

Instructor's Manual

for

**COUNSELING &
PSYCHOTHERAPY
THEORIES:
IN CONTEXT AND
PRACTICE**

with

**JOHN SOMMERS-FLANAGAN
AND RITA SOMMERS-FLANAGAN**

Manual by

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psychotherapy.net

The *Instructor's Manual* accompanies the video *Counseling & Psychotherapy Theories: In Context and Practice with John Sommers-Flanagan and Rita Sommers-Flanagan* (Institutional/Instructor's Version). Video available at www.psychotherapy.net.

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Published by Psychotherapy.net

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Shirin Shoai, MA

Counseling & Psychotherapy Theories: In Context and Practice with John Sommers-Flanagan and Rita Sommers-Flanagan

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Instructor's Manual for

COUNSELING & PSYCHOTHERAPY THEORIES: IN CONTEXT AND PRACTICE WITH JOHN SOMMERS-FLANAGAN AND RITA SOMMERS-FLANAGAN

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Tips for Making the Best Use of the Video

1. USE THE TRANSCRIPTS

Make notes in the video **Transcript** for future reference; the next time you show the video you will have them available. Highlight or notate key moments in the video to better facilitate discussion during and after the video.

2. FACILITATE DISCUSSION

Pause the video at different points to elicit viewers' observations and reactions to the concepts presented. The **Discussion Questions** sections provide ideas about key points that can stimulate rich discussions and learning.

3. ENCOURAGE SHARING OF OPINIONS

Encourage viewers to voice their opinions. What are viewers' impressions of what is presented in the interviews?

4. CONDUCT A ROLE-PLAY

The **Role-Play** sections guide you through exercises you can assign to your students in the classroom or training session.

5. SUGGEST READINGS TO ENRICH VIDEO MATERIAL

Assign readings from **Related Websites, Videos and Further Reading** prior to or after viewing.

6. ASSIGN A REACTION PAPER

See suggestions in the **Reaction Paper** section.

PERSPECTIVE ON VIDEOS AND THE PERSONALITY OF THE CLINICIAN

Psychotherapy portrayed in videos is less off-the-cuff than therapy in practice. Clinicians may feel put on the spot to offer a good demonstration, and clients can be self-conscious in front of a camera. Clinicians often move more quickly than they would in everyday practice to demonstrate a particular technique. Despite these factors, counselors and clients on video can engage in a realistic session that conveys a wealth of information not contained in books or therapy transcripts: body language, tone of voice, facial expression, rhythm of the interaction, quality of the alliance—all aspects of the therapeutic relationship that are unique to an interpersonal encounter.

Psychotherapy is an intensely private matter. Unlike the training in other professions, students and practitioners rarely have an opportunity to see their mentors at work. But watching therapy on video is the next best thing.

One more note: The personal style of therapists is often as important as their techniques and theories. Counselors are usually drawn to approaches that mesh well with their own personality. Thus, while we can certainly pick up ideas from master clinicians, students and trainees must make the best use of relevant theory, technique and research that fits their own personal style and the needs of their clients.

PRIVACY AND CONFIDENTIALITY

Because this video contains actual counseling sessions, please take care to protect the privacy and confidentiality of the clients who have courageously shared their personal lives with us.

The Sommers-Flanagans' Approach to Counseling and Psychotherapy Theories*

The study of counseling and psychotherapy encompasses a wide array of theoretical approaches, each with its own history, focus, strategies, and techniques. An overview of the basic tenets and interventions of an approach can support beginning therapists in their understanding of the counseling field as a whole, and their individual leanings toward a particular orientation.

In this video, John Sommers-Flanagan and Rita Sommers-Flanagan present eleven different theory-based orientations, with extended case demonstrations featuring actual clients and clinicians.

Psychoanalytic (or psychodynamic) therapy

Psychoanalytic or psychodynamic psychotherapy is a form of clinical practice based on psychoanalytic theory and principles. These multiple theories focus on increasing self-understanding and deepening insight into emotional issues and conflicts that underlie the presenting difficulties.

Typically, therapists pay particular attention to the exploration of unconscious thoughts and feelings, understanding aspects of the relationship between therapist and client—which may relate to underlying emotional conflicts—interpretation of defensive processes that obstruct emotional awareness, and consideration of issues related to one's sense of self and self-esteem. The focus is on exploration of the patient's inner experience, emphasizing this as it occurs in current daily life, as it carries over from significant and influential events and relationships of the past, and as it manifests in the context of the therapeutic relationship.

Adlerian therapy

Adlerian therapy is a “highly practical” precursor to cognitive-behavioral therapy (see below) that emphasizes an individual's characteristic ways of moving through the specific world, or context, in which they live. It

presumes that people who seek therapy are discouraged rather than sick, and that they seek to make decisions and reach goals that will facilitate their growth.

Adlerian therapy emphasizes thorough assessment of clients' birth order, family relationships, and early memories as a vehicle through which to gain understanding of clients' individual ways of approaching the world—what Adlerians call “lifestyle.”

Starting with an interview process that delineates the phenomenological perceptions of the family system (that is, a description of what Adler called the family constellation), modern Adlerian family therapy is designed to recognize and disclose the mistaken goals involved in adult-child interactions.

Existential therapy

Existential therapy focuses on meaning. The job of the therapist is to listen for what is important or meaningful to the client, supporting the development of self-awareness and a life lived authentically even in the face of death, illness, or other life concerns. Therapists work from an I-Thou perspective, one of deep respect of the other while remaining genuine and spontaneous.

Existential therapy emphasizes clients' process over the content of their words. The goal of such process comments is to help clients increase awareness of their own experience, including restrictive patterns and habits, so they can access more of themselves, make choices about their feelings and behavior (rather than being on automatic pilot), and ultimately live life more fully.

Person-centered therapy

Person-centered psychotherapy (also known as client-centered or Rogerian therapy) is a form of talk therapy developed by Carl Rogers in the 1940s and 1950s. Congruence, unconditional positive regard, and empathic understanding are the three core conditions of the person-centered approach to psychotherapy. For the person-centered therapist,

it's necessary and sufficient to adopt three core conditions—attitudes of empathy, congruence and unconditional positive regard—that lead to the emergence of the self. The purpose of this form of therapy is to increase a person's feelings of self-worth, reduce the level of incongruence between the ideal and actual self, and help a person become more fully functioning.

Gestalt therapy

Gestalt therapy is a phenomenological-existential therapy developed by Frederick (Fritz) and Laura Perls in the 1940s. It teaches therapists and patients the phenomenological method of awareness and direct experience, in which perceiving, feeling, and acting “in the now” are distinguished from interpreting and reshuffling preexisting attitudes. The goal is for clients to become aware of what they are doing, how they are doing it, and how they can change themselves, and, at the same time, to learn to accept and value themselves.

Awareness is accompanied by owning, that is, the process of knowing one's control over, choice of, and responsibility for one's own behavior and feelings. Without this, the person may be vigilant to experience and life space, but not to what power he or she has and does not have.

All techniques of patient focusing are elaborations of the question, “What are you aware of (experiencing) now?” and the instruction, “Try this experiment and see what you become aware of (experience) or learn.” A frequent technique is to follow an awareness report with the instruction to “stay with it” or “feel it out.” Additional techniques include enactments, exaggerations, the “empty chair” technique, body and “contact boundary” awareness, and therapist self-disclosure.

Behavior therapy

Behavior therapy is focused on helping an individual understand how changing their behavior can lead to changes in how they are feeling. The goal of behavior therapy is usually focused on using natural incentives to increase engagement in positive or socially reinforcing activities. In general, behavior therapy is seen as having three distinct points of origin: South Africa (Joseph Wolpe), The United States (B.F. Skinner),

and the United Kingdom (Stanley Rachman and Hans Eysenck). Each had its own distinct approach to viewing behavior problems. Skinner's group took more of an "operant conditioning" focus, which created a functional approach to assessment and interventions focused on contingency management such as the token economy and behavioral activation.

Behavior therapy is a structured approach that carefully measures what the person is doing and then seeks to increase chances for positive experience. With a focus on rewards—reinforcers that create and maintain positive behavior—and appropriate punishments that reduce the rate of maladaptive behavior, behavior therapy is well suited to clients needing to make significant, rather quick behavioral changes.

Most behavior therapists use objective assessment methods like structured interviews, objective psychological tests or different behavioral rating forms. When making a behavioral assessment the behavior therapist wants to answer two questions: (1) what are the different factors (environmental or psychological) that are maintaining the maladaptive behavior and (2) what type of behavior therapy or technique that can help the individual improve most effectively. By having this baseline, as therapy continues this same measure can be used to check a client's progress, which can help determine if the therapy is working. Most behavior therapists now acknowledge and work with cognition.

Cognitive-behavioral therapy (CBT)

Cognitive-Behavioral Therapy (CBT) is a general classification of psychotherapy, and several approaches to CBT fall within this classification, including Rational Emotive Behavior Therapy, Cognitive Therapy, Rational Behavior Therapy, Rational Living Therapy, Schema Focused Therapy, and Dialectical Behavior Therapy. Each approach has its own developmental history.

The first discrete, intentionally therapeutic approach to CBT to be developed was Rational Emotive Therapy (RET), which was originated by Albert Ellis, Ph.D. in the mid-1950s. In the 1990s Ellis renamed his

approach Rational Emotive Behavior Therapy. In the 1960s, Aaron Beck, M.D. developed his approach called Cognitive Therapy. Beck's approach became known for its effective treatment of depression.

Today, CBT comprises a variety of procedures, such as cognitive restructuring, stress inoculation training, problem solving, skills training, relaxation training, and others. In this video, John Sommers-Flanagan uses the three-column and double-standard techniques, chasing cognitive distortions, and other interventions to uncover helpful and unhelpful thoughts impacting behavior.

Reality therapy

Reality Therapy is based on Choice Theory, which was developed by William Glasser, MD, during the second half of the 20th century. Meanwhile, Robert Wubbolding introduced the WDEP (Want, Doing, Evaluation, Plan) system to the approach. Reality therapists strive to remain nonjudgmental and they encourage clients to ask themselves whether specific behaviors are moving them towards their goals. Because connected relationships with others are of vital importance, goals pertaining to relatedness behaviors are often a significant part of Reality Therapy. Reality therapists tend to be directive. They help clients develop specific, workable plans for change. Because of its pragmatic approach to problems, Reality Therapy has often been used for couples, family, and school counseling.

Feminist therapy

Feminist psychotherapy grew out of the American women's movement of the 1960s, with no single founder but major contributions from Jean Miller, Carolyn Enns, Olivia Espin, and Laura Brown. The model stems from a critique of power and oppression in Western culture, and focuses on maintaining a sense of egalitarianism in the relationship between therapist and client. The therapist doesn't try to be a blank screen, and, in fact, endeavors to do the opposite by putting his or her values on the table and allowing the client to relate as a person. This model allows an opportunity for both men and women, who have typically not had their strengths valued by their families and by the culture in general, to build

on their strengths and inner resources toward higher self-esteem and personal empowerment.

Solution-focused therapy

The solution-focused approach is founded on the premise that clients come to us equipped with solutions to their problems. Insoo Kim Berg is one of the model's pioneers and the founder of brief solution-focused psychotherapy. Under this approach, it is the therapist's role to guide clients towards their own strengths and resources to solve the problem. Listening remains one of the approach's chief techniques. The therapist responds to clients using their words, carefully tracking how they talk about their problems, and mirroring back the strengths and skills they already possess. Other techniques, like The Miracle Question, Scaling, and Exceptions, help clients assess their situations and get to the solutions behind their problems.

The approach can be used in one session, leaving clients with a greater sense of confidence in their ability to solve problems and develop solutions, or a longer course of therapy where skills are built up and applied in many situations. One of the most important tenets of Berg's approach is to leave all this up to the client to decide, since they are the experts on their case.

Family counseling (systems) therapy

Family systems therapy arose during the early and mid-20th century, with a "golden age" in the 1970s and '80s based in part on the pioneering work of Nathan Ackerman, Virginia Satir, and Salvador Minuchin. Rather than viewing problems as belonging to the individual, the family systems therapist sees problems as created and maintained by and for the family as a whole. Family systems therapy, then, is not just a set of techniques, but a way of thinking about the world. The significance of human behavior must always be understood within a relational context. That contextual frame includes not only our family relationships, but also the dynamic web of overlapping social and cultural systems such as race, class and gender.

Relationships, interactions, and context are critical issues for a family systems therapist. Clinicians may begin with the symptom or presenting problem and then seek to understand who else is connected to it, using a variety of techniques including the family sculpt. From the perspective that if we change the family's dynamics, we can then address individual members' symptoms, family systems therapy explores the values, beliefs, and construction of meaning within larger family and cultural systems.

According to the Sommers-Flanagans, at the core of each orientation are fundamental beliefs about the meaning of life and the ways people change—so, approaches that may look similar to one another in practice originate from a different perspective on what drives therapy. As you watch the video, consider the interventions shown within the context of each theory, with an eye toward how the theory may apply to the particular client featured.

* Adapted from

http://www.apsa.org/About_Psychoanalysis/Psychoanalytic_Psychotherapy.aspx

<http://psychcentral.com/lib/about-behavior-therapy/000669>

http://en.wikipedia.org/wiki/Behavior_therapy

Sommers-Flanagan, J., and R. Sommers-Flanagan. 2012. Counseling and Psychotherapy: In Context and Practice, 2nd ed. Hoboken, NJ: John Wiley & Sons.

<http://nacbt.org/historyofcft.htm>

<http://bpatterson01.blogspot.com/2012/06/feminist-therapy.html>

Discussion Questions

Professors, training directors and facilitators may use some or all of these discussion questions, depending on what aspects of the video are most relevant to the audience.

PSYCHOANALYTIC APPROACHES

1. **Exploring the past:** What do you think of the way John persists in asking Sarah for early-life examples of her anxiety? What arises in you as she responds to this line of questioning? In your own work with clients, do you emphasize past experiences? Would you go in a different direction with Sarah?
2. **Impression of the model:** What do you think of the psychoanalytic/psychodynamic approach? Does it fit your clinical style? What are the pros and cons in your view?
3. **The unconscious mind:** Do you believe in the existence of an unconscious mind? If so, how do you utilize it in your work with clients? If not, why not?

ADLERIAN THERAPY

3. **Child therapy:** Have you worked with children in your practice? If so, what approach(es) did you use? In what ways does therapy with children differ from therapy with adults? Would you choose this modality for Clayton? Why or why not?
4. **The family constellation interview:** Have you conducted family constellation interviews? What do you think is the purpose of the series of questions John asks Clayton? How do you think Clayton is feeling during the interview? Can you think of other ways to get this information?
5. **Hand-pushing game:** What did you notice about John and Clayton's relationship during the hand-pushing game? Did you think it was an effective way of getting Clayton to understand his relationship with his brother? Was it more or less effective than the earlier interview? Why or why not?

EXISTENTIAL THERAPY

6. **Nondirective opening:** Nilda begins the session by asking Peggy, “Where do you want to go?” What effects do you think open-ended questions have on clients? Would this vary? Do you prefer a more nondirective or more directive approach?
7. **“Gifted child me”:** During the session, Peggy mentions a “baby me” and a “gifted child me.” What are your thoughts on the way Nilda worked with these parts? Have you ever explored parts with clients in this way? Would you? Why or why not?
8. **Somatic tracking:** Do you use somatic interventions with clients like body scans, feeling emotions in the body, etc.? When would this be helpful or not? How do you think Peggy responds to this invitation?

PERSON-CENTERED THERAPY

9. **Talkative clients:** How do you internally react to more talkative clients? Do you find such clients easier or more difficult to connect with? Do you think Michael felt connected to Rita during the session? Why or why not? Did this change? How can you tell?
10. **Rogerian therapy:** Do you agree with Carl Rogers that the relationship between therapist and client is what leads to change? Why or why not? What are your thoughts on Rogers’ core conditions? In your view, are there important therapeutic elements that this theory doesn’t address?

GESTALT THERAPY

11. **The empty chair:** How would you feel about conducting empty chair work with clients? What did you notice about the way Sydney spoke with his anxiety? Can you think of alternate ways to help clients understand their internal conflicts?
12. **Dreamwork:** What do you think of the Gestalt way of working with dreams? Do you have a preferred way of working with dreams? Think back to a dream one of your clients presented and how you worked with it.

BEHAVIORAL THERAPY

13. **Worksheets:** What are your thoughts on the use of worksheets in behavioral therapy? Do you use them in your client work? Why or why not? What effects do you think this has on the therapeutic relationship?
14. **Psychoeducation:** What effect do you think Selena's psychoeducation had on Brittnay? With clients in general? Is psychoeducation more important in behavioral therapy than in other approaches? Why or why not?

COGNITIVE-BEHAVIORAL THERAPY

15. **Client affect:** What did you notice about Meredith's affect throughout the session? As she was doing the best friend exercise? Do you think CBT will be effective for her? Do you address affect with clients?
16. **Focus on thoughts:** Do you agree that changing one's thinking leads to a change in emotional state? Why or why not? Has this been true in your experience with clients? In your own experience? Could this relationship be conceived of differently? In what ways?

REALITY THERAPY

17. **Confrontation:** John tells Sidra it's his "job to be pushy" regarding getting her to exercise for her back and keeping the session focused. How does this confrontational stance feel to you? Do you prefer less directive responses? Have you been "pushy" with clients? If so, how did it go?
18. **Client "resistance":** Given Sidra's challenges around stabilizing her bedtime, how does reality therapy alter your view of client resistance, if at all? How have you worked with resistant or discouraged clients? What kinds of techniques and interventions did you use with them to get them to engage more? What worked? What didn't work?
19. **Future impact:** Do you believe Sidra will change her behavior as a result of this therapy? What did you notice about the session that tells you this?

FEMINIST THERAPY

20. **Feminine identity:** Do you see feminine identity as culturally determined? To what extent? How might your beliefs impact your work with clients, both male and female? Would you address this stance implicitly or explicitly?
21. **Internalized culture:** Do you believe that therapy can or should be a means of social change? How does this fit with your own thoughts about the purpose of counseling?
22. **Friend or therapist?** Rita is very conversational with Amanda, almost like friends. What reactions did you have to this more relaxed style? What other ways do therapists bring themselves into the therapy relationship? Do you tend to be more or less self-disclosing with clients? What aspects of yourself and your values would you share with them?

SOLUTION-FOCUSED THERAPY

23. **Scaling:** What are your thoughts on Chi's use of progressive scaling with Tesla's feelings of guilt? Have you used scaling with your own clients? Was it for assessment purposes, intervention, or both?
24. **Solutions focus:** How did you react to Chi's solution-oriented style of inquiry? In your view, is anything important missing from this approach? What would you describe as the main difference between this approach and more psychodynamic ones? Are there similarities? Would you consider your clinical work to be solution focused? If not, why not?

FAMILY SYSTEMS THERAPY

24. **Family sculpting:** Have you conducted or participated in a sculpt? What was the experience like? How might it produce a different response than other methods?
25. **Therapeutic alliance:** What did you observe about Kirsten's rapport with the various family members? How was she able to deepen engagement with Braden and Tanner during the sculpt?
26. **Family treatment:** Have you ever conducted family therapy? Did it make you more or less inclined to work with families and

partners? What were the particular challenges you faced? Was it more engaging than individual therapy? Why or why not?

CONCLUSION

26. **Working style:** Which of the featured therapists most matches your own style of working? Which least resonates? In what ways? Which type of therapist would you most like to have? Why?
27. **Personal reaction:** Which of the featured models most resonated with your own attitudes toward therapy? Which ones least resonated? In what ways? How do you plan to incorporate the theories presented into your work?

Role Plays

After watching the video and reviewing “The Sommers-Flanagans’ Approach to Counseling and Psychotherapy Theories” in this manual, break participants into groups of two and have them role-play a brief session between a therapist and client in which the therapist practices the stance, strategies, and techniques based on one or more of the theoretical models presented in this section.

One person will start out as the therapist and the other person will be the client, and then invite participants to switch roles. The first therapist will focus on just one of the eleven approaches, and upon switching roles, the second therapist may choose a different approach if desired. Clients may play themselves, or role-play a client from the video, a client or friend of their own, or they can completely make it up. The primary emphasis here is on giving the therapist an opportunity to practice leading a session based on one of the eleven theoretical models discussed, and on giving the client an opportunity to see what it feels like to participate in this type of therapy.

After the role-plays, have the groups come together to discuss their experiences. What did participants learn about the chosen approach? Invite the clients to talk about what it was like to role-play someone being worked with and how they felt about the particular approach. How did they feel in relation to the therapist? What worked and didn’t work for them during the session? Did they feel any defensiveness or other resistance arise? Then, invite the therapists to talk about their experiences: How did it feel to facilitate the session? Did they have difficulty sticking to this type of orientation? Which type of interventions did they gravitate toward? Which did they tend to avoid? What would they do differently if they did it again? Finally, open up a general discussion of what participants learned about the various counseling theories.

An alternative is to do this role-play in front of the whole group with one therapist and one client. The therapist can use the role-play to focus on one type of orientation, telling the instructor but not the client or the group. The group can observe the session and,

afterward, make guesses about the approach presented. Follow up with a discussion on what participants learned about the approach and techniques, as presented by the Sommers-Flanagans.

Reaction Paper for Classes and Training

Video: *Counseling Theories: In Context and Practice with John Sommers-Flanagan and Rita Sommers-Flanagan*

- **Assignment:** Complete this reaction paper and return it by the date noted by the facilitator.
- **Suggestions for Viewers:** Take notes on these questions while viewing the video and complete the reaction paper afterwards. Respond to each question below.
- **Length and Style:** 2-4 pages double-spaced. Be brief and concise. Do NOT provide a full synopsis of the video. This is meant to be a brief reaction paper that you write soon after watching the video—we want your ideas and reactions.

What to Write: Respond to the following questions in your reaction paper::

1. **Key points:** What important points did you learn about the 11 theories presented in the video? What stands out to you about the topics covered?
2. **What I found most helpful:** As a therapist, what was most beneficial to you about the techniques presented? What tools or perspectives did you find helpful and might you use in your own work? What challenged you to think about something in a new way?
3. **What does not make sense:** What principles/techniques/interventions did not make sense to you? Did anything push your buttons or bring about a sense of resistance in you, or just not fit with your own style of working?
4. **How I would do it differently:** What might you do differently from the featured therapists when starting work with clients? Be specific about what different approaches, interventions and techniques you would apply.
5. **Other questions/reactions:** What questions or reactions did you have as you viewed the therapy sessions with the clinicians in the video? Other comments, thoughts or feelings?

Related Websites, Videos and Further Reading

WEB RESOURCES

John Sommers-Flanagan's Official Website

<http://johnsommersflanagan.com>

North American Society of Adlerian Psychology

www.alfredadler.org

Louis Hoffman's Existential Therapy Website

<http://existential-therapy.com>

Carl Rogers.info: Resources for Students, Researchers, and Practitioners

www.carlrogers.info

ADPCA: Association for the Development of the Person-Centered Approach

www.adpca.org

The Gestalt Therapy Page

www.gestalt.org

National Association of Cognitive-Behavioral Therapists

www.nacbt.org

Wubbolding's Center for Reality Therapy

www.realitytherapywub.com

The Feminist Therapy Institute

www.feminist-therapy-institute.org

The Solution Focused Brief Therapy Association

www.sfbta.org

Psychotherapy.net Interview with Kenneth Hardy

<http://www.psychotherapy.net/interview/kenneth-hardy>

American Counseling Association

www.counseling.org

RELATED VIDEOS AVAILABLE AT WWW.PSYCHOTHERAPY.NET

Becoming a Therapist: Inside the Learning Curve with Erik Sween

Adlerian Therapy with Jon Carlson, PsyD, EdD

Existential-Humanistic Therapy with James Bugental, PhD

Carl Rogers: A Daughter's Tribute

Psychotherapy with the Unmotivated Patient, with Erving Polster

Cognitive-Behavioral Therapy with Donald Meichenbaum, PhD

Reality Therapy with Robert E. Wubbolding, EdD

Feminist Therapy with Lenore Walker, EdD

Solution-Focused Therapy with Insoo Kim Berg, MSSW

Family Systems Therapy with Kenneth V. Hardy, PhD

The Therapeutic Relationship, Individualized Treatment and Other Keys to Successful Psychotherapy with John C. Norcross

RECOMMENDED READINGS

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Complete Transcript

JOHN: Hi. I'm John Sommers-Flanagan.

