Reaching Critical Mass in Uselessness

with
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"The problem with incompetence is its inability to recognize itself."

— Orrin Woodward, L.I.F.E. Living Intentionally For Excellence

Lesson One –

Don't Know Thyself

(you may not be worth knowing anyway.)

What are your limitations?

(after all – this is just "practice")

In D&A Treatment, we too often have the luxury of blaming the client.

In D&A Treatment, we too

(she's not ready for treatment, he's "resistant", or in denial, etc.)

Sorry, You'll never be an expert.

The "masters" among us seem to have one common trait − HUMILITY. They recognize their own limitations.

♦ A recent comprehensive review of motion pictures found that in the last decade, psychologists were portrayed in over 1500 films. Unfortunately, only 20% of those films featured competent, effective or ethical clinicians. Instead therapists are often evildoers (Silence of the Lambs); hysterical and unethical (Deconstructing Harry); or merely incompetent (Lethal Weapon I, II, III, IV).

Is this representative of the collective consciousness of the general public

Lesson Two –



Sell Your Clients the Moon and the Stars

(since now that they have you in their lives everything will be OK.)

◆A discussion of the expectations for the therapeutic process presents us with an opportunity for a more realistic sales presentation.

Factors associated with this lesson:

- ▶ 1. Previous treatment.
- ◆ 2. Preparing the client for turmoil.
- ♦ 4. Checking your own assumptions.

Lesson Three –

Ignore Motivational Interviewing Techniques

(after all, the client is either motivated or he's not.)

▶ Research has identified stage-of-change-related variables as the best predictors of dropout across a growing number of problems, such as heroin addiction, cocaine abuse, alcoholism, domestic violence, obesity, chronic mental illness, and mental health diagnoses.

-- N. Prochaska (2001)

Some Variable Factors:

- Focus on pathology and client's obvious weaknesses
- ♦ Assume that the client cannot change
- Ignore your assessment tools
- Blindly accept client presenting labels
- ♦ Forget about organic or medical possibilities

Lesson Four –

Embrace Theoretical Rigor Mortis

(Hey!, the researchers aren't asking YOU what works and you've been doing this a loooong time).

-- D. Williams and J. Irving (1999)

Factors associated with this lesson:

 Intuition Trumps Data – go ahead, trust your gut. After all, the most effective interventions are usually based upon what you had for lunch (avoid the purple sushi).

Embrace Pseudoscience!

- ◆Angel therapy.
- ◆Use of pyramids for restoration of energy.
- Crystal healing.
- ▶ Past (or future) lives therapy.

Embrace Pseudoscience!

- ◆ Treatments for PTSD caused by alien abduction.
- ♦ Rebirthing therapies.
- Color therapy.
- ▶ Primal scream therapy.

Lesson Five –

Ignore that whole "Relationship" thing.

(getting paid to be in a relationship; isn't that called prostitution?).

• "It is imperative that clinicians remember that decades of research consistently demonstrate that relationship factors correlate more highly with client outcome than do specialized treatment techniques."

-- Castenguay, Goldfried, Wiser, Raue and Hayes (1996)



A foundation for clinical relationships – *Empathy.*(Become Deanna Troi - half-human, half-Betazoid)

Carl Rogers gave us EMPATHIC UNDERSTANDING

(with the emphasis on "understanding"

The other over-rated stuff that makes relationships:

Rogers again – Unconditional Positive Regard, therapist congruence

A study of therapists who sought their own personal therapy, over 30% reported that their therapists didn't care about them and that empathy was lacking.

-- Curtis, Field, Knaan-Kostman, & Mannis, (2004)

There's a disconnect between the level of empathy we think that we are communicating and what our clients are receiving.

Here are 3 easy things to avoid to make sure that your clients are not experiencing that empathy stuff:

(after all, you don't want to baby them do you? Hell, they'll never go away!)

- 1. Don't greet them or make eye contact!
- 2. Don't ever ask them if they're getting out of treatment what they came for!
- 3. Don't assess your own responses to the client.

It's important to like your clients, right?

How about Unconditional Positive Regard for the pedophile, rapist or axe murderer who ends up on your case load?

Above all, *NEVER* accept negative feedback from a client!

(who the hell do they think they are?)

<u>Lesson Six –</u>

Boundaries Shmoundaries!

(if boundaries were really important, you'd need a passport to do counseling).

Professional Boundaries...

Mark the emotional space that allows clients to focus on their own healing and not on the provider.

Professional Boundaries...

Are limits placed upon the provider's power so that clients are not hurt physically or emotionally.

Professional Boundaries...

Create the distance that the provider needs to stay as objective as possible

Professional Boundaries...

Are flexible guidelines that are often dependent upon the context of any given action

Professional Boundaries... Describe the relationship between client and provider so that they can work together in an environment of mutual trust and respect.

Lesson Seven –

Ending the Relationship

(After all, you have better things to do, don't you?)

Termination – don't you just love that word?

OK, you've worked your magic once again, enacting the miracle of recovery on your unsuspecting client. Now what?

Factors associated with this lesson:

Wait until the last session to discuss the last session.

After all, doesn't everyone like a surprise ending?

Other types of terminations other than successfully completing treatment...

♦ A therapist was sanctioned by her licensing board with a suspension pending additional supervision after a client verbally attacked the therapist, accusing her of incompetence because little progress had been made. The therapist shot back, "Well, if I'm so bad, don't come back". The client didn't and went to the licensing board instead.

Thomas M. Baier, 2023

Other types of terminations other than successfully completing treatment...

Termination while in crisis.

Not your crisis, the client's crisis!

Other types of terminations other than successfully completing treatment...

Termination for your sake.

This applies to boring clients, stupid clients, or just unlikeable clients. Refer them to your competition or some other sworn enemy.

Other types of terminations other than successfully completing treatment...

When all else fails, blame their insurance.

Tip: call the insurer and tell them that the client is not benefitting from treatment and that they are wasting their money.

Lesson Eight –

Cook 'till Done.

(You didn't expect to be able to do this forever, did you?)

◆ The literature points to moderate depression, mild anxiety, emotional exhaustion, and disrupted relationships as the common residue of immersing ourselves in the inner worlds of distressed and distressing people.

-- Brady, Healy, Norcross and Guy (1995)

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If you're too busy to monitor your own well-being, you're probably already cooked.

To make sure that you burn out...

- 1. Always put the needs of others before your own.
- 2. Don't talk about your struggles with difficult clients.
- 3. Refuse offers of support.
- 4. Measure your successes and self worth by how many of your clients are abstinant.
- 5. Use time off as another opportunity to work (or feel guilty if you don't).
- 6. Isolate as much as possible.

Here's hoping that I've failed in my attempt to assist you in becoming inept as a substance abuse counselor. Maybe next time...

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