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Is My Husband Gay, Straight, or Bi?

Getting Unstuck

PRACTICAL GUIDANCE FOR COUNSELORS

WHAT TO DO WHEN YOU DON'T KNOW WHAT TO DO



Jon Winder

LICENSED PROFESSIONAL COUNSELOR

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Preface

If you bought this book, I congratulate you on your humility. This is probably not the kind of book that you proudly display on your desk or bookshelf. Who wants to admit that they do not know what to do? The reality is, however, that all therapists, no matter how seasoned, get to a point where they do not know what to do. Maybe you bought the e-version, so you are covered.

Counseling can often be frustrating, and those times when we don't know what to do with the client are probably the worst. We feel like we are failing our clients and ourselves. This book is an attempt to arm counselors with perspectives, as well as a compendium of skills and strategies that will guide them through these tough times.

Counselors have a job like no other, one with awesome responsibility. The decisions we make, the words we say, the concern we show can have a lasting and often profound impact on individual's lives. We cannot take this trust lightly. We are called upon to deal with the greatest of tragedies, major catastrophes, unspeakable cruelties, and mind-boggling situations for which there are no easy or even plausible explanations. From 9/11 to Hurricane Katrina to the Sandy Hook Elementary shootings, we are the ones people turn to for solace, understanding, compassion, and, if we're lucky, some sense of meaning or perspective that lessens their burdens. As the caretakers of human pain and suffering, we are asked to perform monumental tasks—to soothe the unsoothable, comfort the uncomfortable, answer the unanswerable, and manage the unmanageable.

Counseling is not only a matter of mind and consciousness; you have to have the *heart* to do this. We must go to the core of the matter to find out how the person thinks and feels, and empower them to do better. We must see the good in our clients that no one else sees and reinforce that in them.

PREFACE

...

I became a therapist with a lot of interest and few skills. As a teenager, I read many psychology books. I was fascinated by the mind and how it worked. My career began as a volunteer in a crisis center. My training consisted of about four hours of basic training in crisis management. As a volunteer, I often would have to cover the night shift sleeping on a little sofa in an office about the size of a small bathroom. In the middle of the night the phone would ring, and someone would be on the other end in crisis, usually suicidal. Since I am a sound sleeper, I was not exactly at my best or in the best frame of mind when the phone rang. The first minute was usually figuring out, “Where the hell am I?” But necessity required that I respond to potentially life-and-death situations. I managed to engage with the callers, and I am not sure how well I did, but I did not lose anybody...to my knowledge. This may not be the best way to learn, but it is one of the most powerful and one that sticks with you—you do what you do, because you have to.

My formal training did not prepare me for the vicissitudes of doing therapy. Starting out in counseling can be mind-boggling; you often don't know what to do. Much of it is trial and error, which is part of the learning process. However, I had the opportunity to work in the ER at the local hospital as a mental-health consultant. Having lived a rather sheltered life, my initial concern was that I would be “freaked out” by the blood, pain, agony, and gore that I would witness. But I saw none of that—an ambulance would pull up to a separate ER door, the patient would be rolled in on a gurney wrapped in a blanket, taken into a bay, and the curtains drawn. A nurse would go in, often followed by the ER doctor. Then a variety of other health professionals such as the lab tech or pulmonary specialist would be called in. After the initial evaluation, the patient was either discharged, admitted to ICU or another hospital floor, sent to surgery, or in some sad cases to the morgue.

But something soon became apparent to me: THERE IS NO EMERGENCY IN THE EMERGENCY ROOM. Why is that?

And in this lies the one answer to the question, “What do you do, when you don't know what to do?”

And the answer is: *protocol*.

GETTING UNSTUCK

Each person had a role and specific duties and carried them out. Though there are an infinite number of situations that cause people to end up in the Emergency Room, there are finite systems that are affected. There are wounds, breaks, infections, overdoses, mental incapacitation, breakdown of organs (heart attacks, strokes, diabetic coma, etc.), colds, flu, etc. Each category of emergency has a procedure used to assess and treat the infirmity, and each treatment team member has a role and responsibility for his/her area of expertise in the process.

