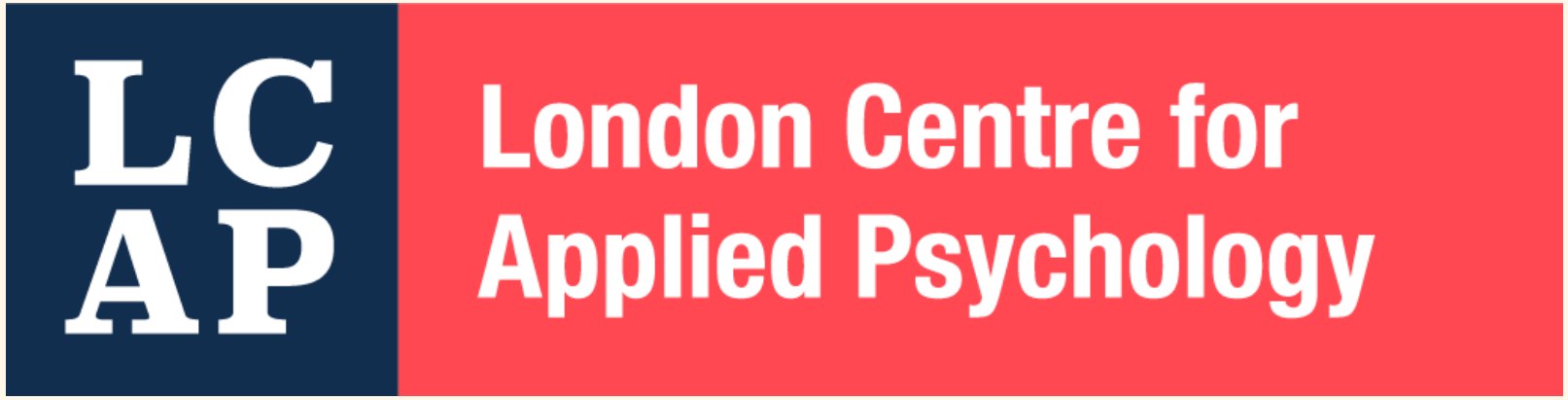

LC
AP
London Centre for
Applied Psychology



'Challenge' - in therapy and counselling

Outline:

Two parts; five sections.

Part One:

- ✓ Do clients really want more ‘challenge’?
- ✓ Why might they want that?
- ✓ Why do therapists avoid challenge?

Part Two:

- ✓ What can therapists and counsellors do about our tendency to avoid that?
- ✓ 12x real-world examples - challenge in practice

How do we know clients want challenge?

Well that’s what they say…

LC AP London Centre for Applied Psychology

We know this from research

Lead by Mick Cooper - Professor of Psychology at Roehampton University. First study of it's kind.

Recent studies:

Published by the American Psychological Association in 2019: Psychotherapy preferences of laypersons and mental health professionals:

https://psycnet.apa.org/record/2019-26054-001

Additional studies

School counselling:

https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(20)30363-1/fulltext

Psychotherapy credibility with general public (Swedish study):

https://www.researchgate.net/publication/8357624_The_credibility_of_psychodynamic_cognitive_and_cognitive-behavioural_psychotherapy_in_a_randomly_selected_sample_of_the_general_public

Findings:

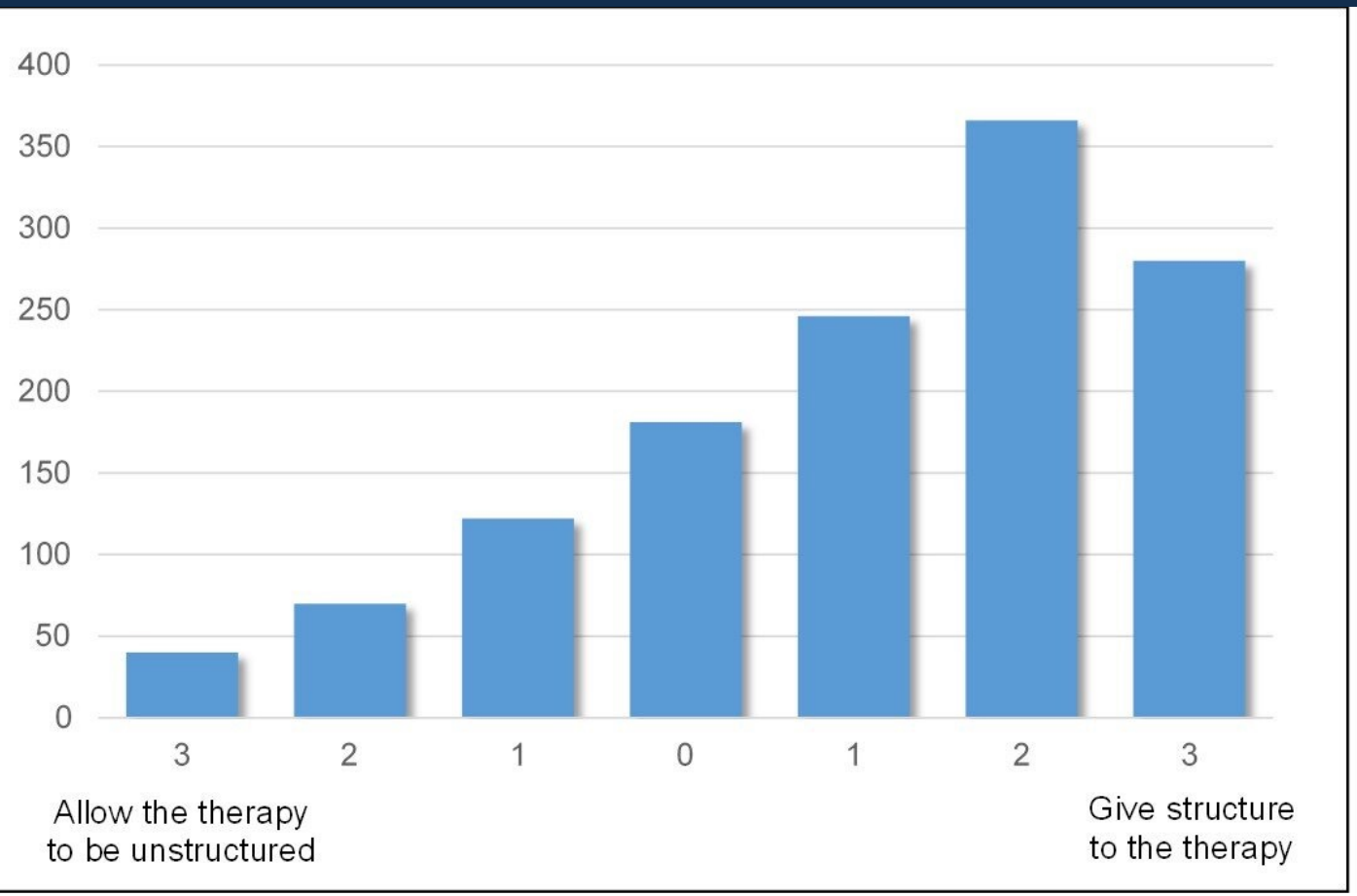
- A majority of clients wanted a more directive approach…. ‘Active, structured, evocative and educational’
- From the 2019 study, what percentage of non-therapists said they want a more directive approach?

Findings:

- **Over 70%** of clients want their therapist to focus on specific goals, give structure to therapy and take the lead
- **Only 15% wanted a non-directive approach**
- Sample size: 1,300+ (ie it's a robust study).
- It's not a one off - broadly matched by the Swedish survey (and mirrors the schools research, both listed below):

https://www.researchgate.net/publication/8357624_The_credibility_of_psychodynamic_cognitive_and_cognitive-behavioural_psychotherapy_in_a_randomly_selected_sample_of_the_general_public

https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(20)30363-1/fulltext



Vast majority of respondents wanted a structured, therapist-led approach.

Only 15% want an unstructured approach.