RITA: And I'm Rita Sommers-Flanagan. And we're really excited to welcome you to this DVD.

JOHN: The DVD has clips from 11 different theory-based counseling sessions. On the one end, we begin with psychoanalytic theory, and on the other end, we finish with family systems approaches. And you know, Rita, one of the things I like the best about the DVD is that we feature real people with real problems.

RITA: Mm-hmm. In fact, we involved six different professionals—of course two of those are us. But four colleagues joined us, and like you said, it's real people with real problems. It's not scripted.

JOHN: And not being scripted means that mistakes were made and that no one on the DVD is perfect.

RITA: Right. And of course, we can't show you a whole theory in action. In fact, if you just dropped into a session somewhere in the United States at any time in any moment, you wouldn't necessarily be able to tell what theory was involved in that session. In fact, I really like, John, how you've explained that to some of the students.

JOHN: Right. I think one thing that helps is to notice that each theoretical perspective has a different listening focus.

RITA: Mm-hmm.

JOHN: For example, if I'm doing the psychoanalytic work, I'm going to focus on different things while I'm listening than if I'm doing CBT or reality therapy. In addition, each theoretical model has different strategies and techniques that are linked to the model. And so in the DVD, we try to feature the listening focus as well as the strategies and techniques that go with each theoretical perspective.

RITA: Right. The theoretical perspectives themselves have very basic beliefs that are different from each other, and, of course, result with different techniques and different strategies. But at the core, there are beliefs about the ways people change and the very essence of the

meaning of life that drive the theories. And so sometimes you might see something going on that looks the same, but it's actually coming from a very different place.

JOHN: Right. It's very complicated as you apply this to real situations. And we're both counselors, and we're dedicated to helping other counselors and psychotherapists become more effective in their work. And yet, I have to say, even in the process of doing this DVD, I felt humbled numerous times. And I felt that I continually learned.

I learned from watching you do your sessions and from watching the other counselors and psychotherapists. I even learned from watching myself, which, as you know if you have done some video recording of yourself doing counseling or psychotherapy, it can be excruciatingly painful. But it's a great way to learn and develop your counselling and psychotherapy skills.

RITA: And we realize that this might be very bad news for some of you who are still in graduate school, working on gaining your basic skills. And you have that fantasy that you will graduate, you'll get your license, and you'll be the perfect counselor.

JOHN: It's really a lifelong journey, and we hope that this DVD helps you become a more effective counselor or psychotherapist.

RITA: This session is an example of psychoanalytic or psychodynamic therapy.

JOHN: If I were to say one thing about the psychoanalytic perspective, it would be repetition—repetition of patterns. Whether you're operating from the old fashioned Freudian perspective or the more modern attachment theory perspective, both of those perspectives emphasize that individuals develop an internal working model based on early childhood interactions. And that that model dictates, to some extent, that repeating pattern of the way people have relationships as well as certain kinds of conflicts or intrapsychic problems that are manifest over and over.

RITA: Mm-hmm. And psychoanalytic is a very long therapy process usually, so of course it's difficult to squeeze any of those concepts into a 20-minute session. John's listening with Sarah for repeated themes,

including the things she brings in, which is concern about blushing.

JOHN: And what you'll probably notice is that the listening that I do is fairly unstructured. It's involving free association, or saying whatever comes to mind, which is one of the techniques that psychoanalytically-oriented therapists use. In addition, I will occasionally prompt her to explore the past to see if we can make some connections with how these particular problems, the blushing, first arose.

RITA: Yeah. Your goal is to help Sarah begin to explore those repeated patterns in her life.

JOHN: Absolutely. And as I do that, another thing to keep in mind is counter-transference, because counter-transference can distort the way I see Sarah's problems. And that's one of the reasons I think, from this perspective, it's so important to go slowly, to work collaboratively with clients so we can make sure that my reactions or my distortions of her problem aren't what's guiding the session, and it's really her issue and her problem.

RITA: So let's watch a few minutes of John working with Sarah.

JOHN: So just start with the thought of your face blushing—maybe an image of it in your mind—and then just say whatever comes to mind.

SARAH: Gosh. The words, I feel like, sound so harsh, but really I think of embarrassment, humiliation. I feel like I look stupid. Um, I—yeah. Those kinds of things.

JOHN: Yeah. Pretty harsh things.

SARAH: Mm-hmm.

JOHN: If you go back in time, starting now, but just go way back, as early as you can, can you think of humiliation, embarrassment experiences where you maybe first started having that kind of flushing?

SARAH: You know, it probably was when I was in college. And there were people that would say oh my gosh, your face just turned red. And I actually had someone that I worked with that would say to me, oh, I

just love to embarrass you and watch your face turn red.

And I can remember that I hadn't been that aware of it, but then there was just something that—it just started, you know, the awareness, I think. It just started happening more and more often.

JOHN: Yeah. Back in college—it was an early time when you remember it.

SARAH: Mm-hmm.

JOHN: Can you remember a particular time when you flushed and what was going on then?

SARAH: When I was in high school and the teacher would ask a question, I would feel fine answering a question and speaking up. And when I got to college, I wouldn't because I was afraid my face would turn red.

JOHN: Mm-hmm.

SARAH: So it's just that, that I would be in class and I would feel like I had something to contribute, but I didn't want to talk because I thought I would draw attention to myself with my face turning red, yeah.

JOHN: What might you have said that would make your face turn red?

SARAH: I don't know. I wasn't really worried about the content, but I think that just talking in the group, it's just, I—I knew it would turn red, and the idea of it turning red, and people thinking, gosh, look how insecure she is that she can't even talk without her face turning red. I just didn't want to deal with it, so I sort of quit talking in class. Yeah.

JOHN: Mm-hmm.

And so we started with what causes the flushing or the bushing. And it seemed like that was related to some things in college and people bringing that to your attention. And as you focused on it more and more, it seems to have gotten less and less in control. Would that be right?

SARAH: Mm-hmm. Yeah.

JOHN: And so now we've moved to talking about some safety concerns about your children mostly, but just tragedy striking you.

SARAH: Mm-hmm.

JOHN: And again, it seems like, maybe in some ways, the more and more you try to control your worry thoughts, the less they feel in control. It kind of feels like they keep getting bigger and bigger. Is that—

SARAH: Yeah. Mm-hmm. Yeah. They do. And I—you know, I have periods of time where I don't feel this way, but—but, yeah. I have a lot of thoughts of just wanting to live like a normal person and not having all these thoughts all the time in my head. And I wonder, as we're talking now, if I just kind of am living a little anxiously all the time, and that's maybe affecting my—I don't know. I mean, that's what it feels like right now.

JOHN: Yeah, it kind of sends along your anxiety. Something might go wrong.

SARAH: Mm-hmm.

JOHN: Something bad might happen.

SARAH: Mm-hmm.

JOHN: Something that could be a tragedy. And the first thing you think of is the car accident sort of thing, and what else? What other kinds of tragedies or just even small bad things might happen?

SARAH: I don't—I don't worry about small things, honestly. I mean, I don't. I feel like I'm pretty good about that. I don't want—yeah. I can categorize things. Like, OK. With when my kids my kids play really rough a lot, and I think, well, that would just be a broken limb. So we can—that—go ahead.

JOHN: Mm-hmm. Mm-hmm.

SARAH: But when it starts to be, well, that could be a big head injury, then—you know? And I think of all that. I mean, I go through the whole checklist in my head a lot. And I don't feel like, do other people

do that? I mean, I don't know. I'm always questioning. Like, is this crazy to be just constantly having this in my head? And I think it to my kids that I hope that I appear completely calm. That's how I want to appear, because I don't want to put this on them, but.

JOHN: You'd like to have it in your head less—whether other people are crazy or whether it's crazy or not, you'd like to have it in your head less.

SARAH: For sure. For sure. Mm-hmm.

JOHN: Yeah. And what kinds of things have you tried?

SARAH: Well, I always think about whenever I'm challenged with something, I always think about the worst-case scenario. And I believe completely that I can handle anything—anything, and I've gone through this whole list. Like if I lost my limbs or whatever, I could handle anything. But I can't handle something happening to my kids.

JOHN: Uh huh.

SARAH: And that—I just—so when I try to approach this logically and think, well, so-and-so has made it through life without a big thing happening, and so-and-so—I mean, people just have a lot of tragedy. And so I just come back to that, and—

JOHN: And feel that underlying nervousness.

SARAH: Mm-hmm.

JOHN: Yeah. Yeah. And yet, if we go back to the blushing, that's not a bad thing happening. Speaking up in class? Not a bad thing happening. And yet that feels kind of out of control, too.

SARAH: It does, because I really hate to be perceived as stupid.

JOHN: Mmm.

SARAH: Mm-hmm. And that's kind of a thing that goes way back for me too. When I was younger, I had this persona that developed that I was an airhead, and I've had to work so hard to kind of—because I think I used it for a while to my advantage, and then in college again I had to work so hard to get rid of that whole image. And it still is kind of in there somewhere, I think.

JOHN: You still sort of have some fear of being perceived as an airhead.

SARAH: Mm-hmm.

JOHN: Wanting to prove that you, in fact, are not.

SARAH: Mm-hmm.

JOHN: And you used the word stupid.

SARAH: Mm-hmm.

JOHN: Go with that.

SARAH: I don't know. I just, I really value intelligence, I guess. I value it a lot in other people. And I, I don't know. I just, I hate that I let myself have that persona for so long. It's just, it really bugs me.

JOHN: Mm-hmm.

SARAH: I feel like I could have done other things with my life if I hadn't gone without it so much.

JOHN: Mm-hmm. What's going on to make that seem like a good thing then?

SARAH: Oh, I don't know. I don't know. I mean, people gave me attention and laughed, and I don't know.

JOHN: What kinds of things did you do?

SARAH: You know, I said some silly things like—this is in seventh grade. But still when I see these people, they'll bring it up.

JOHN: What did you say in seventh grade?

SARAH: Oh gosh, really?

JOHN: Ahh.

SARAH: There was something about a pen that had a calculator in it, and the battery died on the calc—or the—maybe it had a digital clock in it, and the battery died. And I didn't think the pen would work anymore because the battery died. And, uh, it was just a split moment thing, but everyone laughed and thought it was hilarious.

And I think that's kind of when it started. And so people still, 30 years

later, so, do you have a pen, Sarah?

JOHN: Mm-hmm.

SARAH: And I can laugh. I mean, I am totally fine laughing at myself. That's not the problem. It's just, I just don't want that identity that I'm dumb.

JOHN: Mm-hmm. And you kept it for a while.

SARAH: Mm-hmm. Like a long time.

JOHN: Yeah. What are some other examples of—

SARAH: Mmm. Really? Another one that comes to mind is someone told me that their aunt had had a miscarriage, and I asked her if the baby was all right.

JOHN: Uh huh.

SARAH: So, you know? Because I just wasn't—I knew—I don't know what. That was just a dumb thing to say. I didn't mean to say that, and so that's another thing people bring up 30 years later.

JOHN: Uh huh.

SARAH: Mm-hmm.

JOHN: And that doesn't sound intentional.

SARAH: It wasn't.

JOHN: The pen and the miscarriage comment.

SARAH: No.

JOHN: And yet one of the things I kind of hear you saying is, well, that's embarrassing. But it's even maybe more embarrassing that you kind of took on that identity?

SARAH: Mm-hmm.

JOHN: Rita, while I was watching the clip of Sarah, one thing that I noticed was that kind of repeating or recycling pattern where, initially when she was asked about the blushing, she went back to a college experience. Later, she goes back to a high school experience, and later she goes back to a seventh grade experience.

And what that reminds me of is how maybe resistance has diminished over time. Maybe trust is built. Either way, it seems like from this model, you look at things in the past. You uncover different perspectives each time.

RITA: Yeah. One thing I noticed during this session is you asked her what she had done before, which can kind of sound behavioral, actually.

JOHN: Right. It might also sound solution-focused. But the reason for asking that is to really sort of glimpse or study her pattern of trying to resolve the problem herself, because that's important to the psychodynamics. And you know, in addition, I felt the impulse at one point. Like maybe I should have asked her, what do you think I think of you, which would be a question that's very psychoanalytic, because it kind of pulls for the transference that might be happening in the session between Sarah and me.

RITA: Which maybe would have worked, or maybe would have been a little early for that kind of reflection.

JOHN: Absolutely.

RITA: Yeah. So the next clip picks up right where we left off.

JOHN: Exactly. So let's watch.

JOHN: But it's even many more embarrassing that you kind of took on that identity.

SARAH: Mm-hmm.

JOHN: Or did you take it on, people put it on you?

SARAH: I think people put it on me after that, and then I went with it after that. Those are the two things that I really remember saying that were the worst. And then after that, I just kinda went with it.

JOHN: Mm-hmm. And did you ever intentionally say things that were—

SARAH: Oh, probably. I mean, I really don't remember other things, but I probably did act the part for a while, yeah.

JOHN: Mm-hmm.

SARAH:

JOHN: As you talk about it, it seems very—not really unsettling, but just like you kind of—

SARAH: Yeah. It makes me cringe.

JOHN: Yeah.

SARAH: Mm-hmm.

JOHN: How about even before seventh grade? Anything where you felt like you were perceived as stupid?

SARAH: Nuh uh. No. I was—actually, I was pretty smart.

JOHN: Uh huh.

SARAH: Really. So, no. It was kind of a middle school thing.

JOHN: Mm-hmm. And somehow you carry on this sort of remnant from middle school that people might see you as stupid. And that carried into college, and even now you feel that the blushing might be related to that—

SARAH: Mm-hmm.

JOHN: —thought of I'll be caught—maybe I'll be caught looking stupid.

SARAH: Mm-hmm. Yup.

JOHN: Mm-hmm. And the theme with your children is maybe I'll be caught unprepared, maybe tragedy will strike because I'm not prepared?

SARAH: Well, when you say that, it makes me think that, yeah, what if I—what if I wasn't worried? Would that make the odds go up that something could happen?

JOHN: What if I wasn't worried about tragedy? What if I wasn't worried about being viewed as stupid or unprepared?

SARAH: Well, when I'm thinking about the tragedy part, I mean, what if I let that go and I just, it wasn't on my mind all the time? Then maybe that would make the odds of it happening go up.

JOHN: Mm-hmm.

SARAH: I don't know. It sounds ridiculous when I say, but—

JOHN: Yeah, yeah. But you hear this sort of belief in your mind—maybe worrying about the tragedy helps prevent it.

SARAH: Mm-hmm. Yep. I think that somehow that's what I think.

JOHN: And that that prevents it, even in the absence of any specific precautions. I mean, is it possible to take the precautions and then—

SARAH: Let it go?

JOHN: Let it go?

SARAH: I don't know.

JOHN: It seems like there are some things that are outside of your control.

SARAH: Mm-hmm. Yeah. I don't know. It feels like if I let it go, then what does that mean?

JOHN: Mm-hmm.

SARAH: I don't know.

JOHN: What does it mean?

SARAH: It just, it feels a little bit like, now am I being careless if I just let it go? And what comes to my head is do I love them less if I just let it go? Which sounds really weird, but—I don't know. It feels scary to let it go, I guess. But I want to let it go.

JOHN: Mm-hmm. It would be nice to let it go.

SARAH: Mm-hmm.

JOHN: But somehow there's a little superstition in your head that, if I let this go, maybe the odds will be worse, and maybe it's a sign that I don't really love them? That worrying about people is a loving thing?

SARAH: Yeah, I guess so. I have not thought of it like that, but that's sort of how it feels like. Um, yeah. It feels that way. I mean, it feels so—it sounds so illogical, but that's how it feels right now.

JOHN: But that—that sort of feels—and when you just go with that,

that thought if I worry, then it's love. It's a sign of love. Where do your thoughts go about worry?

SARAH: Well first, I feel like my love for them is so much more than worry. So I don't equate worry with love.

JOHN: Mm-hmm.

SARAH: But if I were to just let things go, I perceive other people having more normal thought in their head, and if perceive like, just letting my kids get in a car and just go somewhere and let it go—I do. I let them go in cars—I mean, I do. It's just hard for me. And to imagine myself doing it without having the worry in my head, I don't know—it feels careless.

JOHN: Mm-hmm. And what does careless mean?

SARAH: Then I feel a little bit—I think of being negligent, and then I think, and that's when it'll happen.

JOHN: Mm-hmm. Carelessness is negligence. Just keep talking about—just talk your thoughts, even as we sit here, whatever comes.

SARAH: I just feel like I'm in this, I'm stuck. Like I want to stop worrying. I want to live, and not live with all this fear.

JOHN: Mm-hmm.

SARAH: But I feel like I'm bound to it. And I'm just stuck all the time.

JOHN: Mm-hmm.

SARAH: And I want to be able to think about other things, and not be thinking about what kind of car my friend's mom drives, and is she going to text or talk on the phone while she's driving my kid, and what about the other person, and my husband, and—you know. And, I mean, crazy things. Like I sometimes will, without anyone knowing it—because I think I read that being on the left is more dangerous. So I'll switch and make sure they evenly ride on the left and right, and if I put one of them on a safer side, does that mean I love him—I mean, the thoughts are crazy.

JOHN: Mm-hmm. Yeah.

SARAH: Yeah. It's embarrassing when I hear myself even have these

thoughts out loud.

JOHN: It kind of makes you blush.

SARAH: Yeah, I know. I feel like I keep this part like, most—I try not to let people know about it, because I know that it's kind of crazy. And I don't—again, I don't want to put it on my kids. I don't want them to have to live with that.

JOHN: Mm-hmm.

SARAH:

JOHN: You spend a lot of time really protecting people.

SARAH: Mm-hmm. Like protecting them from knowing that I—

JOHN: Protecting them knowing, protecting them from tragedy, worrying about lots of different people who you love. Who protects you?

SARAH: Just me. I mean, I do. I—my mom was always a little bit like this, so I do blame some of this on her.

JOHN:

SARAH: So I—

JOHN: Talk about how she did—how did she do it?

SARAH: Oh, she just always was worried, and I've been really mad at her in the last few years because she'll bring up some concern, and I'm like, if I haven't thought of that concern yet, I certainly don't need to hear it from you, because I've thought of every concern. So I've told her, you have to stop putting your worry on me, because I've got enough. And I've been really clear that I don't want to live that way. She thinks that I am way more this way than she was. I don't know if that's true.

JOHN: Mm-hmm.

SARAH: But.

JOHN: So some of it you feel like you've gotten from your mom over the years, and that she was a little bit like this.

SARAH: Mm-hmm.

JOHN: You're not sure—maybe she's even more than you or less than you.

SARAH: I don't think she tried to hide it from us.

JOHN: Ah. She just sort of explicitly worried about your safety.

SARAH: Mm-hmm. Yeah.

JOHN: You and your siblings?

SARAH: My sister and my brother. Mm-hmm. Yeah. I don't think she tried to hide it from us. I am really determined that my kids will live a fun life.

JOHN: You'll not only protect them from tragedy, but you'll protect them from their perception of you worrying too much.

SARAH: Right. Right.

JOHN: You know, Rita, as I watched myself working with Sarah, one thing I noticed is I didn't really do any formal interpretations. And really what I was doing was prompting her to look at her past, trying to notice what patterns might come up. And I think in a lot of ways, that might be more appropriate than jumping in there with deeper interpretations.

RITA: Right, especially at this stage. But the interesting thing is I think Sarah actually had some insight. And you could kind of feel that in the tape as you watched.

JOHN: Right

RITA: Yeah.

JOHN: She was working away. And I did notice that toward the end, Rita—

RITA: The mother came up.

JOHN: And Freud would be very happy that that occurred.

RITA: Yeah. In historic analytic work, all roads lead to the mother.

JOHN: But in reality, we know that it's not just the mother, it's the mother and the father—the caretakers, other significant people in the person's life—that somehow shaped that internal working model that

eventually causes some issues or difficulties to repeat themselves. And I guess in closing, I just would like to say that Sarah was a fabulous client, and that I think she has the potential for lots of insight that might help her work through some of the issues that she presented in the session.

RITA: Absolutely.

This session is an example of using an Adlerian approach. John's working with a 10-year-old boy named Clayton.

JOHN: If I were to say just one thing about Adlerian therapy, it would be that it's highly practical. And I think that might be one of the reasons why so many contemporary theories have borrowed and stolen from Adler, often without even giving him any credit.

RITA: Right.

JOHN: Adlerian therapy is also seen as a precursor to modern cognitive therapy. And one of the reasons for that is because of Adler's concept called the Style of Life, or lifestyle. And that concept really is about how an individual develops beliefs about himself for herself, about others, and about the world. And that those beliefs guide the person as the person has to deal with different tasks of life. And so that's very similar to the cognitive perspective of the schema. And so that's one of the ways that Adler really was foreshadowing cognitive theory in therapy.

RITA: That's right. You know, Adlerian therapists are always very interested and very involved. They have an educational approach, which is oriented toward helping clients begin to understand what Adlerians call basic mistakes.

JOHN: In the upcoming clip, one of the things that I'm doing is a family constellation interview—that's the main focus. And sometimes I worry a little bit, in the session with Clayton, that I stuck a little too close to the clipboard and missed some chances to interact with him a little bit more spontaneously. But I did notice that a lot of those birth order characteristics that Adler talked about so much come out in the session, and so let's watch.

RITA: OK.

JOHN: So Clayton, we don't know each other very well.

CLAYTON: No.

JOHN: So I want you to know any time if you want to ask me anything about me, you can.

CLAYTON: OK.

JOHN: You don't have to, though.

CLAYTON: OK.

JOHN: OK? But I'm going to ask you quite a few questions.

CLAYTON: OK.

JOHN: About you.

CLAYTON: OK.

JOHN: And a little bit about your family.

CLAYTON: All right.

JOHN: And one of the things that I like to do to help me get to know you a little bit better is to draw a family tree. And so I'm going to do that now.

CLAYTON: OK.

JOHN: And I know a little bit about your family. And so I'm going to start here. This is going to be your dad, OK? He's going to be big square. I'm going to go over here, and then your mom is going to be a big circle. And are you the oldest?

CLAYTON: Yeah.

JOHN: All right. And you're going to be square. And so we put Clayton here. And how old are you?

CLAYTON: 10.

JOHN: 10.

And then you have a brother, right?

CLAYTON: Yeah.

JOHN: And how old is he?

CLAYTON: Seven.

JOHN: He's seven. And what's his name?

CLAYTON: Carter.

JOHN: Carter. And your mom's name?

CLAYTON: Sara.

JOHN: Sara with no H, right?

CLAYTON: No.

JOHN: How old is she?

CLAYTON: 42 I think.

JOHN: 42 you think?

CLAYTON: Yeah.

JOHN: I'll put a question mark there because we're not sure.

CLAYTON: OK.

JOHN: And then your dad's name?

CLAYTON: Dave.

JOHN: Dave. And how old is your dad?

CLAYTON: I think 45.

JOHN: OK. But we'll put a question mark there, because we're not exactly sure. OK. And that's it? Anybody else live in your house?

CLAYTON: Pets.

JOHN: Oh, you have some pets?

CLAYTON: Yeah.

JOHN: What do you have?

CLAYTON: Two rabbits and a frog.

JOHN: Whoa. I don't know if I can make very good rabbits, but here's a rabbit. Here's another rabbit. And I know I can't make a good frog, but—it sounds like you have a lot of things that jump.

CLAYTON: Yeah.

JOHN: What are the rabbits' names?

CLAYTON: Rex and Scaper.

JOHN: Rex and Scaper.

CLAYTON: Yeah.

JOHN: And the frog?

CLAYTON: I don't know his name. My brother never told me.

JOHN: It's your brother's frog.

CLAYTON: Yeah, and he never told me its name, so.

JOHN: Mmm. OK.

CLAYTON: Yeah. He doesn't really tell anybody it's name.

JOHN: All right. So that's really who hangs out in your house, for the most part.

CLAYTON: Yeah.

JOHN: And then if you go up, do you have some grandparents, too?

CLAYTON: Yeah.

JOHN: So on your dad's side.

CLAYTON: His mom's name is Donna.

JOHN: OK.

CLAYTON: And I don't know his dad's name, because I never met him, so. And then on my mom's side, my grandma's, which is Kay, um, and then my grandpa's name's Manny.

