
SECTION I

SETTING UP AND BUILDING YOUR PRACTICE

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1

Defining Your Purpose

What You Will Learn

- The two main focal points of therapy
- The practitioner's challenges in working with each of the five reasons clients initiate therapy
- How to determine your own personal psychotherapy orientation
- How different therapists may bring out different information from their clients
- How psychotherapists' awareness of their own beliefs can assist in providing good care

A critical question that you must answer before beginning a psychotherapy practice is what you hope to accomplish for your clients. What is the purpose of therapy? What approach will I take in helping my clients? What is my therapeutic style? The answer to these questions will guide you in every interaction you have with your clients. The answer may be simplistic, or it may be overly technical and complex. In the end, you must choose a purpose that will focus your practice on helping your clients while also allowing you to have a meaningful and successful career. The purpose of this chapter is to help you define your style with the realization that no matter which approach you take, it will define how you view the client's problem as well as the solution.

What Is the Purpose of Therapy?

Most of us enter this field in order to help people. We may be the kind of person who seems to inspire others and is a natural problem solver. We may have had a therapeutic experience with someone who changed us for the better and want to pass along this gift. We choose to help clients with their most personal problems relating to their thoughts, emotions, and actions.

Psychotherapy has two main purposes: the treatment of mental illness and the fostering of personal growth. To treat mental illness you must be able to identify and diagnose mental illness in your clients. You must be able to identify symptoms, functional impairments, causes, and effective treatments for various mental illnesses and coordinate your efforts with other professionals. The purpose of this treatment is to decrease the severity and impact of your client's symptoms and sometimes, in less frequent cases, to eliminate them.

To foster personal growth you must be sensitive to your clients' sense of inner dissatisfaction that leads them to therapy. Do they lack meaning in their lives? Are they unhappy with their relationships? Are they feeling stuck or unmotivated in their work? Do they experience grief or anger that interferes with moving forward toward their goals? Your purpose here is to help your clients to take steps toward resolution of the problem they bring to therapy and to teach them how to successfully approach similar problems in the future.

Exercise 1: What Is Your Purpose?

Take some time to remember why you wanted to become a psychotherapist. Write down in one sentence the essence of your purpose.

The greatest discovery of my generation is that a human being can alter his life by altering his attitudes.
—William James

The Goals of Psychotherapy

The types of approaches to psychotherapy are broad and diverse. Each school of thought interprets the nature of the problem and the solution differently. A cognitive-behavioral therapist is interested in the client's thought patterns and how they affect behavior, whereas a process-oriented practitioner engages the client in an exploration of all facets of the problem so that the client arrives at his or her own conclusions.

Based on the various reasons clients initiate treatment, let us explore the purposes of psychotherapy.

To Provide Symptom Relief

Many clients make an appointment to see a mental health practitioner in order to relieve their symptoms, which have gotten to the point where they can no longer be tolerated. Things have gotten so bad that clients can no longer manage on their own. Anxiety has reached a point where it is interfering with their daily functioning. Perhaps they are depressed and no longer enjoy their favorite activities or have had excessive absences from work, or perhaps others have noticed that they cannot perform to the standards expected. They may have functional impairments in a variety of areas:

- Interpersonal relationships
- Work
- School
- Physical health
- Leisure activities

(See Chapter 9 for more on assessing functional impairments and functional goals.)

These clients would benefit greatly by the practitioner's finding the one symptom that would provide the most relief and setting up a plan to alleviate it. The client must perceive the change as achievable. The practitioner must work with the client to define a measurable goal (e.g., controlling anxiety so he or she can sleep through the night, or participating in a social event that previously he or she could not). For many clients with anxiety, the anticipation of facing the feared event is paralyzing. Most clients are very grateful when they can see tangible changes, and change

opens the way for further and deeper work if they so choose. If the client's anxiety is high, it is unlikely that he or she will be able to actively participate in an insight-oriented approach; in that case, symptom relief is the first priority. For some clients, relief of their symptoms is all they want.

Challenges for the Practitioner

It is a challenge to work with the sometimes overwhelming number of symptoms clients present and to find the one solution that can provide the most relief. Some clients choose to end therapy even though the practitioner can clearly see the benefit of continuing and working through that barrier. Ask clients what issue is important to them and concentrate on that. Many other problems are often related to the core issue, so some change in one area often affects the others.

Clinical Considerations

Occasionally, a symptom that was just reduced is immediately replaced by another. Emotions can be layered like the skin of an onion: Once you peel back and remove one layer, another is revealed. A client may not be able to express an emotion because it is being overpowered by another, one not even in the client's conscious awareness. For example, a client is constantly worrying about the safety of another because his behavior puts him in danger. Once the worry is under control, the client becomes angry with that person for the behavior that caused the worry in the first place. This client may have no conscious awareness that she is angry. For the client, the worry was primary and was so all encompassing that no other emotion could be expressed. Once removed, the other emotion was brought to consciousness and expressed.