Psychotherapy Preferences: Published by the American Psychological Association (2019). https://psycnet.apa.org/record/2019-26054-001

More findings:

- They also asked counsellors and therapists for their preferences too…
- Unsurprisingly, they wanted less direction!
- Comparison of Professionals and Laypersons: “mental health professionals and laypersons clearly differ in their preferences. Laypersons typically enter therapy preferring that their therapist focus on specific goals, provide structure, teach skills, and take the lead far more than the therapists themselves prefer. At the same time, laypersons typically favour less emotionally intense sessions, and less frequently being encouraged to express strong feelings and less focus on the therapeutic relationship”.
- **So let’s be mindful of our own treatment preferences. They may well not match your clients!**

LC AP London Centre for Applied Psychology

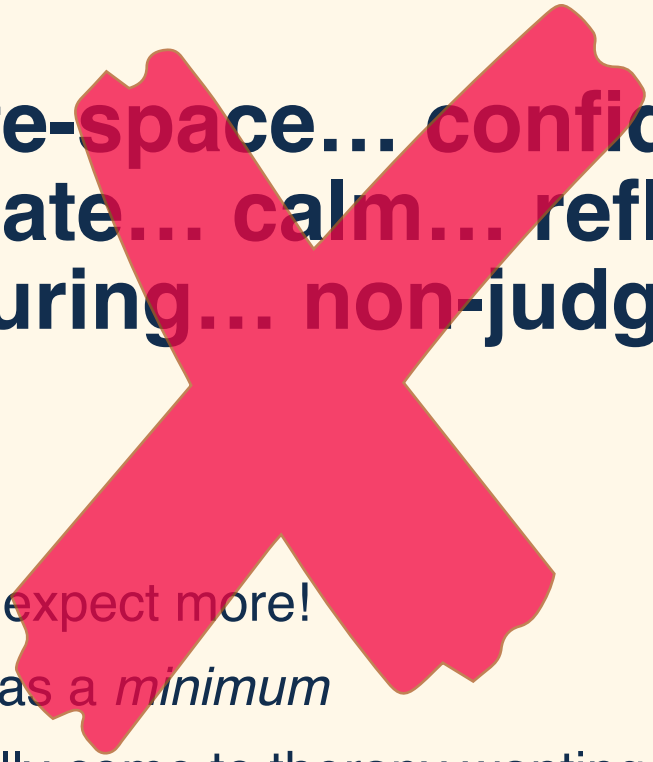
Summary: findings contradict a passive stance!

And remember this is research from within the person centred tradition!

“I offer a safe-space… confidential… compassionate… reflective… respectful… open… nurturing… non-judgemental….”

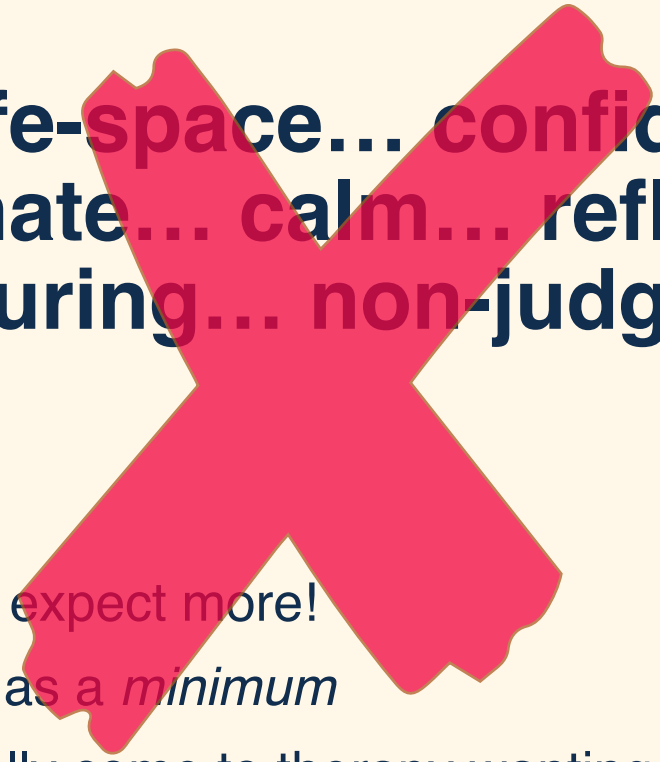
- Well, yes, but…
- It’s not enough!
- Clients want and expect more!
- The above are a description of the *minimum*

“I offer a safe-space… confidential… compassionate… calm… reflect on… respectful… open… nurturing… non-judgemental….”



- It’s not enough!
- Clients want and expect more!
- They expect this as a *minimum*
- Does anyone really come to therapy wanting ‘a safe-space’?
- They come because of a real and pressing problem… **they want CHANGE!**

“I offer a safe-space… confidential… compassionate… calm… reflect on… respectful… open… nurturing… non-judgemental….”



- It’s not enough!
- Clients want and expect more!
- They expect this as a *minimum*
- Does anyone really come to therapy wanting ‘a safe-space’?
- They come because of a real and pressing problem… **they want CHANGE!**

And change is often best achieved through direction and challenge!

LC AP London Centre for Applied Psychology

Objections?

Objection 1: Clients don't *really* know what they need or want.

In fact, evidence shows good association between what clients says they want and how well they do in therapy: https://pubmed.ncbi.nlm.nih.gov/30091140/

Research was based on 53 studies and over 16,000 clients.

Accommodating preferences was associated with fewer treatment **dropouts** and more positive treatment **outcomes.**

(Finding for dropouts = half as likely to drop out (ie, "a huge effect").

So clients do seem to know what works better for them!

LC
AP

London Centre for Applied Psychology

Objections?

Objection 2: Client's preferences evolve over time, as they mature into therapy, they realise they need to take control for themselves.

Actually, client's preferences DON'T change that much, over time. Those who are use a preference inventory can demonstrate that preferences remain consistent.

Use one and see for yourself!

- Free to download
- Free to use
- Quick to administer
- Don't need training

https://www.c-nip.net

LC AP London Centre for Applied Psychology

Objections?

Objection 3: I already provide the right level of challenge and direction.

Maybe… maybe not.

Leigh McCullough: clinical professor at Harvard Medical School, says not (2003).

“Therapists report that they use themselves to attune to strong affect, but in reality they turn away… Having reviewed thousands of hours of videotaped sessions, time and time again, the merciless videotape reveals therapists turning away from emotional states at crucial times’.

(Treating Affect Phobia: A Manual for Short-Term Psychotherapy)

IAPT-supported protocols like DIT now video record the sessions of trainees.

Your supervisor only knows what you tell them!

Reminder: Clients want challenge, but they also still want empathy!

Clients are not asking us to be rude, abrasive or uncaring

Most famous depiction of therapy in film…

Clip from 1.35-3.12

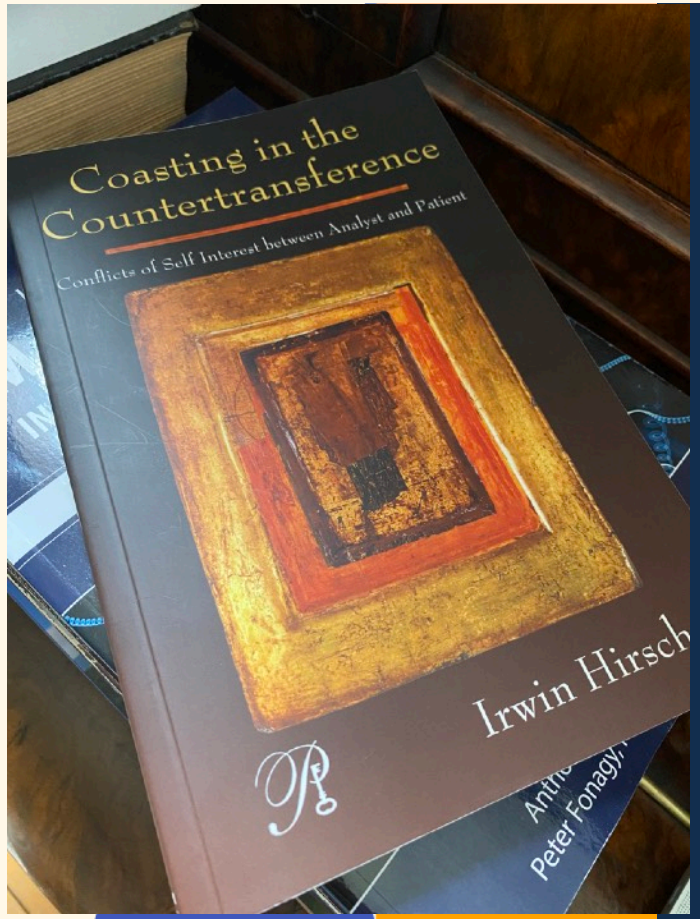
Empathy *and* challenge

Curb Your Enthusiasm: ‘interesting’

Clips from: 0.52-2.21

Why do therapists find challenge and direction-setting so hard?