JOHN: Manny?

CLAYTON: Yeah.

JOHN: OK. And so if you were to see this whole scene—and do you have, ah, you probably have some cousins, too, don't you?

CLAYTON: Yeah.

JOHN: It's going to be complicated. So where do we start?

CLAYTON: I don't—

JOHN: Your mom has—

A brother and a sister. Is that right?

CLAYTON: Yeah.

JOHN: OK. So, older or younger than her? Do you know?

CLAYTON: They're both younger.

JOHN: So they—that's it. So you have those two. We'll say one is a boy and one's a girl, or?

CLAYTON: Yeah.

JOHN: Yeah. And then they have kids?

CLAYTON: My aunt doesn't, but my uncle does.

JOHN: How many kids?

CLAYTON: Two.

JOHN: So he's got two kids. And how old are they?

CLAYTON: Three and one.

JOHN: Ah. So they're pretty young.

CLAYTON: Yeah.

JOHN: Boy, girl?

CLAYTON: Yeah.

JOHN: One of each?

CLAYTON: Yeah.

JOHN: OK. So three and one. And then on this side?

CLAYTON: So my dad—I think he has two siblings with children, and mmm—actually, all three of his siblings have children. So one has two teenagers who are like 15 and 17.

JOHN: OK. So there's one that's 15 and one that's 17.

CLAYTON: And then his other sister has but one, kid that's nine, I think. Yeah, nine.

JOHN: [UNINTELLIGIBLE]. Is that a boy or a girl?

CLAYTON: Boy.

JOHN: OK. So, nine.

CLAYTON: And, then another one has, one boy who, I think he's around five.

JOHN: OK.

CLAYTON: So, yeah.

JOHN: So you've got two teenage cousins, a nine-year-old cousin, a five-year-old cousin, a three-year-old cousin, and a one-year-old cousin.

CLAYTON: Yeah.

JOHN: OK. Out of all these people, including your aunts and uncles, cousins, grandparents, parents, and brother, who would you say you're closest to? Who do you hang out with the most?

CLAYTON: Well if you call fighting hanging out, my brother.

JOHN: So you guys fight a little bit? We'll put a little squiggly line here, kind of meaning that sometimes you guys fight.

CLAYTON: Yeah. Probably my mom or dad.

JOHN: Mm-hmm. So both. You're pretty close to your mom, you're pretty close to your dad.

CLAYTON: Mm-hmm.

JOHN: OK. And then would you say—I was going to ask what do you fight with the most.

CLAYTON: My brother, for sure.

JOHN: Yeah. So that's—we'll put a little fighting there. And then who would you say is—who do you think is the best athlete? Who's the best sporty person in all of these people?

CLAYTON: Either me or one of my cousins—one of the teenage cousins.

JOHN: So you're pretty sporty, and maybe somebody over here, too.

CLAYTON: Yeah.

JOHN: Who is the best at music?

CLAYTON: I don't know.

JOHN: You don't know. Who's the best at art and like, drawing, and artsy things.

CLAYTON: Probably Donna.

JOHN: Mm-hmm. So she's kind of artsy.

CLAYTON: Yeah.

JOHN: I can put that down—artsy. Who's the most angry?

CLAYTON: Like who's mad a lot?

JOHN: Yeah. Who gets mad a lot?

CLAYTON: My brother.

JOHN: You think your brother gets mad a lot.

CLAYTON: Yeah. For sure.

JOHN: Who gets in trouble the most?

CLAYTON: My brother. Yeah.

JOHN: No doubt about it.

CLAYTON: Yeah.

JOHN: OK. If you had three words that you could use to describe your dad, what words would you use?

CLAYTON: Gone.

JOHN: Gone?

CLAYTON: Yeah, like he's left town. Busy. And, I don't know really the third one.

JOHN: That's OK. We've got two—gone and busy.

CLAYTON: Yeah.

JOHN: And three words to describe your mom.

CLAYTON: School.

JOHN: What was that?

CLAYTON: She's in school a lot.

JOHN: School. She's in school. I thought you said screwl.

[LAUGHTER]

CLAYTON: She's also busy with homework.

JOHN: So she's busy.

CLAYTON: And I'd say that she's kind of slow at times, like sometimes it takes her a while to figure something out.

JOHN: So she's a little slow.

CLAYTON: Yeah.

JOHN: It takes her a while to figure things out. Now, how about your brother—three words to describe your brother.

CLAYTON: Noisy.

JOHN: OK.

CLAYTON: Tattletales.

JOHN: Tattletale.

CLAYTON: Likes baseball. He likes baseball.

JOHN: OK. OK. And then the hardest one of all—three words to describe Clayton.

CLAYTON: I like football and hockey, and, I enjoy eating.

JOHN: You really like to eat, huh?

CLAYTON: Yeah.

JOHN: I should have brought some snacks.

CLAYTON:

JOHN: What's your favorite thing to have for a snack, like? What do you like to eat?

Just everything?

CLAYTON: Yeah. I don't get a lot of very, like, sugary food, because my mom doesn't really ever buy it. But, yeah.

JOHN: Yeah. Can't think of a favorite right now?

CLAYTON: No.

JOHN: So now, if you were to say, well, what are the—you know like your parents try to teach you things. What would you say are the lessons that they try to teach you? What do they try to teach you? What are their family values, the things that they believe in?

CLAYTON: Probably not being allowed at other people's houses, like when their parents are trying to do something, or, yeah. And just like, polite, I guess.

JOHN: Be polite.

CLAYTON: Yeah.

JOHN: So like, don't bug other people in their houses when they don't want you.

CLAYTON: Yeah.

JOHN: And be polite.

CLAYTON: Yeah.

JOHN: OK. Anything else that your parents really believe in?

CLAYTON: Not off the top of my head.

JOHN: OK. Those are the main ones. If you think of some later, that's fine.

So one thing I just think of when I see all this is that other than Taylor, you're kind of the—I mean, I guess your brother is kind of close to your age. But you're the only one who's 10 right now.

CLAYTON: Yeah.

JOHN: And, in fact, nobody's really very close. And Taylor, though, he's close to you, but he lives in Great Falls.

CLAYTON: Yeah.

JOHN: Do you and Taylor get along OK?

CLAYTON: I—he's only a couple months younger than me.

JOHN: Ah, so you guys play together OK?

CLAYTON: Yeah.

JOHN: And get along. And it sounds like you and your brother are close, but you have some—

CLAYTON: Yeah.

JOHN: —tension sometimes.

CLAYTON: Yeah.

JOHN: Yeah. Because he's noisy and he's a tattletale and he's mad a lot.

CLAYTON: Yeah.

JOHN: He's in trouble a lot. Whew. That's a lot of pressure for an older brother to have—

CLAYTON: Mm-hmm.

JOHN: —a younger brother like that.

CLAYTON: And I have to babysit him sometimes.

JOHN: Really?

CLAYTON: And my cousins, who are three and one, so.

JOHN: How does that go?

CLAYTON: Not so well.

JOHN: Really? What usually happens?

CLAYTON: Just a lot of stress, because they all have a lot of energy.

JOHN: Mmm.

CLAYTON: And, yeah.

JOHN: That's a big responsibility.

CLAYTON: Yeah. And then you, with—especially, I mean, a one-year-old, I suppose, although the one-year-old's maybe talking?

CLAYTON: Yeah.

JOHN: Yeah.

CLAYTON: She can't even talk, so that makes it even harder.

JOHN: So she's probably really hard to keep track of, and then the

three-year-old's probably—

CLAYTON: Yeah.

JOHN: And then your brother. Whew.

CLAYTON: Yeah.

You have a lot. I mean, and you like to play football and hockey and eat.

CLAYTON: Yeah.

JOHN: And I'll bet you having a little brother and little cousins kind of interferes with that sometimes.

CLAYTON: Yeah.

JOHN: Yeah. Have you ever been a bad mood?

CLAYTON: Yeah.

JOHN: Have you?

CLAYTON: Yeah.

JOHN: What do people do when you're in a bad, or what do you when you're in a bad mood? What do you look like? What do you act like?

CLAYTON: Not so well.

JOHN: No?

CLAYTON: Yeah.

JOHN: Like what? If I was watching, would I see—would you like be stomping around, would you—

CLAYTON: I'd probably be yelling.

JOHN: Yelling.

CLAYTON: Yeah.

JOHN: Like what? What do you yell?

CLAYTON: It depends on what I'm mad about.

JOHN: Do you yell at your brother?

CLAYTON: Well it kind of depends on what I'm mad about. Like, if

it's him, I'd yell at him, but sometimes, a lot of the time, it's my mom or brother, because, you know.

JOHN: So you might be—if I were watching you and you were in a bad mood, I might see you yelling at your mom or yelling at your brother.

CLAYTON: Yeah.

JOHN: Or just yelling about something that you're mad about.

CLAYTON: Yeah. And not normally my dad, because he's usually out of town.

JOHN: Ah. He's out of town a lot, so you don't yell at him.

CLAYTON: No.

JOHN: He's not around.

CLAYTON: Yeah.

JOHN: Yeah. Does that make it harder, too, I guess to be the oldest person—the oldest kid the family and then your dad's not even home?

CLAYTON: Yeah.

JOHN: What's that like?

CLAYTON: Kind of hard, because my brother, he—he brags, like he thinks he's just as good as—like he acts like just like an 11-year-old, and like all his friends are really kind of annoying. And, yeah. He's just—gets on my nerves about 90% of the time. So.

JOHN: Yeah.

So I'll be he likes two things. I bet he likes your attention, and as much of it as he can get. Kind I'll bet the other thing he likes it to get you in trouble.

CLAYTON: Yeah. He likes that a lot.

JOHN: Yeah. So, that's tricky. So I have some ideas of what might work.

CLAYTON: OK.

JOHN: Because I'm betting that the same old thing all the time is

going to stop working.

CLAYTON: Mm-hmm.

JOHN: So do you know—there's a famous guy who worked a lot with rats. Now, I don't want to say that your brother's a rat.

CLAYTON: He acts like one.

JOHN: But do you know what the famous guy thought?

CLAYTON: What?

JOHN: That punishment—you know what punishment is?

CLAYTON: Yeah.

JOHN: Yeah? That's like if you do something I don't like—right? Let's say you're messing up your hair, and I go knock it off. Stop it.

CLAYTON:

JOHN: Stop it. Stop messing up your hair. Stop it. So what do you want to do?

CLAYTON: Keep doing it.

JOHN: Yeah. A lot of times—what he said was that punishment, when you punish someone, it just doesn't work very well, because usually—hold out your hand. If I push you, what do you want to do?

CLAYTON: Push you back.

JOHN: You want to push back, right? And pretty soon, we're just pushing, and I'm saying, stop that! And you're saying, I'll do it if I want to. Right?

CLAYTON: Yeah.

JOHN: And so he said, punishment, not effective.

JOHN: Rita, as we watch this session, and we're in the middle at this point, I kind of find myself a little bit struck by how powerful the first-born birth order dynamic seems to be affecting Clayton in his life. And of course the family consolation method that I used to sort of uncover that is just one method. There are other methods, like earliest recollections, which, eh, it can be a little harder to do with a 10-year-

old.

RITA: Right, right. You know, and I noticed that you were using an educational approach. In fact, I think our friend B. F. Skinner may have actually been invited into the room.

JOHN: Now, I never actually said the word Skinner, but, you know, my justification for that is that both Adler and Skinner would agree that punishment is generally an ineffective strategy, both in families and in life.

RITA: In this next clip, you say something paradoxical, kind of, that people can watch for.

JOHN: Right. And I also try my best to keep Clayton awake and engaged.

RITA: Which can be challenging. So let's watch and see if that worked.

CLAYTON: And I'd know where I'd get the money.

JOHN: That's true. It's probably pretty expensive to send a seven-year-old to a hot place in Africa.

CLAYTON: Yeah, at least if I would have to pay for a round trip.

JOHN: That's right.

CLAYTON: So.

JOHN: I can't help but wonder, though, if thinking your brother is annoying—if that's helpful or not helpful.

CLAYTON: I don't know.

JOHN: Because I wonder if you think he's annoying if that makes him more annoying.

CLAYTON: I don't know.

JOHN: I don't know either. That's just a test. I wonder about if you were to start thinking that, boy, my brother is so nice—that would never work.

CLAYTON: Nuh uh.

JOHN: No? It's impossible.

CLAYTON: Probably.

JOHN: Yeah.

JOHN: Ah, brothers. They are tough.

CLAYTON: Yes, very.

JOHN: Do you ever play any games? I'm going to do one with you now, even though it's going to get us out of the camera a little bit. But I have this game that I play sometimes.

CLAYTON: Mmm, OK.

JOHN: You ready? OK. So we're going to try to stand up. We're going to stand up. OK. And then, yeah, you should stand just like that, and put your toes toward my toes. Stand up pretty straight. So this is called the hand-pushing game. You ever done it?

CLAYTON: Yeah.

JOHN: Have you? Well, you don't just touch my hands. You stay like this, OK? And then you go like that, and then whoever loses his balance first, loses.

CLAYTON: OK.

JOHN: OK? You ready? All right. Are you ready?

CLAYTON: Yeah.

CLAYTON:

JOHN: You're pretty good. I usually win by now.

CLAYTON: I'm kind of using the chair.

JOHN: Oh, you are? Uh oh.

CLAYTON: [UNINTELLIGIBLE].

JOHN: Stand away. Stand back.

CLAYTON: Hold on.

JOHN: Uh oh. All right. You're all right.

CLAYTON: [UNINTELLIGIBLE].

JOHN: Now, OK. Now I can win.

CLAYTON:

JOHN: Ah, did you move your foot?

CLAYTON: Yes.

JOHN: Yes. I got you. OK. You ready? Round two? Oh. That's—I forgot to tell you—one rule is you can't hit people in the chest or anything. OK. So now you know that. Because I mean, I could go like that and just push you.

CLAYTON:

JOHN: Ugh! Ugh! Whoops. You OK?

CLAYTON: Yeah.

JOHN: Yeah. Ooh. All right. That's two. One more?

CLAYTON: OK.

JOHN: OK. This is a little bit like your brother, right?

CLAYTON: A tiny bit.

JOHN: How is it like him?

CLAYTON: Probably the shoving. Oh, oh.

JOHN: Ah. I guess I'm the champion.

CLAYTON: Yeah.

JOHN: So how do you think I won?

CLAYTON: Because you're bigger.

JOHN: Ah. That does help.

CLAYTON: Yeah.

JOHN: When you weigh more.

CLAYTON: Mm-hmm.

JOHN: And so that's why probably whenever you try to go up against your dad or your mom, you kinda lose.

CLAYTON: If my mom's tried to, move my arm in certain directions, she can't do it, but other than that, she can get me.

JOHN: Can she?

CLAYTON: Yeah.

JOHN: Yeah. So you know what I like to—you know the trick of the game? So stick your hands out so we can do this sitting down. So you can almost always win—and if you do with your brother, I guarantee you you will win. OK?

CLAYTON: OK.

JOHN: Do you know why? But not just because of size, but because of—do you know what the word strategy means?

CLAYTON: Yeah.

JOHN: Yeah. It's like if you were playing football or you were playing hockey, and you fake somebody out. Have you done that before?

CLAYTON: Mm-hmm.

JOHN: You know, you act like you're going one direction, then you go the other direction—fake 'em out. So here's the deal. One of the things that makes brothers annoying is a thing called revenge. You know what revenge is?

CLAYTON: Yeah.

JOHN: So if you do this, OK? You start the game. You say, hey, Carter, do you want to play a game I learned? OK. And then you go like this, go, really fast. Like, slap him in the hands. And you know what he's going to want to do?

CLAYTON: Get me back.

JOHN: Exactly. And so then what do you do?

CLAYTON: Dodge it.

JOHN: Just dodge it and he falls over, just like you did that one time, right.

CLAYTON:

JOHN: And so it's sort of a trick. And that's exactly, I think, what's going on with you and Carter, is it he annoys you. Right? He goes like this. Is that annoying? Huh?

CLAYTON: Kind of.

JOHN: Am I being annoying?

CLAYTON: Yes.

JOHN: And then what do you?

CLAYTON: Get him back.

JOHN: Yes. You want to get him back. But he—the problem is he want you to get him back, because you are—

CLAYTON: Bigger.

JOHN: No.

CLAYTON: Older.

JOHN: Sort of.

RITA: So John, in that last session, I noticed that you used the hand-pushing technique, which was interesting. It's not necessarily Adlerian.

JOHN: Right, it's not. It's really—I really was wanting to keep Clayton awake and engaged and involved, and I do think that Adlerian theory is very open to using all kinds of different strategies to help people glimpse different ways of acting and thinking in life. And so, yes, I use that, and I like it. I feel like it's a fairly—

RITA: It worked.

JOHN: —useful strategy with kids.

RITA: Well, you're right. And Adlerian therapists often use very provocative and interesting interventions. Sometimes they name them sort of provocative names, like spitting in the soup.

JOHN: Right, which is a little bit gross. So let's not talk about that anymore. But instead, I would say that the Adlerian use of those provocative techniques is designed to enhance insight, which Adler believed then insight would enhance motivation toward positive changes.

RITA: Mm-hmm. And I also wanted to note that Adlerians will often involve the parent or the caretaker of a child when you're working

with a child Clayton's age.

JOHN: Right. And another shout-out or positive thing about Adlerian approaches is that the Adlerians were really some of the first to emphasize doing parent consultations as a means of helping improve family life and children's behaviors.

RITA: And even though we didn't see a parent in this particular clip, I really think Adlerian is a great choice for a kid like Clayton, and can make a real difference.

JOHN: This session is an example of the existential approach, and it features a colleague of ours, Dr. Nilda Soto Bishop. If I were to try to boil down the existential perspective into a sentence or so, I'd say it focuses on meaning. And so the listening focus for the counselor or psychotherapist is on listening for what's important or meaningful to the individual client.

RITA: Right. I also think it's about self-awareness and consciousness.

JOHN: And it's about living life fully, embracing life fully, even in the face of death and other ultimate existential concerns.

RITA: Including aging, which has a big one for some of us. Peggy, who's featured in this clip, is a 62-year-old graduate student, so obviously some of these issues are real for her.

JOHN: And Nilda helps Peggy focus on some doubts and some concerns, as well as being genuine and spontaneous in the session. Another thing is that she also tries to develop an I-Thou relationship, and I think that's consistent with existential theory—I-Thou relationship being a deep respect and honoring of the other person, and yet, at the same time, being genuine and spontaneous.

RITA: Mm-hmm So let's watch Nilda and Peggy at work.

BISHOP: Where do you want to go with this session? What do you feel like you could benefit most from talking about this section?

PEGGY: Well, you know that picture of the big jar and—it's Stephen Covey, I think. And you fill it with the big rocks, and then you say, is the jar full? And then say, oh, yes, the jar is full. And then he says, well, no, wait. Look, you can put all this gravel—

BISHOP: Gravel in.

PEGGY: —in it. Yeah.

BISHOP: Yes.

PEGGY: And then is it full? Oh, yeah, well, no. You can put the sand in and then put water in it. And then what's the lesson? And the people always think the lesson is you can always get more in the jar. But the lesson is, really, that those big rocks have to go in first.

So I've been thinking about that a lot—to know what the big rocks are and make sure they're in the jar. And so my family, and work, and school, and my spiritual life are all in the jar. And I guess I would say that in these last few weeks, I just feel like those four rocks are jockeying for position—

BISHOP: In the jar.

PEGGY: —in the jar, yeah.

BISHOP: OK. They're jockeying for position in that jar. But they all fit in the jar.

PEGGY: They're in the jar, right.

BISHOP: They're in the jar and they fit.

PEGGY: Yeah.

BISHOP: So tell me what position do they need to be in in that jar?

PEGGY: Well—

BISHOP: What do they—

PEGGY: I actually would like to throw the work rock out of the jar.

BISHOP: Oh, really?

PEGGY: Yeah. I feel just—I feel frustrated at work, like it's just, I'm in the wrong place. It's taking up too much time for the amount of reward. All of the reward is just financial, and I am ready to say—you know, they always say follow your passion. And the money, well—

BISHOP: Yes. Money is not your passion.

PEGGY: And that seems completely unrealistic, especially toward the

end of life, when you're supposed to be thinking of putting stuff away. But when I think, so I should just do this for another 10 years and retire, it just makes me feel like screaming and tearing out my hair. I can't do it.

BISHOP: Wow.

PEGGY: I physically can't do it. I have to do something else.

BISHOP: Something different has to come.

PEGGY: Yeah. It takes such a big chunk of life.

You know, I'd like to say—in fact, I do say to my husband—why don't you just think about this and see how you feel? And I actually do think that will be part of the process, when he just says, you know, I just feel like you need to do this. And he hasn't said that yet. I mean, he's asked me if I think this is just an expensive hobby—

BISHOP: School?

PEGGY: —which—yeah.

BISHOP: Isn't that interesting.

PEGGY: For a while, I could sort of agree with him. It sort of is. I'm just doing it for fun. But the more I'm in the program, the more I sort of like fish or cut bait. You're either going to be invested in it, or else you're just, you know, like—I don't know. You just wanted a diploma on your wall. That would be an expensive hobby.

BISHOP: It would be an expensive hobby, but school is one of the rocks.

PEGGY: Yeah.

BISHOP: And it sounds like it incorporates some of that spiritual part.

PEGGY: Yeah. And my family.

BISHOP: And the work, and family and work.

PEGGY: Right. It's bringing me together with my son, and my husband always just says, I know you were born to go to school. So even if it's an expensive hobby, he wants to be able to provide that for

me.

BISHOP: Yes. And I think born to go to school is one thing, but born to be in the program you're in—

PEGGY: Yeah.

BISHOP: That's different, isn't it?

PEGGY: It's taken a while to grow that.

BISHOP: Isn't that different?

PEGGY: Mm-hmm. I can't—well, it's so many years when I didn't feel like a grown up. I remember being at my daughter's volleyball game when she was in junior high, and during a break the coach came over and was talking to some of us sitting on the bleachers. And in the middle of this conversation—which is always kind of difficult for me. I never can think of what to say. And I thought, ahh, he thinks I'm a grown-up. It was like, . Because I was a mom of a teenage kid, but inside, uh, no. That just wasn't going to go.

BISHOP: Well, OK. It begs the question—tell me what being a grown-up means to you then. What is that? What is grown-up?

PEGGY: Well, just that sense, I guess, that you could to make decisions about your own life, that you weren't just waiting for people to tell you what came next. And then you would go, OK. Although, I mean, even as I say that, I know with the kids that I just really like, give me those kids. And that was kind of primal and just in my bones.

BISHOP: Mm-hmm.

PEGGY: But in every other area, it was really like, ah—that sense of not being able to ask for things. That was always pretty strong. In fact, it just seems like recently, since I've been coming to counseling, that I've had that feeling like, boy, I could ask for things that I want. And I think even in kind of little practical ways, like, to say, you know, I know you feel on uneasy around my kids, but do you think you could just come stay with them for an afternoon? Even something like that, where, nah, I don't want to do that.

And so somethings that I really want—like this. I really, really want to go to school. And I am actually saying to my husband, I really want

to do this. And he—and my son, too. They go, are you sure? Do you really see yourself doing this? Because it was sort of be pushing out into where I haven't really been before.

But I've done some training with parents—had groups for foster and adoptive parents. But to actually be a professional person, ahh, that's sometimes you have to stop thinking that you would just be play-acting and think—it's like applying to the program, where you think, they'll never take me. That's ridiculous. And then going, well, why wouldn't they? And the next thing is to say—you'll never make it in the professional world, and to start saying, well, why not? Why wouldn't I?

BISHOP: That questioner. There's always that question of there. And it's not just a questioner—kind of a doubter.

PEGGY: Mm-hmm.

BISHOP: There's always a doubter there. OK.

PEGGY: Always have to prove something.

BISHOP: OK. Is that the grown-up you or the not grown-up you?

PEGGY: I think it's the baby me that says, too scary. Too hard. The gifted child me that I learned pretty quick—well, maybe not quick enough, but certainly by sixth grade—if you stand out, if you excel, if you put your head up where people can see you, somebody is going to chop that off.