To Encourage Insight

Clients who seek psychotherapy to develop insight are often very intellectual and want to know the reason they are having a problem. Why do they always seem to have unsatisfying relationships? Why do they act the way they do? They seek treatment looking for answers to questions that may not have a definitive answer. They would prefer to spend many sessions exploring a variety of areas. For them, the journey is the destination.

Many clients take the insight they have gained and translate that into behavior change. Others do not: Their comfort zone is the process of gaining insight; actually doing something with this insight can produce anxiety and a flight back to gaining an even greater and deeper insight and avoiding having to do something. Then the cycle is repeated. Some of these clients may benefit from a referral to a body-oriented practitioner for massage, bodywork, or movement techniques in conjunction with mental health counseling. Integrating the intellectual and the somatic can sometimes jump-start a change process and move clients into insight-oriented action. They just need a little somatic push. If all of the time in therapy is spent exploring without ever applying any of the insights gained, clients are likely to tell their friends that although they enjoyed talking with you, you really did not help them much! Setting small goals based on their insight can help them move toward even greater insights based on results.

Challenges for the Practitioner

If the therapist is overly caught up in the interesting aspects of the client's intellectual quest, the therapy may ramble with no direction or purpose. It can be a challenge for these clients to define exactly what they want to get out of therapy. Some would argue that this process of definition *is* the therapy. The challenge for the practitioner is to help clients move from insight to action in ways that are meaningful to them.

Clinical Considerations

When you notice the therapy rambling with no sense of an end point, check in with the client and get some feedback about how therapy is going for him or her. This can be an opportunity to reassess the treatment plan according to the client's needs and get back on track.

To Resolve Problems and Encourage Behavior Change

Clients seeking behavior change come into therapy with the defined purpose of having you help solve a specific problem, such as “Why do I always have conflicts with others at work?” or “Why do I always feel so stressed out?” Through a series of negative experiences, these clients have learned not to trust their own judgment. They often repeat the same patterns without any insight into why the same problem keeps occurring. Exploring and gaining insight in order to change behavior is a very different experience from that of the client discussed previously, whose sole desire is to develop insight.

Challenges for the Practitioner

Identify ways your clients can feel confident. Increase their ability to solve their own problems.

Clinical Considerations

Watch for clients becoming increasingly dependent on the therapy process and less able to make decisions on their own. Sometimes more treatment can be a hindrance to their growth. They may benefit from a “therapy holiday” or homework to develop some of their own skills.

To Provide a Cathartic Experience

One of the most valuable aspects of psychotherapy is the provision of a safe environment for the client to discuss and release pent-up emotions related to the perceived problem. Many clients have no other venue for this expression. They may not want to burden their friends with what may be perceived as complaining or being negative. Common themes may be guilt, anger at self or others, and shame for what they have done in the past. These clients are usually stuck and are unable to fully process what has happened, or they are stuck in the processing stage and unable to move forward. Often this is because of some perceived fear or loss that occurs as a result of the resolution of the problem. Maintaining the status quo is unbearable, yet they are unable to move ahead because of the perception that the resolution of the problem may cause an equally unsatisfying outcome.



George comes to therapy complaining of severe insomnia. He also notices that he is much more irritable with his family than usual. During the first few sessions, George mentions that he is a supervisor on construction sites. His company has just started construction of a 10-story office building, and he feels that this may have something to do with his new symptoms. Upon further questioning, George reveals that he has been working only on small residential projects for the past few years. This is the first large building he has worked on for several years. He recalls that at the last large building construction site he worked on, a worker he supervised fell off the eighth floor and died at the scene. As he tells the story, George is surprised to see that he is crying. At the time, he had focused on coping with the external effects of the accident but didn't really talk or think much about his own reaction. He did not want to burden his family and friends with details of the tragedy. After several sessions of talking about this intense experience and allowing himself to feel the grief, guilt, and anger he had been ignoring, George reported that his insomnia and irritability were resolving.

A cathartic experience can lead to initial emotional relief and the lifting of physical symptoms. It can also contribute to

perception change, which can lead to other solutions. This change often leads to a satisfying resolution of the problem. (See Chapter 10 for more on “the two sides of catharsis.”)

Challenges for the Practitioner

You need to deal with your own emotions when being exposed to a high degree of vicarious trauma while the client has the cathartic experience. Strive to achieve balance in your own life so that you bring an alert and relaxed attention to your sessions with clients.