Some thoughts from the literature…

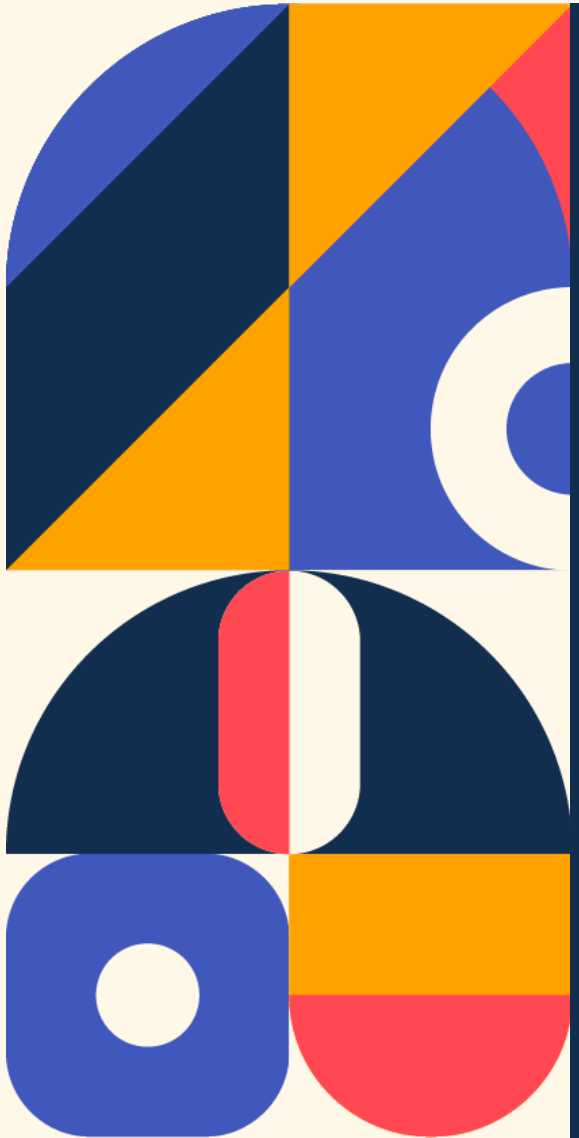


Some of the most interesting ideas come from this book…

We are flawed! Therapists have self-interested motivations and personal shortcomings!

Let's do away with the myth that those of us in the helping professions are possessed by especially altruistic characteristics. To do otherwise is to deny our shared-flawed humanity.

We seek gratification and we choose comfort and ease in preference to destabilising the relationship.



Summary: We don’t want to upset them!

“Analysts (or therapists), usually unwittingly at the start, shape the relationship to conform to their most comfortable and preferred way of relating”.

Hirsch, Irwin (2011) Coasting in the Countertransference.

Why? We need them to come back and keep paying!

This is how we make a living. Not easy. Average salary of BACP member: <£10k a year. 9% earned >£30k/ yr. For 52%, counselling was their main form of income. (Survey of members, 2014).

In 2016 UKCP member survey, 44% worked less than 20 hours a week, and almost half earned <£20k.

Chair of UKCP said, “if you need to earn a living and support a family, why would you get into this job? You can earn more as a bus driver’.

‘We are dependent on our clients to make a living BUT ALSO in order to practice something that we presumably like and value – after all we trained long and hard… There is a high that comes from the affirmation of receiving new referrals, having most of our available hours filled, and earning a satisfactory living’ - Hirsch.

‘When patients stay with us, the experience lends itself to the feeling of being loved’ – Racker, 1968.

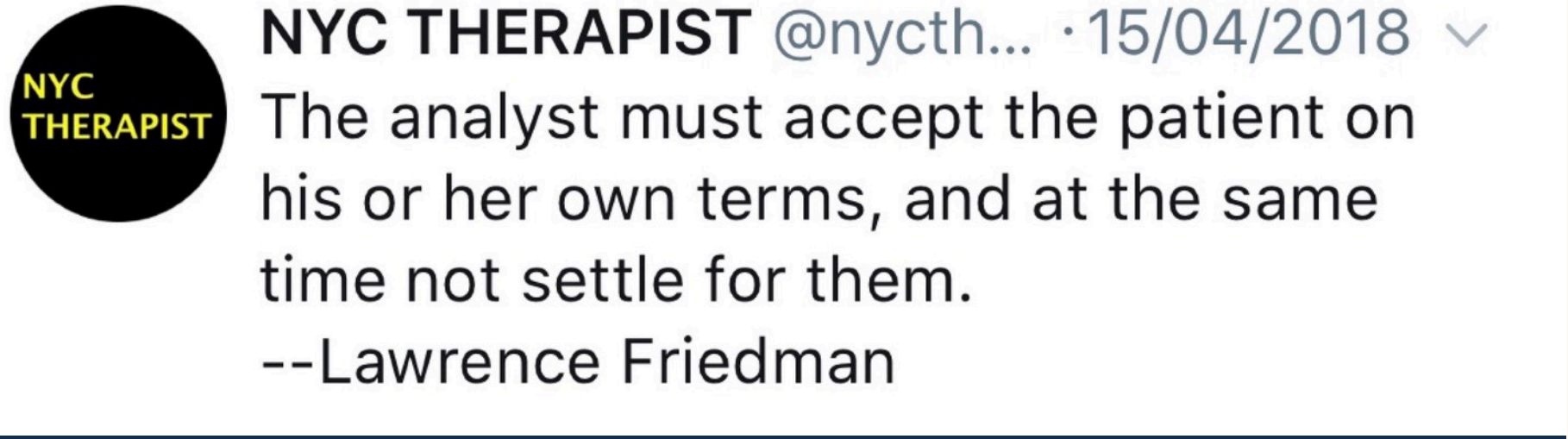
Why? Often, everyone else has been awful to them.

We really feel for our clients…

We come to love them (New Yorker - Andrew Solomon on Dr Richard Friedman: “I asked him if our relationship went beyond the transactional. He said, ‘Of course it does Andrew. We love each other’”.

As Freud said (to Jung in 1906, via letter), the “cure is effected through love”.

When it comes to empathy and challenge, it's: "both/ and", not "either/ or"



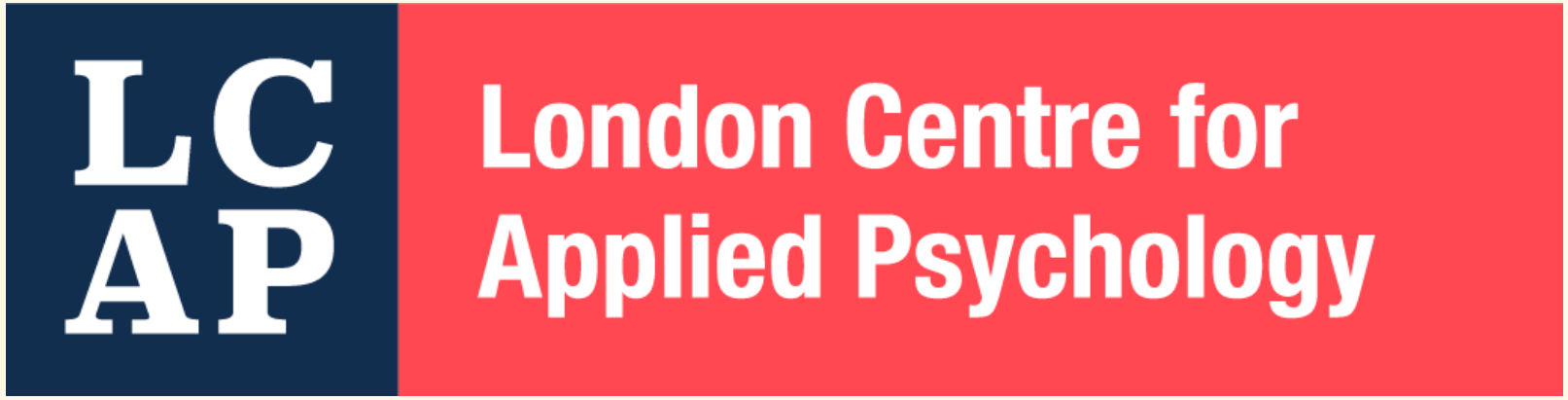
Summary and recap:

- Clients want challenge (and empathy)
- T*hey know when you are holding back and 'being a therapist'. Are you 'with' them? Have you 'joined' them? Are you 'involved'?*
- That idea is firmly established in research
- The mix of empathy and challenge is 'common clinical sense'
- Clients need help - that isn't being 'needy/ acting out/ failing to take responsibility'. Therapy is hard!
- If clients need and want help - providing it is a profoundly person-centred response.
- There is nothing seductive or pathologising about encouraging, prompting (of course exercise judgement)
- Clients say they want to be pressed for detail - what's being left out/ not said. (Remember, therapy is hard!).
- They want 'permission' and prompts, to share (this may be the first time telling their story/ aspects of their story).