And so, it is with counseling. Clients present us with an infinite number of situations, but protocol provides us with specific procedures, or a specific model or combination of therapy models to treat the situation. Experienced therapists generally follow a protocol either consciously or unconsciously. So, what you are *supposed to do* will often get you through *what to do*.

Of course, the practitioner's experience, knowledge and skill are important ingredients for the success of the protocol. There is no book that can give you this. The ideas presented here cannot compensate for this, but this book *can* give you ideas and a direction to deal with the most perplexing of situations. Doing therapy is often analogous to being lost at sea. In the distance, you see a lighthouse. With the rough seas and intense rain, you may lose sight of it, but you have an idea of where it is and the direction you need to go. And so, it is with counseling. We can all get lost at times in a session, but if we know where to take the client and how to get there, then we will eventually arrive at the goal.

So, this book is meant to help counselors establish a sound overall approach to their craft-protocols and a frame of mind to deal with uncertainty and seemingly *impossible* cases and situations. It also offers a systematic way to handle specific kinds of problems presented by clients. These are some of the tricks of the trade. Much of what I share here is the result of having been involved in the field of psychology nearly my whole life, and having read hundreds of articles, books, and blogs, as well as attended many conferences and workshops. I am indebted to those who have inspired me with their thoughts and insights. What I hope to have done is offer some new perspectives on these ideas that have guided my life and my profession. I hope this will open new doors of discovery for you both professionally and personally.

Jon Winder

Introduction

It's not that I am smart, it's just that I stay with problems longer.

—Albert Einstein

What do *you* do when you don't know what to do?

What makes you think you have to do anything?

What is it that you do when you *do* do something?

Why is it OK to not know?

What are the situations when we don't know what to do?

These are all questions therapists face daily consciously or unconsciously. One does not have to do counseling long before being confronted with these concerns. One of my first “oh, no” experiences as a counselor happened during my internship. I was a young grad student, and had as a client a lady who had volunteered to see a counselor on a pro bono basis. Naturally, I was a little nervous, since she was my first client, but even more so since she had a stern and imposing presence. I became much more nervous, because I soon realized she was staring at my crotch. At first, I thought was she just curious. But as I tried to get her to answer questions, she just kept staring at my private area. Soon it appeared she was more than just a little curious. As if that were not unsettling enough, every two or three minutes she would lick her lips. I don't think I ever squirmed so much in my whole life. I had no idea what to do or how to address this with her. If I mentioned it, she might say I was imagining it, so my only option was to endure it. However, looking back I realize that was the time that I learned to take notes during the session with the notebook in my lap. I have done so ever since. I have no recall as to what her problem was;

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I only know that she made a very lasting impression on me.

So, not knowing what to do can manifest in many ways. If we examine the therapeutic paradigm, we can see, however, that situations fall into a few categories, and there are procedures that we can use to manage them. There are five main categories where problems can arise:

- The problem
- The relationship between therapist and client
- The difficult client
- The therapist
- Outside forces

The Problem

The most obvious situations in which we get stuck are when we are confronted with a problem that has no apparent or suitable solution. There are times when no matter what we know or what we say, we cannot make the situation better. The loss of a child, a diagnosis of a terminal illness, property being destroyed by a tornado, the trauma of being abused, facing prison time for a moment of indiscretion, and many more situations with which we are confronted daily may have no easy answers.

When I received training for hypnosis therapy, the class was ironically warned about **being hypnotized by the client**. As clients are describing their situation in a monotone and sinking deeper and deeper into their chair as they talk, therapists may find themselves falling hook, line, and sinker into the same sense of hopelessness and helplessness that the clients have—we become hypnotized by their sense of devastation. The class learned that to break a trance we must be mindful of our state realizing when we find ourselves engulfed, to shake it off and step outside of the situation to get a fresh perspective. In this way, we will not be hypnotized by the clients' problems. If nothing else, we can know that there are always other possibilities or ways of looking at situations to make them more bearable and understandable for the client.

