EDUCATIONAL OBJECTIVES

By participating in this training, participants will—
1. gain added appreciation for how unconscious attitudes and feelings affect our work behavior
2. understand how reality can be perceived accurately without overwhelming the self
3. know guidelines and techniques with which to monitor countertransference and work with it to advantage
4. see how to apply this psychological approach in supervision
5. gain ideas about constructing staff milieus that support the emotional health of staff

define countertransference—all feelings that we have that affect the treatment enterprise,
about the client,
about ourselves (stimulated by the client or situation),
and about the treatment context and milieu

(goal is not to eliminate countertransference but to be aware of it and cope better with it; this is more straightforward for conscious feelings and more difficult for unconscious feelings that interfere with treatment

solutions
1-see reality accurately
2-tolerate the resulting emotions (disgust, despair, failure, self-esteem, anger, fear, disappointment)
3-free self from unhelpful excuses, defenses
4-decide on tx approaches and therapist attitudes that can be helpful
5-find ways to do 4 without needing unhelpful defenses
6-use the above to do good clinical supervision
7-use the above to create supportive, encouraging staff relations
8-use the above to have a positive impact on the total system
(Note that 1 through 5 apply also as a general framework for therapy:
All non-biologically-based emotional problems are due to mismanagement of emotions—
1-usually avoidance of unpleasant emotions by means that defeat the natural processing of emotions and cognitions built into us as human beings
2-unavoidable unpleasant emotions that result from lack of goal gratification, resulting from ignorance false beliefs, many of which arise from our wish to avoid unpleasant emotions.)

We distort reality motivated by our wish that reality be a certain way, both for the consequences and to avoid alternative outcomes, including our own feelings if those alternatives were true.
In order to reduce distortion, we must—
see the truth (or as close as we human beings get to the truth) even though we don’t like it
take charge of seeing the truth for ourselves, rather than accepting others’ views of reality (declare independence for your mind)
tolerate unpleasant feelings that arise from seeing reality undistorted
being able to manage emotions and keep them within tolerable limits expands options in all areas of life—marriage, childrearing, work, friendships, etc.

(these ideas apply to clients as well as to yourself)

1. let yourself be aware of the emotion

2. focus on the informational value of the emotion (emotions do not necessarily “tell the truth”, but they do tell you something about yourself and your immediate interaction with the environment)

3. don’t judge it or yourself at all

4. take appropriate responsibility for your feelings and actions (and not for those of others)

5. don’t use avoidance maneuvers that will maintain the problem

6 “understand” the emotion (origins within you, as related to current environmental stimuli; “cover” emotions you may employ)

7. accept your emotional reaction, even if you wish not to act on it or you wish to change your emotional reaction

8. pause—you don’t have to react immediately generally, emotions ebb naturally with time

9. use your understanding to reduce conflict about the emotion and to view yourself and/or the situation differently so that the emotion is reduced

10. use self-support or support from others to ease emotional pain

11. choose how you want to react and support that with your other internal resources

11. express the emotion in an adaptive way, if that feels good and reduces internal conflict

13. work on altering your conditioning or your usual ways of viewing things so that your emotional reaction changes
see reality clearly--minimize cognitive distortion (every distortion requires some energy for maintenance)
don’t excuse others or the system for harmful thingsbut rather do what you can to make things better andthen accept them and don’t be further upset

work to see the bad and the good all together (integration)
every person you treat has been harmed by others, eitherdirectly or by not being raised to be responsible, buteveryone must play by the rules and take their punishments
even those who may be genetically unable to feel empathyhave been shortchanged by existence, and you can havecompassion for them and the problems caused for them bytheir inability (and you can focus on how best to behelpful to them—not by trying to make them feel empathy butat least in making them see the game in which they areengaged and how to play it to better advantage)

take charge of your reality perceptions (you must see things foryourself, rather than taking on others’ reality perceptions andattitudes; otherwise you cannot maintain a compassionate andhelpful attitude toward clients and staff in a forensic setting)

feel, process, and manage your feelings, rather than repress,suppress, or deny (there is risk here, because you maydiscover feelings you don’t like and didn’t know you had)

protect your self-esteem
take charge of your self-esteem
you must decide what you value and what makes youvaluable, rather than taking on others’ notions of thisin order to do this you must accept being differentyet still being valuable
treat yourself with respect and insist on respect from themaccept yourself and your best effortslet yourself off the hook for succeeding in protecting society