Look ahead:

Part Two:

- ✓ What can we do about our tendency to avoid challenge?
- ✓ 12x real-world examples - challenge in practice



'*Challenge*' - in therapy & counselling. Part Two.

Part Two:

Part One:

✓Do clients really want more challenge?
✓Why might they want that?
✓Why do therapists avoid challenge?

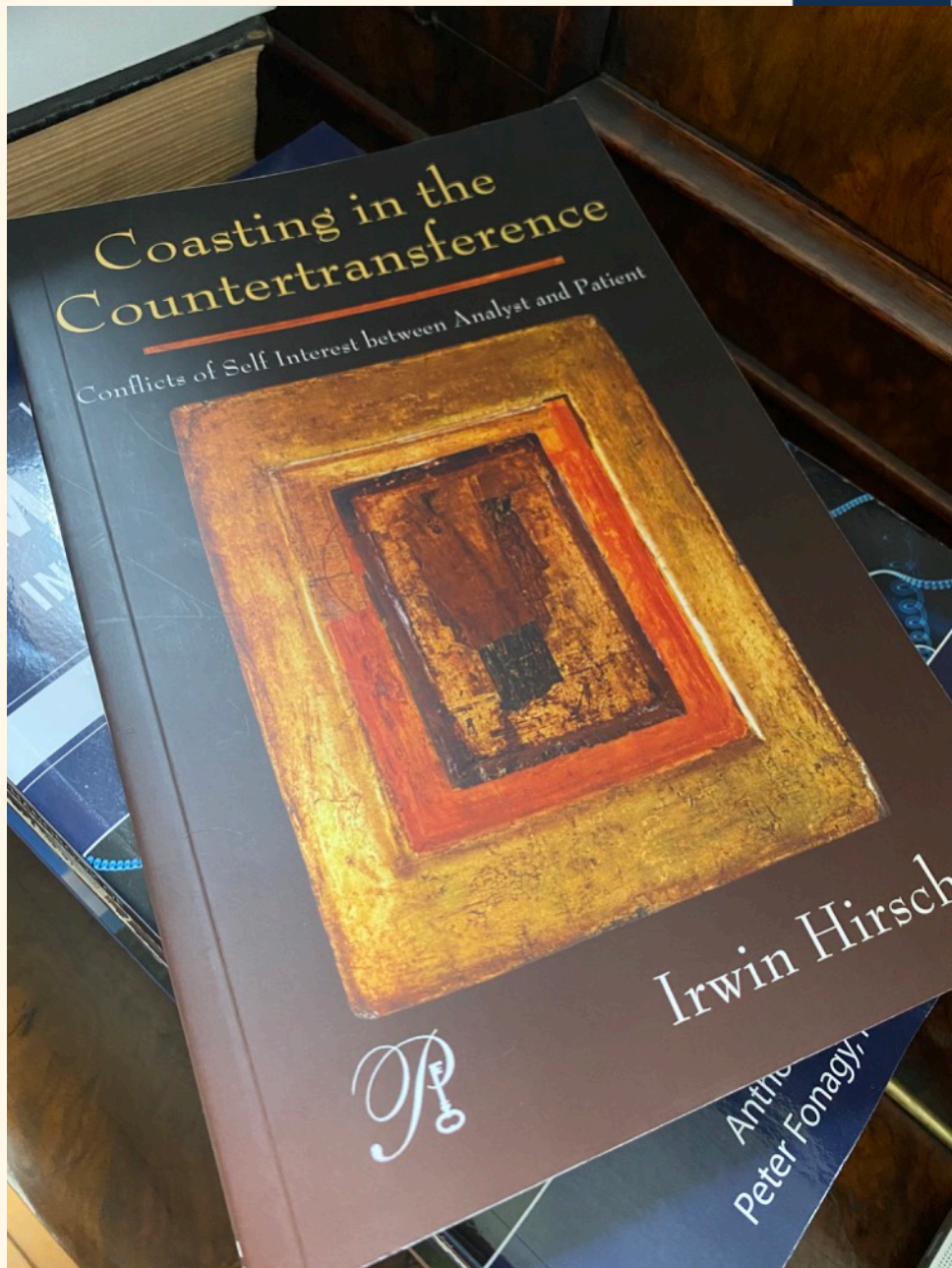
Part Two:

✓What can we do about our tendency to avoid challenge?
✓12 real-world examples in practice

So what can we do to recalibrate?

“Needless to say, analysts who face themselves and embrace their deficiencies with a good measure of honesty are less likely to persistently pursue selfish interests to the detriment of patients”.

Hirsch, Irwin (2011). Coasting in the Countertransference



What can therapists do to embrace ‘challenge and direction’?

Four practical ideas (and a caveat)

1. Take client preferences seriously:

Out of respect for them

Out of respect for the research

2. Take it to therapy…

Work out our own discomfort about challenge (use Hirsch's ideas as a prompt)

Not in therapy? Read it and reflect. (Don't overlook simple actions/ interventions).

