section above was taken from a book titled *Harnessing the Power of Resistance*. If you are interested in learning more about this process, you may order the book from the publisher, Eye on Education.

Client Self-Reflections

My Sentry . . . My Friend . . . My Self
Client Self-Reflection #1

For a very long time I had been hiding behind what I referred to as "walls." This is a familiar representation in our group, and we have grown accustomed to and comfortable with this term. Those of us who feel imprisoned by these "walls" speak frequently and hopefully about chipping away and knocking them down. I also worked toward these goals to no avail. The harder I tried to destroy the walls, the stronger they became. I grew very frustrated and began to believe that my life would never be different and I would never feel joy again. I was being misled. By my own self.

Over the course of time I began to realize that the metaphor "walls" stood for an external and tangible force that I hid behind. In fact, there is no such structure around me. The force that protects and guards me comes from within. I began to understand that at some time during my life, probably when I was very young, I created a guardian "persona" or sentry to keep the evils of the world at bay. My sentry became very, very adept at preventing me from being hurt, thus I felt no pain. She prevented me from attempting challenges, thus I felt no disappointment. She eventually learned to prevent me from connecting with others, thus I began to feel nothing.

At first, following this ah-ha moment, I was actually very angry with this sentry side of myself. I plotted and planned ways to get rid of her, to destroy her. This, of course, was not very successful. I finally realized that this sentry was part of me, the person, and I would never destroy her because self-preservation is our strongest drive as humans. No wonder she fought long and hard to avoid being "knocked down," just as I would. Grudgingly, I began to have a sort of respect for her for the exceptional job she had done. She had taken over for me when I could no longer cope, and she had never, ever taken a break. She actually had more commitment and follow-through than I had ever given myself credit for. We began the slow process of calling a truce.

I began to understand what caused her creation in the first place and how her responsibilities had grown as my own life became more complicated. I also realized that she was getting weary. She had done a great job for a long time. She wanted to come home and rest. As I embraced her for the first time, I felt a love for her that I really didn't believe would ever be possible. I was proud of her for the fantastic job she had done for such a very long time. She worked so hard for me all those years, and yet she never once cried or complained. She kept things in control for me and took the brunt of all the bad things life throws at you and all the stress so that I could focus on the other things in my life. No wonder she became so tired.

I have called my sentry, and now my friend, home to rest. She is still resistant to give up her post. She is worried about whether or not I can handle being hurt or fearful or anxious. Like a mother guarding her young, she has a hard time letting go. I work every day to convince her that it is now time for me to care for her. I can only hope that as time moves on I can do as good a job for her as she as done for me. Every night before I go to sleep, I say my prayers to God and I tell my guardian, "Rest easy, my friend . . . a job well done."

Journey of Feelings
Client Self-Reflection #2

I am a very sensitive person. I just truly realized this about myself. I have probably known it for a very long time but never admitted it. I prefer to be called compassionate. This denotes more sensitivity for others than for myself. To have compassion for others seems to describe me as less selfish about my own feelings, and, while I am very sensitive to the feelings of others, I tend to neglect my own. The ability to recognize and act on my feelings is a luxury that I have long denied myself. This denial did not start out as some type of self-sacrificing martyrdom but as a way to protect myself. My feelings get hurt very easily, and I found that by withdrawing and avoiding intimacy with others that I gained a certain control over the circumstances by which I would get hurt and thus avoiding the pain that came with it.

My sensitive nature does indeed extend to others around me. I am acutely aware of the feeling of others. This, for me, is a double-edged sword. I can be very compassionate to others, and this is helpful in healthcare and I believe makes me a better professional. I have also learned to control my feelings, however, in these circumstances because I can become too involved and take "my work home with me." My ability to feel for others also gives me the ability to hurt back or "sting" when my boundaries have been crossed. From these experiences I have also learned to withdraw, sometimes emotionally and even physically. This withdrawal keeps me from feeling pain and hurting others but leaves me with many unresolved issues thus increasing my feelings of isolation.