They're going to send you to the principal's office every day during art so that you can learn to type, or they're going to push you out of this grade into the next grade to leave all your friends behind and meet a lot of people who think you have no business being there, or whatever that thing is. Don't stick out. And so it just makes you kind of want to not rock the boat.

BISHOP: So I'm wondering—I'm just wondering this. It makes me curious about whether there's part of that gifted sixth-grade you that knows, knows that if you keep being gifted and you keep being outstanding, eventually someone's going to ask something of you you cannot accomplish, and then you're busted.

PEGGY: No, I don't think it's like that at all.

BISHOP: OK, good.

PEGGY: Because it's thinking I can do something that keeps me moving. It's like now, when you just go, hey, OK, I've achieved anonymity. There's nobody around me. My kids are gone, so they're not drawing in adverse attention. And I just have a—you know, it's not a great job, but just, I have a job. And I have good benefits. And I could just disappear in that thing. I could.

But there's this thing inside that goes, you want more. You want more. You want more. And I think that's what struggles with that long ago voice that says, and you know if you reach for more, there's going to be penalties. And really, by seventh grade, they're going, you have such a great potential, because you're scoring 99 all the way across on the achievement test. And why aren't you doing better in school?

And by then, inside you really are saying, are you kidding? I know better than that. No way am I going to—and just kind of stay down in the middle of the pack. But when life just gets routine and ordinary, boy, this thing comes up, because you could have more than this.

RITA: Nilda tries an explanation that Peggy says no to in this session, which I really liked. I liked how that worked. I could feel Peggy's strength in the relationship, and Nilda rolled with it. It was, yeah, that's fine.

JOHN: You know, I think that flows from the existential concept of presence and sort of being present in the room. And Nilda is able to be accepting of Peggy having a different perspective than her, which is a really valuable thing. I also really like the moment in the session where Peggy says, you want more, you want more. Because I think it was exciting and fun, but also it's a preview of what's coming next.

RITA: So let's watch for Nilda and Peggy working on some of those existential issues of delight and excitement.

BISHOP: Listening to you talk about school—and I understand that when you were with those kids, raising kids, that was feeding you. And now you've moved into a different place because at a certain point, those kids are now going to be doing something different. And they're

on their own path.

PEGGY: Pretty much, yeah.

BISHOP: Yeah. So here you are, and school is the next leg of your journey, it seems like. That is the leg of the journey you're on. And when I hear you, when I see you, I just sense in you, as you talk about what school means to you, I sense that you are so delighted and so comfortable, and you really have a sense inside you that this is the right thing for you right now.

PEGGY: Yeah. I'm like, psyched.

BISHOP: Psyched. She's psyched.

PEGGY: Although, you know that thing that says, you really think you can do this? I'm not sure if I can. But semester by semester by semester, I am having a blast.

BISHOP: Cool.

PEGGY: I just like, you know, like people go, what? You're taking nine credits this summer? I go, yes. Hot dog. I can't wait. Yeah. Yeah.

BISHOP: So here's what I—out of curiosity, I would like you to try this. Just sitting with that delight and excitement that you feel—there's both. There's a delight and an excitement. And just sit with that for a little while and see what you get from that. And maybe if you could, if you would like, just scan your body from head to foot, and don't forget your shoulders and arms. And tell me where do you hold that in your body? Where do you hold that absolute—

PEGGY: Oh, absolutely right here. Better than cheesecake.

BISHOP: The solar pexus. Better than cheesecake.

PEGGY: Yeah. Oh, yeah.

BISHOP: It's just right there. What does it feel like there?

PEGGY: It just feels full, like full and satisfying. Like, instead of like, what—what do I need? What do I need?

BISHOP: Mmm.

PEGGY: Just go, hot diggity.

BISHOP: Awesome.

PEGGY: Yeah. That's good.

BISHOP: That's lovely. You don't feel that when you talk about work, but work is—

PEGGY: Oh gosh. Right.

BISHOP: The purpose of work is to support, perhaps.

PEGGY: Well, right. It helps me go to school, and that gives it some meaning.

BISHOP: Mm-hmm. And that gives you the meaning. So that—

PEGGY: Yeah. I'm getting other people into school. That's the whole thing. So I'm involved with a lot of people, and that part is good. It's not like, just total bust. But it's a frustrating setup, and it's not very energizing. And there's a lot of—

BISHOP: Mmm.

PEGGY: It could be, but the parts that could be seem like they're always getting chopped off at the knees. So.

BISHOP: So if when we talk about your experience in school being about delight and excitement, see if you can give me some words for your experience at work.

PEGGY: Hmm. Well, you talked about be taking care of people—that's certainly one thing. It just seems like my coworkers are all kind of falling apart at the seams, for various reasons, and that's it's very important that I just be the person that shows up every day that's reliable and is not having crises, although, you know, I have to run off for this kid or that kid, but not very often anymore.

And when I first when, I was crying all the time because of what we've been through with my youngest boy, but now that hardly ever happens. I'm usually just pretty together. I resent it sometimes, because sometimes I just need to not be the person that's holding everything together, but, um, so—

BISHOP: So if school is excitement and delight, work is—

PEGGY: Uh, it's hygiene, I guess. I don't know. It's like—

BISHOP: Hygiene.

PEGGY: Yeah. It's like, what—shaving your legs, or something. You have to do it.

BISHOP: Yeah.

PEGGY: Actually, that's not a good example, but just something like that that, you know, it's just one of those things. Who likes flossing their teeth, but you just do it. And that's sort of like that.

BISHOP: Mm-hmm. Mm-hmm.

PEGGY: So it's not like a complete waste of time, it's got an important function, but just not very fun and don't look forward to it and I don't, I just—I think put on Facebook somebody said, when I die, I'm going to be sorry I didn't spend more time flossing my teeth. Right. It's that kind of thing.

BISHOP: Right.

PEGGY: Mm-hmm.

BISHOP: So it's not a waste of time.

PEGGY: No, it's not a waste. And it's something worthwhile. I—you know—

BISHOP: Like flossing your teeth.

PEGGY: I feel good about what I'm doing. I have good connections with other clerical staff that need me to give them support and to help do some training for them and be there and answer questions, and getting people into school is good. And I have really enjoyable contacts with students. So it's not like the job from hell. It's just that—

BISHOP: Does the gifted little girl come into that job at all.

PEGGY: She could.

BISHOP: Can you excel, could—

PEGGY: She could. They could let me write a lot more web pages, and let me have my log in so I don't have to just do everything, give it to somebody else, and hope it turns up sometime in the next three months. And revise the letters so that they really—you know, and they

always sort of say, yes, you can do this, but, in reality, it turns out that you can't. So that's frustrating. I mean, there are times when I think, this could be a pretty interesting job, and you could go out and do some training and develop some materials. But the university is—

BISHOP: Not giving you that opportunity.

PEGGY: No. No, they're not.

BISHOP: So creative is not one of the adjectives you would use to describe this job.

PEGGY: No.

BISHOP: And you kind of—

PEGGY: I like to. Yeah.

BISHOP: My feeling is that you really need for things to be very creative in your life. Is that—do you think that's true?

PEGGY: Yeah, and I like to make solutions. You know, my dad was an engineer. And sometimes I thought if I had known it was going to take me 20 years to get married, I would go back, do that part, and be an engineer of some kind—either an industrial or civil engineering and design things and build things. But I thought at the time I wasn't very good at math, and I thought, I'm going to have kids. That was like, my goal. And I got that goal.

BISHOP: Mm-hmm.

PEGGY: And, you know, I was telling you before that sometimes I thought, boy, doing that just chopped a hole in the middle of my life, and now I'll never get to do these things I'm really starting to love, because I took 20 years of my life and was out of the workforce. But I'm not sorry I did that. That was what I wanted to do. And I did it, and it pushed me harder than—

BISHOP: It was your choice.

PEGGY: Yeah.

BISHOP: You made that very deliberate choice.

PEGGY: If I had birthed those kids, that would have been a different picture—a whole different picture. But as it was, they needed me. I

needed them. It was a good symbiotic relationship.

BISHOP: Mm-hmm.

PEGGY: And I think it's put me on the path to where I am now. I think it's brought things out of me that I didn't know I had—when I didn't feel like a grown-up, when I felt like I have to hide from every scary thing. I could not hide from their scary things because they were my kids.

BISHOP:

PEGGY: So that was a different way of approaching life than I had had before. It was like, you can disappear—disappear. You know? I made a pile on all this weight, because that makes you invisible in this culture. And but with my kids, I couldn't afford to disappear, because they needed to have somebody advocate for them.

And so they pulled me back to life in a way—I mean, I always thought, I just want a boring, simple life. I would think that. But it wasn't true, and they're the ones that really just called my bluff. I didn't want life to be boring and simple.

BISHOP: Mm-hmm.

PEGGY: I wanted it to be tough and challenging.

BISHOP: I'm kind of struck as you talk about that—the word that kind of stayed with me in all of that. Concept's stay with me, but the word that stayed with me through that is this symbiotic, because it seems a really important part of your life. It seems, when I look at these rocks, pretty much it's all—everything you do is kind of symbiotic. Everything is supporting everything in your life.

PEGGY: That's interesting.

BISHOP: It's kind of the integrative forces.

PEGGY: So they all just pull together sort of—

BISHOP: Doesn't it seem, kinda?

PEGGY: But the work doesn't want to.

JOHN: Rita, in that proceeding segment, I really like the part where they're using the metaphor. And Peggy talks about really feeding

herself, feeding herself with school, with something that gives her delight, and obviously a very positive in her life.

RITA: Yeah. Yeah. And, of course, as professors, how could you not love that she pats her stomach and says, it feels as good as cheesecake.

JOHN: It even tastes better than cheesecake. And I think this is consistent with what Kurt Schneider, who's a famous existential writer, talks about when he says embracing the awe of life—kind of rediscovering the awe or the excitement, the deep excitement, of life.

RITA: Yeah. Obviously for Peggy in her stage of life and her issues, existential work is a great avenue for her.

JOHN: In this next session, one of my favorite counselors, RITA, is doing person-centered therapy with a man named Michael. And I'd like to start by saying in 1942, Carl Rogers said—he made a bold claim—he said that personality change and positive therapy outcomes will occur, can occur, based completely on the development and establishment in therapy of a certain type of relationship between client and therapist.

RITA: I'm really quite complimented that you said I was one of your favorites. I thought for sure you were going to say Carl Rogers, because he's one of your heroes. Anyway, so one of the things that Rogers said is that it's both necessary to have those core conditions and sufficient, which, at the time, was controversial, and probably still is.

JOHN: Yeah. And the core conditions are not microskills, even though it is important to do active listening when you're doing person-centered counseling.

RITA: Right.

JOHN: But the core conditions are attitudes—attitudes that the counselor or psychotherapist holds while in the room with the client. And those core conditions or attitudes are congruence, or genuineness, unconditional, positive, regard, or sort of amped-up respect, and empathy, or empathic understanding.

RITA: Yeah. And for Rogers, I think the idea was, in those conditions, with the work together, there would be the emergence. of the self.

And one of the things he said was absolutely essential with something he called contact, which is that connection in the room between the person and the counselor.

JOHN: And we'll see as this next segment begins Michael comes in and he's talking about Crohn's disease, and his medical diagnostic journey. And that the point where we pick up the session, Rita is listening, and he's talking about some stress that he has experienced in his life.

RITA: Yeah. Let's watch.

MICHAEL: I wanted to changed my life so that I didn't have so much stress in my life. I was an independent consultant. I worked, you know, 80 hours, 90 hours a week consistently for seven, eight years. You know, I didn't get to see my children kind of thing, even though I worked in the home.

And it was kind of like, I'd fall asleep at my desk, wake up and keep working—that kind of feeling. And I'm like, I need to change, and thankfully I had an opportunity to go teach, which is what I really wanted to do. And that's been fantastic, but at the same time, what I do is I tend to go, oh, you know what would be really fun is I could do this. And I could help you do this.

RITA: Mm-hmm.

MICHAEL: You know, I'm trying to reduce that in my life, for or, as my wife says, try to create barriers so that you say—you can say no. And I have a hard time saying no.

RITA: Yeah. So saying no is hard. So your wife, who knows you well, is saying, OK, Michael, maybe you can build a barrier that would allow you to say no.

MICHAEL: Right. Right. And, you know, and then of course I have my family in there—of course very helpful, but they have lots of needs, as well. They have their own internal issues going on, and they have me in the middle trying to help mediate their issues.

RITA: You mean larger family, not just your kids.

MICHAEL: Yeah, larger family. Family origin. And so it's—they have

issues within themselves.

RITA: Sure.

MICHAEL: But I'm the rational one. I can help them. And so I'm their sounding boards on both sides. We're having issues. Can you help me deal with that?

RITA: Wow. Yeah.

MICHAEL: And how do you say no? Well, I don't know, and I try, but it's difficult. And but it causes me a lot of stress. It causes me a lot stress because I don't want to take a side for somebody.

RITA: Right.

MICHAEL: I don't—even know I clearly see all you really need is, honestly, why don't you go see a counselor, is what I want to say.

RITA: Yeah. Yeah.

MICHAEL: But on one hand, one person says, you know, counselors are just friends—which then I have that going through my head too.

RITA: Sure.

MICHAEL: And then I have on the other hand the other one, like, oh, I don't need a counselor. I can figure this out on my own. So I'm like, but you use me.

RITA: Mm-hmm.

MICHAEL: You know? Yeah, you buy me lunch, but, you know, it's not—

RITA: So if they're paid friends, you're not getting much of a salary out of this, are you.

[LAUGHTER]

MICHAEL: But and I want to be there for them, but it's just difficult, and I can feel it. I mean, it's the craziest thing, but I can feel it. But it's such a strange disease in some ways, because I just keep thinking myself, but it's not cancer. So what do I have to complain about?

RITA: Mm-hmm.

MICHAEL: What's—why am I—why am I complaining about something—OK, so I have an upset stomach. So I have digestive troubles that last for a few days. But, you know, I have drugs, and they mostly help. You know, and—

RITA: So—

MICHAEL: I don't know. And it's hard. It's hard. You know? I don't really know how to actually wrap my mind around it. I'm still—

RITA: Yeah.

MICHAEL: I feel like it's, uh—when somebody told me once that it's kind of like, um, the stages of grief, right? Where I feel like I'm still oscillating between anger and denial, and I'm wanting to get to acceptance, but I just keep brushing it and thinking, I'm almost there. No I'm not. And I just keep going back and forth like, ugh.

RITA: Yeah.

MICHAEL: Because I feel angry that I can't—I can't exercise like I used to. I mean, I used to—and my doctor says, oh, you'll be able to get back to triathlon. You'll be able to get back to marathons. But I can't even run. I mean, it hurts so much. And I'm like, gosh, you know, I use to just gut this out. I should just do that. But I know that if I do, I damage myself worse. And I know that when I have already, that I'm just—I have to lay on the couch for a couple of days.

RITA: Yeah.

MICHAEL: I mean, I feel that bad. And when I feel bad, then it's like, oh, yeah, all the stuff that I'm telling you, it doesn't even bother me, because I'm just too tired. I hurt too much. It's like, when your body says you're done, you're done. You know?

RITA: So you throw yourself at everything as hard as you can, and then you hit this wall. You're out for a while. Then nothing matters, because it hurts so bad. You're so exhausted. You're forced to be on the couch.

MICHAEL: Right.

RITA: Then you recover.

MICHAEL: Right.

RITA: Then—

MICHAEL: You start thinking about all the little things again.

RITA: You're back there.

MICHAEL: And I want—I would like to get to a place where I can find some contentedness in just being OK with this is what I'm—this is what I can do. I try to create a mantra, right, where I'm like, just be thankful for what you can do, not continue wishing what you could do or remember what you used to be able to do.

And I try to be thankful for that. I think, OK, I went for a ride today, and I'm really thankful that I could just go out for a ride today. But then I was like, gosh, you know, I used to be able to—you know? Just in the back of my mind. I used to be able to do this. I used to.

RITA: Right.

MICHAEL: And so in some ways, I feel—I just kind of get mad at myself, like, OK. Be OK with it. Be OK with it.

RITA: So there's this type A talking to type B, right?

MICHAEL: Mm-hmm. Mm-hmm.

RITA: And then type B is talking back to type B and—

MICHAEL: Yeah. Yeah. And you know, and I just—and I feel guilt.

I worry that something is going to make it so that I can't teach. That's the one thing that I really love to do, and my work. I love computer science. I loved writing software. But I really teaching. And so for me, if I couldn't teach, that would be really hard for me.

RITA: So you've had this style in life of, I'm going to just say, gutsing it through, being your own central physician. I mean, the story goes all the way back to you're the central problem-solver, and had the energy to figure out what was going on, right?

MICHAEL: Mm-hmm.

RITA: Network, internet, resources. So you get that figured out, and now I've arrived in this spot where you know what's going on, but

you're questioning if the style you've had your whole life is going to work with this new management issue, with the disorder.

MICHAEL: Right. Right.

RITA: And I'm hearing a little fear.

MICHAEL: Oh, yeah. Oh, absolutely. Absolutely. Because I mean, it just comes back to—I mean, for me, anyway, I have issues with even my masculinity sometimes. And so then to have a disease that makes you feel like you can't do all the things you used to be able to do, it all of a sudden is—you're already a face. You know, I already have relatives that tell me, well, you just need to toughen up. I was like, well, I would like to, but the intestines say no.

And that's not one of those things that are very comfortable to talk about, either. Again, it's kind of like, when you have cancer, you say, I have cancer. And it kind of trumps all, right? Everybody's like, well, you're done.

RITA: Yeah.

MICHAEL: You know, well, you win, kind of thing.

RITA: Exactly.

MICHAEL: And I don't actually want to win. I just want to be, in some ways, left alone. And I don't want somebody to tell me toughen up. I don't want somebody to tell me, it's gonna be OK. Everything's OK. I don't even know exactly what I want. But I have these—I don't even really tell people, and that's the part that makes it kind of hard and strange, is I don't actually share this with anybody. So when I have people that are somewhat strangers coming up to me and saying, how are you feeling? I feel like, I don't know you, and I feel a little nervous now. So I—

RITA: Right. A little nervous, a little ashamed, a little resentful that this is your story, and you really don't want to have to tell it every time you turn around.

MICHAEL: Right.

RITA: Yeah.

MICHAEL: And how much do you really want to know?

RITA: Right.

MICHAEL: Because I have this person that actually, just by pure happenstance, I raced with him a lot in triathlon over the last five years. He's a nice guy. And we just had a nice rapport with each other. And I saw him the other night when my wife and I went out for a date. I'm like, hey, it's good to see you.

RITA: Yeah.

MICHAEL: And he's like, hey.

RITA: Hey, how are you?

MICHAEL: You didn't race this last weekend. What happened?

RITA: Yeah.

MICHAEL: I'm like—and I just paused. And Karen's like, I'm going through my mind thinking, I don't even know who this person is. Does Michael know this person? I'm like, uhh, and then she's like, and I'm like, well, I just got sick. And he's like, oh, OK, no problem. She's like—and she asked me about it later. I'm like, I'm also just trying to think of the right response for the moment.

RITA: Yeah.

MICHAEL: Because I don't know him that well, but I don't—I didn't want to be untruthful. I didn't want to say something that wasn't true, but I—she's like, I honestly just didn't know how much you were going to go into it. I'm like, I don't know—I don't know him that well, and I think it would've been a little uncomfortable for him. And—

RITA: So it's almost like inside you're going, I know this person a little bit, but this is my private journey, and I don't know how much I really want to share.

MICHAEL: Mm-hmm. Mm-hmm.

RITA: Yeah.

MICHAEL: So that part has been a little hard for me.

JOHN: As I was watching you, Rita, with Michael, I couldn't help but

notice that Michael was talking a lot. And that's great. It's really, really good to have a client that's verbal and talking a lot. But I also thought to myself, huh, that makes it even, maybe, a little harder.

RITA: It's a little trickier.

JOHN: It makes it trickier, harder to make contact, to connect, because it's hard to have your presence felt in the interaction. And so you were, I think, working hard, doing some paraphrases. And, of course, I, really obviously like it. I liked it when you did the walking within technique, and you did that just before the break in this session. I'm always impressed with that.

RITA: Yeah. And I think it worked, because we saw Michael shift from some of his probably more mundane issues to mentioning things like a little fear or a threat to his masculinity, which made me feel like, wow, we've dropped a level here in terms of trust and deepened into.

JOHN: It's a little surprising that you could get to big issues so quickly, just using some non-directive person-centered approaches.

RITA: Mm-hmm. Yeah. In this next section, we'll watch a little bit more, as Michael, I think, works on his world view and—

JOHN: And really kind of his way of being in the world.

RITA: Right. Exactly. So let's watch.

MICHAEL: And you know, I try to read. I try to figure out different things. And sometimes it just feels so overwhelming. And honestly, because the disease has such a wide range of how people are affected, I have a hard time thinking, well, it's not like I've had my colon removed. It's not like I've been in the hospital every time.

RITA: Mm-hmm. Mm-hmm.

MICHAEL: And, you know, and then I also—it's always interesting too, because they're always like, the people that do find out, like, gosh, I have known so many people that have that disease. Like, it's like, that's so interesting.

RITA: Yeah.

MICHAEL: I'm like, I guess.

RITA: Yeah. Interesting, yeah. But I notice a lot of times when you tell me about what's going on inside of you, I'm hearing this internal scolding pattern. It's like you get in touch with a feeling—maybe resentment, maybe guilt, maybe sadness—and then you yell at yourself in there, and say, well, at least you've still got part of your colon. What are you complaining about?

MICHAEL: Right. It's true. It's true. It's like this quit-feeling-sorry-for-yourself feeling. Maybe it was the way I was raised. I don't know. Because, I mean, I didn't—it wasn't like I was—I mean, of course I've had a lot of blessings in my life that I feel so thankful for. And so I really think about that a lot—thinking about, gosh.

And I've always had that problem growing up, thinking, gosh, I have been given so much in my life. And it's not like I haven't had my share of issues, obviously. But I just feel like I've been given so many things. You know? I was adopted. I could have been left on this doorstep where I would have most likely died.

RITA: Right.

MICHAEL: But I was brought here, and I got to live this amazing life, so what do I have to complain about? So that's what kind of goes through my—that's the dialog that goes through my head, like, yeah, I've had this bad thing happen, but, you know, it could've been worse. It could've been, you know, whatever. I could've lost my arms or I could've—I could be dead. You know, so I kind of go to those extremes, sometimes.

I'm sitting there on the couch, it's dark. The dogs are sleeping or snoring. And I'm just sitting there like, OK. One more hour. I can make it. I can make it. You know, in those times, I'm like, OK, I can feel sorry for myself for a little while, because no one's awake. No one's depending on me. Nobody's needing anything. And so it's that time.

RITA: Mm-hmm.

MICHAEL: You know? And, but then I'm like, OK, it's going to be all right. And I can take another drug here, and I'm going to be fine now, and I'm going to feel good. And so—

RITA: So even when you're feeling sorry for yourself in these really

private quiet times, part of the message you're giving yourself is, the drugs—it'll be better in a little while. So it's not that all the way down to just why is this happening to me?

MICHAEL: No. And that's the part that I'm a little afraid of doing, honestly. I am. I'm afraid of going to that level. Like, because, in some ways in my mind, I think, gosh, you're just whining, or you're just complaining, you know, and I don't complain.

RITA: So that inner—we'll call him Mr. Type A. But that inner thing is not letting you face into the despair side of this. Boy, you just get scolded right back away from that.

MICHAEL: Yeah. Pretty quick. I mean, I'll get there, and I'll feel bad. I'll even—I mean, I can't even weep about it, at times. Because I'm just like, no, it's not. It's fine. It's going to be OK.

And that's where my feelings of guilt—you know, when my wife has to make two different dinners, one that the children will eat and one that will work for me.

RITA: That will work for you. Right.

MICHAEL: You know? And she's happy to do it, but it makes me feel bad. And I'm like, honestly, let's just make a bunch stuff, stick it in the freezer, and I'll just pull it out so that I'm not bothering anybody. You know? But she's like, it's fine. It's fine. But it makes me feel bad.

RITA: So this goes all the way back to parental messages of get up there and take a lot of room in the world. And what I'm hearing is you really don't know how much space you should take up in the world.

MICHAEL: Right.

RITA: You just don't know.