3. Push beyond those tendencies… work the edge

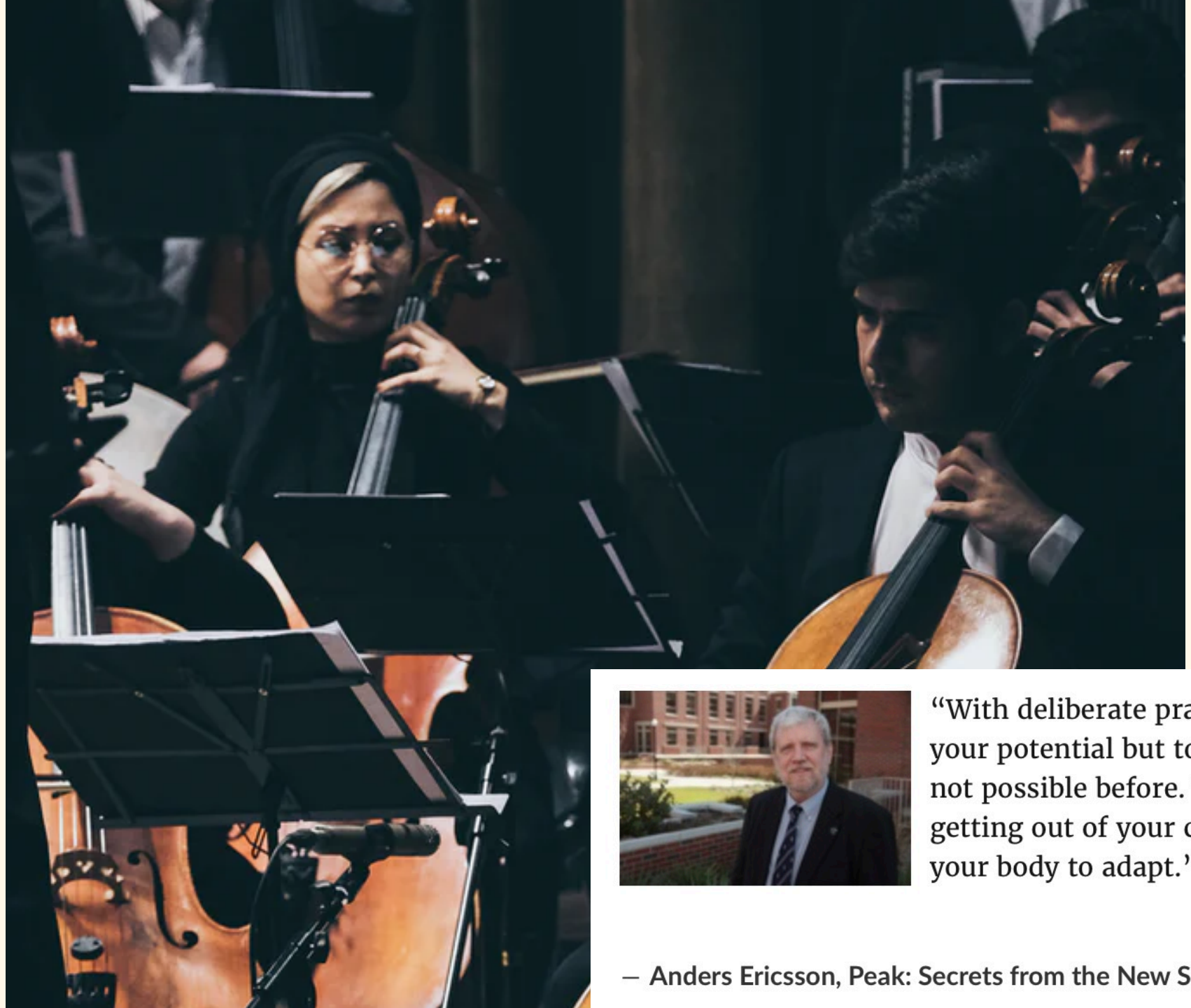
Stretch to discomfort/ Push yourself

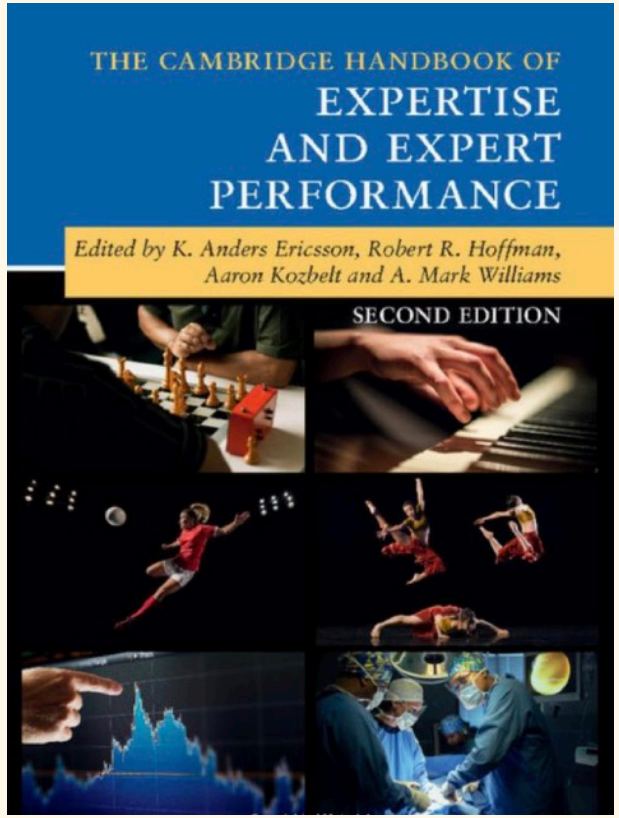
Expand your:

(a) repertoire and/ or

(b) endurance

LC
AP





"With deliberate practice, however, the goal is not just to reach your potential but to build it, to make things possible that were not possible before. This requires challenging homeostasis—getting out of your comfort zone—and forcing your brain or your body to adapt."

— Anders Ericsson, Peak: Secrets from the New Science of Expertise

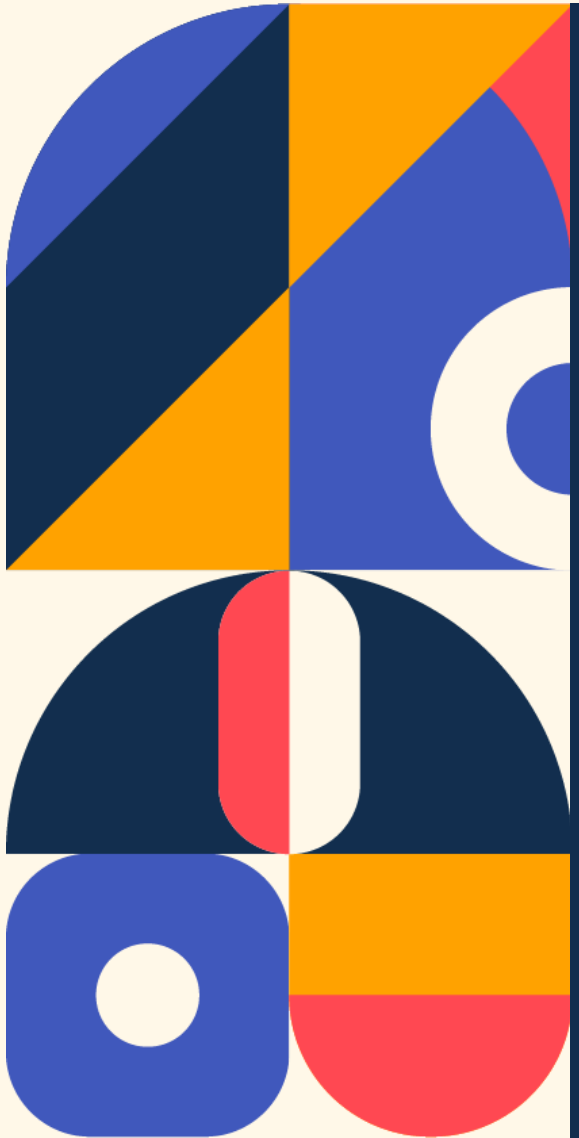
4. Take it to supervision

Is your supervision too cosy?

Supervisors ‘coast in the countertransference’ too. (They also need to get paid!).

You won’t become perfect….

Hirsch’s book is searingly honest - he describes himself as ‘emotionally isolated, obsessional and narcissistically self-absorbed’!



But you can work with what you've got

For e.g. therapists who are more emotionally reserved tend not to demand too much emotional involvement - this can be a huge relief to the client.

It also allows them to see they can have a less than 'ideal' relationships in and out of therapy.

Most relationships require considerable emotional space for them to survive, long term. Mutual closeness, all the time, in therapy, can foster an unrealistic expectation out of therapy.

- Hirsch

You can’t work with everyone

Don’t get bent out of shape

Think about:

- Matching (e.g MC & dental phobia)
- Your ‘scope of practice’

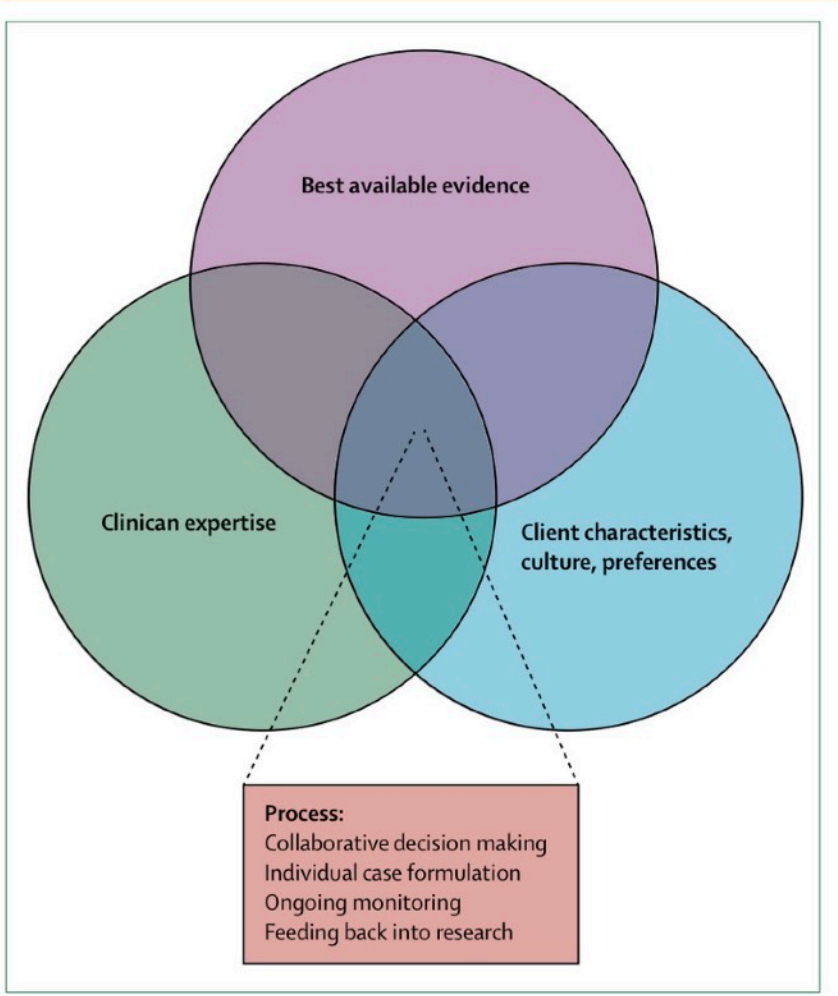
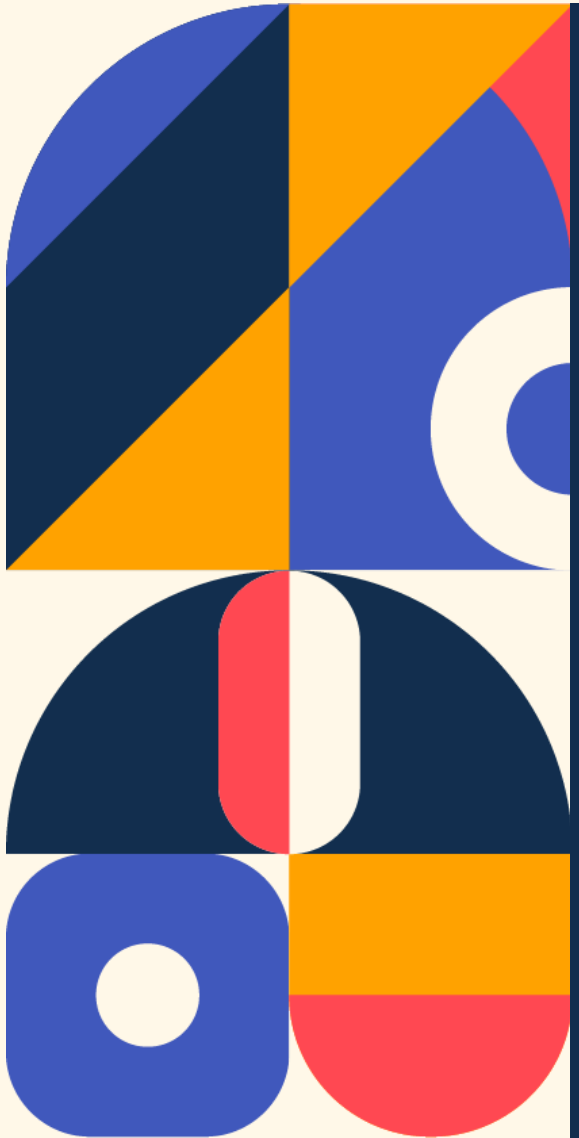