The Therapeutic Relationship

Another group of situations in which we often don't know what to do is

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when we are not able to establish a therapeutic relationship with the client. Sometimes this means that the client is fearful, not ready to change, or alienated by something we have done or said. Establishing a therapeutic relationship is a balancing act. It requires the ability to balance being open and friendly, and at the same time, being willing to confront the client's shortcomings or challenge him risking pushing him away. Most all therapists pride themselves in their ability to build rapport and connect with the clients. It is very hard for therapists to see ways in which they may alienate the client. When there is a disconnect, the tendency is to blame the client. After all, the clients are the ones with the problems, and their inability to connect in a therapeutic way can easily be placed on them, since therapists are *masters of relationship*. So, when counselors find themselves at odds with clients or not being able to fully engage with them, ironically, one of the easiest ways to change is for counselors to be introspective and change their attitude, even apologizing if necessary.

Difficult Client

Clients come in many shapes and sizes; some with personality disorders, some lacking confidence to improve, some combative and aggressive, some lethargic and lacking motivation, and some beaten-down and overwhelmed. Each situation presents a unique challenge to the therapist. Helping people who do not want help, are afraid of getting help, or who have decided they're not ready to change tests the therapist's skill and flexibility. For example, most therapists have had an experience with a client diagnosed as having a narcissistic or borderline personality disorder, and many times just having that diagnosis will lead therapists to feel anxious. Of course, this is the product of counter-transference. Certain kinds of people just push our buttons. Personally, I have difficulty with clients who are overtly prejudiced. A certain part of me shuts down, and I have to fight with myself to overcome or put aside my personal feelings.

Other types of clients who may push buttons are the entitled, the quitter, the aggressor, the show-off, the complainer, the avoider, the competitor, and the rigid. In many of these situations, we may find ourselves at a loss as to how to respond. We feel challenged and uncomfortable, which adds to our inability to respond favorably to the client's needs.

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The Therapist's Personal Difficulties

The fourth situation is when the therapist is having personal difficulty—physical, mental, or emotional problems occurring in his or her own life. Generally, most therapists can overcome or compensate for this, but to do so, they must be honest with themselves and be willing to explore their own role in the process. Certain clients may present problems that we as therapists have not worked through, or we have a similar problem and feel hypocritical telling the client what to do when we are not willing or have not followed through with what we know is right. These situations may highlight our own inadequacies as a person. We need to be up front and admit this in a professional manner, when appropriate. Otherwise, we run the risk of looking inept or deceitful.

Outside Forces

Clients obviously exist in a broader environment than the therapist's office, which can have a tremendous effect on them and the success or failure of therapy. Despite our best attempts, we may find that the environmental influences can either undermine or support the therapy, and often have a greater effect on the outcome than the therapy itself. For instance, the support may come in the form of a teenage girl telling her boyfriend to stop using drugs, or she will leave him, and he stops. On the other hand, one of the biggest challenges in doing therapy with children is that despite all the efforts made by the counselor and the child, if the parents are not on board, they can easily sabotage any therapeutic gains.

Add to this the prevailing culture in which the person exists. Culture can be positive, such as when certain behaviors are not tolerated or don't even happen. Community support may be the best force for healing that can occur. On the other hand, if the person grows up in an environment of hate, aggression, and fear, and where going to jail is a badge of honor, then any attempt to install positive values can be seen as weakness and vulnerability. These are the forces over which the counselor has no obvious control, but which counselors and clients have to battle to overcome.

CHAPTER 1



Not Knowing

I see my path, but I don't know where it leads. Not knowing where I'm going is what inspires me to travel it.

—Rosario de Castro

How can not knowing what to do be okay?

Therapists faced with situations in which they don't know what to do may feel stuck, stymied, or inadequate. How can “not knowing” be a positive? After all, your client is coming to you for answers, and it is easy to become worried that you will not meet his or her expectations.