MICHAEL: Right. And that's the part I don't—which is fascinating, because my alter ego in front of the classroom is I can be as big as I want—not in a bad way. And I mean, one of the things—and, you know, I always think, for me, since I love teaching so much, I think about it all the time. It gives me a lot of life.

And I think about just my own theories on how I teach—because I was never taught formally. I mean, I wasn't like—I didn't go to

education school. I wish I would have.

RITA: Right.

MICHAEL: And I was like, but I've made up my own theories on just common sense, in my mind, but just creating this atmosphere of community, creating this atmosphere of respect between your students, and not where they feel like they're able to run you over, but where we can have a true dialog, and have this conversation.

RITA: Right.

MICHAEL: But I feel like I can just do whatever I want to in that arena. And—

RITA: Right. That's where you're at home.

MICHAEL: Yeah, absolutely.

RITA: That's where you can take up all the space you need.

MICHAEL: And it's fascinating. Because I tell my wife this. When I get in front of the classroom, it's like sometimes I'm so lost in what's going on, it's like I have to snap back into reality when I'm done. Like, I'm always like, oh, wow, the hour's over. And everyone's engaged, and everyone's there, and everyone's participating. And we just created this whole nother world for an hour, an hour and a half. And I'm like, oh, that was weird. And it was the one thing that was helping me take my mind off of the things that were hurting me during all that time.

RITA: Yeah. That's the flow or the muse or whatever. You're there.

MICHAEL: So my stomach or my digestion—all of that was just distraught and just all this pain. But I'd get in front of the classroom, and just for that hour, it could just go away, unless it was really bad.

RITA: Sure.

MICHAEL: But I could even figure out ways to accommodate myself. I'd go to the restroom before class, and be like, OK, no, I'm good for a while. But it's just like, it's like my mind could just disappear for a while, and I could just let it go. And even all my little things that bother me, they're let go, just for that. And I imagine that's exactly—and you say muse, that's exactly what I imagine artists and painters.

That's where they get. They get to this place where the world's gone, and they're just—and that's exactly how I feel. I'm there, and I'm just so into it all.

RITA: Yeah. Yeah.

MICHAEL: And all these really emergent things come out of it. I mean, to me, I see teaching as an organic process, as this feeling of all these things that come out of it, that life comes out of that I didn't even imagine. I prepare. There's no doubt.

RITA: Sure.

MICHAEL: But do I go into different worlds? Yeah. But I see it as a story. I mean, every lecture, every class is a story. It's not me disseminating information. Sure, I have to give information, but I see it more of as this, we're going to talk about this story that starts at the beginning of week one, and we're going to bring it back to week 15.

And so when I bring it back in week 15, they're like, oh my gosh, you remember that? I'm like, see? You realize that it's all connected. Everything's all connected. Maybe it's Buddhist or something. And I just think, but it's so true. Even in the world of computer science, everything's so connected, and that's really an interesting thing. That's what I love about it so much. And, you know? I don't know.

RITA: So one of your questions is really could that me that's found this home, this peace, this balance, could that me be in other parts of my life?

MICHAEL: Yes. Yes.

RITA: Could I bring this over and find that balance, that peace, the story?

MICHAEL: Yeah. Yeah, absolutely. Because, I mean, even when I exercise—not as much now, because, of course, I just can't, physically, but before, I had a hard time just going out for a bike ride to enjoy the weather, enjoy the scenery. I was thinking how much time? Can I do it faster? Can I go a little bit faster? Can I push myself a little harder?

RITA: Right.

MICHAEL: I'm like, what happened to just going out and enjoying the

ride? You know? And I berate myself a little bit over that, and be just like, gosh, why can't you just go out and ride just to ride? And in some ways, I'm really thankful, because now I truly am thankful.

RITA: Now that question is for real. Yeah.

MICHAEL: Yeah. I just made it. Thankfully, I just made it through. You know? And so that is a different feeling. That has been very fascinating.

JOHN: From the perspective of person-centered theory, one of the things that Rogers probably would say about Michael—but maybe about all clients and all people—is that he's suffering from conditions of worth that are placed upon him or have been placed upon him about who he is and how he functions in the world.

RITA: Mm-hmm. I really was very moved by the actual description of Michael in his struggle to just ride his bike and just enjoy it—not time himself, not push himself. And that's a real struggle for anyone, but clearly is a metaphor for Michael as he tries to integrate his medical condition with other things in his life that matter.

JOHN: It's also a great general example of the importance of letting the real self be in and experience the world.

RITA: Right. It was a great session with Michael, and I think he's the kind of client that works well in the permissive environment of a person-centered approach.

This next session is an example of a Gestalt approach.

JOHN: Fritz Perls once said, “wake up and come to your senses.”

RITA: Gestalt is a very physical, very sensory-oriented, and it's about being in the now—being aware of what's happening in the body.

JOHN: And really so then what the therapist or the counselor or psychotherapist is watching for and listening for in the session are things that are happening in the now, emotion, and flashes of insight that might be happening.

RITA: Which is sort of interesting, because it's sort of lots of parts that come together in the work, in Gestalt work, and it's all about integration. Gestalt is really about the whole, about integration.

JOHN: Now, in this upcoming segment, I'm working with Sydney, and it really represents Gestalt therapy accurately in the sense that it's a little bit spontaneous and unplanned. He starts by telling a dream that he'd had the night before, and from the dream, we shift into the empty chair technique, which is a classic Gestalt technique.

RITA: That's right. One thing that's true about Gestalt work is it's not necessarily planned. Let's watch as John works with Sydney with some of these techniques.

SYDNEY: And at the same time, I think there's an element of either perfectionism or something like that, that when I experience those moments, or I think I do, that it may get a little blown up in terms of its magnitude, or overgeneralized in some way. So it can be—and that's why, I guess, laughter feels like the appropriate response, as I wrestle with those disparities in some point.

JOHN: And so the anxiety, what kind of—from the stomach to the chest, and then now it's sort of turned into laughter, feeling a little bit silly about it.

SYDNEY: Mm-hmm.

JOHN: I want us to try something, if it's OK. And one of the things in Gestalt therapy is that we do things we call experiments.

SYDNEY: OK.

JOHN: And so if you don't mind, I'm actually going to get out of this chair and we're going to do a thing that we call the empty chair technique.

SYDNEY: OK.

JOHN: And I'll move back. And I hear two sort of distinct parts in there, one part being anxiety. And so I'd like you to put anxiety in this chair.

SYDNEY: OK.

JOHN: And have you, in that chair—and you have a conversation with the anxiety in more of an active way.

SYDNEY: OK. OK.

JOHN: Does that make sense?

SYDNEY: I think so.

JOHN: If at any point you have questions, let me know, and I'll sit back here and I'll make some comments as you talk to your anxiety.

SYDNEY: OK.

JOHN: OK?

SYDNEY: OK. So anything I want to say to my anxiety.

JOHN: Anything you want to say to it is a place to start.

SYDNEY: OK.

JOHN: And then the anxiety will get a chance to speak as well.

SYDNEY: OK.

JOHN: OK.

SYDNEY: OK.

JOHN: All right? So I'm slipping back here. And so we put the anxiety right here.

SYDNEY: OK.

JOHN: And—or here.

SYDNEY: OK.

JOHN: And you just tell the anxiety what you would like it to know.

SYDNEY: OK. I guess I would like you to know that I'm not always clear and sure as to why you show up and as to what your function is, if there is a useful function. I think sometimes a little bit of you might be fine, but a lot of you is not fine, and is counterproductive in a way.

JOHN: Kind of like, I don't know why you're here sometimes.

SYDNEY: Mm-hmm.

JOHN: Certainly I don't know why a lot of you is here. Maybe a little bit of you is OK.

SYDNEY: Mm-hmm.

JOHN: Move over and be the anxiety and talk back to Sydney. What

do you have to say to Sydney, who's now in that chair?

SYDNEY: Well, Sydney, I guess I would say that I'm here to make sure that you do what you're supposed to do and that you stay on track, and that you have some negative feeling, which is me, associated with behaviors that don't fit with your values. So that's why I'm here, is to remind you of when your behavior doesn't fit well with your values.

[JOHN gestures for Sydney to move back to his original chair to respond to his anxiety. Sydney moves back to his original chair.]

SYDNEY: Well, I would respond to that by saying, you have a good point. At the same time, you can be a little excessive sometimes. It's good for me to have reminders that encourage me to be motivated to align with what I believe and my values, at the same time, sometimes you reach a point to where that isn't helpful anymore, where there's too much of you in the picture.

[JOHN gestures for Sydney to move to the chair and respond as his anxiety. Sydney moves back to his original chair.]

SYDNEY: OK. So, that is an interesting point. And I could see how too much of me could be debilitating—too much of anxiety, of me, could be debilitating. And so perhaps—yeah. You have a good point. I'm not sure what else to say about that. Part of me wants to say I will temper myself down a little bit or tone it down a little bit so that I'm not so in-your-face at times when maybe you need just a little bit of me, as you've made clear. So part of me wants to say that, that I'll temper it a little bit.

JOHN: OK. Let's go back to Sydney and just talk a couple minutes, or maybe just a few seconds, and then I want to guide you through another little piece of this.

SYDNEY: OK.

JOHN: What comes up for you as you do this dialogue?

SYDNEY: I think the first thing that comes up is seeing—or feeling, not just seeing—but I guess this feeling level of feeling like this anxiety is just another part of me that I, Sydney, have some measure of control over, that perhaps I sometimes forget or I'm not aware of—that this

is a part of me that sometimes I want to push away and say it's an external thing that's acting on my life in a way that has a negative impact sometimes.

And through this empty chair activity, it feels as if—verbalizing from the standpoint of anxiety makes me feel like it's just a part of me, and like other parts of me, I have some self-determination in how it shows up, to what degree, and see the utility of that voice within certain boundaries, I guess and limitations.

JOHN: OK. So what I'd like you to do is to talk again to the anxiety. Begin by saying, thank you, anxiety. I hear you wanting to be helpful.

SYDNEY: OK.

JOHN: And then maybe ask the anxiety, are you worried that I might not live up to my own values?

SYDNEY: OK.

JOHN: And so just try to—again, find your own words, I guess, for that.

SYDNEY: OK.

JOHN: But that kind of message. And then go over and be the anxiety.

SYDNEY: OK. OK. So, anxiety, I appreciate your concern for me and wanting to make sure that I live in alignment with my values. And I thank you for that, for keeping me on track in that regard. And I also hear that you're concerned that without doing that, or without a certain degree of that, that I will slip in some way.

JOHN: I'd like to hear what anxiety has to say in

[Sydney moves to the other chair to respond as his anxiety.]

SYDNEY: So I hear what you're saying, Sydney, and, I—I think that this discussion between us has been good in the sense that it lets me know that I play an important role in your life of being there to serve as a motivator, as even an inspiration, perhaps, in some way, but also that I can overstep my bounds. And so thank you for sharing that with me, as this discussion helps me figure out how much of me is the right amount, how much is too much and is unhelpful.

JOHN: Mm-hmm. So while you're in the anxiety chair—anxiety, I heard Sydney saying to you that he appreciates you.

SYDNEY: Mm-hmm.

JOHN: He values you.

SYDNEY: Mm-hmm.

JOHN: And thanked you. And what does that feel like to you, to anxiety?

SYDNEY: To anxiety?

JOHN: What's it feel like?

SYDNEY: I think I kind of smile, I guess, because I feel like perhaps I've been told by Sydney that you shouldn't be here. You should be gone, abolished from existence in some way. So that's the first thing that comes up.

JOHN: In some ways it feels validating?

SYDNEY: Yeah, like it's OK for me to be here as part of you, as part of your life, in a way.

JOHN: Yeah. You have a purpose. You have a function.

SYDNEY: I have a purpose and a function, yes, as opposed to being in this tug-of-war, in a way, where Sydney's always trying to kick me out.

JOHN: Mm-hmm.

JOHN: As we were watching the preceding segment, Rita, it reminded me of how important it is for Gestalt therapists to not interpret, even so sometimes there's a tug in that direction.

RITA: Oh, yeah.

JOHN: And I felt like I might want to tell Sydney what I thought of some of the things that he was doing and saying—what it might mean. And so I was as a little proud of myself for holding back and directing, which is the role of the Gestalt therapist, as opposed to interpreting. Because it's really Sydney's experience to interpret.

RITA: It's true, although, of course, therapists always make some kind of decision. And I noticed that you went with anxiety, and you didn't

go with shame—things he mentioned.

JOHN: Right. And, you know, I don't even remember making that decision.

RITA: Yeah.

JOHN: But actually, in retrospect, I feel better about going with anxiety. I think that would be easier than to try to do both at once or to go with shame first.

RITA: Yeah.

JOHN: You know, another thing that happened is that I had Sydney—I had him talk to his anxiety, and I'm just curious about what you thought of that.

RITA: Well, I liked it. It's a great technique, and I think the empty chair and the talking is always very interesting. I don't think Sydney went super deep and we really heard the voice of his anxiety. We heard Sydney, as anxiety. But still, I thought it was pretty helpful, yeah.

JOHN: Yeah, yeah. Absolutely. And Sydney is really very good at sort of taking on the voice of those different entities inside himself.

RITA: Yeah. And in this next section, we're going to watch some dream work, where you ask Sydney to take on the voice of the different parts of the dream, which—classic Gestalt, isn't it?

JOHN: And it's not easy often for clients to do that, and so watch to see how Sydney does it.

JOHN: One thing we didn't do with the dream, because you went through it speaking first person. But what you didn't do was we didn't give you a chance to try on some of the entities in the dream.

SYDNEY: Mm-hmm.

JOHN: And so what I'd like you to do now if you're OK with it is to go back through the dream, and I'll just prompt you to put on the different entities, and to be the different parts of the dream.

SYDNEY: OK.

JOHN: OK?

SYDNEY: OK.

JOHN: So, are you ready?

SYDNEY: Yeah, I think so.

JOHN: Deep breath. How about you begin and you are the canoe.

SYDNEY: OK.

JOHN: I know that seems kind of funny, but just say, I am the canoe, and I'm—

SYDNEY: OK. I am the canoe, and I'm going down the river, downstream. I have two paddlers sitting within me. I'm not sure if they know what they're doing or not. And they start to turn me a little bit sideways to the current, and I start to tip over to the side just a bit.

JOHN: I am tipping over.

SYDNEY: I am tipping over. And as I'm tipping over, I begin to fill with water from the left side. And it starts pouring over my side, and I'm filling with water. Then I start to level off and come back to a upright position. And I reorient, and I'm floating downstream. I'm now—

JOHN: I'm filling with water, I'm filled partway with water?

SYDNEY: Almost all the way, three quarters.

JOHN: I'm almost all filled with water.

SYDNEY: Almost all filled with water—three quarters of the way filled with water.

JOHN: And how does that feel as the canoe, to be almost filled with water?

SYDNEY: Heavy.

JOHN: I feel heavy.

SYDNEY: Burdened. Burdened, yeah, and heavy.

JOHN: Mm-hmm. OK.

SYDNEY: Unwieldy. I feel unwieldy, burdened, heavy.

SYDNEY: Mm-hmm. Right.

JOHN: OK. And as you say those words, does that connect with anything for you?

SYDNEY: I think it connects with moments that I experience— heavy, burdened. Unwieldy, not so much, but heavy and burdened. And I would say not in the big picture of my life, but right now it's near the end of the semester. It's sort of a crunch time for me, and I feel heavy and burdened, definitely in the last week or two, and I'm sort of anticipating that it will continue for another two weeks, that heaviness and that burden of having—and I guess the metaphor there is sort of having more than I can manage, which is what the canoe is experiencing.

JOHN: Mm-hmm. Just kind of drifting down the river now.

SYDNEY: Yeah, and overflowing, as it were, with the burden, with the heaviness, in a way.

JOHN: I'm overflowing with the burden.

SYDNEY: Yes.

JOHN: Yeah. OK. And still heading down the river.

SYDNEY: And still—still, yep, following the path of least resistance, in some way it seems, or going with the flow of what the environment is telling me. The river is saying, you need to go this way, which is the direction of the current. And it's going to be a lot of work to go in the other direction. And even though you may be heavy and burdened, that's the direction we're going to encourage you or push you in, even. Yeah.

JOHN: And the burden right now feels like all the stuff that you have on your plate for the end of the semester.

SYDNEY: That's right.

JOHN: And now let's just shift a little bit, and you become the river.

SYDNEY: OK.

JOHN: I am the river.

SYDNEY: OK. I am the river. I'm flowing. I'm dynamic. I'm pushing all sorts of things downstream—canoes, sticks, bugs, debris, rocks.

I'm flowing. I'm moving. I'm a little bit—a little bit murky. My clarity is not that good to come full circle to clarity. It's a little murky. I have a lot of different features. There's places of calm water, places of faster water, places where there's log jams, obstructions, rocks.

JOHN: There's a lot. There's a lot, to me.

SYDNEY: There's a lot. I'm diverse. I'm diverse and dynamic and changing.

JOHN: What's it feel to say that?

SYDNEY: It feels—the first thing that it feels is this connection with what I just mentioned about anticipating the next two weeks to be busy. The first thing that I felt was sort of this connection with how rivers change with the season—how the snow melts and they come up and they flow big and swollen, and lack of clarity. They're murky. You can't see as well. And they're more brown, and more debris is floating down as the runoff collects all of those things.

JOHN: There's so much going on that it's murky.

SYDNEY: Yeah.

JOHN: Yeah.

SYDNEY: And then as the season progresses, the water level starts to lower. It becomes more tranquil, calmer. You can look into it and see fish over here, and the bottom over here. So the clarity of the river increases as that period of time that is a natural changing in the seasons sort of waxes and wanes.

JOHN: Yeah.

SYDNEY: Yeah.

JOHN: Do you have a part of the year that feels more clear to you, and still?

SYDNEY: Yeah. I think the summer. I think the summer does, yeah.

JOHN: OK. Let's take one more object in the dream and explore it a little bit, if that's OK.

SYDNEY: OK.

JOHN: How about you become the other paddler.

SYDNEY: OK.

JOHN: I am in the front of the boat, and Sydney is behind me.

SYDNEY: I laugh because the first thing that pops into my awareness is the comment, I don't know what I'm doing, and it sounds like Sydney doesn't know what he's doing either. He's not telling me what to do in a way that makes sense, that is clear. So to speak from that perspective of that paddler, I'm confused. I'm frightened. I have the tools that I need, such as this paddle, in my hand, but I don't have the internal tools, such as the knowledge and skill that I need. And the person that I'm looking to for that isn't being effective in transmitting that knowledge and skill to me.

JOHN: Mm-hmm. Mm-hmm.

SYDNEY: And, um—and I also feel, as the first paddler, some sense of, oh well. Like, a little bit like those things are true that I said—not having the skill—but, oh well, the consequence isn't that great. It's almost as if either I don't know what the consequences are—sort of an ignorance is bliss thing. I don't know that it's a big deal to flip the canoe and perhaps capsize and all of that. But just that, uh, yeah, it's no big deal.

JOHN: OK.

SYDNEY: I'll just roll with it.

JOHN: Does this—you'll just roll with it.

SYDNEY: Yeah.

JOHN: Yeah. So I don't have the skills I need. I'm not getting great help. And yet I'm not terribly upset about this or concerned. I have a little bit of an ignorance is bliss attitude.

SYDNEY: Mm-hmm.

JOHN: Does that connect to anything in your life?

SYDNEY: Yeah. The last piece of that—the sort of I'll just roll with it.

JOHN: Watching the clip with Sydney just made me think, wow, he was a darn good client. He was able to take on the characters and

the objects in the dream. He played the role of the canoe, and did it without missing a beat.

RITA: Yeah. That was great. And even though I was a little bit skeptical about the voice he gave to anxiety, I think it helped. I think we sensed some integration at the end, which is, of course, one of the values that Gestalt therapy has, is that integration.

JOHN: And theoretically, integration leads to energy, and the desire to make contact and move forward in a healthy way in life.

This next session is an example of behavior therapy, and it features a colleague of ours from the University of Montana, a counselor named Selena Beaumont Hill, who's a member of the Crow Tribe here in Montana. Now, behavior therapy is all about learning theory—or learning theories is probably a better way to express it. But the focus is often on what are the rewards or the reinforcers that create and maintain behavior, and what are the consequences or the punishments that tend to diminish or reduce the rate of behavior.

RITA: Mm-hmm. And, you know, behavioral therapy is excellent for people in positions like Selena's to work with people who need to make significant changes in their behavior, and to make those rather quickly.

JOHN: Now, Selena's working with Brittany. Brittany has flunked out of college. She's working on getting reinstated. And one thing I like about the beginning of the session is that Selena is working on just sort of casually discussing—maybe not casually, but discussing the natural incentives that are associated with Brittany wanting to be or staying in school.

RITA: Right, and some of the maladaptive behaviors that are probably playing a role in her having flunked out. So—

JOHN: Absolutely. So let's watch.

RITA: Let's watch.

HILL: And I really just want you to describe some of the patterns, some of the behaviors, some of the things that you were doing that led to the suspension.

BRITTANY: Right.

HILL: So, I'm just going to show you this questionnaire, so you have an idea of what I'm doing.

BRITTANY: OK.

HILL: And this will be part of their reinstatement process, if you do choose to go that route. And I guess I should get a feeling, before we continue on—do you want to be in school?

BRITTANY: Yeah. Yeah, I definitely want to be in school. I like school. Like, I don't want to not be in school.

HILL: OK. what about school do you like? What keeps you here on the university campus?

BRITTANY: Well, I have really good friends here. Like, I feel like I've made really good friends. And like, I don't want to have a bad job. Like, I want to get a degree so I can have a good job. Yeah. I don't know. Like, I think the town is pretty and the campus is pretty. And I mean, I'm pretty happy here.

HILL: Mm-hmm. And what do you think kept you from going to class as regularly as you did when you were in high school? What kept you attending your college classes on a regular basis?

BRITTANY: Well, I think, for one, I don't have, like, my mom like making me get up when I'm tired. And, I don't know. I don't think I like, love my classes. And because it's like an option to not go—like sometimes I'm just really tired. And it's hard, too, because like the schedule's so different.

Because like, with high school, I had to be there at 7:45 every morning. It was always the same. But like now it's like, Tuesday mornings I can like, sleep in, but like, Wednesday mornings and Monday mornings, I have to get up early. And I don't know. I think it's really hard to adjust to that, because you don't have the same schedule all the time.

HILL: OK. So you need a little more consistency. You feel like that might help you.

BRITTANY: Yeah. I mean, because your body gets all whacked out when you're like, sleeping late and then staying up late, but your body

never knows what to expect, really. I think that's like, part of the problem. Yeah.

HILL: OK. So I'm just going to show this questionnaire to you. And there's a couple—well, there's several options to choose from. And I want you just to pick a couple of those options as far as what you think contributed to your academic difficulties.

BRITTANY: OK. Yeah, I mean, I think those are the main ones.

HILL: OK. All right. So poor attendance, time management problems, and too much partying.

BRITTANY: Yeah.

HILL: All three of those are very common for incoming freshmen, or freshman, I should say.

BRITTANY: Yeah.

HILL: It's the first time you're away from your parents, and just the independence that you are discovering and trying to find your own boundaries, and all of that's very common.

BRITTANY: Right.

HILL: The too much partying is also another common experience for freshman. The University can be fun. They're so much to do—

BRITTANY: Right. And it's not like I'm like drinking all the time. I'm just like, with my friends. So sometimes I go out, and I'm not even like, have a drink, but it's just like, hanging out with them, you know?

HILL: Yeah. I think the social aspect is what gets most teens—or most freshmen. Sorry.

BRITTANY: Yeah.

HILL: Just because you have—you know, you don't have anybody saying, you have to be home at midnight, or you have to get up to go to school at 8:00. You know? Nobody's checking on you, and it's the first time you're just out being independent and making those decisions. So I can definitely see where that can come into play, which then affects the attendance.

BRITTANY: Yeah.

HILL: Because you're out late, even though you're not maybe doing something that you're not supposed to be doing. You're just out late.

BRITTANY: Right.

HILL: Which that means you're not ready to go the next morning.

BRITTANY: Right. See, it's not even like I'm hungover. It's just like, I like, can't get up when my alarm goes off. I, physically, I'm just like, so tired. You know?

HILL: Mm-hmm.

BRITTANY: Which I don't mean to be, but.