My sensitivity has also caused me to become very reactive to criticism. I hate to be criticized in any way, constructive or otherwise. To me, this is a personal attack and I become very, very defensive. When I was younger, I took any form of criticism as an attack on me as a person. I did not differentiate between something I may have been doing and who I was. I desperately wanted to be accepted and liked, particularly in school, and any unkind comment immediately became a sign that I was "different" and not accepted. To counter the pain I felt over this, I adopted a demeanor that kept people at bay. I might have been seen as a snob or maybe a loner. Others thought that perhaps I had a different group of friends outside of school that related to my horses and riding activities. Unfortunately, I adopted the same persona with them, and so the cycle started. I have never really felt accepted by any particular group in my life, and this has been very isolating. My father encouraged this "get-them-before-they-get-you" and "never-let-them-see-you-sweat" ideology, and my mother was full of helpful suggestions and activity ideas to cultivate these "friends" in the groups that I so desperately wanted to belong. Neither of these methods taught me how to deal with my feelings or helped me to accept myself for whom I was. I can only assume that their methods were the ones they themselves used and had no other ways to teach. I don't believe their methods worked well for them either.

I now find myself at a "crossroads." I can either walk the path well traveled and one I am most familiar with, or take the other direction. By taking the other road, I will have to learn to navigate an entirely different way, and I am unsure how to go about this. I can either blunder through on my own or ask those that I meet on the way for help. I will open myself up for making mistakes on my journey and maybe even being made fun of, but I could possibly meet some very remarkable people along the way. I guess, in the end analysis, I have already chosen my road.

Fear Factor
Client Self-Reflection #3

I am afraid. Of everything. All the time. This is a new revelation for me. I knew I worried a lot and often felt anxious about things that were going on in my life. I now realize that what I have been feeling isn't anxiety but mind-numbing, paralyzing fear. This fear has been with me for a long, long time, so I had become somewhat accustomed to living with this emotion. I found ways to escape it, deny it, and bury it, but I have never found a way to get rid of it.

On the surface, this fear of all things seems pretty ridiculous. I was never in grave danger or felt I truly had to run for life to escape injury. Taken on an individual basis, these fears can be dissected and maybe even "put to rest." Taken as a whole, this fear is overwhelming and often prevents me from action of any kind. I have come to realize that, although self-preservation is instinctual to all human beings, this type of fear is a learned response. I was not born being afraid but became so due to influences in my life that I am just beginning to understand. If a dog bites a child, then that child becomes afraid of dogs. Parents of this child can affirm this emotional response by becoming overtly fearful themselves. They tell the child to be afraid of all dogs no matter what happens. "Run, run," they say, "when you see a dog." So, the child learns to run from things that scare them. They can, however, teach the child to be cautious and smart around dogs without instilling a phobic fear.

With that being said, I would like to let everyone know how I came to realize this "ah-ha" moment. I did not explore my reaction at the time but chose instead to deflect away from her revelation. I deliberately chose not to connect with her. Why? Because I was afraid. My marriage is the one area of my life that still remains very closely guarded. I believe we have a good marriage but after 30 years have fallen into a complacency that has begun to define us as a couple. We figure that what is working should be left alone, so we don't explore this large aspect of our lives very often. I have learned the quickest way to divert attention away from a subject that makes me uncomfortable is to disconnect by expressing the total opposite of what is being discussed. Period, end of discussion, shut that door real fast. I hope this week I can be more open to and less afraid of discussing the "M" word (marriage).

One Day Away
Client Self Reflection #4

Each night in bed I pray and pray,
to bring me through another day.

For what I pray, I am not sure,
just different from the day before.

And yet I awake another morn,
to find that, yes, I have been born.

And hope that on this brand new day,
my fears and worries have gone away.

But as the hours go slowly by,
I find that "me" is still just "I".

So, in my head I scream and scream,
and hope to awaken from this bad dream.

I want to be another "me,"
one who laughs and lives life happily.

And so each night in bed I pray,
to bring me through another day.

And hope that I might yet still find,
the place in life that God calls mine.

Deb R

White Flag
Client Self-Reflection #5

Exploring myself....deeply,
Stop being on the 'surface' with myself and others,
I want to fill the void.
Overcome fears and anxieties.
Open doors that have been locked and forgotten.
I want to cry, laugh - I want to feel.
Be vunerable... so I can let myself in.
How can I let others in - if I can't let myself in?
I feel separated from myself...
There is me, then there is 'me'.
I want to become whole. When that occurs ... maybe I will not feel so empty inside.
I want to become positive and look forward - rather than be negative and look ... no stare...at the past.
I want to love...not hate.
Feel success...not shame.
Be happy...not sad.
Burn every damn mask I wear!
Feel free!
I want to be light ... not heavy or weighed down.
I want peace within myself.
Stop hiding from the pain.
Stop hiding from the world.
I want to wake up in the morning and not want to be so eager to sleep at night.
I want the battles to stop within myself.
This is my white flag ... my surrender!