Counseling is More Than Answers

People come to therapy not just for answers to questions or issues in their lives, but also to be heard, understood, and accepted by another person. It could be said that what they are also seeking is *therapeutic wisdom*—wisdom generated from a combination of knowledge and experience. This comes not just from sitting in hundreds of therapy sessions, but also from life experience. And it manifests not just as saying the right thing at the right time, but it can come through in a smile, a wink, or thumbs up, or in not reacting to a situation. At other times, it could be exhibiting a peaceful composure, expressing a kind thought at the right time or having a sense of humor. Having weathered some

CHAPTER 1: NOT KNOWING

of the vicissitudes of life and learned from the hard knocks, a therapist gains practical experience that can serve every day as a basis for helping others. In each counseling situation, we bring everything we have learned to date as a resource. Many counselors decided upon a counseling career after having survived some ordeal or trauma that gave them some insight, inspiration, and/or courage to help others.

I believe that every client comes into our life for a reason, and that there is a lesson to be learned from each one. Perhaps we see a quality in them that we admire—their example of courage or perseverance, or how they arrived at a solution we had not thought of. On the other hand, I have had clients where the lesson was, “I am so glad I am not like that,” or “I can appreciate my life more, since I have not had to go through that.” Maybe our clients were placed into our lives to teach us some important lesson and not for us to impart some great wisdom to them. When we can share in their victories and gain a greater understanding of human nature; that is the joy of counseling.

There is sacredness in not knowing. It becomes our teacher, which compels us to have faith and to seek out knowledge. When we can be quiet and honor that part of ourselves, we can learn to hear the answers. This requires trust and going beyond our normal ways of processing. Additionally, when we can share in that space with our clients, it is a mutual experience of discovery in the ultimate experience of therapy, which has been expressed as being in the flow. In this place, there is no sense of you and me, but only us being, interacting, and discovering. It is not about me, the therapist, knowing, but rather it is two human beings coming together to explore their potentials. This is a paradigm shift from the traditional idea of counselor-client relationship.

What Makes a Good Counselor?

As a former director of a residential substance-abuse program, I once needed to find someone to do the maintenance of the facility. We had quite a few applicants and set out to interview the top five. Most of the applicants, in an attempt to get the job, indicated there was no job they did not know how to do. They were proficient in plumbing, electrical, carpentry, heating and air conditioning, landscaping, etc. However, one candidate indicated that while he knew a lot of things in these areas, there were things that he did not know and would have to

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consult with friends or colleagues. He also stated he did not think that he knew enough about heating and air to make any promises about that. We ended up hiring him, the main reason being that he was honest about his abilities, and he had the humility to admit that he did not have all the answers.

Just as there are factors other than *knowing* that are more important in choosing a maintenance man, the same is true for therapists. While knowledge is an important criterion for being a good therapist, there are other criteria that end up being as important or more important than the therapist's degrees or specialty. The main criterion is: What kind of person is this therapist?

A therapist is only as good a therapist as he is a person, so if we want to be a better therapist, we need to be a better person. In the final analysis, all we have to offer others is the quality of who we are as a person. If we are burned-out, frustrated, and over-worked,

that is what we are offering. If we are balanced, optimistic, and energetic, that is what we are offering. We have to be able to put aside our personal issues and feelings, so that we can be fully present with the clients. Not everyone has that ability. What I have found is that even if I am down or upset, once I connect with a client, my own problems seem miniscule.

So, what are some of the qualities of a good person that are also essential for being a good counselor? The most obvious are the ones cited by Carl Rogers—empathy, genuineness, and unconditional positive regard. These form the cornerstone of a solid therapeutic relationship. Often when a counselor I am supervising is having difficulty connecting with the client, these are the first areas to investigate.

Empathy

Suzanne came for counseling to deal with problems from her marriage. One of the points she described as a problem was that she was unhappy her husband bought her a new Lexus and expected her to drive it. This is a situation that would probably not elicit much empathy from most counselors, including myself—that is until I learned the circumstances behind it. Suzanne's husband was controlling and verbally

A therapist is only as good a therapist as he is a person, so if we want to be a better therapist, we need to be a better person.

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and physically abusive to her. He always wanted to know where she was. Part of the reason he had bought her a Lexus was so that he could trace her whereabouts on the car's GPS. Another was to prove to the neighbors and his relatives what a caring husband he was for "providing" such a wonderful car for his wife. Suzanne said she felt like she was being forced to drive a "lie," and besides, she was more of a Subaru-station-wagon type of person, especially with three kids.