Clinical Considerations

If treatment does not progress from the cathartic stage to a sense of acceptance and resolution, consider whether there is a barrier to moving forward. Is there a secondary gain present?

To Help Clients Feel Better

Many clients come to therapy with a sense that things are not going well for them in their personal or professional lives. They may have mood problems, issues of self-loathing, or difficulties with self-acceptance. Although they may not be sure of what they should do next, they do know that they do not want to stay in the same emotional state. They want to feel better.

The therapist's initial purpose here is to define what “feeling better” means to this particular client:

- What would the client be doing that he or she can't do now?
- What would the client be feeling that is different from the way he or she feels now?

The practitioner's job in these cases is to help these clients define the problem so they can determine their own solutions. Without defining what "feeling better" is, how will you know whether you have made any progress? (See Chapter 9 for more on how to determine what the client wants.)

Challenges for the Practitioner

Create a balance between giving these clients ample time to express themselves and defining a goal that the client feels is meaningful.

Clinical Considerations

If the client has a hard time defining what "feeling better" is and continues to focus on how terrible he or she feels now, gently redirect the client back to what life would be like if he or she did not have this problem so that the client can define what "feeling better" is.

As you can see from these examples, the purpose of psychotherapy can be quite different depending on the type of client you see.

Exercise 4: The Purpose of Psychotherapy Revisited

With the benefit of the previous client profiles, redo the earlier exercise:

The purpose of psychotherapy is (25 words or fewer):

Ultimately, the purpose of psychotherapy is twofold:

1. *To remove the barriers that prevent clients from achieving their stated goals:* This relates predominantly to growth-oriented clients who do not have a serious mental illness. Removing the emotional and psychological barriers provides clients with the opportunity and freedom to pursue a higher purpose for themselves and others.
2. *To help clients manage their symptoms in order to improve their daily functioning:* The purpose of psychotherapy with clients who do have a serious mental illness is to help them become aware of and manage their own symptoms. The goal is to minimize the disruption that the illness causes in their lives and improve daily functioning to maximize productivity, improve relationships, and enjoy life as much as possible.



TIP

The therapeutic journey is like going on a road trip. The client has defined the destination, has his foot on the gas pedal, and controls how fast he will get there. The practitioner has the steering wheel and directs the treatment so that the client can successfully get to his destination. Periodically pull to the side of the road and look at the map together. Is the destination still the same? Does it need to change?

Relationship-Oriented versus Evidence-Based Therapy

One of the major tensions in the field of psychotherapy is between relationship-oriented and evidence-based treatment. Your training has likely led you to be passionate about one side of this argument and perhaps critical of the other. Let's take a few moments to examine each orientation.

Relationship-oriented therapy focuses primarily on the healing nature of the relationship between client and psychotherapist. In *On Becoming a Person*, Carl Rogers (1961, p. 61) contends:

Personal change is facilitated when the psychotherapist is what he is, when in the relationship with his client he is genuine and without "front" or façade,

openly being the feelings and attitudes, which at that moment are flowing in him.

The quality of the relationship is what really matters. Although Rogers was quite interested in the research on how this relationship could be most useful to the client, it was clear that specific techniques or procedures were antithetical to the genuineness of the connection between therapist and client. Since then, there have been numerous studies supporting the therapeutic alliance between client and therapist (Gaston, Thompson, Gallagher, Cournoyer, & Gagnon, 1998) and the therapist as a person (Lambert & Okiishi, 1997), suggesting that the therapeutic relationship is a major component of the therapy process and a strong factor in a positive therapeutic outcome. Since the advent of the importance of the therapeutic relationship as defined by Rogers, the field has evolved to also consider the more collaborative, interactive nature of the relationship between therapist and client. (See Chapter 6 for more on the therapeutic relationship.)

Evidence-based therapy is focused primarily on techniques and procedures that have been designed, implemented, and measured in a scientifically rigorous manner. Evidence-based practitioners are convinced that although the relationship between therapist and client may be useful, it is not in itself enough to produce lasting changes, particularly with regard to serious and persistent pathology.

Your best opportunity for providing effective, efficient, and ethical therapy is to stay current on the research. Base your treatment on best practices that have been tested and found effective in well-controlled studies. Learn how to understand research reports and to evaluate the quality of research. Approach this with both curiosity and a critical eye: Not all research is created equal. At the very least, understand what approaches to a particular problem have been tried and what studies have been attempted to evaluate their effectiveness. This can be a challenge in the field of psychotherapy, where theories and philosophies of care often go unchallenged and untested. Case studies are interesting to read but do not provide evidence of efficacy across a broad spectrum of clients. Although psychotherapy is often considered a “soft science,” good research does exist.