Appendix

Glossary of Terms and Their Definitions

Clinician: Clinician is an interchangeable term with psychotherapist.

Counselor: A counselor is a generic term which is sometimes interchangeable with therapist or clinician. Counselors generally get their master's degree but many have only a bachelor's degree. There are national exams for counselors, including the NBCC (Nationally Board Certified Counselor). There are also state licenses that counselors can attain, such as the LPC (Licensed Professional Counselor) in New Jersey and Pennsylvania. LPC's are eligible to work with managed care/ insurance companies.

Life Coach: A life coach is somebody who works on specific objectives that do not require in-depth analysis or investigation. This is a relatively new specialty, and there are training programs and certificates available.

Patient Versus Client: Depending upon the length of time a therapist has been in practice and their philosophical orientation, these terms are used interchangeably.

Psychologist: A psychologist as completed four years of college and at least four years of a doctoral program in clinical, counseling, school, industrial, or other. In addition, he or she has passed a national test and fulfilled the state requirements specific to that region. A psychologist may either be a Psy.D. (Doctor of psychology) or Ph.D. (Doctor of Philosophy). There is little difference in the programs except that Psy.D. is a newer degree and is less heavily research based. Psychologists are eligible to work with managed care/insurance companies. Psychologists who specialize in psychotherapy and other forms of psychological treatment are highly trained professionals with expertise in the areas of human behavior, mental health assessment, diagnosis and treatment, and behavior change.

Psychotherapist: A psychotherapist is a particular type of therapist who works with emotional, behavioral, and psychological issues. There are certifications but no licenses for this type of practitioner. Psychotherapists apply scientifically validated procedures to help people change their thoughts, emotions, and behaviors. Psychotherapy is a collaborative effort between an individual and a psychotherapist. It provides a supportive environment to talk openly and confidentially about concerns and feelings. Psychotherapists consider client confidentiality to be extremely important and will answer questions regarding those rare circumstances when confidential information must be shared.

Social worker: Social workers can be LSW's or LCSW's, depending upon their licensure. LCSW's have accumulated sufficient hours of supervision and have

passed a test by the Social Work Board. All social workers get their master's degree from a specialized training program. Only LCSW's are invited to participate with managed care/insurance companies.

Therapist: Anybody can call themselves a therapist and the focus of their work can include many areas, including physical, occupational, spiritual, mental health, etc.

Suggested Reading

Pigs Eat Wolves by Charles Bates

The fairy tale (or fable) of The Three Little Pigs is used to illustrate the complexity of personal identity in a very simplistic yet entertaining manner. This book helps the reader understand how one protects himself or herself from the world (which we learn is more about protection from ourselves) by projecting all of our undesirable traits while insulating ourselves against the outside. This is a powerful book for anybody interested in personal growth.

Dibs: In Search of Self by Virginia Axline

This book was written by the originator of play therapy, a very specific type of therapy for young children. This book will help the reader understand why play therapy is an effective approach for young children who are not verbal enough to benefit from traditional talk therapy. Play therapy is much more than most parents expect, as illustrated by this young child with selective mutism.

The Family Crucible by Augustus Napier

This is a classic book about family therapy. An actual case is presented in this book with actual dialogue to keep the reader engrossed. This book helps the reader understand that there is no one person in the family responsible for all the problems, although we often identify one—most often the child.

Getting the Love You Want (Keeping the Love You Find) by Harville Hendrix

This is a wonderful book(s) on relationships. Whether you are married or trying to find the right relationship, this book takes the reader into the unconscious brain that drives the choices we make in couplehood. Although the beginning of the book is dry for some people, explaining the theory behind the ideas, this is a powerful book that helps us understand ourselves better. Exercises at the conclusion of the book can help turn insight into action.

Getting Beyond Sobriety by Michael Clemmens

For anybody struggling with an addiction, this book is an alternative to the heavily prescribed disease concept or A.A. approach to abstinence. This book is written from the Gestalt perspective, helping people understand the nature of their addiction as well as the path to long-term sobriety.