The ability to empathize is obviously very high for people in the counseling profession. Sometimes the problem becomes being too empathetic and not establishing appropriate boundaries. This can lead to the counselor becoming overwhelmed, then distressed, and eventually experiencing burnout. Tania Singer at the Max Planck Institute for Human Cognitive and Brain Sciences wrote:

"Brain scans have shown that similar areas of the brain are activated both in the person who suffers and the one who feels empathy. So empathic suffering is a true experience of suffering, so in order to avoid this, we need to transform empathy into compassion. Compassion is a warm, caring emotion that does not involve feeling sadness if the other person is sad."

(Science 12 July 12 by Olivia Solon, <http://www.wired.co.uk/news/archive/2012-07/12/tania-singer-compassion-burnout>)

Empathy often results in taking on the other's pain as though it were your own. Compassion, on the other hand, is offering love and concern, but not absorb the other's pain. So, it is possible and even desirable to be compassionate.

Another problem with empathy is that the counselor can develop counter-transference in which the client's appearance, attitude, behavior, or beliefs are so repugnant or antithetical to the counselor's moral or ethical beliefs that empathy seems to not be possible. While driving down the street one day, I realized a way to help overcome this tendency to judge or inability to connect. I noticed a *bag lady* pushing a shopping cart with what appeared to be miscellaneous belongings. She was all dirty, bent over, had a tired, wrinkled face and scraggly hair. I thought, "Once this woman was a beautiful little baby; what happened to her in her life to cause her to end up in such a condition? Was the spark or remnants of that original soul still present in her? What had life dealt her that she ended up in this condition?"

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Since then, I see similar people on the street, and I am curious about that person's life story. I think how cruel life can be and wonder how this person has endured. This helps to create compassion instead of judgment. Now this may not be possible for all people. We all have our limitations as human beings, some of which are the result of personal trauma in our lives. There are counselors, for example, who cannot work with child sex abusers, especially if the counselors were abused as children. If you explore the abuser's histories, you discover, however, they too were victims. By cultivating an attitude of curiosity with the goal of understanding how this person became this way, it is possible to develop compassion, or at least to suspend judgment to render help to the person.

Genuineness

Sometimes it is difficult for the counselor to determine the balance between being genuine, saying what he truly thinks and feels (especially about the client), and being professional, which implies a certain detachment or air of authority, and therefore lack of genuineness. The goal is not to be popular with our clients, but be genuine and real.

Carl Rogers describes genuineness this way:

It means that within the relationship he is freely and deeply himself, with his actual experience accurately represented by his awareness of himself. It is the opposite of presenting a facade, either knowingly or unknowingly.

It is not necessary (nor is it possible) that the therapist be a paragon who exhibits this degree of integration, of wholeness, in every aspect of his life. It is sufficient that he is accurately himself in this hour of this relationship, that in this basic sense he is what he actually is, in this moment of time.

It should be clear that this includes being himself even in ways which are not regarded as ideal for psychotherapy. His experience may be "I am afraid of this client" or "My attention is so focused on my own problems that I can scarcely listen to him." If the therapist is not denying these feelings to awareness, but is able freely to be them (as well as being his other feelings), then the condition we have stated is met. Certainly, the aim is not for the therapist to express or talk out his own feelings,

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but primarily that he should not be deceiving the client as to himself.

(“The Necessary and Sufficient Conditions of Therapeutic Personality Change,” Rogers, Carl R., University of Chicago., 1957 Journal of Consulting Psychology, Vol. 21, pp. 95–103)

Clients often are very adept at picking up insincerity, phoniness, or haughtiness in some professionals. They are put off by it and feel demeaned by it. Genuineness, on the other hand, creates trust and gives credence to the words of the counselor. In such an environment, the counselor’s pronouncement of *not knowing* is usually met with understanding and respect, rather than disappointment and questioning the therapist’s ability or reliability.