Not all methods have been rigorously tested in double-blind studies. There are different levels of evidence, such as evidence of efficacy determined by others in reputable studies versus your experience of what works with your own clients. Always strive to perform at the highest level of evidence-based treatment, but in the absence of that, do what works and does not harm the client. The following is a hierarchy of evidence-based treatment:

1. Double-blind, placebo-controlled studies by reputable researchers that have been published in professional journals.
2. Single-case studies that have been published in professional journals.
3. Case studies published in trade publications.
4. Techniques, procedures, or approaches that are performed by vast numbers of practitioners in the field and are generally accepted as standard practice even though there have been no studies in that particular area.
5. Consultations and recommendations of methods used by other practitioners.
6. Personal observation of clients and what has worked best based on firsthand experience.

Your responsibility is to provide treatment that is likely to be of help to your clients. You should be able to explain the diagnosis to your clients, options for treatment and the research basis for them, and your reasoning for choosing one treatment over another in their particular situation. Using evidence-based treatment will improve your clients' trust in your ability to help them. Just as they would not want to take a medication that has not been rigorously tested, your clients would not be wise to embark on using a psychotherapy method that has not been evaluated. Your "tool-box" will be most useful to you and your clients if you keep handy a good variety of well-tested tools.

How do practitioners reconcile these two orientations? It is our contention that competent psychotherapists must be skilled in both approaches. One should not be exclusive of the other. A practitioner must build a relationship of trust, caring, and a free mutual exchange of information with each client. Likewise, the practitioner should rely on using proven techniques that are likely to help the client when appropriate. One key to providing

effective therapy is to match the right treatment to the right client. For the “worried well” who function adequately in most areas of life, have no significant pathology, but are unhappy with the quality of their relationships, it is likely that evidence-based treatments would have little to offer. However, a skillful psychotherapist working with a client like this could use genuine communication to assist her in examining what she may be able to change about the quality of her interactions. In this case, relationship-oriented psychotherapy may be the best option.

Consider a different kind of client. This client comes to therapy with a paralyzing fear of spiders. He longs to go camping with friends, but knows that his fears will keep him from doing so. There is evidence that specific exposure, relaxation, and response-prevention techniques could have a relatively rapid and curative effect. A competent psychotherapist, recognizing the pathology of a specific phobia, would be wise to apply the evidence-based treatment rather than a relationship-based approach.

Of course, in both these situations, the therapist is likely to use aspects of each approach. For the client unhappy with her relationships, the therapist may well add some aspects of behavioral rehearsal and contingency procedures. For the spider-phobic, the therapist will likely need to build a genuine relationship with the client to establish a trusting environment in which to provide the evidence-based treatment.

Suggested Practice Guidelines

- Embrace your style, whatever it is! No matter what your style, it will be the perfect match for some clients and be extremely helpful to them. Embrace your style and do it well.
- As much as possible, develop your practice with clients who fit your style and approach. Not all clients will be suitable to and respond to your approach, so it is important to screen your clients for a good match. It is better to develop your practice with clients who are helped by your approach than to see many clients who don't respond and have a high dropout rate. Seeing clients who respond positively to your approach breeds success and more referrals! Know when to refer a client who is not a good match to a trusted colleague.
- Always strive to do your best, knowing that even that may not be sufficient to help everyone. Accept that, but continue learning.

- Continue to seek further training and education. Work to strengthen your natural style and supplement this with improving your skills in other areas. When in doubt, consult!

**TIP**

During the early stages of your career you will have some clients who view you as a savior for changing the course of their lives. Savor those moments and store them away, pulling them out when you need some inspiration. Other clients, however, will see you as the worst kind of practitioner for not understanding them and not being helpful at all. Use these moments as a learning experience. Congratulations! When you have experienced both, you have arrived and should consider yourself a bona fide member of the psychotherapy profession.

What Kind of Practitioner Are You?

In your classroom and clinical training you have undoubtedly learned a number of different theoretical psychotherapy approaches. You have studied the relevant research on empirically based therapy systems. You may also have developed your approach to psychotherapy through clinical internships and practical experience in related fields.

One important question you must thoughtfully consider before beginning your professional practice is simply “What kind of practitioner are you?” This will help you to integrate who you are as a person with what you have learned about psychotherapy. Understanding what your approach is, and why you have chosen it, will help you to discern how you can best use your skills with your clients. The ability to explain your approach clearly to clients and other colleagues will help you to build a practice that is consistent with your own values and strengths. In this section, we examine various continuums within the practice of psychotherapy to help you determine your own authentic “voice” as a therapist.