Figure 1: **Evidence-based practice**
Production of this figure was based on the the American Psychological Association policy statement on evidence-based practice in psychology.[65]



There is no ideal… except…

"… to embrace our personal limitations, acknowledging who we are as people and how this impacts others. We have to acknowledge the conflict between being selfishly ourselves (and remaining in our personal comfort zone) and stretching, in order to be optimally useful to our patients".

Hirsch

LC AP London Centre for Applied Psychology

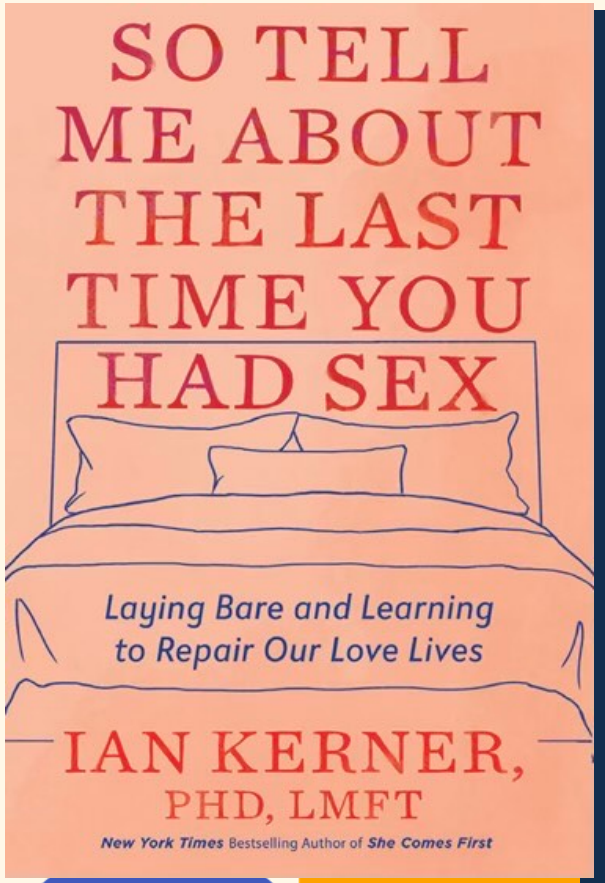
12x examples of challenge in action…

1. Direct - “I think you’re bullshitting me”

General recognition that addicts require a strong stance from their therapist… Dr Steven J Lee (addiction specialist in the US) says, ‘that’s why I confront them respectfully by saying, “I think you’re bullshitting me”. It’s often the only way to break through the denial and rationalisation that often characterises addiction.

Robert Chodo Campbell co-founder of NYZCCC: ‘get to a meeting before we next meet or don’t come back’

‘Cut it out’ - Marsha Lineham



2. Direct question

‘Tell me about the last time you had sex?’ - Ian Kerner

He is very direct in his questions to his clients, in his advice to his readers, and in his own problems with sexual dysfunction in the past - the first chapter of his book is called “Confessions of a Premature Ejaculator”.

Similar question used in addiction recovery: when did you last use/ pick up/ act out?

3. ‘Stop and Stand’

An idea from within MBT (Mentalization Based Treatment) esp for patients with PD.

Therapist is not required to agree with patient’s pov. Therapist is always trying to increase the patient’s understanding and challenge any unwarranted beliefs. When patient is persistently not reflecting/ non-mentalizing, challenging their perspective is recommended (inc mounting the challenge at an intensity that matches the patient).

The therapist interrupts the dialogue and focuses on the moment of ‘rupture’ - in order to re-instate mentalizing. (‘Stop and stand’). Often all the better if it comes as a surprise to the patient - ie outside the normal therapy dialogue, and therefore confronts, ‘trips’, or halts the patient.

(Not dissimilar to thought-disputes in CBT).

3. ‘Stop and Stand’ (continued)

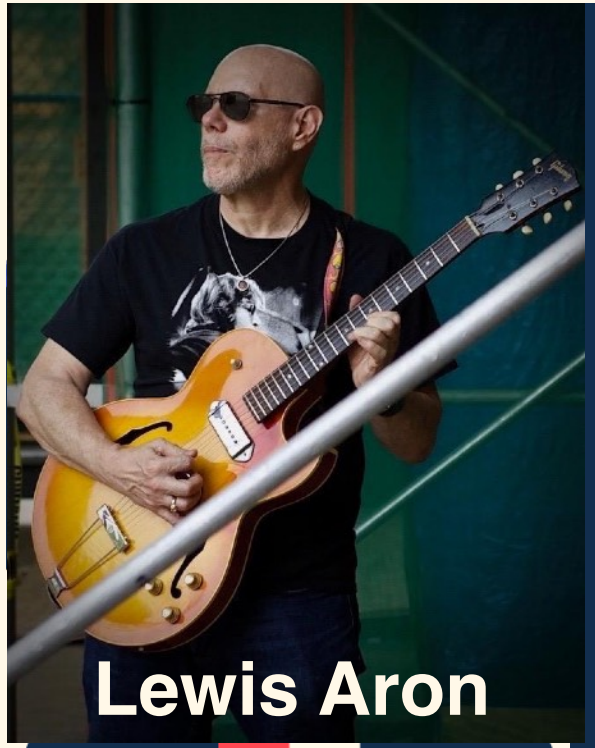
Clip from 2.30 - 3.30

Bateman (with Fonagy) is the originator of MBT.

4. Hang on, we're about to skip over something…

Clip - "not 'anyway'" 44:09 - 46:01

Series available on BBC Sounds.



5. What are <u>you</u> responsible for?

Client is listing his gf's faults; wondering whether to break up with her. He asks Aron: "Are there important things about your wife that you don't like?"

Pause, think, what would you say?

Aron says: 'yes, there're important things about my wife I don't like –
more significantly there are important things about me she doesn't like.
There are important things about me that I don't like!
Why should she have to like them?'