All of this should be tempered considering the client’s personality and need. For instance, some narcissistic clients only value a therapist who will challenge them and “give them a go for their money.” They would not respect humility. Some oppositional clients may challenge your “lack of knowledge” and use it against you. There is no one approach that is suitable for all clients. One must develop the discernment and knowledge to know when to be and when not to be forthcoming.

Unconditional Positive Regard

We tend to *like* people who are *like* us. So, these two meanings of the word, *like*, reveal a connection or reality that we all experience. To connect with people who are unlike us without disliking them can be a challenge. Often when counselors are asked to describe the client they like to work with best, the profile is like the counselor’s. They are bright, articulate, well-dressed, verbal, interactive, and motivated. When asked to describe the client with whom they have the most trouble, they describe the opposite.

I had a fraternity brother whose favorite saying was, “You might not like ’em, but you gotta love ’em,” which I think is a wonderful attitude to develop unconditional positive regard. Nowhere does it say that you should like all the people you work with, and the reality is that there are some that you just won’t click with. But if you have the attitude of unconditional positive regard, you can find some quality in that person to like.

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Other Factors

In the development of the therapeutic relationship, a bond is created that helps to bridge the gap between those moments when the answer is not forthcoming. Building and maintaining that loving relationship is the safety net that fortifies the times of uncertainty, confusion, and temporary helplessness. The kind and depth of that relationship are based on the power of the therapist's self-knowledge, certainty, and personality. While the therapist has to have professional confidence, this needs to be balanced with a sense of humility. Being humble does not take away from a therapist's expertise; rather it can enhance the client's belief in the therapist's ability.

Ideally, the counselor is a model for the client. There is a Marshall McLuhan saying that was famous back in the 1960's: "The medium is the message." As a counselor, how you think, how you process situations, how you react or not, and how you express yourself are all part of the therapy and message to the client. You should model the most positive qualities—trustworthiness, integrity, patience, optimism, sincerity and a love for life. You show you are invested in the client by your innate curiosity about the client and his/her life, and your desire to learn and grow from any experience. You show by example how a person can operate out of love and not fear, and how to gain the peace that comes from learning to live with uncertainty and not having to have the answers.

You don't have to be super-human; you can exhibit vulnerability, frustration, disappointment, even anger, but always in a constructive therapeutic way, which means that you must put yourself aside and maintain a balance when expressing yourself, not at the expense of the client. Any self-disclosure or exposure you do should only be for the sake of moving the therapeutic process forward. You should set aside your own wounds from the past. If you are triggered by a client who cuts into your own emotional pain, then you need to seek out supervision and/or possibly get counseling for yourself.

Counseling is a matter of the sum total of what you bring to the table.

What do you bring to the table?

- What do you have that the client needs?
- What is your capacity as a human being?

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- To what extent is your life something people could model themselves after?

I often think when I am working with an adolescent or someone who is philosophically, culturally and demographically opposite me (young, Latino, female, for instance), what do I have to offer them? Even more importantly, what do I have that they want? My default is all the qualities stated above. Who, deep down, doesn't want more peace, hope, understanding, and love in their lives? Again, what I have to give is who I am as a person.

Not Knowing as a Door

I was reminded that of all the knowledge in the world, what we know is as infinitesimal as we are as a person. Someone said we are only one grain of sand on the beach of life. So how could we know everything? Well, you could say, "I don't need to know everything, just what is needed to help people who come to me for help." I attended a psychotherapy conference in Washington, D.C., where there was an exhibit hall with booksellers from many different psychological/counseling publishers. There were easily 1,000-2,000 different books there, and at least 50-75 books that looked so interesting, and I wished I knew the information in them—and those were only the ones in which I was interested! I realized there are tons of things I don't know and wish that I did. On the one hand, I could feel down on myself for not knowing all these things, or I could see it as "Life is a great experience of gaining knowledge, and look at all that I can still learn after 40+ years of doing therapy."

And so "not knowing" can be seen not as a wall, but as a door...to new learning.