All effective therapists intuitively find a way to capitalize on the strengths of their characters. Freud's self-analytical skills, Roger's genuineness, Ellis's capacity for rational thinking, Whitaker's playfulness, formed the nucleus for their respective theories. So, too, do clinicians translate their inner selves into a personal style of helping.
—Jeffery A. Kottler, *On Being a Therapist* (1993)

On the following pages we have listed some of the tensions present in contemporary psychotherapy models. Most psychotherapists' practices exist somewhere within each continuum. For the most part, there is no one right or wrong way to practice psychotherapy (aside from obvious ethical considerations). It is, however, imperative that you identify where you are on each continuum, and why you are there, and to integrate this with your own core values and therapy skills.

Exercise 5: What Kind of Psychotherapist Am I?

In the following continuums, identify with an “X” where you see yourself now and with an “O” where you think you’d like to be (if different).

Therapist characteristics:

Directive _____ Nondirective
Intervening _____ Observing
Technique-oriented _____ Relationship-oriented
Secular-spiritual _____ Religious
Brief _____ Long-term
Psychoeducational _____ Process-oriented
Nurturing _____ Demanding

View of client problems:

Biological _____ Psychosocial
Here and now _____ Childhood origins
Diagnosis-based _____ Personal growth-based

Therapeutic approaches: Rank from “none of the time” (1) to “all of the time” (5):

	1	2	3	4	5
Behavioral therapy	1	_____	_____	_____	5
Cognitive-behavioral therapy	1	_____	_____	_____	5
Dialectical behavioral therapy	1	_____	_____	_____	5
Mindfulness-based therapy	1	_____	_____	_____	5
Acceptance and commitment therapy	1	_____	_____	_____	5

Rational-emotive therapy	1	_____	5
Client-centered therapy	1	_____	5
Psychodynamic therapy	1	_____	5
Psychoanalytic therapy	1	_____	5
Narrative therapy	1	_____	5
Eye movement desensitization and reprocessing (EMDR)	1	_____	5
Energy psychology	1	_____	5
Solution-focused therapy	1	_____	5
Feminist therapy	1	_____	5
Functional analytic psychotherapy	1	_____	5
Neurolinguistic programming	1	_____	5
Family systems therapy	1	_____	5
Reality therapy	1	_____	5
Rational analytic therapy	1	_____	5
Others:			
_____	1	_____	5
_____	1	_____	5

A Trip to the Therapist's Couch . . .

Let's look for a moment at how a therapist's approach can influence the course of therapy. The following vignettes follow one client with one identified problem as she visits 11 different therapists.



Marcia is a 37-year-old woman. She has decided to seek therapy for some problems she's been having with anxiety. She's not sure what kind of therapy she wants, but luckily, she's found The Best Therapy Shop in the World in her local mall. For just \$50, she can have a first session with any of 11 therapists, each representing a different therapeutic style. She is handed a menu, checks off the ones she would like to try, and walks into the first office.

A Nondirective Approach

Ms. Nondirective is the first therapist on Marcia's list. Ms. ND invites Marcia to sit down, offers her a cup of tea, and says gently, "What brings you here today?" Marcia,

her hand shaking a bit as she holds her teacup, says, “I’ve been having some trouble with anxiety.” Let’s listen in:



Ms. ND: Mm-hm. Tell me more.

Marcia: Well, look at me; I am shaking all the time.

Ms. ND: I see.

Marcia: And I can’t get to sleep at night. I just toss and turn.

Ms. ND: Mm-hm.

Marcia: Well, what are you going to do for me?

Ms. ND: Marcia, I think we should explore your feelings more.

I think that as you have a chance to talk about your anxious feelings, you will find the answers you need.

Marcia: Okay. Well, it all started out when I was a child. . . .

A Psychoeducational Approach

Next, Marcia goes to visit Mr. Psycho-Ed. He has a whole wall of bookshelves in his office and several file cabinets with drawers marked “Handouts on Depression,” “Handouts on Communication,” and so on. He has several three-ring binders stacked on his desk.



Mr. PE: Hello, Marcia. What can I do for you today?

Marcia: I’ve been having some trouble with anxiety.

Mr. PE: Well, let’s get to work on that. What kind of experiences of anxiety are you having?

Marcia: My hands shake whenever I have to talk with someone. And I’m having trouble getting to sleep at night.

Mr. PE: Well, I’m sure I can help you with the sleep problem. Here, I have a handout called “Getting a Good Night’s Sleep.” Let’s go over it together and work out a plan. The physiology of sleep is quite interesting. Once we get your sleep under control, we can work on some of your social anxiety.

Marcia: Oh, okay. So you think I can get better? Do I have a serious diagnosis?

