

USING COUNTERTRANSFERENCE AWARENESS TO IMPROVE TREATMENT,  
ASSESSMENT, SUPERVISION, AND MORALE

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3-19-09

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

(different from classical definition of "unconscious behaviors of the therapist, including perceptions, emotions, and thoughts, that are in response to the client's transference")

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

TOLERATING EMOTIONS THAT RESULT FROM SEEING REALITY CLEARLY  
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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

PRINCIPLES OF MAINTAINING SANITY AND SERENITY  
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see reality clearly--minimize cognitive distortion (every distortion requires some energy for maintenance)

don't excuse others or the system for harmful things  
but rather do what you can to make things better and  
then 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, either  
directly or by not being raised to be responsible, but  
everyone must play by the rules and take their punishments

even those who may be genetically unable to feel empathy  
have been shortchanged by existence, and you can have  
compassion for them and the problems caused for them by  
their inability (and you can focus on how best to be  
helpful to them--not by trying to make them feel empathy but  
at least in making them see the game in which they are  
engaged and how to play it to better advantage)

take charge of your reality perceptions (you must see things for  
yourself, rather than taking on others' reality perceptions and  
attitudes; otherwise you cannot maintain a compassionate and  
helpful 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 may  
discover 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 you  
valuable, rather than taking on others' notions of  
this

in order to do this you must accept being different  
yet still being valuable

treat yourself with respect and insist on respect from them  
accept yourself and your best efforts

let yourself off the hook for succeeding in protecting  
society

therapists are responsible for a therapy milieu that  
makes therapy possible and change likely; clients  
are responsible for whether they participate

insist on being treated as basically the equal of others  
value yourself, and decide for yourself whether you are OK  
and acceptable, rather than leaving it to others

have reasonable, humane expectations of yourself, and  
refuse 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 unflinchingly 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

### 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)  
expect 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.

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
  - can follow through on therapeutic "homework" (CB)
  - average or above intellectual resources
  - has benefited significantly from treatment in the past
- 11  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
- 12  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?
- 13  Is self-sabotage of care likely at present?
- 12  Are environmental factors likely to make treatment ineffective at present?
- 13  The client is not the right person to receive services.

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

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

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from brtxINT 4-98  
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