HILL: Yeah.

Just so that I can better help you, if you don't mind just describing a typical day for me. That way, it just gives me insight into what's maybe some of the other obstacles are. And so I have a worksheet here for a schedule, and let's just take, for example, Monday class day, and what that typically looks like.

BRITTANY: OK.

HILL: So when's your first class—for this past semester, when was your first class?

BRITTANY: 9:40 is when I start class on Mondays.

HILL: OK. And what class is that?

BRITTANY: Religion of America.

HILL: OK. OK. And then do you have any other classes on Monday?

BRITTANY: Yeah. Then at—let's see. I think it's like, 1:10. 9:40—yeah. 1:10, I have Shamanism.

HILL: OK. So a nice break in between.

BRITTANY: Yeah.

HILL: All right. And then any other classes on Monday?

BRITTANY: Not on Mondays.

HILL: OK. So your Religion of Americans—why did you decide to take that course?

BRITTANY: It was just like one of the courses that was still available. Like, I feel like I kind of had a late registration, and like, I didn't really know what else to take, and I've heard really good things about that professor.

HILL: Mm-hmm. Mm-hmm. That specific course is actually an upper division course, and so that might be why you had some difficulty with that.

BRITTANY: Yeah.

HILL: Usually when you're taking a 300 or a 400-level course, you want your writing skills. You at least want your English composition course out of the way, because there's a lot of [UNINTELLIGIBLE].

BRITTANY: Yeah. I've noticed that. Like, they're all like, the older kids, and they kind of—I don't know. It's just like, it's easier for them, I think.

HILL: Mm-hmm.

BRITTANY: Yeah.

HILL: Also with upper divisions there are sometimes prerequisites that aren't—there's no way in the system to prevent you from registering for a class with a prerequisite, and so that might be another problem, is they expected you to have a foundational knowledge before jumping into that one, and you just skipped that.

BRITTANY: Right.

HILL: And that's where I come in. I help with the academic advising. And we can talk about that a little bit more later.

BRITTANY: OK.

HILL: The Sha- Shama- Shamanism—

BRITTANY: Shamanism. Yeah.

HILL: —class, how was that class for you?

BRITTANY: You know, it's interesting, but like, I don't know. Not exactly what I want to study. And again, it was like something that was free that fit in my schedule. But I don't know, like—I don't love the professor, and I mean, I'm not—I don't want to be a Shaman, you

know?

HILL: Mm-hmm.

BRITTANY: And I mean, those are both kind of like religious studies courses, and that's not really my thing, so.

HILL: OK. All right.

JOHN: I noticed Selena doing some nice focusing or psychoeducation on the nature of maladaptive behaviors, and that's really an important thing to focus on when you're working with, I think, a young woman who's struggled in college.

RITA: Right. And I thought it was interesting to see her have Brittany talk about a typical day, and kind of start identifying those contingencies, and what was going wrong. It's also classic that Brittany was in an upper classman class, and a class on Shamanism. And combine that with lack of good habits, or maybe some bad habits.

JOHN: Selena also, in the upcoming segment, works on contracting, which is another behavioral approach, as well as behavioral problem-solving—in other words, how can Brittany use some skills to use new and different behaviors and new contingencies to change her behavior in a positive direction?

RITA: Let's watch how that works.

HILL: OK. So, as part of the reinstatement process, you have to agree to do some of these things. So it's really important that you understand all—because this is basically a contract that helps you, that keeps you on track for what you should be doing in the fall, to help you be a successful student.

BRITTANY: OK. So I can for sure come back in the fall?

HILL: Actually, not for sure yet.

BRITTANY: OK.

HILL: What I'll do is go through this plan with you, and then after that, we'll call over to the dean's office, get you an appointment with them. And they actually do the reinstatement. They're the ones that decide.

BRITTANY: OK.

HILL: So remember in the beginning I said it's important that you're really honest with me about everything.

BRITTANY: OK.

HILL: And the dean will ask the same, because what we want to do is make sure that you're ready to be back in school, and that this is the, first of all, the right university for you and the right time for you to be here.

BRITTANY: Yeah.

HILL: And it's not about keeping out of school or not about not wanting to encourage. It's just about making sure it's the right thing for you right now.

BRITTANY: Right, yeah.

HILL: It's not a—I guess it's not a form of punishment, but it's definitely a process to make sure that you're ready to be here.

BRITTANY: OK.

HILL: Do you have any other questions?

BRITTANY: No.

HILL: So just going back to the questionnaire. This part of the reinstatement plan is attending class, making sure that you attend all classes for the semester. And just reflecting back on the questionnaire that you had filled out at the beginning of our meeting, that was one of the problems that you identified, was your poor attendance.

BRITTANY: Yeah. It's probably the biggest problem.

HILL: OK. And so what—and I know you talked about the social, being social with your friends and staying out late. Was there anything else that kept you from going to class?

BRITTANY: So, yeah. Just sleeping in, and, I don't know. I guess like, they don't take attendance all the time, and I didn't really think it was that big of a deal. Like, I mean, I don't always miss class, so I just—I guess I didn't think it was that big of a deal. And, I mean, sometimes it's boring, and I'd rather do something else. Like when it's nice out,

I don't want to go to that class, where I'm like, already not doing that well.

HILL: OK. Going to class is very important, and I know it's pretty easy not to do that. You've already talked about some of the obstacles that have—or the things that have prevented you from going to class. So I think this would be a great opportunity to brainstorm some possible solutions of you making sure that you make it to class, because we do, just in the different research, it shows students who attend class on a regular basis automatically do better than those who go occasionally.

BRITTANY: Yeah.

HILL: So and I want to come up with things that will work for you, not things that I think will work, but things that you can do.

BRITTANY: Right.

HILL: So maybe just thinking back to high school and the times where you did have your parents's guidance on getting to school and the importance of that. What were some of the things that worked that you could now to here as a student, as a college student?

BRITTANY: Well, I think for me, if I get up the same time every day, it's easier.

HILL: OK.

BRITTANY: Because like I said, I don't have to get up early on Tuesdays and Thursdays, and so it's really hard on Mondays and Wednesdays.

HILL: OK.

BRITTANY: So maybe if I like, kind of got a pattern going so that it was easier. It's just so hard.

HILL: OK. And that—we can definitely try to build a schedule that meets that needs. What are maybe a couple other things that would help you make it to class regularly?

BRITTANY: Um, well, not staying up as late would be helpful.

HILL: OK.

BRITTANY: It's just hard, because I'm not really tired. Like, I'll

look at the clock, and I'll see it's like 11:30, midnight, but, I mean, it feels like it's like 8:30 or 9:00. So I don't know—maybe telling my roommate. Because like, she's often like, the person that wants me to go to the University Center and get ice cream or like, watch a movie with her. And like, I'd like to, but it's kind of like a sleepover every night. So maybe I could just like tell her that I can't stay up late all the time.

HILL: Mm-hmm. Mm-hmm. OK. So getting up at the same time each day, falling into that pattern, but also not staying up as late, which is also a sleep pattern.

BRITTANY: Yeah.

HILL: So it sounds like a lot of this is around you getting rest, and that is very important. So what are just some natural—just some things that you would do to make sure that you went to bed early? Because nobody else is—you know, I'm not going to be there in your dorm at 9 o'clock at night or 10 o'clock at night, reminding you, oh, remember our agreement. What are some maybe just some things that you could do to monitor yourself and remind yourself that getting a good night's rest is important?

BRITTANY: I could maybe like, put an alarm in my cell phone at like, 8:30, just like so I realize that it's like, getting a little bit later. Because it kind of sneaks up on me sometimes, that it's so late. And like, I've been taking a lot of naps. That's the other problem. So I'll like sleep in, and so I can't like, go to class. I'm so tired. But I'll get up, and then I'll take like, a nap like 3:00 or 4:00 in the afternoon, and then I can't go to bed early.

HILL: OK.

BRITTANY: So maybe like, just, like I could even like not take a nap once, then maybe I'd get in the right pattern, you know?

HILL: So you've talked about patterns a lot, so that sounds like it's a pretty—that's what helps you function, is finding a pattern, finding a daily schedule.

BRITTANY: Yeah, I guess that is kind of what it is.

HILL: Mmm. And that's human nature. I think we all work better if we kind of know what to expect and how to set a schedule up for ourselves.

BRITTANY: Right.

HILL: I know for me I have to have a to-do list each day at work, because I could be on email all day. But if I have a to-do list to follow, then that helps keep me organized for the day. So having your pattern. And what I'll also do is send you with one of these weekly schedules.

BRITTANY: OK.

HILL: And you'll also practice—this'll be one of your assignments in the CNA Learning Strategies class is that you'll map out your class schedule. Then you'll also map out when you'll eat, when you'll study, if you are part of any intramurals or student activities, any of that, you'll build that into there, but you'll also build in your sleep time in there.

BRITTANY: OK.

HILL: So you can visually see what your schedule looks like, even though you might not follow it to a T every day or even every week, it's Kind of nice reminder of, oh, yeah, on Wednesday nights, I was going to try to make it to bed by 11 o'clock or whatever.

BRITTANY: Right.

HILL: Whatever's necessary. So that sounds like a great list. And I will definitely—what I'll do is add that to the reinstatement plan, because I will give you a copy of this so you remember what we talked about and you have it to refer to.

BRITTANY: OK.

HILL: So the other thing that's important is that, you know, you've come up with this list of strategies to make sure that you are making it to class on a regular basis. But it's also important that if you're able to achieve these that you reward yourself.

BRITTANY: Mm-hmm.

HILL: And sometimes it's something simple like going out for ice

cream with your friend when she asks you to. Other times it's maybe something bigger—going out and buying yourself a pair of shoes or something.

BRITTANY: Right.

HILL: What maybe are some possible rewards that you could give yourself if you were able to follow this pattern that we talked about?

BRITTANY: Um, well, maybe like me and my friends could go like, camping. We live like, pretty close to some good areas for that, so maybe we could go camping like at the end of the semester.

HILL: OK. That sounds like a lot of fun.

BRITTANY: Yeah. I think that would be fun. And ice cream's always fun. And shoes.

HILL: Yeah. So we relate on that level.

BRITTANY: Yeah. I totally get that. That sounds like fun, actually.

HILL: So camping with friends at the end of the semester. A camping trip sounds like it would be very rewarding, and kind of that ultimate what's keeping you motivated.

BRITTANY: Mm-hmm.

HILL: On a daily basis, though, you also kind of need some of those little motivators. So maybe what's something—that's a great overall goal to have. What's maybe something you could do to reward yourself?

BRITTANY: Maybe—well, me and my roommate like to like, marathon TV shows. So maybe we could like, watch an episode on the days I go to class.

HILL: Nice. Yes. That's a great idea.

BRITTANY: But not too late.

HILL: So build that into your weekly schedule.

BRITTANY: Yeah.

HILL: Not after your bedtime.

BRITTANY: Yeah.

HILL: Now I sound like a mom, using the whole bedtime term.

BRITTANY: Yeah, well, it's easier. Like, I don't need a bedtime if I'm tired. It's just, I'm not getting tired at the right time, so.

HILL: Yeah. And that will probably take you a while to get—because your body is now used to, you know, kind of having these late nights, late mornings.

BRITTANY: Right.

HILL: And so to readjust to all of that will take you some time. So don't—I guess don't be too hard on yourself if tonight you practice trying to go to bed at 11 and you're not able to fall right asleep. It'll take you a while.

BRITTANY: Right.

HILL: So definitely don't be too hard on yourself. Change is always gradual.

BRITTANY: Yeah.

HILL: So we've talked about the overall consequences of maybe not following through with your plan. I think it's really helpful, too, if you look at maybe some little consequences that you can give yourself if you miss a class.

BRITTANY: Yeah.

HILL: One example you used for a reward is watching one of your TV shows with your roommate. So maybe missing a class means you don't watch the TV show with your roommate. What are maybe some of those smaller consequences you can give yourself?

BRITTANY: Ugh, like going to the library.

HILL: Ooh.

BRITTANY: Like, maybe I would have to make myself go to the library for the amount of time that I was supposed to be in class.

HILL: That is a great—

BRITTANY: That would not be fun.

HILL: Going to the library. Let's—maybe two more of those types of consequences.

BRITTANY: So like, not watching the episode of whatever TV show.

HILL: OK.

BRITTANY: And I don't know, maybe like scaling back of my weekend plans.

HILL: OK.

BRITTANY: Like taking one commitment out of the weekend that was something social I wanted to do.

HILL: OK. Social plans. Those sound like very good and reasonable consequences for missing class. And you've kind of giving yourself a balance, too. You have some positive rewards, and then you have some consequences, as well.

BRITTANY: Yeah.

HILL: And they're all doable, and they're all things that, you know, that you can hold yourself accountable to and don't really need anybody reminding you.

BRITTANY: Right.

HILL: Just to keep you on track with your plan of getting into a pattern in your schedule, one of the things I want you to do is a self-monitoring assignment—nothing that's going to take a lot of time, just mainly keeping track of when you're going to bed at night and things like that so you can see what pattern you are in now. And so try to find those times of night that will give you enough time to get a full night's rest.

BRITTANY: OK.

HILL: So let me give you this schedule. I'm going to give you this worksheet here. And you can just keep track of your bedtimes and what your schedule's like. And then you can also start—I'm going to give you a note pad, and you can also start logging down, from here on out, when you're going to bed and what not. That way, we have something visual to go back to when we meet again to check on your

progress, just to see if you've come up with your own pattern.

BRITTANY: Yeah.

HILL: Or you'll be able to identify, you know, oh, I'm always going to bed at midnight, and then I'm missing class that next day.

BRITTANY: Right.

HILL: So you can identify that yourself.

BRITTANY: OK. So just keep track of like, when I'm going to bed and then when I'm missing class.

HILL: Yeah. Yeah.

BRITTANY: But I can't miss any more class.

HILL: Yes.

BRITTANY: OK.

HILL: Yes, that would be the ultimate goal, for sure. Do you have any questions about that?

BRITTANY: I don't think so. I mean, do I have to bring it back to you?

HILL: Yes. Yeah.

BRITTANY: OK.

HILL: Because that'll help me do some more brainstorming if need be for getting you back on track and finding that pattern that you've been talking about, so.

BRITTANY: OK. Yeah, that sounds good.

HILL: OK. So I'll go ahead and give you that worksheet there.

BRITTANY: And so I'll talk to the dean, and then will you let me know whether—

HILL: Actually the dean tells you right then and there whether you're reinstated or not.

BRITTANY: OK.

HILL: So you'll know by the time you're done meeting with her.

BRITTANY: OK. All right.

RITA: So John, that's a great case for a focus on rewards and contingencies—very clearly applicable to Brittany's situation.

JOHN: Absolutely, yeah. And I liked Selena using the self-monitoring assignment toward the end of the video segment, probably because the research is really good that self-monitoring is a nice assessment, from the behavioral perspective, but also it's an intervention in and of itself.

RITA: Right. And there's that little consequence of having to go talk to a dean. So I really think this is a great demonstration of behavioral therapy and how it can make a big difference for people like Brittany.

This session is an example of cognitive-behavioral therapy with John, who is, actually, also one of my favorite therapists, working with a client name Meredith.

JOHN: Thank you so much.

RITA: You're welcome.

JOHN: CBT, as it's popularly called in the literature, is similar to behavior therapy in that it focuses on learning theories with the real specific focus in the session being what are the maladaptive or irrational cognitions and what are the maladaptive or unhelpful behaviors that the client is engaging in.

RITA: Right. And when you work within the realm of cognitive or cognitive-behavioral, it can be a very gentle, very collaborative process—sort of like Aaron Beck.

JOHN: And I like that approach, but also it could be a little more abrasive and forceful, like Albert Ellis's rational-emotive behavior therapy, and his tendency to dispute or to use disputation to push people out of their irrational thinking.

RITA: So in this session that we're about to watch, John uses a very standard cognitive-behavioral opening, and he make a problem list.

JOHN: And in this particular segment, we don't see Meredith list any more problems than the first one, because that's the one we chose to work on.

RITA: He also uses the classics three-column cognitive-behavioral technique, working with the problem of shyness that she's

experiencing.

JOHN: All right. So let's take a look.

RITA: OK.

JOHN: Well, Meredith, we know each other, but the way we usually start a CBT session is to set an agenda.

MEREDITH: OK.

JOHN: And so we might have several ideas about what we want on the agenda, but the first thing is usually for us to make a problem list together about whatever it that you might want to work on.

MEREDITH: OK.

JOHN: And then we'll do the problem list, and then we'll explore the thoughts and the behaviors that might be related to the problem. And hopefully by the end of our time together, we'll have a clear idea about what's causing the problem and some ideas about how to maybe change things.

MEREDITH: Sounds good.

JOHN: All right.

MEREDITH: So, one thing that I've been noticing lately is that I have a tendency to kind of hang back in groups, and I tend to observe instead of participate.

JOHN: OK.

MEREDITH: And, a lot of times, I get really nervous when I feel like I'm expected to speak up. And I want to speak up, but I kind of feel like I freeze.

JOHN: OK. And so in particular then, in groups, the setting is big groups, little groups? Does it matter?

MEREDITH: It doesn't matter a whole lot, but generally, I guess, medium-size—like, you know, in classes that I have. They're usually like maybe 12 people or so. So relatively small, medium. I don't know what size that is.

JOHN: OK. And so but in your head, you probably would say, I would

like to speak up, but, for some reason, you feel inside some anxiety or nervousness about that.

MEREDITH: Definitely.

JOHN: OK.

MEREDITH: And then sometimes when I try to force myself to speak up when I actually don't feel ready, I get like, I feel like my throat's closing, and I get a red face.

JOHN: OK. All right. So that's sort of one possible issue for issue for us to talk about.

Could you maybe give me a specific example of a particular group situation, as recent as you can, where you had this feeling of hanging back and maybe some fear of evaluation.

MEREDITH: Mm-hmm. So in my statistics class, each week we have a—it's called an inclusion activity. And generally, I guess, that's supposed to help people feel like the group's more cohesive and included. But I usually experience it as the opposite. So there's usually a task at the beginning of each class of, like, take off your shoe and talk about the most interesting place your shoe has been. Stuff like that.

JOHN: In stats.

MEREDITH: Yeah. That—usually I get really nervous, and I feel like I can't think of anything to say. And I feel like I usually end up saying something really awkward or lame, and I just don't feel good about it. Like, I feel—

JOHN: Yeah. Can you give me that specific example of the recent time when maybe—and what you said, too, including sort of the beginning, what happened, and then how it ended.

MEREDITH: Yeah. So when we did this activity—it's like a really weird example.

JOHN: Yeah. All right.

MEREDITH: When we did this activity, probably six or seven people had gone in front of me, and I was like, not listening to anything that anyone else was saying, just total self-absorbed in terms of like, oh

God, what am I going to say, and not being able to think of anything. And then when it was my turn, I was wearing a pair of shoes that like, are, kind of like, they have lace on them.

And so I took it off and I said, I like these shoes because I get cool tan lines from them. So I didn't even really answer the question that was like, where have these shoes been, or like the coolest place these shoes have been, or something like that.

JOHN: Mm-hmm. Mm-hmm.

MEREDITH: And then after I went, I didn't really listen to anything else anyone said, because I was still like, stuck on why didn't I answer the question? And just kind of feeling awkward.

JOHN: OK. So what I'm doing here is I've got several columns that I'm building. And the first one is you're in the stats class, and you're going through and inclusion activity. And the second one is the thoughts that you're having, OK?

MEREDITH: Mm-hmm.

JOHN: What thoughts are going through your mind. And the thoughts are, oh God, what am I going to saying? Those are the early thoughts. And then maybe later thoughts are, why didn't I even answer the question?

MEREDITH: Yeah. And like, why can't I ever be articulate?

JOHN: OK. Why can't I ever be articulate? OK. And then our third column are the emotions that you might be feeling. And so as you're in that situation and people are taking their turn—the teacher says, you're doing the inclusion activity. People are taking their turns. And what are you feeling? How would you describe your emotional state?

MEREDITH: Mmm. Nervous.

JOHN: Mm-hmm.

MEREDITH: Yeah. Like, fearful.

JOHN: OK.

MEREDITH: And, like, it's almost like I'm anticipating embarrassment.

JOHN: Mm-hmm.

MEREDITH: So I don't know if that's a feeling or not, but usually I feel embarrassed.

JOHN: I put that in the thought column.

MEREDITH: OK.

JOHN: Just because it seems like the anticipation of it is probably a thought, but embarrassment, when you're in the middle of it, is probably a feeling.

MEREDITH: Mm-hmm.

JOHN: Does that make sense?

MEREDITH: Mm-hmm.

JOHN: And then so I got nervous, fearful, embarrassed as the emotions. And on a scale of zero, not at all, 100 being the most of that feeling you could ever have, how would you rate—let's get rid of nervous, because it's sort of covered by fearful. How would you rate fearful and how would you rate embarrassed?

MEREDITH: Mmm, maybe fearful like, a four.

MEREDITH: OK.

MEREDITH: Or a five. I don't know.

JOHN: A 4 or a 5 out of 100?

MEREDITH: Or I mean 45.

JOHN: OK, I was going to say. Oh, feeling pretty calm. So a 40 or a 50.

MEREDITH: Yeah.

JOHN: OK. And embarrassed?

MEREDITH: I'd say that's higher.

JOHN: A little higher.

MEREDITH: Yeah, like a 70.

JOHN: So maybe a 70. And that would be at the moment that you're talking, or right afterwards, or right before? Does it fluctuate at all?

MEREDITH: Yeah. I'd say like, both during and after.

JOHN: Mm-hmm. OK.

MEREDITH: Mm-hmm.

JOHN: OK. So during and after. All right. And so you know the cognitive approach to thinking about what's going on is that it's not the situation that causes the emotional reaction, but it's what you're thinking that causes the emotional reaction.

MEREDITH: Mm-hmm.

JOHN: And so it seems to me like one of the things that's going on—oh God, what am I going to say, and why I didn't I answer? Why can I never be articulate?

MEREDITH: Why can't I never be articulate. That sounds exactly like—

JOHN: Yeah. It's perfect.

MEREDITH:

JOHN: We might have to start rating my anxiety now, too. And then I guess there's the other thing. You said that you're anticipating embarrassment. And so are those words too also that are going through your head?

MEREDITH: Yeah. Like, I wish I could be more clever or, I wish I could have just like a funny story right now or make people laugh in a way that I want them to laugh.

JOHN: In the preceding segment, obviously Meredith is a very interesting young woman. And she talks a lot about some what might be considered irrational thoughts or maladaptive thoughts. In particular, we get to see a little glimpse of what she does that is black-white thinking or dichotomous thinking.

RITA: Right. Right. And she comes along with the process, even though obviously she's even kind of shy in the session, and nervous.

JOHN: Yeah.

RITA: Yeah. So in the next section, we can watch as you focus more on that black and white thinking that's getting her in trouble.

JOHN: Right. And I also take a look at and try to point out helpful verses unhelpful thoughts. And I find that that's a good language to use with clients when you're using cognitive therapy, because they naturally kind of get a sense that, yeah, some thoughts are less helpful. Some thoughts are more helpful. And in the upcoming segment, I actually do that in the here and now. It happens in the room. I get a chance to point that out to Meredith.

RITA: Great. So let's take a look at that.

JOHN: And one of the things I'm doing now is a lot of times, when you think about the thoughts that trigger the emotions, these are the thoughts that we would categorize as less helpful.

MEREDITH: Mm-hmm.

JOHN: OK? Kind of unhelpful thoughts. And then over here what we're doing is we're coming up with some thoughts that might be more helpful. OK?

MEREDITH: Mm-hmm.

JOHN: Recognizing that no thoughts are perfect, but some thoughts are more helpful. Some thoughts are less helpful.

MEREDITH: Mm-hmm.

JOHN: And you know in your stats class, you're going to do the inclusion activity—

MEREDITH: Every week.

JOHN: Every week. And so one possibility is you could come in prepared to shift your thinking from the less helpful to the more helpful.

MEREDITH: Mm-hmm.

JOHN: Just an idea.

MEREDITH: That's a good idea.

JOHN: OK. So what else besides this is silly and what I say doesn't matter all that much?

MEREDITH: Um, I can be clever sometimes.