CSI Detective

In a way being a therapist is like being a CSI detective, but instead of looking for answers through clues, the therapist looks for answers through the symptoms. Each client has a life, and if the story of that client's life was written down, it would be a 500, 1,000 or maybe even a 10,000-page book. As therapists, we only get to see a few paragraphs or maybe a few pages. If clients are in therapy for a longer time, we may get to see a whole chapter. So, in a way, we are

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shooting in the dark with their problems. But if we want to get to the source of a problem or to understand the dynamics that created the behavior, we need to explore where it originated.

And so, we become detectives not settling for superficial answers. We ask more probing questions such as:

- At what point did the client develop those traits? Why?
- Is the problem related to childhood trauma?
- Is it a brain disorder or learned behavior?
- Is it related to some belief the person developed at some event in his/her life?
- What is the client really angry about?
- What were the factors that went into that?

It takes an amazing curiosity and the perseverance of a detective to ferret out the nature and origins of these symptoms. It requires us to dig deeper and go beyond pat answers like,

“I’ve always been that way.” (Even as a baby?)

That’s just how I do things (Where and how did you learn to do that?)

I just don’t care (Why don’t you care? When and why did you stop caring?)

I don’t want to talk about it. (Okay, but just tell me why you don’t want to talk about it.)

With these kinds of statements or situations, it is helpful to keep asking, “... and why is that?” even if you just think it to yourself.

Bobby does not like school.

And why is that?

He doesn’t care about it.

And why is that?

He is not motivated to do well.

And why is that?”

He just gave up.

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And why is that?"

He got behind and never figured how to catch up.

And why is that?

He was sick in third grade and missed a lot of school. When he went back, he was way behind the others. He has never been able to make up the deficit.

So, the question, "And why is that?" had to be asked five times to get to the real reason. Being asked that question can be very irritating to the client, so you can mix it up with other statements or questions like:

- Tell me more about that.
- What's the reason behind that?
- How did that come about?
- What do you think caused that?
- What made you think that?
- I'm curious about how that happened.
- What's your guess about why that is?

Each response is designed to go deeper into the situation, until you can get to the core. In a way, what you are doing is sorting through symptoms as exemplified by the example above. I call this process breaking through the glass floor (which obviously is the opposite of the glass ceiling). By asking one more question, we bust through the *pat answers* to the next level and eventually to the root cause or causes.

One clue that you have not arrived at the core cause is if the answer contains the word, *just*. This is a dirty little four-letter word in the counseling lexicography. "He *just* wants attention," or "He is *just* being manipulative," are common examples. No one is ever *just* anything. *Just* in a sentence implies that the answer is simple, you have it figured out, and there is only one factor, and that automatically rules out others. Human behavior is way too complex to think a person's problem is the result of one factor. Even if a situation could be reduced to a *just* statement, it does not lead to any solution. For example, if a client is ascertained to be "*just* faking it," how does that help in determining the corrective? It may sound astute, but it is not helpful. Why is he faking

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it? Why does he feel like he needs to fake it? Why and when did he start faking it? What is the payoff for faking it? What are some alternatives that would work besides faking it? These are the kinds of questions the detective/counselor might use.

A New Way to See Failure

Counselors may think that their not knowing what to do in any particular situation means they are a failure. But there is a saying in Neuro-Linguistic Programming (*NLP, the science of modeling and treating the patterns of human behavior*) that states, “There is no failure, only feedback.” Basically, what that means is that if you try something and it does not work, this is just feedback that it is not working, and you need to do something else.

I learned of a local private school that does not fail any student. And the school doesn't promote students onto the next grade, if they can't keep up. Rather, students are given a unit of information to study and then tested when they feel ready to take the test. If they get an 80% or more on the test, they go on to the next unit of study. If they made only 60%, for example, this does not mean they failed, but the score indicates there is 40% of the material they have not yet mastered. This way the test is a feedback mechanism of what they did not understand. They are then given the material to re-study and keep taking the test until they reach 80%, and then they can go to the next section. This way they are not forced to go on to harder concepts having not understood the simpler ones. This approach takes into consideration that not everyone learns at the same rate, and students have differing abilities to master different subjects. So, the test is not set up as a situation for the student to fail; it is only a feedback instrument. “You have not learned this yet. This is the part you do not know. Try again.” This more enlightened way of teaching is being incorporated into software teaching programs, such as Aleks©, which embraces this model of teaching.