therapists are responsible for a therapy milieu thatmakes therapy possible and change likely; clientsare responsible for whether they participateinsist on being treated as basically the equal of othersvalue yourself, and decide for yourself whether you are OKand acceptable, rather than leaving it to othershave reasonable, humane expectations of yourself, andrefuse to feel bad about the inappropriate expectations,standards, or rules of others
(you cannot make up for what clients did not get from parents, but you can help clients work through not getting it)
(you are not in charge of reoffense; the client is)
treat yourself well
view yourself lovingly and with compassion
do nice things for yourself every day
support yourself against assaults on your worth

take responsibility for yourself and your actions, but do not take responsibility for the feelings and actions of others (clients, colleagues, or system)
say “no” when necessary and reject harmful people and behaviors
do what is in your best interest every moment (and cultivate an in-depth understanding of what is in your best interest)
(if it’s in your best interest to conform to a regulation, then it’s a good thing to do; if it’s in your best interest to question a procedure or rule, then do so but do it in a way that does not endanger you)
after doing what you can to make things good for yourself, accept what you cannot change

be yourself, fully and joyfully, without excuse or apology
treat others unfailingly with respect, as basically equals, fairly, and with cooperation in joint efforts
(you can treat even murderers with basic respect; it does not mean that what they did was OK, and it makes change more possible than treating them as inferior)

(it may be tempting to give offenders a taste of how they have made others feel, but it makes therapy impossible)

seek and take advantage of opportunities to develop knowledge and skills needed to meet your needs, take good care of yourself, and do your job well (including self-control, predicting accurately, and motor skills)

for the long haul, learn the necessary skills for good living—honesty, responsibility, acceptance, love, empathy, equality, cooperation, fairness, self-control, autonomy, skills for dealing with one’s emotions
YOUR "PSYCHOLOGICAL SPACE" WITH THE CLIENT FOR DOING WORK
UNIMPAIRED BY CT OR VALUES
Christopher Ebbe, Ph.D., ABPP

Be Psychologically Healthy Yourself
know who you are; how others treat you does not define you
know with confidence that you are OK as you are, regardless of
what anyone else says or does
know your values and what you stand for; act consistently with
those values (which doesn’t always mean making noise)
be transparent to yourself; be aware of all of your thoughts,
feelings, and motives, and let that be, even if you wish to
change some things about yourself
your emotions are normal, but you don’t have to act on them
you are responsible for taking care of yourself and your
emotions, just as others are
you don’t need to respond to clients, colleagues, or the system
with upset or conflict
take good care of yourself and procure in the environment
sufficient pleasure and love to give you hope, to keep you
believing that life can be good and that people are generally
and basically good, and to give you adequate amounts of
satisfaction, contentment, and fulfillment

Be Centered in the Task
take time before contacts to prepare yourself
review what you want to focus on and clear your mind and
emotions
focus on the client in your mind and notice your feelings
if interfering (anger, irritation, annoyance, contempt,
disgust, dismissal, sympathy, wish to remove pain, siding
with client, wish to punish), adjust yourself
understand your feeling
relate it to threats to your job
threats to your values
threats to your assumptions about people
stimulation of similar, troubling
feelings in you
reminders of your feelings/perceptions of
certain other significant people in
your life
empathy with others who suffer from
client’s kinds of actions
allegiances to the non-criminal in
general
accept your feelings or give yourself an alternative
in yourself to what you don’t want there, like
acceptance of something you have been denying,
ignoring, or struggling against
recognition of the need to suspend "normal"
feelings in this "abnormal" circumstance for
this special purpose)
example—inmate with sexual addiction and who
masturbates openly and freely allows
himself to be used sexually by others
example—inmate who killed her children in anger

Be Centered in Yourself
be aware of all input and all of your responses to it
let your responses be, while you seek to understand them
notice both the responses you are aware of and lack of response
(disinterest, boredom, focus drifting)
expect and hope for the best from the client, and treat the client this way, but without being disappointed or taking it personally if the client balks, fails, backslides

Stay True to the Client’s Human Reality (keep an accurate image of the client as a person in front of you at all times; don’t let it be colored by other influences)
the crimes (except as they relate to personality)
others’ diagnoses
court findings
victims’ sufferings
colleagues’ attitudes toward the client
custody staff attitudes
client presentation (cooperative, uncooperative, sincere, manipulative) (judge from behavior, not presentation)
create your own picture of the client, integrating but adjusting the data to what you see
don’t see just what you want to see; see the negatives, too
accept the person exactly as he/she is, without denial and without positive assumptions (“benefit of the doubt”) that we would make in normal social interactions