Mr. PE: We can worry about whether you have a diagnosis or not after we have helped you learn more about your symptoms. And I definitely think you can learn some much more helpful behaviors.

Marcia: Okay, let’s get started.

A Solution-Focused Approach

An hour later, Marcia is ready for the next therapist on her list. She enters the office of Ms. Solution-Focused and sits down on the comfortable couch. The walls are painted a cheerful yellow, and sunlight is shining through the windows.



Ms. SF: Hello, Marcia. What brings you here today?

Marcia: Well, I've been having some problems with anxiety.

Ms. SF: Great! Anxiety can teach us a lot about what's working and not working in our lives. What does it feel like when you're not particularly anxious?

Marcia: Hmm . . . I guess when I'm not feeling anxious I feel calm, secure, grounded. Like I did when I first graduated from college. I felt confident that I could do what I wanted to do and what was expected of me.

Ms. SF: Let's think more about that. What were you doing then? Tell me what a typical day was like.

Marcia: I remember I would wake up feeling refreshed every morning. I'd get up, go for a run, and sit down with my day planner. I'd go apply for jobs in the morning, and then hang out with some of my friends in the afternoon. We'd cook good, healthy meals and talk about all of our plans for the future.

Ms. SF: Wow. Sounds like you really know how to be relaxed and focused, how to keep a good balance in your life.

Marcia: Well, yes, I did then, but it's a lot different now with all this anxiety.

Ms. SF: Lets see if we can reclaim those things that worked well for you then. They'll probably be a big help to you now.

Marcia: Okay!

A Psychoanalytic Approach

Soon Marcia is on her way to the next office. This one has a big brass knocker on the door and a sign that says, "Dr. Psych (Analysis and Consultation)." When Marcia knocks, the door is opened by a kind older gentleman who invites her in.



Dr. P: So, Marcia, I see you have arrived. What would you like to talk to me about?

Marcia: Well, I'm having problems with anxiety.
 Dr. P: I see.
 Marcia: What do you want me to tell you?
 Dr. P: Hmm . . . why don't you start at the beginning?
 Marcia: The beginning? How long is this going to take?
 Dr. P: It will take as long as it takes. It will be most productive if you can just talk as though I'm not even here . . . and if you tell me about your dreams. They can be very helpful in understanding what is going on in your subconscious. Once we have discovered the origins of your anxiety, you will be cured!
 Marcia: Well . . . okay. I guess it started back when I was about 3. I remember . . .
 Dr. P: Hmm.

A Family Systems Approach

Fifty minutes later (precisely), Marcia is ready for her next therapist. Ms. Family smiles and welcomes her into her comfortable office. There she sees a couch, a love seat, and several chairs arranged in a circle. She makes herself comfortable on the love seat, ready to begin.



Ms. Family: Hello, Marcia. What brings you here?
 Marcia: Well, I've been having some problems with anxiety.
 Ms. Family: Okay. Can you tell me a bit about your family?
 Marcia: You mean now? Stanley and I have been married for 14 years, and we have two children. Little Stan is 12, and little Marcie is 10.
 Ms. Family: And how does your family affect your feelings of anxiety?
 Marcia: Hmm. It's always so crazy in the morning getting the kids off to school. Stanley used to help with that, but he's been so busy at work lately that he's out the door before I'm even out of bed. So I'm anxious in the morning, and it just seems to last all day.
 Ms. Family: I see. Do you think that Stanley and the kids would be willing to come in with you to talk about this?
 Marcia: Why? Do you think it would help?
 Ms. Family: Yes, I do. Family members affect each other in many ways. Sometimes we can change patterns of communication and help everyone feel better.
 Marcia: Well, then, I guess I could ask them to come in with me next time.

A Rational-Emotive Approach

Marcia makes a tentative appointment to bring her whole family in for a session with Ms. Family and moves on to Mr. Rational-Emotive. He greets her at the door and asks her to sit at the small table in his office and fill out a few forms. Fifteen minutes later, he reviews her responses.



Mr. RE: So, Marcia, I see that you are here to get some help with your anxiety.

Marcia: Yes. Can you help me?

Mr. RE: Yes, Marcia, I think I can. Now you say here that you feel most anxious in social situations, like when you are meeting new people. Are you feeling anxious now?

Marcia: Well, yes, now that you mention it, I am.

Mr. RE: Good. We have something to work with. Can you tell me what you are thinking about as you begin to feel anxious?

Marcia: Hmm. I guess I'm thinking that you probably think I'm not very smart if I can't figure this out myself, and that if I don't do something about my anxiety, my life will be just awful.

Mr. RE: Great! So we have two interesting thoughts to work with. "Other people will think I'm not smart if I can't figure things out myself," and "If I don't do something about my anxiety my life will be awful." Let's write those two thoughts down and see if we can come up with some more helpful thoughts.

