

How to fail as a Therapist!

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Takes his Work seriously but not
himself.

Voltaire: The Art of Medicine is
keeping the patient amused until

Nature effects a Cure

- Most outcome studies note that 50% of patients experience **Spontaneous Recovery**
- So the therapist must work at mucking up the Nature's good work

Anxiety

- It is always good to sit totally stone faced with flat affect. This increases the patient's anxiety thus confirming that they are sick and out of control. Always bring up payment quickly

It is good to have a Central Pathway of Unusable Ideas

- 1) insist that the presenting problem is just a **Symptom** for the underlying disorder. (**what is an overlying disorder?**)
- 2) refuse to treat the presenting problem..insist that all symptoms have “roots”
- 3)Insist that relieving the presenting problem will give rise to “worst problems” so “work these through”.

Diagnosis? Huh?

- It is important to confuse the diagnosis with the therapy! WE all know that “borderlines” & “alcoholics” can’t change...self fulfilling prediction...’sides the “problem” would only go into remission anyway!

Only One WAY!!!

- Place extreme emphasis on only one mode of treatment! Similar to only one True Religion or political party or one car dealership (“Dad will do it!”)

Maintain an ambiguous theory

- E.G. an increase of alcohol allows the Id to overcome his Super Ego thus allowing the Inner Child to have a tantrum thus kicking the **&^^! Out of the wife and kids.
- (ah, ever think of not drinking....things do get better)...”but, but, Dr., what about the underlying reasons?” (genetics and chemistry?)

Never get pinned down

- By maintaining a therapeutic position of “Na, an, you can’t touch me!” reinforces the patient’s poor self image that “he/she can’t figure out the obvious”. Such a neat move thus insures more sessions and the therapeutic alliance with his/her Blue Cross/Blue Shield.

To aid in this approach

- It is always useful to bring the Unconscious (hypothetical entity) into the Conscious (another hypothetical entity) to “see” things in relations to the past traumas of 30 years ago.
- Wrestling with these concepts ensures another 20 sessions unless those pesky EAPs cap your needed sessions.

“Gee, how long, Dr.”

- “Ah, my simple patient, long enough to treat you adequately.” “Doesn't Cancer or other illness take time to treat?”
- Thus supporting our public approach that mental illness really really is a disease but don't ask for outcome studies! Or double blind studies!

Danger of going to fast!

- Restrain the patient from "fleeing into health" (**Spontaneous Recovery**). Give dire warnings of possible worst things happening thus creating the useful idea to look for bad events which they will then find with this fearful anxiety & distorted perception. (hide those nasty studies of people on waiting lists get better too!)

People love their miserable pasts!

- A therapist should always focus on the Past. The patient comes to you already feeling helpless so why upset their homeostatic balance!
- (Besides blaming the Past shields against taking self responsibility today! The excuse of Abuse!....” My mother didn’t give me a birthday party so I blow our household money today.”

Interpret with purpose

- Good idea to interpret what is most unsavory in the patient thus creating guilt/shame which will take years of therapy to resolve.
- Then guilt can be instilled by pointing out that “good patients” usually resolve such issues in months but yours will take longer.

The Importance of Fantasy

- It is vital importance of past abuse, inner dynamics, & fantasy life. This form of mental masturbation, while exciting, is not very productive and shields this “tender ego” from the reality of World, e.g. get a job, be nice, stop whining, help another. Fantasy and blaming is far more exciting.

Antidote

- There is a God and I am not Him/Her/Higher Power
- If I walk on Water then remember that C*** also floats!
- We are the same, equal, and different. (Adler)
- Just another Bozo on the Bus

Follow-Ups? AAARGH!

- Follow-ups are to be avoided at all costs. Such an activity would require Accountability, Humility, and possible loss of income.

Office Art

- Most therapists find it useful to set ourselves One-Up by displaying elaborate diplomas (e.g. grade school diplomas), tasteful but confusing art without focus. My Self? I have on my book shelf the Baltimore Blue Catechism for my Catholic patients, next to a Bible for my Protestants, Book of Mormon just in case, and topped off with Prayer Beads for my Unitarian patients.

Healing Factors

- Humility
- Accountability
- Honesty
- Connectiveness

Power Tactics of Jesus Christ

- Jay Haley.....1986...Triangle Press

Persuasion & Healing

- Jerome Frank, PhD, MD & Julia Frank, MD
- Classic work...revised....good therapists behave in the same manner regardless of theoretical perspective....Poor therapist behave in the same manner regardless of theoretical perspective.

How to Fail as a Therapist

- Subtitle (50 ways to lose or damage your patients)
- Bernard Schwartz, PhD.
- No relative, i.e.. better looking, lives in California, has more money, but not any smarter! (OK, OK, I am a bit envious!)

House of Cards

- Or Psychology and Psychotherapy built on Myth....Robyn M. Dawes...Cavenah's required reading for supervisees.
- When ideas go unexamined & unchallenged for a long time, certain things happen.
- They become mythological, and they become very, very powerful.

Witchdoctors & Psychiatrists by E. Fuller Torrey, MD

- And Shaman & other psychotherapists.
- Out of print, available used...excellent book based on Torrey's NIMH grant to study other cultures...we do much of the same! One wears feathers, the other golf hats, one has shrunken heads on the walls, the other has diplomas.