Stance Toward Client
respect
acceptance
love (compassion!)
honesty about situation and negatives
seeing the whole person (all of the good and the bad at the same time, all the time)
extpect the good, but don’t be dismayed by the bad
USING THESE INSIGHTS FOR SUPERVISION

T's personality affects his/her style and ability as a therapist, and may result in difficulties in understanding certain clients, dealing with certain problems or feelings, and delivering certain interventions.

everything T does that you observe has potential implications for his/her professional behavior (but be cautious about interpreting)

use supervision and the supervisory relationship to help the T understand himself/herself and his/her impact and style as a therapist (and thereby do much better therapy)

to help T--

recognize possible difficulty yourself
explore the feeling, confusion, or lacuna at first, treat as hypothesis
allow some room for defense, denial--T does not have to see it the same as you, and may learn something different from your hypothesis than you intend
help T understand it and see how it affects his/her work--identify maladaptive or interfering perceptions, cognitions, beliefs, feelings, needs
provide suggestions on how to cope in sessions and how to change
provide support, encouragement
if difficulty cannot be resolved, then you must take it into account in assigning work, and reflect it in evaluations, and make clear to T not to work with certain problems or types of clients or in certain modalities
may explore where feeling/reaction/conception comes from in T's background, to help T recognize it better, but "working through" in supervision is not appropriate
referral to therapy may be appropriate
referral of C may be appropriate

like clients, T's can learn that they don't really need to defend, and that their reasons for defense are superfluous

to avoid CT problems--
do not assume that client--
feels same thing as you
perceives events same as you
believes same contingencies or has same expectations as you
means same things by words as you
acknowledge your humanness and frailties

acknowledge your willingness to self-deceive

be fully in touch with yourself during sessions

allow your feelings to surface (Gendlin's focusing?)
  so you can use them, avoid some problems

try to see the holes in the therapy

satisfy your interpersonal needs elsewhere in general,
  and gratify in your work only process needs which
  are inherently healthy (contact, mutual positive
  regard, respect, etc.)

USING THESE INSIGHTS FOR STAFF GROUPS

principles of helpful professional group behavior
  find common purpose (let’s make this an effective unit, so
  that we feel like coming to work every day)
  (I’d like to find more consultation
  opportunities and more support from you, my
  colleagues, to help me do good work and survive
  working here. Would anyone else like that, too?)

accept (without necessarily endorsing) the feelings and
attitudes of others
  (“I don’t feel that way exactly, but I can see how
  you might.”)

share how you are trying to do a good job, but don’t try to
impose your own views of how to do things on others
  (“We each have our own approach, of course, but I’m
  trying to give every client a real opportunity to
  form a therapeutic alliance and to share difficult
  feelings.”)

ask for help and input
  (“I can’t get this client to talk about much of
  anything. Does anyone have some suggestions for how
  to loosen things up?”)

support what you can; don’t criticize
  (“I like how you accept the client without pressuring
  him.”)

promote the idea that it’s OK to have negative feelings
and to make mistakes as a therapist, if one strives to
deal with them and improve
  (“We’re all in this together. It’s difficult work,
  and our frustration probably ends up affecting
  our client work. I would like us to help each other


in dealing with those negative feelings, so that we can make this a better place to work and we can do the best we can for these inmates.”)

USING THESE INSIGHTS IN RELATING TO THE SYSTEM

You can see the ambivalence, inadequacies, and negative consequences of the system clearly but still feel compassion for the people involved, if you can accept our common humanity (meaning that you have your limits and inadequacies, too). (Everyone does the best they can, given how they understand what’s best for themselves and how they understand predictable consequences.)

The system limits the number of clients you can truly help and the degree of help that you can provide, but you can still do some good, and there is enough of that to do that you will more than fill up your time there.

Work for change by—
1—being a model of sanity, humaneness, and reasonableness for others
2—treating staff and inmates with basic respect, acceptance, and compassion
3—supporting initiatives and projects that can bring greater sanity, humaneness, and reasonableness to the system

Accept your limits in terms of changing the system.

Deal with your anger toward the inequities and iniquities of the system, so that you can be a positive model, rather than being motivated to attempt change through aggression (unless by so doing you can accomplish something quickly and without losing your job).
Use your opportunities to learn more accurate information about yourself, others, and the world around you. Look for the truth and don't settle for what you or others want to believe about reality.