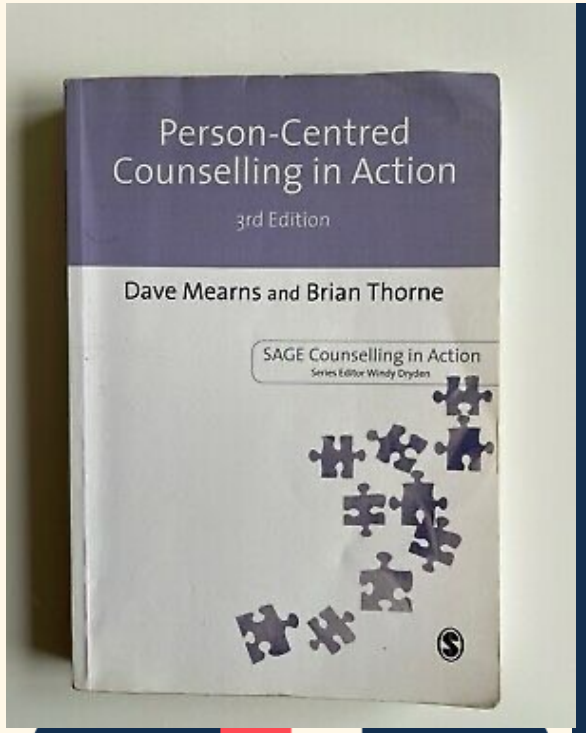
Using self-disclosure, he turn the issue back on the client -
utterly challenging his way of thinking.

6. Back to you

Clip from 0.48-3.10

Motivational Interviewing - Helping People Change

Miller & Rollnick



7. Via humour

T: What brings you here?

C: My boss said I had to get counselling to sort myself out.

T: To sort yourself out?

C: Oh it's true what they say… you just repeat the last three words of what I say?

T: [Smiling] No, not always, but I want to know what that means.

C: For him it means licking his arse and not laughing at his poor sales figures, compared to mine. When you give him your report, I'm sure he'll come up with other things that need fixing too.

T: What we talk about here is confidential, I won't be writing anybody a report.

C: Don't worry on my account. Just write him the report and we don't even need to meet!

T: [Smiles. Pauses] I am sitting here thinking how different this is to how most sessions start….

C: Yeah, I bet you are. I bet you don't get many like me… Do you fancy me?

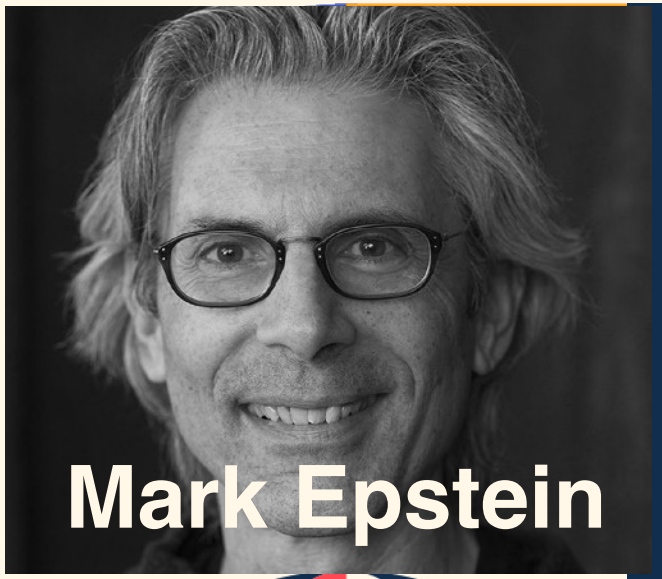
T: [Still smiling]. Not even remotely.

C: Pity

T: But I am interested in you

C: How do you mean?

T: [Straight in the eye] Well, you sound full of confidence and bravado. But I think there a bit of an act in there as well….?



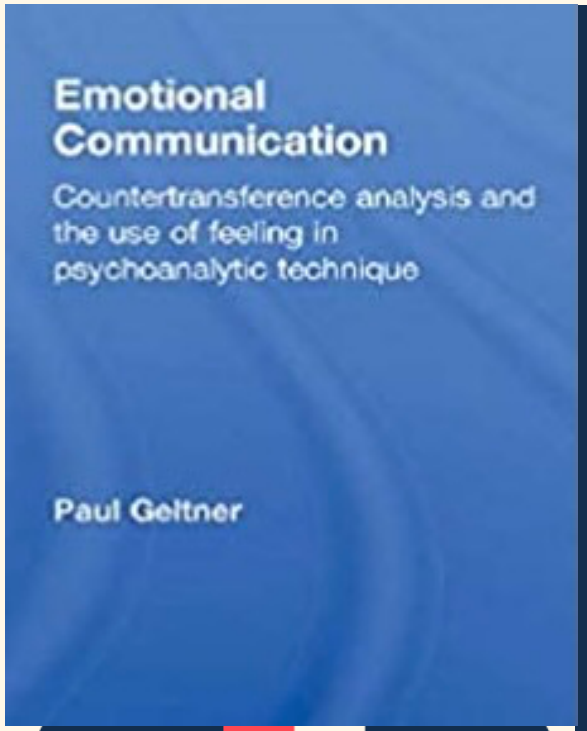
8. Alternative pov

The Buddhist reprieve: can we detach from our endless stream of preferences and preoccupations. Can we hold them with more calm, more questioning, more detachment, and a more forgiving touch. Can we replace 'What life should be like… How I should be' with acceptance. 'Right now, it's like this'. (Mark Epstein - Buddhism and Psychotherapy)

Can we take a radically different stance - embracing insecurity/ accepting life rather than trying to change or control it / embracing the idea of the 'dark gift'/ the yin and the yang/ rough with smooth/ can you stay in the moment - it is much easier to think compulsively about the future (or the past) than the present.

Bit like: "I am worthless". Or "I am having the thought that I am worthless". Or, "I am noticing that I am having the thought that I am worthless".

3rd wave CBT: ACT - Acceptance and commitment to the values over goals/ passengers on the bus…. can you do it anyway - even if you don't like it or feel like it? (In the service of values/ a greater good).



9. Alternative pov x2

Case study: Timid self depreciating man. Often avoided social situations. Focus on modesty in childhood. Terrified of being thought arrogant/ exhibitionist. But now frustrated he hadn't got much out of life. Never had a boyf. Hadn't accomplished as much at work as he would have liked.

During one session he (cautiously) describes wanting to stand out more. To speak up at work - in meetings/ with proposals. Plus there's a guy in the gym he really wants to talk to. He then says he saw a beautiful leather jacket he wanted to buy and wear with some new jeans (a departure from his usual conservative clothes). He is anxious. The asks the therapist if he has ever experienced those feelings.

Clearly he hasn't been able to integrate the natural need we have to 'show off' and be seen, into his personality. This severely restricts his life. He is likely frightened the therapist too will disapprove. Perhaps he is longing for the approval missing from childhood.

Pause. Think. Response?

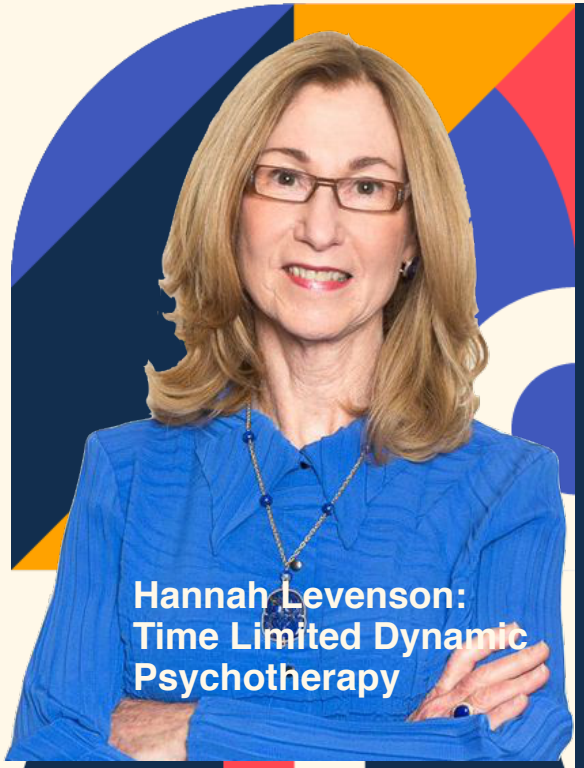
9. Alternative pov x2 (continued)

1. “Perhaps you are anxious because you think that I’ll be disapproving, in the way your parents were”.

2. “It sounds hard for you to risk telling me about these feelings. You might be afraid I’ll disprove”

3. “Of course I have those feelings! Sometimes all I want to do is show off – sound smart, be seductive, and wear great clothes. It's really scary as you never know how people will react. But sometimes there is just nothing more wonderful than showing people your stuff – going after the world and getting it. That jacket sounds great! Where did you see it? Do you know what kind of leather is it?”

It’s a challenge to the stuffy response of the parents. It ‘shows’ not tells. It challenges him to go further. To embrace those feelings. To explore and tolerate feelings of excitement/ joy.