Marcia: Well, okay, but why would that help?

Mr. RE: Our emotions are almost entirely caused by our thoughts. If you change your thoughts, your emotions will change, too.

Marcia: All right. I guess it is worth a try.

Eye Movement Desensitization and Reprocessing

Next, Marcia goes to the office of Ms. Eye. She sits down in a soft, comfortable chair in the corner. The office is a bit dark, and she sees an interesting-looking contraption next to her chair. Ms. Eye smiles and says, "Hello, Marcia."



Marcia: Hello. I'm looking for some help with my anxiety.

Ms. Eye: I see. Can you tell me when you started noticing this anxiety?

Marcia: Hmm. I guess I've always been a bit anxious, but it really got bad after I was in a car accident while taking the kids to school last fall. It was just a fender-bender, but it was really scary. After that, I started having problems sleeping at night.

Ms. Eye: So your anxiety got worse after the trauma of that accident?

Marcia: Yes.

Ms. Eye: I think you may have some unresolved trauma about the accident that is causing you to feel anxious; it may even remind you in some ways of other trauma you've experienced in the past.

Marcia: Well, yes, it does remind me of the time I was stuck on a Ferris wheel when I was 10 years old. I was so frightened I couldn't sleep for a month!

Ms. Eye: I see. Marcia, I think I can help you resolve and move past some of these traumatic experiences, and this should help to reduce your anxiety. Let me tell you about this process and give you some information to take home. If you decide to proceed with this treatment, we can probably work through your problems in two or three sessions.

Marcia: That sounds good!

A Dialectical Behavior Therapy Approach

Feeling quite hopeful, Marcia moves on to the next therapist on her list, Mr. Dialectic. His office is large and sunny, with a large whiteboard with colored markers on one wall. There are three-ring binders filling an entire bookshelf, and on the table she sees a brass bowl-shaped bell. Mr. Dialectic greets her warmly and invites her to sit down.



Mr. Dialectic: Hello, Marcia. I'm glad to see you. Let's start by talking about what behaviors are causing you problems.

Marcia: Behaviors? I don't have any problems with behaviors—it's just this feeling of anxiety.

Mr. Dialectic: Of course. That makes sense. You know, I think emotions can be thought of as a behavior, just like thoughts and actions.

Marcia: Oh. Well, how do we get started?

Mr. Dialectic: First, let's analyze your last bad anxiety experience from beginning to end. Then you can start learning and practicing some skills that can help you respond differently.

Marcia: Practicing?

Mr. Dialectic: Yes. If you choose to work with me on this, it will be really important for you to do homework assignments. I'll also teach you how to use a "diary card" to help you keep track of your anxiety behaviors and your skillful behaviors. And we'll work on finding the middle ground, to resolve things that seem to be opposing each other.

Marcia: That sounds like a lot of work.

Mr. Dialectic: You're right, it is. But I've seen remarkable results from this treatment. Are you willing to give it a try?

Marcia: Umm. Sure.

Mr. Dialectic: Great. Here's your notebook. Let's start with a behavioral analysis of your anxiety (picking up the marker and standing by the whiteboard). So, tell me about your last specific feeling of anxiety.

A Medical-Model Approach

An hour later, Marcia gathers up her notebook, behavior analysis, and homework, and moves on to the next therapist on her list, Ms. D. S. Manual. This office has white walls, a small bookshelf, and several somewhat uncomfortable-looking chairs. Ms. DSM turns from her neatly organized desk and invites Marcia to sit down across from her.



Ms. DSM: Hello, Marcia. How are you today?

Marcia: Hi. Actually, I'm feeling pretty anxious.

Ms. DSM: I see. Is that the major symptom you are experiencing?

Marcia: Yes, that and having a lot of trouble sleeping.

Ms. DSM: Let's go through this symptom checklist for anxiety. You know, insomnia can be one of the symptoms of anxiety disorders.

Marcia: Anxiety disorder? What's that?

Ms. DSM: Most problems that people experience with their mental health can be described as a disorder of some sort. Mental illnesses can be classified, diagnosed, and treated, very much like physicians diagnose and treat physical illnesses. We need

to do a thorough mental status exam, identify your specific symptoms, and quantify how much these symptoms are interfering with your daily functioning.

Marcia: You mean I have a mental illness?

Ms. DSM: Well, we need to find out if you do. But don't worry, there are lots of effective treatments for mental illness these days to decrease your symptoms and improve your functioning. For example, you might want to consider medications at some point.

Marcia: Well, my doctor did say he thought some Prozac wouldn't hurt.