Know yourself fully / be aware of all of yourself, especially your thoughts and feelings.

Experience yourself fully (actually feel all your feelings and sensations).

Accept all of yourself—needs, feelings, thoughts, motives, perceptions, identity, potentials, and body.

Use "focusing", centering, relaxation, and meditation to help you be more aware of everything within you and to accept self, others, and life.

Treat yourself with respect and understanding, accept yourself, love yourself, and take good care of yourself.

Do what is in your best interest every moment (and cultivate an in-depth understanding of what is in your best interest).

Value yourself, and decide for yourself whether you are OK and acceptable, rather than leaving it to others.

Cultivate pleasure just from being with yourself.

Express your love for yourself to yourself every day.

Do at least one nice thing for yourself every day.

After doing what you can to make things good for yourself, accept what you cannot change.

Say "no" when necessary and reject harmful people and behaviors.

Express yourself every day, through talk, singing, dancing, writing, etc.

Be yourself fully and joyfully. Make free and productive use of all of your capabilities in your best interest. (Don't hide or hold back what you can do or who you are.)

Contact someone lovingly every day.

Seek and take advantage of opportunities to develop knowledge and skills needed to meet your needs and take good care of yourself in the world (including self-control, predicting accurately, and motor skills).
Read useful psychoeducational materials every day.

Carry out therapeutic homework responsibly, and create your own experiments as you go through each day.
PLANNING FOR ALLOCATED/ASSIGNED TREATMENT
Christopher Ebbe, Ph.D., ABPP  12-98,2-99,2-02,9-05

Client__________________________    Date____________

ABILITY TO BENEFIT FROM TREATMENT
1____Does the client desire services?
2____Is the client likely to attend regularly?
3____Has the client complied with past treatment adequately?
4____Has the client participated in past services adequately?
5____Has the client demonstrated during past services adequate
   ability to benefit, as demonstrated in changed behavior or
   subjective state?
6____Has self-sabotage of care or progress interfered enough
   with past treatment to make further care of questionable
   value?
7____Have environmental factors interfered enough with past
   treatment to make further care of questionable value?
8____Have realistic goals for this therapy been chosen by
   client?
9____Is the client demonstrating currently--
   ____motivation sufficient to benefit
   ____cognitive capacities sufficient to benefit
   ____emotional capacities sufficient to benefit
   ____capacity to take in help from therapist
10____Number of abilities to participate appropriately and
    constructively in psychotherapy (no one item is necessary;
    the number of items checked indicates how easy or
difficult the therapy will be and how long change will
    take)
   ____motivated to change (not just to feel better) (P,CB)
   ____able to attend regularly and keep to appointment
    schedule (P,CB)
   ____willing to change, explore, experiment
   ____realistic expectations of treatment
   ____ability to choose a clear, delimited, and realistic
    treatment focus (and stick to it) (CB)
   ____symptoms are ego-dystonic (P, CB))
   ____capacity to trust (P)
   ____ability to accept therapist as separate individual
    person (rather than relating solely in terms of own
    needs)
   ____capacity to view therapeutic interaction objectively
    (to reflect on what in-session feelings and behavior
    imply about client in general)
   ____at least somewhat in touch with feelings (P)
   ____psychological-mindedness (interested in "how people
    work")
   ____capacity to suspend feelings long enough to examine
    perceptions and feelings that others have of him/her
   ____no paranoid tendencies (P, CB)
   ____can readily enter into a therapeutic alliance (P, CB)
   ____can take in support, emotional communications, and
    information provided by therapist (P)
can withstand stress of highly interactional treatment

can separate from therapist after treatment (not become overly dependent or enmeshed)

intact ego (functional boundaries, no psychotic tendencies) (P, CB)

ability to tolerate painful feelings (at least with therapist's help) in order to make progress

does not challenge, ignore, discount, or argue with interventions, without resolution (P, CB)

willingness to make reasonable sacrifices for treatment

follow through on therapeutic "homework" (CB)

average or above intellectual resources

has benefited significantly from treatment in the past

Number of the following predictors of lack of benefit from services that have been present in past treatment (no one item is disqualifying; the number of items checked indicates how easy or difficult treatment will be and how long change will take)

failure to establish therapeutic alliance

sustained distrust of provider

unable to take in emotional communications and support

consistently challenges, ignores, discounts, or argues with interventions, without resolution

failure to comply with treatment adequately

does not follow through on "homework"

does not think about what is being learned in sessions outside of sessions

does not try to monitor or regulate own behavior/emotions

does not express concern about symptoms or dysfunction

lack of motivation toward change, improvement, or meeting goals/objectives

"secondary gain" factors provide much of motivation

will not focus on realistic goals

wrong person is receiving services

Are problem dynamics (see attached FACTORS INDICATING SLOWER OR MORE DIFFICULT TREATMENT) present or have they interfered enough with past treatment to indicate that further treatment will be of questionable value?