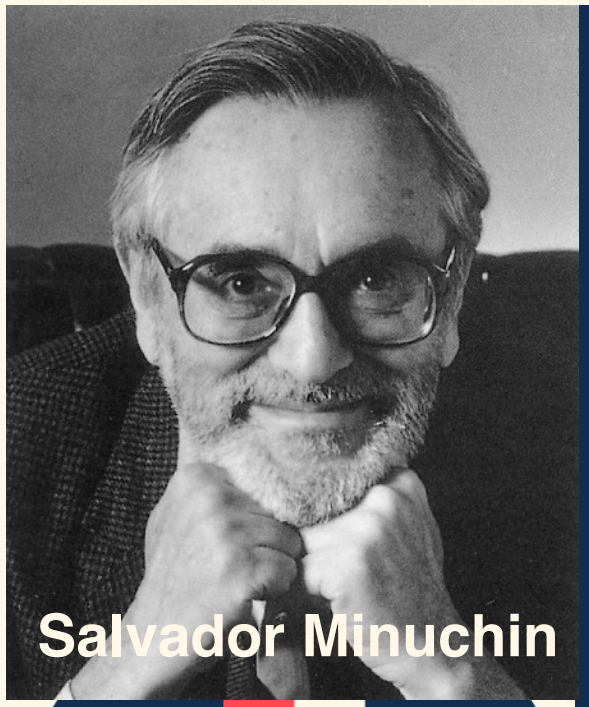
10. Challenge as ‘not listening’

Ed Levenson - We need to get away from the idea that the therapist is always a benevolent or concerned person. I am not hanging on their every word. I don’t want them to think I am. I am interested in what they are not saying/ what they are avoiding because it’s too hard. And I am trying to deconstruct their version of events; to question and probe the story.

Hannah Levenson: Benign neglect (Pumpian-Mindlin, 1953) and selective attention (Malan, 1963) - to enable focus and prevent overwhelm.

11. Challenge as listening in silence

Watch the first 5-10 mins of the live session with Susie Orbach - see how much she encourages the client back on her own resources - to articulate and to confront her own thoughts.



12. Challenge as enactment

“When they train you, they train you to be benign and supportive. I felt there was a surplus of people being supportive, but not enough saying, “Wait a minute, what you’re doing isn’t working, so let’s do it differently?”

The families who come to therapy are ‘wrong’. They have identified a patient and a fixed story. Both are richer than they think. The story is partial. It is ‘right’ perhaps, but only up to a point. They are wrong about who has the problem.

I challenge fast and hard and with humour. I tease them. I am on their side. I ‘join’ them . But I say there are alternative ways of being that will help you live a richer life.

Challenging people is ‘being nice in a different way’. The question is not, are you nice, but ‘are you effective?

12. Challenge as enactment (continued)

Staged process:

To dad: ‘Sometimes I think you treat your son in ways that you don’t actually want to treat him’. ‘Sometimes the way you behave towards your son hurts him’. ‘**Sometimes you are destructive**’. I help him to prepare for it, but I don’t hold back with a major challenge. (He is looking for dad’s reaction).

Mum says ‘My son has temper tantrums and becomes impossible’. I say, ‘Well he is here now, he is very quiet, despite it being quite boring for him, he is focussed and I happen to think he is very nice… What would you or someone else in the family need to do for him to become ‘impossible’? (He is looking for an enactment).

‘I am inviting the family to dance’. He wants the passion and the real feelings in the session.

Recap of main ideas:

Research suggests that the overwhelming majority of clients want challenge and direction (70%)

Therapists are typically far less comfortable with that

Think about why and find ways to challenge yourself to challenge!

Practice!

Don't get bent out of shape - remember your 'scope of practice'

Don't take the idea of challenge too far - of course clients want empathy too

Therapy is a balance of supporting, encouraging, prompting:

David Malan:

"The aim of every session is to put the patient in touch with as much of their true feeling as they can bear."

Summary:

“These findings challenge some ways of being a humanistic, relational or psychodynamic therapist. They challenge a passive, non-involved or neutral stance. The limitations of such a style are very evident from the research we have done with young people too – a passive, non-involve stance can really ‘freak’ some clients out. They want the therapist to be a real person, with real thoughts and ideas”.

Prof Mick Cooper

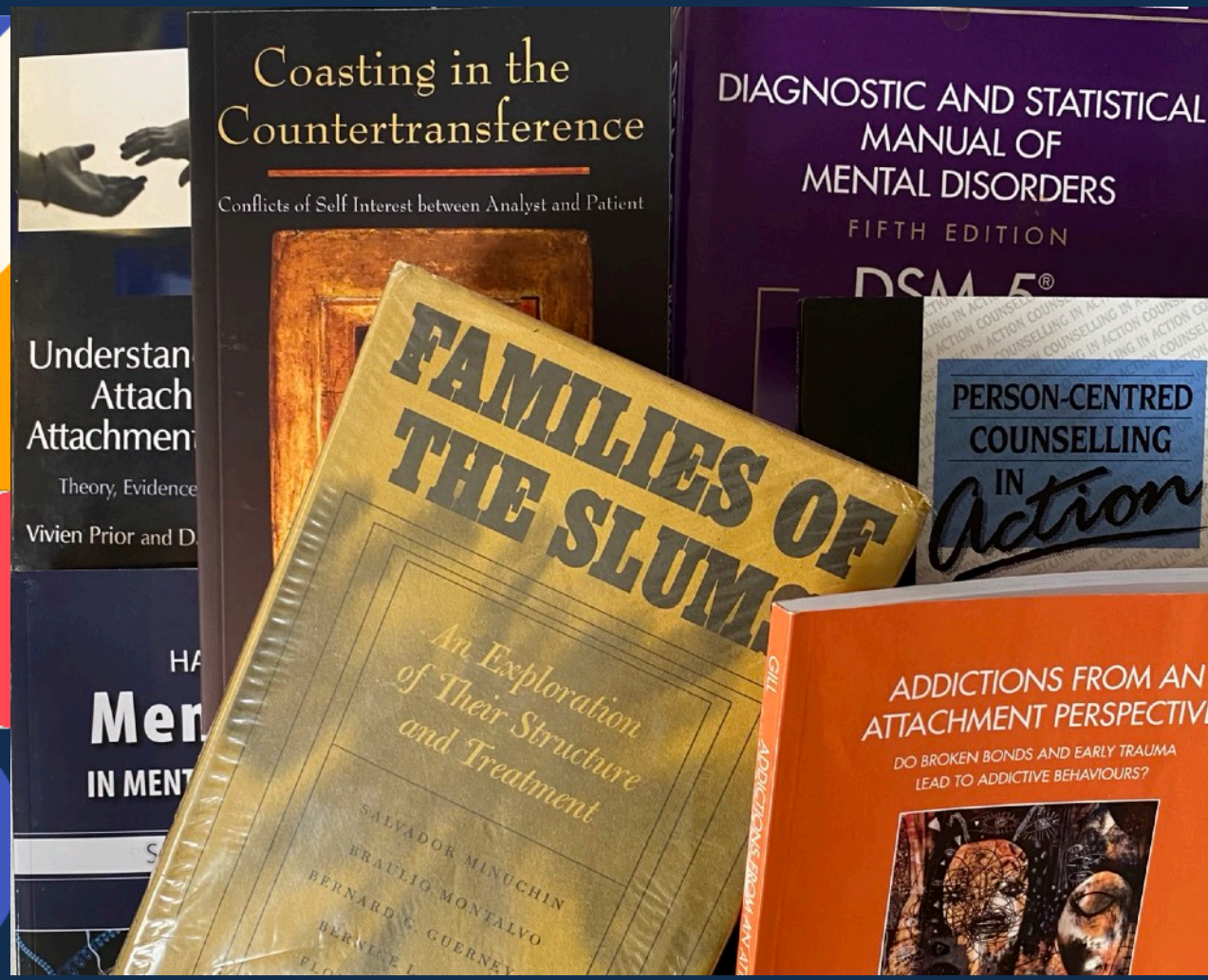
Further reading:

Hirsch: Coasting in the Countertransference

Miller & Rollnick: Motivational Interviewing - Helping People Change

Epstein: Thoughts without a Thinker (Buddhism and Psychotherapy)

Ericsson: Peak - Secrets from the New Science of Expertise



LC AP London Centre for Applied Psychology

Thank you for your time

Additional courses:

lcap.co.uk