Ms. DSM: Sounds promising. So let us get back to this symptoms checklist.

An Alternative Approach

Marcia leaves the office after signing a release of information so Ms. DSM can consult with her primary care physician. Ah, now for the next therapist on her list. She moves on to Mr. Alter Native. His office seems to be in a suite with an acupuncturist, a naturopath, a massage practitioner, and a juice bar. Mr. Alter Native, dressed in blue jeans and some sort of long, flowing, vaguely ethnic shirt, invites her into his office. Candles, crystals, and a selection of herbal teas are on a low table in front of comfortable bamboo chairs. Marcia accepts a cup of tea, and Mr. Alter Native begins their session.



Mr. Alter Native: Welcome to this healing space. Marcia. How can I be of help?

Marcia: Well, I've been feeling pretty anxious lately, and have a hard time getting to sleep at night.

Mr. Alter Native: Ah. . . . So you are feeling like you are out of balance with yourself?

Marcia: Hmmm. Yes, I guess you could say I'm out of balance. It's so difficult lately to balance time for myself, time for my family, and time for work.

Mr. Alter Native: I see. We have a number of ways to help you rediscover your balance with nature. The natural world is full of healing traditions.

Marcia: What would you recommend?

Mr. Alter Native: For anxiety, I'd suggest we start with some meditations I can teach you. You might also consider acupuncture or massage treatment to help balance your mind and body. And we can start with some basic aromatherapy that you can use at home.

Marcia: Sounds very relaxing. Let's get started.

A Feminist Approach

Next, Marsha goes to the last therapist on her list. She walks next door to the office of Ms. Ms. "Call me Miz-Miz," she says to Marsha as they enter her office together. The office contains several comfortable chairs and couches arranged in an informal circle and some interesting posters on the walls. Marsha sits down in a chair next to Ms. Ms.



Ms. Ms.: Welcome, Marsha, to the Awakening Space. I hope we can do some helpful work here together. What brings you here today?

Marsha: Well, I've been awfully anxious lately, and I've been having trouble sleeping.

Ms. Ms.: Ah. I hear that from lots of women. Have you had any external pressures lately?

Marsha: Well, sometimes my family drives me crazy, and my husband's been working a lot lately, so he's not around much to help.

Ms. Ms.: So you're feeling some pressure to fulfill everyone else's needs but your own?

Marsha: Well, yes. But I'm a wife and mother, that's what I'm supposed to do, isn't it? It goes with the territory.

Ms. Ms.: I wonder if there are some ways you can empower yourself to pay more attention to your own needs. Do you have a supportive group of women friends?

Marsha: Uh . . . no, not really. My friends from college have all moved away and have families of their own. I do go to the PTA meetings at my kids' school—does that count?

Ms. Ms.: It can be hard to grow without a welcoming circle of friends or a consciousness-raising group of some sort. I do



have an opening in my Thursday evening Power UP group. Perhaps you'd like to come and check it out next week.

Marsha: But how do you think that would help my anxiety and insomnia?

Ms. Ms.: I think that once you are able to pay more attention to your own needs, the solutions to your problems will arise from within you. I believe you have the strength within to grasp your own power and use it.

Marsha: Sounds like it might be worth a try. I'll come next Thursday. Thanks!

Exercise 6: Which Therapist Would You Pick?

- If you were Marcia, which therapist would you like to see?
 - Which therapists did you most identify with positively?
 - Which therapists did you dislike?
 - What distinct sorts of information did the different therapists bring out from Marcia?
 - How did each therapist see the problem? The cause? The solution?
-

Summing Up

So . . . what kind of practitioner are you? As you can see, different theoretical models can produce very different results for the same client. Your interpretation of the purpose of psychotherapy informs your approach to the therapy relationship. It is essential to become aware of your own philosophy of therapy and to be able to express it clearly. Skillful therapists listen carefully to their clients' formulations of the problems they bring and the kind of solutions they envision. This helps you to design and implement a therapy experience that draws on both your own philosophy of care and the client's expressed desires.

EXERCISES

1. Summarize your own personal psychotherapy philosophy.
2. What are your personal strengths as a psychotherapist?
3. What psychotherapy theories and practices do you most enjoy and embrace?
4. What is the relationship between your favorite theories and your personal strengths?
5. Complete the exercises in this chapter, and discuss your answers with a colleague or mentor.
6. What kind of therapy would you offer to Marcia? Why?
7. Write a one-page summary of the kind of therapist you'd like to be, explaining how you came to your values about psychotherapy. Include your fundamental beliefs about why people seek therapy and how you can help them. (It is a good idea to revisit this summary every year or two. You may find that your philosophy and style of therapy evolve throughout your career.)