Is self-sabotage of care likely at present?

Are environmental factors likely to make treatment ineffective at present?

The client is not the right person to receive services.

(There are no "magic numbers" that qualify of disqualify in #10, 11, and 12. A comprehensive, qualitative judgment must be made.)

efficther 9-05
42 year old white female is in jail for beating her children severely. She has given up her three children for adoption, after making two suicide attempts and concluding that she does not have the emotional resources to raise her children properly. She is severely depressed and has a long-term habit of cutting herself with razor blades in order to escape from painful feelings. She wants to die every day. She has average cognitive capacity but seems highly emotional immature, as if she had simply stopped growing emotionally at some point in her early childhood. She identified with her mostly absent father and hated her sickly mother. She now dresses in male clothing. She wants to work and has worked successfully in the past at fast-food and mechanical kinds of jobs. She has no family support. She is very angry at her parents (with whom she has had little contact for a long time) and seems resentfully distrustful of staff.

Case 3
The client is a 38 year old white male incarcerated for the drug-related murder of his mother. He has been in individual therapy and receiving meds for six months. He complains that none of the medications help, and he has been tried on four different antidepressants already. He attends about half of his scheduled therapy sessions and spends most of the time in sessions complaining about how lonely, sad, and empty he feels since his family “deserting” him after his crime. When the therapist tries to suggest ways in which he could take some responsibility for changing his situation and feelings, he says "I don't think you understand just how bad I feel. How would you feel if you lost your job because you were so depressed, and your wife left you, and your family didn't want to talk to you because of what you did? I wish I had just swerved my car off the road then and ended it all. I just want out of this pain." When asked about goals, he says he wants to get back to work, but he is terrified to try and won't even discuss steps to take in this direction. When the therapist tries to explore his feelings, he keeps talking about how bad he feels but does not reflect on himself or his feelings. The young clinician is frustrated with him and feels inadequate because she can't get him to engage in any real therapeutic work.

You are treating a 35 year old Muslim female in prison for trying to carry a bomb into the state legislature. The client was delusional with a diagnosis of brief psychotic disorder and claims that her action was not religiously motivated, but various parties want to make an example of her. The prison authorities ask for all of your therapy notes and are telling you to work hard to link her actions with terrorism in some way. Your colleagues are also generally hostile toward her.

What feelings does this client and situation evoke for you? How do you maintain an appropriate therapeutic stance? How can you deal with your staff group?
You are supervising someone you think to be generally competent. One day you observe him to put his hand on the shoulder of a female client of about the same age for about two seconds while they are exiting the treatment room. The client is attractive and seems pleased with the attention.

Your supervisee seems to view Black clients as having generally lower intelligence and lower achievement motivation. This shows in his choices of what treatment to provide them with, in comparison to white or Asian clients.

Your supervisee strongly opposes abortion and acts on this in treatment, advising clients against abortion and giving them literature supporting that viewpoint whenever pregnancy and birth issues are mentioned, even if the client is not the one with the pregnancy or birth issue.

Your colleague has strong religious beliefs and recommends specific religious beliefs and activities even to clients who are not "religious." He believes that only religion will enable incarcerants to stay away from crime, and he views dynamic theory and therapies as contrived and misleading.

Your supervisee was abused as a child and is strongly committed to helping those who have been abused. She questions every client extensively about possible abuse in his or her background and tries to help clients remember forgotten abuse with regression exercises and suggestions that they may dream about things they do not remember. She does this even with clients who seem to have no evidence of abuse in their backgrounds.

REFERENCES FOR PRINCIPLES OF BRIEF THERAPY

Planned Short-Term Psychotherapy--A Clinical Handbook
Bernard Bloom     Allyn & Bacon, 1992

Brief Therapy: Short-Term Psychodynamic Intervention

A Brief Guide To Brief Therapy

Gestalt Therapy as Brief Therapy
Bob Harmon  Gestalt Jnl., vol. 18, #2, fall 95, pp.77-85

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