How is this relevant to counseling? If a counselor chooses a particular intervention or assignment for a client and it does not work, or the client does not do it, that does not mean the therapist, the client, or the assignment were failures. Rather, there are several alternate things that it can mean:

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- The client was not ready to do this process at this point in the therapy.
- The client did not see the relevance or the validity in it.
- It was too difficult for the client.
- It was not what the client needed.
- The client had other priorities.
- The client was inexperienced and did not have the self-confidence to complete it.
- The therapist did not adequately communicate the purpose of it.
- The therapist did not communicate clearly the nature or directions of the assignment.
- It was not what was needed at this point in the therapeutic process.

So, if one has an attitude of curiosity instead of self-defeat, the “failures” can often reveal as much or more about the client, than if the assignment had been completed.

Surrender

Counseling sometimes seems like a thankless profession. There are periods of time in which it seems like we pour our hearts out, rack our brains, come up with brilliant solutions and great wisdom, and we’re not sure anyone hears us or is affected by our efforts. Early on in my counseling career if I had a good session, I would feel good about myself, and then I would have a good day. But if I had a bad session, I would feel terrible about myself and think that I had no business doing therapy, and it would ruin my day. Since I was new and my batting average was not so good, I seriously considered switching to physical therapy as a profession. My reasoning was that if someone came in with pain, and I did physical therapy on it, they would leave without the pain, hence I would get immediate feedback. In counseling, however, it seemed like the client comes in with pain and leaves either still having the pain, or even if it had been abated, I did not know it. I felt like I could not tell whether I’d helped him or not. I didn’t realize that change is often *slow and subtle*.

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But I hung in there, and soon former clients would come up to me in the grocery store or library and share how their lives had changed due to the therapy and what I had told them. Naturally, I was always curious about what I said that was so great ... so I could use it on more clients. They would tell me, and I would think, “Gee, I said that to a hundred people, but it didn't change their lives ...that I know of.”

Sometimes I would have what I considered a terrible session—feeling lost most of the time and like I had failed the client—and then the client would come back the next week and tell me how wonderful the session was, and how it changed their whole outlook on life. Other times, I would feel like it'd been *a masterful session*, and I was so proud of the work I had done, and the client never came back. I realized it was different strokes for different folks, and all I can do is put forth the effort, and understand the results are not in my hands.

I realized what I could do was to attend to each client, be sincere and caring, giving each one my fullest attention and energy, and surrendering the outcome to my Higher Power or God. Many times, a client had come to the session in crisis, and we would try to resolve it. I would do my best to help always wondering, “Could I have done more?” “Do I really know what I'm doing in this case?” “Am I missing something,” or dozens of other doubts. But by the end of the session as they were leaving, I would look up and think. “God, they are in your hands now. I did all that I knew what to do today. Bestow grace upon them.”

I learned how important it was not to let my ego get all wrapped up in the outcomes of the sessions. It also allowed me to go home at night and not obsess about what would happen. This is not to say that I didn't have second thoughts or wouldn't try to review the session to analyze what I could have done better. It was that I learned to accept and let go, and it was okay not to always know.

ABOUT THE AUTHOR



JON WINDER IS A CLINICIAN, author, consultant, and lecturer. He is recognized for his practical and sensitive approach to counseling.

He graduated from the University of Florida, where he got his Masters Degree in Rehabilitation Counseling. He is a Licensed Professional Counselor and a Licensed Substance Abuse Practitioner and has been in private practice for over thirty years. He has been a clinician and consultant in addictions and mental health for over forty years. Previously, he was Clinical Coordinator of the Adolescent Drug Treatment Program for Central Virginia Community Services and is past director of the Arise Residential Center, a residential drug treatment program.

Mr. Winder has given many seminars to other professionals on addiction, families, childhood trauma, and clinical practices and supervised over 40 people for licensure. He has presented workshops and training locally, nationally and internationally. In 2001 he presented at the American Counseling Association Conference in New Orleans. In 2012 he conducted a 3-day workshop in Mauritania Africa on “High Risk Youth and Resiliency.”