JOHN: I can be clever sometimes. Good. That's sort of a counter to the why can't I ever be articulate—or why can't I never be articulate.

MEREDITH:

JOHN: Either way you say it. Well, let's pretend for a second that you were talking to a friend who had exactly this same scenario. And she was telling you the way that she talks to yourself—oh God, what am I going to say? And why can't I answer that? Why can't I ever be articulate? I know I'm going to embarrass myself. And so she's talking to herself that way. How would you talk to her?

MEREDITH: I think that I'd probably express surprise, because I imagine that usually I don't perceive her as inarticulate or as embarrassing as she sees himself.

JOHN: OK. So you would be surprised and kind of reassuring to her, and say, oh, you don't seem that way.

MEREDITH: Mm-hmm.

JOHN: And if you could be on her shoulder in the situation, what would you whisper in her ear?

MEREDITH: Hmm.

JOHN: This is a good friend of yours. You want to be helpful.

MEREDITH: I would tell her to that, um, she's funny and charming and usually has really cool stories to tell, because she's had lots of good experiences.

JOHN: Hmm. So you'd be sitting on her shoulder saying things like, you are funny, and charming, and you have cool stories to tell. Hmm. What's it feel like when you imagine actually even saying those words to yourself in this kind of situation?

MEREDITH: I mean, it sounds pretty ideal, but it sounds really far away from my current experience.

JOHN: It's not what you're whispering in your own ear.

MEREDITH: No.

JOHN: Mm-hmm. What would stop you from actually doing this, from talking to yourself just like you would talk to a good friend?

Because you're talking to yourself—you're kind of talking to yourself more like somebody who wanted to pull you down.

MEREDITH: Mm-hmm.

JOHN: And so I just think, oh, what about that good friend? I mean, can you be a good friend to yourself in those moments and say something more supportive?

You are a pretty successful in a variety of different things in your life. Right?

MEREDITH: Mm-hmm.

JOHN: And so if you take one of those examples and you kind of break it down, are you able to—what do you do to prepare? Well, for example, even for a statistics test, I would guess that you have to go through some preparation.

MEREDITH: Mm-hmm. Study.

JOHN: You study.

MEREDITH: Mm-hmm.

JOHN: OK. Kind of like studying—have you ever been in like a play or a dramatic performance of any type?

MEREDITH: Oh, no. I avoid that.

JOHN: Totally. Not even like in grade school?

MEREDITH: No. I think I maybe was in seventh grade.

JOHN: Yeah?

MEREDITH: Yeah. But I had a very small part. I've always, like, my whole life, shied away from being the center of attention. It never feels good to me.

JOHN: No.

MEREDITH: Which is ironic, since I'm going to school to become a teacher.

JOHN: Yeah. So you have taught before and spoken in front of groups.

MEREDITH: Mm-hmm.

JOHN: Small, medium.

MEREDITH: Yeah.

JOHN: What do you do—

MEREDITH: But it never feels.

JOHN: Well, it never feels comfortable, perfectly.

MEREDITH: No. Nuh uh. No. Yeah, I—

JOHN: So even right now, as we're talking. OK?

MEREDITH: Uh huh.

JOHN: So I hear you say it never feels comfortable, right?

MEREDITH: Mm-hmm.

JOHN: Would you put that thought in the category of helpful or unhelpful, to say that to yourself?

MEREDITH: I'd say that's unhelpful.

JOHN: Unhelpful.

MEREDITH: Mm-hmm.

JOHN: OK. What's unhelpful about that thought?

MEREDITH: Mmm. It kind of makes me feel like no matter how much I prepare, I still won't feel like I'm good enough or competent, or.

JOHN: Yeah, and just before that, you said I always shied away from attention. It's never felt good.

MEREDITH: It's some pretty black and white thinking.

JOHN: Well, that is pretty—yeah, good job noticing that.

MEREDITH: Mm-hmm.

JOHN: And I hear you saying that black and white thinking is maybe too general in that it doesn't provide any real hope for it ever changing.

MEREDITH: Mm-hmm.

JOHN: And in that sense, it does seem like it fits in that unhelpful category.

MEREDITH: Mm-hmm. I mean, I definitely think like, you know, if you're nervous about something, to a certain extent, that's healthy, because it makes you prepare more. But at the same time, that kind of thinking of being like it will never get better, it will never be OK probably isn't that helpful.

JOHN: Yeah. Yeah. So I wonder if that's maybe as we think about the preparation stage, that that's one of the things that you said for a stats test you would study.

MEREDITH: Mm-hmm.

JOHN: I wonder if there's some way you could study this way that you have been thinking about yourself. I'm just not clever in a group. I'm just not comfortable. I've always shied away from that. I wonder if there would be different ways you could say things to yourself.

MEREDITH: Mm-hmm. For instance?

JOHN: For instance.

MEREDITH: There are times when I am comfortable in groups.

JOHN: There are times I am comfortable in groups. And that you probably would put into the more helpful thought category.

MEREDITH: Mm-hmm.

JOHN: So it seems like you've got this sort of a circle of thinking in there that takes you down into a negative place, that the embarrassment kind of starts this negative spiral. It takes you downward to—you're probably not consciously thinking I'll be alone and unhappy, but somehow it's related. People will think you're stupid. They won't want to be around you.

MEREDITH: Mm-hmm. Mm-hmm. Yeah, and I feel like I, um—like not really on purpose, but I end up doing things to like, make myself not seen, like kind of invisible. And then usually I don't feel like that's as rewarding when I feel engaged and involved in a group.

JOHN: It kind of backfires, and you probably feel more lonely and

unhappy based on withdrawing and being more invisible.

MEREDITH: Mm-hmm. Definitely.

JOHN: Mm-hmm. And so you hold that belief of, if I do something embarrassing, it will go down that spiral. I'll be alone unhappy despite the fact that you told me just a couple minutes ago that you had a very embarrassing experience that now has added to your repertoire as a good storyteller. It's another story you can tell.

MEREDITH: Mm-hmm. Yes.

JOHN: So you can see that I'm questioning the evidence, and I wonder if you are questioning it too, or if you're just thinking, I better go along with this for now.

MEREDITH: No. I definitely think that you're right. I just, like, hearing you say that I'm a good storyteller, that's so not my experience. I don't think I'm a good storyteller, so it's hard for me just to say, sure. But I agree with the evidence part.

JOHN: There is evidence that you have told some good stories.

MEREDITH: Yes.

JOHN: You're not sure you would conclude that that therefore makes you a good storyteller.

MEREDITH: Exactly.

JOHN: Mm-hmm. So sometimes you are a good storyteller, and sometimes you're a less good storyteller.

MEREDITH: Mm-hmm. Mm-hmm.

JOHN: And so I can hear it sounds like you're very careful about coming to any positive conclusions about yourself, but you're much less cautious—

MEREDITH:

JOHN: You're much less cautious. You're more of a risk-taker when it comes to jumping to negative conclusions about yourself. Would you say that's—

MEREDITH: Mm-hmm. Yeah, I would say that's accurate.

JOHN: And so as we kind of head down sort of toward the end of our meeting today, I'm thinking about, well, what might be some useful things for you to try, experiment with, to see if it's helpful for you in coping with this situationally-based problem?

MEREDITH: Mm-hmm.

JOHN: Rita, I really like using that third-person technique as a method for helping clients talk to themselves more gently. And then I really like the idea of her actually being her own shoulder and whispering kind and supportive and positive things in her ear instead of the critical things that she often was whispering to herself.

RITA: Right. Well, you were very gentle and encouraging, and I think that helped her actually reveal even more extreme black and white thinking that she's subjecting herself to.

JOHN: Yeah. In the end, this should help her automatically question her automatic thoughts a little bit more than she did in the past. And I have confidence. In fact, she said at the end of the session, she thought that this would be helpful to her in the future.

RITA: This next session is focused on reality therapy techniques, which, of course, were developed by William Glasser. And you know, John, some people hear the term reality therapy and I think they decide that it's very confrontational, which, actually, it isn't.

JOHN: Right. You know, it is not. I think people get confused. They think, reality. Make people face reality. And, you know, this is an interesting therapy approach that it looks like it has some existential roots. It also has a feel of being very Adlerian in the way it's used.

RITA: That's true.

JOHN: The focus is on concrete behaviors and concrete thoughts that clients have control over.

RITA: Right.

JOHN: And that's very important. There's a big emphasis on self-evaluation. Robert Wubbolding, who's a leader in the area, says that that's really kind of the most important piece of reality therapy. He also emphasizes planning and specific planning. And really reality

therapy can be captured, I think, in the four big reality therapy questions originally developed by Glasser or but articulate also by Wubbolding. And those are what do you want? What are you doing? Is it working? And should you make a new plan?

RITA: So in this set that we're going to watch, John is working with Sidra, who's struggling with back pain. And we'll watch to see how those big four questions actually come into the session. So let's watch.

JOHN: I'm wondering if we had a session today that was positive for you in that you were able to feel that we've accomplished something important to you.

SIDRA: Mm-hmm.

JOHN: What would that look like?

SIDRA: There are a thousand things in my mind right now. I don't know which one I should say. Mmm.

JOHN: There are a lot of things that are important to you, and so it's hard to choose just one.

SIDRA: Yeah. Mmm. Maybe let's start with my back pain, and then maybe we'll go somewhere.

JOHN: Mm-hmm. So one thing then, if we were to have a successful session, it would be important, it would mean something to you, that we might move in a positive direction regarding your back pain.

SIDRA: Mm-hmm. OK. Yeah. Like in my brain, I always talk with myself. Though I'm not—it's not like I'm crazy or something, but it's like, when you don't have people around you, you usually talk with yourself.

JOHN: Right.

SIDRA: So, yeah. I live by myself, and I usually talk, oh, I should do that while I'm doing that. So, like in my brain, I'm talking with myself, so.

JOHN: Mm-hmm. I should do that.

SIDRA: Mm-hmm.

JOHN: And yet it doesn't happen. And you know, Sidra, it's my job,

because I think you've identified something that really does mean something to you.

SIDRA: Mm-hmm.

JOHN: And it's my job to kind of be a little pushy—

SIDRA: Mm-hmm.

JOHN: —and to have you focus on really what can you do? How do you—how do you, a very intelligent young woman, figure out a clear schedule to exercise in the ways that are going to make your back better?

SIDRA: Mmm. I'm should sleep on time in the night, wake up early morning, and then I can do that. Then I don't have that, excuse that I'm tired and I want to sleep or something.

JOHN: OK.

SIDRA: So I think that's the way I can do and organize the thing.

JOHN: So you think it's better to wake up early in the morning and—

SIDRA: Mm-hmm. Yeah. So. But I'm a night person. That's the problem.

JOHN: Ah. So you like to stay up late and then sleep in.

SIDRA: Mm-hmm. And then wake up like, 9:30ish. But if I have to go to work early morning, then 7:30 or 8:30.

JOHN: Mm-hmm.

SIDRA: But waking up at like five every day, it's so hard for me.

JOHN: Yeah.

SIDRA: Yeah. So.

JOHN: So as you evaluate yourself, as you can look at your own behavior, you're pretty clear that you could do better with this.

SIDRA: Yeah. Someday.

JOHN: Yeah.

SIDRA: Yeah.

JOHN: And so I'm all about trying to figure out, well, how do you do this better? And so getting to bed earlier, but, you're a night person.

SIDRA: Mm-hmm. Actually I improved a little bit. I was like really a night person—go to bed around 2:00 or 3:00 in the morning. But now like 12:00 is like, maximum.

JOHN: Yeah.

SIDRA: So maybe if I just like, focus on that, I can do better and go to bed like at 10:00 or 11:00, so maybe then I can wake up a good morning actually.

JOHN: OK. So what do you think the odds are of you actually achieving that as you talk about it—changing yourself from being a night person to getting to bed at 10 or 11. What are the odds of that working out?

SIDRA: Mmm. [QUIETLY] I really hate it.

JOHN: I think you may be kind of tricking yourself with that particular solution.

SIDRA: Yeah. Like, I want to sleep. It's like, OK, I should sleep now, because I have to wake up early morning. But something, like maybe my brain or heart or something, is saying, like, no, it's OK. You can do it. Oh, you have plenty of time, like five, six hours sleep is fine.

JOHN: Mm-hmm.

SIDRA: So that's the thing. So it's like, OK, it's fine, I can just stay up until maybe 12 or 1:00.

JOHN: Or 1:00.

SIDRA: And then I can sleep. And then in the week, like, I'm OK, but weekends. Oh. I just like, stay say up until 2:00, talk with friends or family. And so that just changed my schedule again, so.

JOHN: Well, yeah. It sounds like one of the hard things is that you really value the time late at night.

SIDRA: Mm-hmm.

JOHN: And so since you value it that much, it's hard for you just to say, I'm given that up. It means something to you.

SIDRA: Yeah.

JOHN: And so it just doesn't seem right to say, ah, Sidra, stop that and go to bed at 11:00. And that hasn't worked very well for you in the past. You've tried that quite a lot. And so then I think to myself, well, maybe we should talk about what time during the day—let's say you stay up until midnight or 1:00, which is normal for you. You enjoy that.

SIDRA: Yeah.

JOHN: It's important to you. If you give yourself permission to do that, can you then organize your day to include the exercise that's going to make a difference?

SIDRA: Yes, I can. I mean, that I can come from work and like, done with the day, and then I can do my exercise or yoga. But then again, I was like, tired, time to watch TV, or maybe cooking time. It's just like, I just don't want to do that, so I maybe start cooking, though I'm super tired.

JOHN: So once a day for 30 minutes or 45 minutes?

SIDRA: Mm-hmm. Yeah.

JOHN: Which would be better for you?

SIDRA: Mmm, I think 45 minutes.

JOHN: Yeah.

SIDRA: Yeah.

JOHN: And so 45 minutes. And then how long does it take you to get ready to—I mean, if you get up at six and you were going to exercise for 45 minutes, would you be able to make it to work by 7:30?

SIDRA: Yes. It only takes me like 10, 15 minutes to get ready, so.

JOHN: Ah. So, you could get up at 6:30.

SIDRA: Mm-hmm.

JOHN: And still have time to exercise 45 minutes and get to work at 7:30? Or 6:15?

SIDRA: Yeah. It can be possible.

JOHN: Mm-hmm.

SIDRA: Mm-hmm.

JOHN: So let's say 6:15.

SIDRA: Mm-hmm.

JOHN: And then what's going to get in the way of you getting up at 6:15?

SIDRA: Mmm, nothing. At that time, I'll be like, OK. Now I'm up. I can do that.

JOHN: OK.

SIDRA: The only thing is like leave my bed, and then, after that, I can do like all stuff. And then I'll be fine.

JOHN: Ah.

SIDRA: The only thing is that.

JOHN: You are very creative. Tell me some ways you can get yourself out of bed.

SIDRA: Well, we have a morning prayer, which should be—in summer, it's like, should be around like 5:00, 5:30. We have to do that. And in winter, it's like 8:30, because of the sun.

If I promise myself that I have to wake up early morning to say my prayer on time, then I think I can do that.

JOHN: Do you do that? Do you get up in the morning and do your—

SIDRA: I'm not so good at it.

JOHN: Not all the time.

SIDRA: Not all the time. But especially in Ramadan I can do that, so I always like, wake up for, for my breakfast kind of thing, so at that time, yeah. I can do that. Like in Ramadan, I'm really organized.

JOHN: Yeah.

SIDRA: So it should be like Ramadan whole year, I think.

JOHN: Yeah.

SIDRA: So.

JOHN: Huh. And because that's very important to you—the Ramadan celebration.

SIDRA: Yeah. Mm-hmm.

JOHN: And the prrocess.

SIDRA: And the fasting and everything, yeah.

JOHN: The fasting. OK. Hmm. What is it about that that gets you out of bed to do the morning prayers?

SIDRA: I don't know. I It's kind of like, passion I would say. Like, oh, I have to do that, because it's a really important thing, and I want to make God happy, and I have to. It's kind of like that. So.

JOHN: So you develop during that time of year some passion and commitment and desire to make God happy, and so then you get yourself up.

SIDRA: Mm-hmm. Yeah.

JOHN: Pretty much always?

SIDRA: Mm-hmm. Yeah, always.

RITA: At the end of this segment, John is very persistent in his confrontations of Sidra.

JOHN: Right. And I think it's important to think about how the confrontations are framed.

RITA: Mm-hmm.

JOHN: It's not like I'm harshly confronting her because of something I think she should do.

RITA: Right.

JOHN: Really the focus from the reality therapy perspective is, what do you want, Sidra? Do you want to have a healthier back? And as long as she's committed to that, then it's my job—maybe in some ways, like a coach—to say, hey, do you want this, Sidra? If so, here are some things that you might be able to do, and to get her to volunteer some things that she might do to improve her situation, as well.

And I really like the sequence when I pushed her and I pushed her, and finally she smiles at me and says, well, that's why I'm here.

RITA: Right. In this next section, we get to watch John use his amazing art skills to draw and illustrate the use of the reality therapy car.

JOHN: Now Sidra, a couple of things about the kind of counseling or therapy that we're doing. One is that, as it turns out, there are some things you have control over, and some things you have less control over. Would you say that that seems true?

SIDRA: Yeah.

JOHN: So I'm going to just draw a little picture here on my clipboard that illustrates what you do have more control over and less control over.

SIDRA: OK.

JOHN: And so I'm not a very good drawer, and so I want you to, I guess, have patience with my drawing ability.

SIDRA: OK.

JOHN: But I'm drawing four wheels here.

SIDRA: Mm-hmm.

JOHN: And then I'm going to put a car on it. So it's sort of like we're looking at a car from up in the air.

SIDRA: Mm-hmm.

JOHN: And there's the steering wheel of a car, and there's an engine. OK. And according to this perspective, there are what they call front wheel behaviors and rear wheel behaviors.

SIDRA: Mm-hmm.

JOHN: And so the front wheel behaviors are your thoughts.

SIDRA: OK.

JOHN: And your actions. OK.

SIDRA: Mm-hmm.

JOHN: Those are things that you more or less have control over.

SIDRA: Yeah.

JOHN: So, for example, when you said you lie in bed and you think, oh, maybe I don't need to get up and exercise. That's an example of your thoughts, and you're aware of them, and you know you can change them sometimes, right?

SIDRA: Yeah.

JOHN: They're kind of hard and tricky to change, but you can.

SIDRA: Yeah.

JOHN: And actions—the actual getting up. You got up and you got here.

SIDRA: Yeah.

JOHN: Right?

SIDRA: Yeah.

JOHN: I mean, that's an example. You have some control over that. Again, we're all human. We don't have perfect control over those things, but we have quite a bit of control.

SIDRA: Mm-hmm.

JOHN: And back here, we have feelings and we have physiology.

SIDRA: Mm-hmm.

JOHN: And the feelings are like, anger, sadness—emotions. And the physiology—in your case, the physiology is really important, because you have said that your back pain is one thing that is important to you to change.

SIDRA: Yeah.

JOHN: It's a rear wheel behavior in that if you direct your actions and your thoughts points toward the goal of a healthy back, right, because that's important to you now and in the future—

SIDRA: Mm-hmm.

JOHN: The physiology will follow.

SIDRA: Yeah.

JOHN: Just like a car, right? I mean, you turn the front wheels.

SIDRA: The back wheels follow.

JOHN: The back wheels follow.

SIDRA: Yeah.

JOHN: Exactly. And so what we really want to do in our time together, and what we've done a bit of already is to focus on your thoughts, focus on your actions, and to be very specific about the thoughts and the actions that lead you towards a healthy back.

SIDRA: OK.

JOHN: And then, and this might be one of the most important things of all, is to make a really good plan for how you can control those thoughts and actions to the best of your ability, to lead the physiology, the back pain, in the right direction.

SIDRA: Yeah.

JOHN: Does that make sense to you?

SIDRA: Yeah. It does.

JOHN: So when we think about the back pain, what thoughts and actions do you think of as being most important to take you toward that healthy back goal?

SIDRA: Just be careful, as I am right now. But I would say my back really needs care, and I should be gentle with that. Like if I'm sitting, I should sit like straight, rather than to be like this or something. Or with a back—I should have like, some support. And also doing yoga. And, eat healthy.

JOHN: OK. So be careful in that make sure that your posture is good.

SIDRA: Yeah.

JOHN: Maybe—you mentioned earlier about not lifting something too heavy.

SIDRA: Yeah. Yeah.

JOHN: Those kinds of things.

SIDRA: Mm-hmm.

JOHN: And then eat healthy and do yoga. Those three—

SIDRA: Three things. Or maybe also, I'm kind of like a person—if I start something, I just really want to finish that thing, like right away. I have no tolerance, I would say—bad thing. So maybe I should start focusing on that. So if I start something, I can do it tomorrow. So just not like be hard on myself when I I want to do that.

JOHN: Yeah. Somehow what I'm hearing there is that that's maybe more the thoughts.

SIDRA: Yeah.

JOHN: Obviously these are actions. Be careful, eat healthy, do yoga.

SIDRA: Mm-hmm.

JOHN: And then the thoughts are, this is really important to me.

SIDRA: Mm-hmm.

JOHN: I want a healthy back. I want to be away from pain.

SIDRA: Mm-hmm.

JOHN: What I'm doing right now is I'm thinking, how do we make this even a better plan? How do we make it so that—and I like the idea of doubling or tripling up the important things to you, prayer, exercise, breakfast. But then I think, are there other things that can make it even more strong of a pull for you to accomplish these things? And you're saying no, and I'm continuing to sort of think, hmm.

SIDRA: Maybe.

JOHN: Maybe. I just think, well, what makes it easier to exercise? What makes it more motivating, simpler? And when you exercise, are you doing yoga?

SIDRA: Mm-hmm.

JOHN: Is that right? Do you do a routine, specific exercises?

SIDRA: Specific, just for my back. I cannot do like all of those,

otherwise it will start hurting me.

JOHN: Right. So you have a set of yoga exercises. And you do them in the same order each time?

SIDRA: Yeah.

JOHN: And are they written down or are they in a book or on a video or—

SIDRA: It was on a video, but now I remember them, how to do that. So I don't need the video.

JOHN: You don't need the video anymore.

SIDRA: Yeah.

JOHN: Do you like the video?

SIDRA: Yeah.

JOHN: Yeah?

SIDRA: It was fun.

JOHN: Does that make it more likely to happen or less likely to happen, if you've got the video in the video machine and ready to roll at 6:00. Well, when you go to bed, it's sitting there right ready. Does that make it easier or harder?

SIDRA: Think so, easy.

JOHN: Maybe?

SIDRA: Mm-hmm.

JOHN: So the video sitting out or in the machine might actually help, too.

SIDRA: Yeah. I think so.

JOHN: OK. And that's kind of what we're looking at right now, is what makes it more likely to happen? What makes it less likely to happen? Even the tiny little details of setting—I don't know if it's a video or a DVD or whatever it is. But would it be better if it was in the machine or sitting out so you can see it?

SIDRA: I think in the machine. I can just play.

JOHN: Yeah. Just push Play and start.

SIDRA: Yeah.

JOHN: OK. When would you put it in the machine? You can I'm a very picky—

SIDRA: I can do it today.

JOHN: You could go home and put it in the machine so that it's ready to roll.

SIDRA: Yeah. And put the cover on the table so I know something is in the machine. So I have to do that.

JOHN: Yeah. Here's a really funny question for you.

SIDRA: Uh huh.

JOHN: How will you remember from this moment to when you get home that you want to put the yoga video?

SIDRA: My memory's so good.

JOHN: You will not forget that?

SIDRA: No.

JOHN: Yeah.

SIDRA: I never forget things, it's just like, I don't want to do that.

JOHN: So you might get home and say, I don't want to do that, but you will remember it.

SIDRA: Yeah. Yeah, my memory's so good.

JOHN: How will you get yourself home and say, I want to do that?

SIDRA: I have an excuse. I have to go work right after that. But yeah, when I will be back, then I can do that.

JOHN: Yeah.

SIDRA: Mm-hmm.

JOHN: And how do you get yourself—you will remember, you'll get home from work, and you will remember.

SIDRA: I know I'm going to do that for sure today, because we are

talking too much about that thing. I know I am doing that today.

JOHN: So in some ways, this will help with the motivation.

SIDRA: Yeah.

JOHN: Is it maybe we have an arrangement? I mean, we have an agreement that you will do that?

SIDRA: Yeah. Mm-hmm. That can be—yeah.

RITA: So in this last section that we just saw, John, you got a little detail-oriented.

JOHN: Right. I'm trying to follow that reality therapy rule of a specific plan is a better plan. And so that's what I'm doing, and I'm also trying to engage Sidra in how do you make a better plan for yourself?

RITA: Right, which is something I think she probably really needs some help with. And you make an agreement with her.

JOHN: Right. At the end of the session—and I think this is a positive thing in terms of moving her to the future. Sometimes reality therapists are willing to make an agreement to serve as a reminder or a support person in the client's life.

RITA: Which I think, in this case, is going to be very effective for Sidra.

JOHN: This next session is an example of feminist counseling, or feminist psychotherapy. Rita is the counselor, and you're working with a woman named Amanda on some life decisions that she's facing.

RITA: Right. Right. Feminist therapy, in a nutshell, almost always includes a critique of power and of oppression in the culture. And, you know, the truth is it's just as damaging to males as it is for females.

JOHN: And consistent with that concept, feminist theory suggests that the root of pathology or psychopathology is not in the individual, but in the culture.

RITA: Right.

JOHN: And some of the distorted ways in which—and usually a paternalistic culture—might be affecting or oppressing individuals. And so the listening focuses on how is the culture affecting the

individual who's in counseling? What ways maybe has the individual internalized some of the cultural forces, and maybe even is oppressing himself or herself?

RITA: Yeah. That's true. Feminist therapists use pretty much every possible technique, but they almost always use self-disclosure, and they use mutual empathy, and they're striving to create an egalitarian relationship that really will allow the client to become empowered.

JOHN: In the upcoming video segment, Amanda is a very bright and articulate and Southern young woman who's struggling with some choices she has to make within the context of a complex web of relationships.

RITA: Yeah. That's right. So let's watch a little.

AMANDA: They never say that, but it just seems that way. Because like, my parents were married right after high school, and my mom has three kids and my dad has three kids, but they're divorced now. And so not the same three.

RITA: Right. Right.

AMANDA: But, and my brother lives right next door to my mom, with his partner, and they just had a baby. And my sister lives at home still, even though she's in college. But she still lives at home. And my other sister's in high school. And they all—my grandmother even lives with my mom, so it's like, multi-generational right there. Like, my grandmother, my mom, my brother, and my sister were all right there.

And my parents always ask me, and my grandparents too, like, when are you coming home and when are you going to start your career? And so it kind of seems to me like—I went away for a while, and now it's like, maybe it's time to come home and start a career and a family. And so I just feel like I want those things, and part of me wants them right now, but I also, like, really want to pursue this, so.

RITA: So one of the strategies you use to figure out what it was they wanted and to communicate to them that they mattered was sort of to take the time to consult with each one, it sounds like.

AMANDA: Yeah. Yeah, and that was really, really huge for me,

especially my brother, because he just had a baby. And I just felt like I needed to be there for that like, season of his life. And when I talked to him and he, like, really understood. And he said like if he were me then he would go. But I mean, he's not at all interested in going to another country.

RITA: Right.

AMANDA: But knowing me and like hearing me talk about it, he can hear that I really should go. But he knows that I, like, really love him and want to be there and love his daughter and like, want to be there for her. And so me hearing him say that and believing that he really means it, that was probably like the most important part.

RITA: Piece of all of it. Yeah. So I have to ask you one question that I think I probably know the answer to. But when you did this consultation round, how did it incorporate Amanda? Did you have a consultation time with yourself?

AMANDA: I don't know. I mean, I guess I kind of did all along. When—I mean, especially like when I talked it through with my mom, and the more I talked about it, the more I realized that I really believed the things that I was saying. And I got like, more excited about, you know, like the things I want to study—like learning about trauma reconciliation in Ugan—in Rwanda. I'm not going to Uganda.

And how that is going to like, apply to things I want to learn later, and maybe like continue my studies after the Peace Corps. And I just got like, more and more excited about it. And so that was kind of a confirmation to me that it's something I really, really do want to do.

RITA: How was your mom—were you convincing her, or was she coming along with you on that? What was the relationship conversation like?

AMANDA: Yeah. I think I was convincing her. And I remember at the end of it she was like, wow, I've never heard you say—I've never heard that before. I didn't know that this was something that you were so interested in.

And I'm really proud of you, which was a big—probably the biggest part of it. Like, I felt like she really heard me, which hasn't always

happened or doesn't always happen in our relationship, even though I had to like, stop her from interrupting me a few times and like, redirect the conversation back to me.

RITA: Mm-hmm.

AMANDA: And then to hear just like, get it, and say that she's proud of me and that she's excited for me instead of, well, I just wish you'd come home.

RITA: Yeah.

AMANDA: So.

RITA: Yeah.

AMANDA: I don't know if that answers the question, but that's—

RITA: Yeah, kind of. Because I think when we were talking before, you weren't so sure you would have family support. In fact, I think that was one of the biggest burdens in making the decision.

AMANDA: Mm-hmm.

RITA: Besides just the sheer—terror may be too strong a word, but definitely a fear about missing out on life's developmental pieces that were really valuable to you. That was this other piece with the families voices, like, come home, Amanda. It's time. You've had enough fun out there.

AMANDA: Yeah.

RITA: And then, so when you checked in with them, it wasn't quite that unanimous.

AMANDA: Right. I mean, of course they want me to be near them, and they don't understand why I would want to leave Georgia ever. But they like, really want me to be happy and successful and fulfilled, and so they want that more than they want me close to them. And so—and I guess I kind of—maybe I like, hopefully knew that. Like I hoped that would be the case. But to hear them say that, each of them say that, was really good.

But also I kind of said, you know, if I don't like it, I can come home. And so knowing that it's not like a permanent forever commitment,

you know, makes it a little bit easier for everyone, myself included.

RITA: So you had permission to give it a try from them. And I'm hearing indirectly that you sorted it out by talking to them. But I still want to come back to that question about how do you check in with just Amanda? Is there some way you do that after you've had those conversations?

AMANDA: I mean, I do like a little bit of journaling, and a lot of praying. And like sometimes I'll just take a walk, and just like be.

RITA: Mm-hmm. Mm-hmm.

AMANDA: So I guess that is checking in with myself. But I don't—like, I would probably go crazy if I like, sat down and thought, OK, what do you want to do?

RITA: Right.

AMANDA: I don't make like, pros and cons lists, really. It's more like I feel like I just like start to feel OK about things. And then I know it's the right or—yeah, the right thing to do.

RITA: Yeah. So if you were going to name the most positive role model in your life right now, who would it be?

AMANDA: The most positive role model. That's like here with—

RITA: It could be anywhere, or a combination of pieces of role modeling that you've picked up along the way that you really like how that person is or you would like to be like them.

AMANDA: I don't know. Maybe like, Nancy, like my teachers here. I think because—well, like, one thing that I really like about Nancy, um, is that she is like, super, super smart, but she's a learner. So like, she is really competent in what she knows, but also like, realizes that she doesn't know everything and is like really interested to hear from people and to like, to learn—and like to add to her own experience.

And so that's something that I really want to be. And sometimes maybe I do that too much. Like, I want people to tell me what I should know and what I should believe and what I should do. But—

RITA: You like that value of her willingness to let in other opinions

and learn new things, and also she's really smart and you like that.

AMANDA: Yeah, and really confident about her own ideas and beliefs, which I would like to have more.

RITA: Yeah. That's the piece I was thinking might be the role model piece, like, OK, here's this really smart woman who isn't afraid to take in new information. But, she's also pretty confident about what she does know and who she is.

AMANDA: Yeah.

RITA: And that's what I see you moving toward as you sort out the different voices in your life and—

AMANDA: Yeah.

RITA: Yeah.

JOHN: Rita, in that previous segment, I noticed that you asked Amanda if she took time and how she consulted with herself.

RITA: Yeah. You know, Amanda is caught in the very traditional problem that many females find themselves, which is an expectation they will check in on everybody else's opinions and everyone else's needs, and they will do that first, and sometimes foremost.

JOHN: Right. And so feminist therapy is focusing on how Amanda can find her voice and find her place in the world.

RITA: Yep I have to struggle a little bit with Amanda to bring her back to a place where she can look at how she can find her way without feeling guilty or burdened by other people's expectations.

JOHN: That's a big challenge.

RITA: Yes it is.

JOHN: And so let's see how it goes.

RITA: OK.

AMANDA: Pretend like I'm not really saying goodbye? is because I'll probably—I mean, I'm sure I'll see them again. And I'm sure I'll stay in touch. And I don't like making a big deal out of it, because it makes a big deal out of me. And I don't really like that.

RITA: It makes a big deal out of you.

AMANDA: No, like, I just—I'm obviously really emotional, and so I don't like saying goodbye over and over and over again, and like—

RITA: So denial kind of works for you.

AMANDA: It's hard. It's just hard enough.

RITA: Yeah. So you're trying to find ways to make it not quite so repeatedly difficult and sad.

AMANDA: Yeah. I'd rather like take the memories that I have and take the meaning that I have from those memories, and say, see you later, instead of like, sit down with every person and tell them why they're so important to me and how much I'm going to miss them and list the things I'm going to miss. You know? I'd rather just go than do that.

RITA: So can I check on just one little piece of that that I heard? And you know, it could be—you know, I don't even like Freud, but it could be a Freudian thing that I heard, where you said it doesn't make a big deal out of me.

And I know it was just expression, but the reciprocal of that process, if you did go sit down with each person that you're imagining and you said, oh, Nancy, thank you so much for everything you've meant to me. And then it's pretty predictable that Nancy would say back to you, oh, Amanda, you were awesome. Thank you for the ways you took the leadership. Thank you for the ways that you were so emotionally available in class, and—

AMANDA:

RITA: Right?

AMANDA: Mm-hmm.

RITA: And I'm guessing that it'd be hard saying those things and taking the time, but it would even be harder to sit there and hear back how much people care about you and your strengths.

AMANDA: Yeah. Like just yesterday, I say goodbye to the family that I've been nannying for. And I kind of wanted it to be like a, well, it's

been—it's been good. I'll see ya. And then like, later I would send a thank you card or send a card like writing out how much they mean to me.

But the mom, Andrea, like sat down and just told me like how important it is to have someone who she really trusts to take care of her kids, are like, how big of a deal. And I know that's a huge deal. And, I wanted to, you know, thank her for like, trusting me with the most important thing in her life. But, I just like, it was really hard to like, sit there. I didn't want to cry and like, get all involved in the moment.

And it was hard to hear her like tell me that, basically, you know, that they love me. And it was just hard to hear that.

RITA: Yeah. What do you think that's about? Why is that hard?

AMANDA: I don't know. Because I don't—I feel like I don't want to leave. Like, if I'm such a good thing in their life, I feel like a jerk for leaving. So it would just be easier if we could, you know, say goodbye, and then maybe I'll come back.

RITA: But not to know how you significant you were because somehow there's a message that comes with that that you shouldn't take yourself away because you're important and helpful to these people, and they love you, and that's such a hard message in our culture. And I can't tell you how many women I know who feel like they should clone themselves into at least four, because these people at their church tell them how much they matter and they need to be over there, and their family needs them, and then they're really good at their work.

AMANDA: Yeah.

RITA: And then they're in a reading group, and the group just wants more time with them. And how do you be a wonderful person who everyone wants more of and not go around feeling guilty all the time?

AMANDA: Yeah. I don't know. I wish I did. Because now that like I'm talking about it and you're pointing it out, I can see like, it was so hard for me to leave Kenya and come here—so hard. And when I think of why it was so hard, I think of like the high school girls that I spent a

lot of time with, and they were like, who are we going to talk to now? What are we going to do without you? I just love you a lot and I'm really grateful for you, but I heard, I'm not going to have any friends. I'm not going to have you anymore.

RITA: Right.

AMANDA: And then every time I leave like, my family, it's because I feel like my brother needs me, and my little sisters need me. And I know my mom needs me. And yeah, I guess that's one of the reasons why it's so hard.

RITA: Yeah.

AMANDA: And why I don't like for people to tell me how much they love me, because it translates to I need you.

RITA: I need you.

AMANDA: And I feel bad for not being there.

RITA: Yeah. So love can feel like a big burden in a weird way.

AMANDA: Yeah. And then I feel bad for thinking that.

RITA: You just can't get away from it, no matter—yeah. But sorting that out is—to me, one of the big jobs of adulthood is—I stumbled into this concept when I was working with people with disabilities, and it was called interdependence.

Because I think in our culture we either idolize independence—a rough, rugged individual, nobody needs them, they don't need anybody—or dependence, which is child-like. And, you know, there's no model for how to be in the middle and to admit that sometimes you need people and sometimes you need to stand on your own individual two feet or whatever.

And I think sometimes the burden of being a lovable, capable person is really hard because you have to be the one that decides where the energy goes and where the helping goes.

AMANDA: Mm-hmm.

RITA: And then people are mad when you take it away, kind of. So love can even be expressed in a kind of mean way, like, I really love

you, do not leave me. Come back and take care of me.

AMANDA: Yeah.

RITA: So the hard message of someone who loves someone saying that is, oh, I am so sorry. I love you, too. And I believe in you. And I think you can find some new ways to meet your needs, because I'm going to be moving on over here. But I still love you. And I still love that you love me. Does that make sense?

AMANDA: Yeah. It totally does.

RITA: It felt like that was a little sermon, there, but.

AMANDA: No, it totally does.

And that I'm realizing that I thought that I was carrying this burden of being so needed, and now I'm like, oh, it's kind of arrogant to think that I'm so—that people like, need me so badly.

RITA: Yeah. I had a little bit that same feeling when I was in India, like, oh, what—you know? But it was also this is freeing thing, like, oh, OK. It's a little embarrassing, like you said. But it's also kind of freeing. Like, then the job becomes to figure out who you are. Do what you need to do with your life.

AMANDA: Mm-hmm.

RITA: Does that feel like a burden or a happy thing or—

AMANDA: A good thing.

RITA: Yeah?

AMANDA: Freedom is always a good thing.

RITA: Mmm, you don't sound really convinced.

AMANDA: Well, because I'm thinking that sometimes it's hard, because then you have to like, really look at yourself and figure out who you are and what you want to be, or who you want to be.

RITA: I know. I know.

AMANDA: But—but, yeah. It's a good thing.

RITA: Well, that's something we can talk about in our next session

too, if you want.

AMANDA:

RITA: It may have to be after Rwanda.

AMANDA: Yeah. It will.

RITA: Yeah.

JOHN: What we just saw is pretty profound.

RITA: Yeah.

JOHN: The whole sense that love can be a burden is a big deal. And it's also interesting that it's that balance of communion versus agency.

RITA: It is. It's a very tough balance to find. And also I think there, at the end, Amanda was facing, in a very endearing sort of way, how hard it is to experience freedom. Freedom we think of as very positive, but it's a burden in itself that we have to decide who we are, how we're going to be, how to use our own potential in the world.

JOHN: Yeah. Amanda is a very bright young woman, and I think she's insightful, and she has a lot of the qualities that make her an excellent candidate for feminist therapy.

This next session is an example of the solution-focused approach. And the featured therapist or counselor in this case is a colleague of ours, Chi Pham, who is a school counselor in a high school setting.

RITA: I think solution-focused is often a very great theory for school counselors to use. It's because solution-focused therapists believe that people are constructing their own reality.

JOHN: Exactly, and one of the points I think that solution-focused counselors make is that, well, since people are constructing their own reality, why don't we just focus it and move it toward the positive and towards strengths and toward solutions, which, I think, is one of the reasons why solution-focused therapists often come across as sort of persistently, and maybe even relentlessly, positive.

RITA: Right. Right. Yeah. They are using all sorts of different techniques, but it's always to focus on the positive, on the strengths, and on the choices that people can make that direction.

JOHN: In this case, Chi is using some of those techniques with Tesla, who's an 18-year-old senior in high school.

RITA: And she's struggling with the perennial problem of choosing college. So let's watch a little.

CHI PHAM: So I just want to hear from you first. So after our session, what would—how would we know that we had a good session?

TESLA: If I could—I'd like to if not have my decision made, but I'd like to have a clear idea of how I can make my decision. That would be ideal.

CHI PHAM: And so what kind of decision are we talking about here.

TESLA: I need to decide between two schools for next year, going to college.

CHI PHAM: All right. So you mentioned feeling guilty about making a choice to go to Richmond, which is really expensive, and you're wondering if it's worth the money. So let's say on a scale of one to 10, and one being like, no guilt at all. You feel really comfortable. And then 10 being like, gut-wrenching guilt. You just, it's paralyzing. You can't imagine doing it. About where would you say on that scale are you at right now?

TESLA: So, like a seven and a half.

CHI PHAM: Seven and a half. And tell me about that guilt feeling.

TESLA: Well, I just feel like I'm closing doors for other people, and I feel like I'm being really super, super selfish. And I know it's for, like, a better future for me, but I don't want to like affect anyone else in my decision. And I'm going to, and I don't like that feeling at all. I hate feeling like I'm causing problems or like there's even a wake in what my decision is.

CHI PHAM: OK. So how could we move that just down a little bit to, let's say, a six. How could we reduce some of that guilt feeling?

TESLA: Well, I'd like to work something out with my parents.

CHI PHAM: OK. Tell me some more about that.

TESLA: If I could—well, I'd like to take the weight off their shoulders.

And if I could get scholarships or student loans. But then that closes doors possibly in my future. And I'd like to be able to pay for some of college—a lot of it.

CHI PHAM: OK. So what are some possibilities? You said you can pay for some of college, you could get some more scholarships.

TESLA: Mm-hmm.

CHI PHAM: How could you do that?

TESLA: Well, I don't know if I can get scholarships this year, because it's pretty late in the year. But next year, when I'm a sophomore, I can hopefully apply for work-based scholarships. And I plan on doing that, because I don't want to be a burden for my parents at all. And I'd like to apply for student loans under my name, and not my parents'.

CHI PHAM: OK.

TESLA: So I'd like to—and that would make me feel better.

CHI PHAM: So you've got a couple ideas. You're going to apply for some more scholarships when you're there, because there's usually department scholarships, and you'll learn about other opportunities while you're on campus. Because it sounds like you're not getting very much financial aid this first year.

TESLA: Nuh uh.

CHI PHAM: And I heard about your sister, who's going to school in a couple of years, so maybe by then—you know, when you have two kids in college, that increases your needs, so that might qualify you for some more loans and scholarships.

TESLA: Yeah.

CHI PHAM: OK. So let's take that even further. How could we get it down to a five or maybe a four? How can we really relieve that guilt feeling so where you feel really good about your decision?

TESLA: Well, I'd probably need to get a job and help pay for some of it.

CHI PHAM: Mm-hmm.

TESLA: And if I could do that, it would be really helpful. But I'm

worried because my parents don't want me to get a job, because they've always said that schooling is my job and doing well in school is my job. So I feel like I'm battling against that on two fronts. Because I want to take the weight off their shoulders, but then at the same time, they're like, barring me from doing that.

CHI PHAM: Mm-hmm.

TESLA: So if I could get a job and save up a little bit, like even if I could just pay for my books, I would feel so much better, because it's just that little extra expense taken away.

CHI PHAM: OK. And so finding a job—maybe work study or summer work.

TESLA: Mm-hmm.

CHI PHAM: But then you're still nervous about the school work, because you're supposed to be there as a student.

TESLA: Mm-hmm.

CHI PHAM: And so that's causing also you a little bit of anxiety.

TESLA: Yeah. I'm nervous for the workload in school, because I just don't know if I can handle it with my learning disability. And I don't know what options I have there for help.

CHI PHAM: OK. And tell me a little bit more about your learning disability.

TESLA: Well, in high school it's been easy, because I'm offered so much accommodations and teachers are really forgiving. But I don't know if that'll be the same in school. And I don't want to get there and not be able to handle the work because it's above my level of comprehension. And that's a very real possibility, and if I flunk a class, my parents would not be paying for college anymore at all.

CHI PHAM: Mm-hmm. OK. And so you managed to get through high school, or you did a great job of getting through high school with some help. And it sounds like you're nervous about the workload coming up for college, which is now kind of tied in with feelings of guilt that you—I'm not sure that this is a good choice, because it's a competitive school, and that's tied in with some anxiety about your

ability to do the work.

TESLA: Mm-hmm.

CHI PHAM: But what have you done in the past when you've had those feelings, because I'm sure those have come up before?

TESLA: Yeah. I mean like coming in to high school, I didn't think I could handle what was going on at all. And I didn't, sometimes. Sometimes I was really not a good student. But then I had to like, kick it double into gear to get back.

CHI PHAM: Yeah. Tell me about those times when you felt like you were a really good student. Like, yes. I'm doing it really well.

TESLA: Well, it helped that I liked my classes.

CHI PHAM: OK.

TESLA: Like, this year, for example, AP Gov is the hardest class I have ever taken, but I love it. It's so interesting. And then I do the work because I want to do it, because I like it. But then when there's classes that I don't like, like all of my math class that they're hard for me because the dyslexia makes it really hard to do the math. And I just don't find it interesting, so I don't do well in them.

CHI PHAM: Right. So picking classes that you really like and you feel excited about.

TESLA: Mm-hmm.

CHI PHAM: So and one of the great things about college is that you have lots of choices.

TESLA: Yeah.

CHI PHAM: Right? And there's all kinds of opportunities that you have never seen before, right?

TESLA: Yeah.

CHI PHAM: Anthropology classes and gender studies.

TESLA: History of Rock and Roll.

CHI PHAM: The History of Rock and Roll. Right. Classes that we don't offer here in high school. And so that sounds like that might

alleviate some of your anxieties—finding a place or finding classes that you really, really enjoy.

TESLA: Yeah. And then I can do well in them. And I think that would help me like, feel like I was getting my money's worth if I was proving—like, doing well in these classes, and then therefore proving that this is where I should be. But I don't even know if I can do that.

JOHN: Rita, I found myself really liking Chi's use of the scaling question, which is a traditional solution-focused assessment technique. But he's using it not only for assessment, but also for intervention purposes to help her shrink that guilt and anxiety a little bit.

RITA: Right. It was good. It was a good intervention. Because sometimes Tesla, her anxiety would come out, and she'd start kind of focusing on what the problems were again. And he'd bring it back.

JOHN: And that's not unusual, and that's really his job to keep the momentum focused on the positive, help refocus her when she drifts off into some negative thinking.

RITA: Mm-hmm. And, of course, he knows her and knows some of the strengths that he can draw on and point her toward some of her past successes.

JOHN: Right, which is what he's going to do in this next segment, where he draws her even further into concrete positive things that she can apply in her life situation in the future.

RITA: So let's look at that.

CHI PHAM: And again, tell me some times where you felt like a good student, So something that you enjoyed. And what about doing the homework part, or where you got excited about doing the homework or doing a project. What were some other times where you had those kind of feelings?

TESLA: It helped when I had good teachers who understood where I was coming from and why sometimes things were more difficult for me. And I never—I tried not to like, have anything handed to me, because that's not fair. Just because I'm dyslexic doesn't mean I deserve

tons of special treatment.

CHI PHAM: Mm-hmm.

TESLA: But it helps when I had teachers who could help me help myself.

CHI PHAM: Yeah. So part of having a good class is also having a good teacher. And again, what a great opportunity in college, because the professors are available with office hours.

TESLA: Yeah.

CHI PHAM: And you can meet them before signing up for their class.

TESLA: Yeah.

CHI PHAM: And so it seems like there's a way to find out who your good teachers are, or that you connect with initially.

TESLA: And I know there's good opportunity to, like, connect with program for people with learning disabilities at Richmond. So I hopefully won't have to take many math classes.

CHI PHAM: OK. So we've identified a couple things that you can do that make you feel good as a student. And does that help with—you know, again, on the scale from 1 to 10, where are we at now with some of these ideas?

TESLA: Well, if I'm able to do well and feel like I'm working hard enough where I deserve to have my parents pay for it, then I guess it's like a 4.5.

CHI PHAM: Yeah? We've reduced it a little bit?

TESLA: Yeah.

CHI PHAM: That's great. So you feel a little bit calmer.

TESLA: Yes.

CHI PHAM: And let's go a little further.

TESLA: OK.

CHI PHAM: How would we get it down—could we get it down to two or three?

TESLA: I hope so. I think if—

CHI PHAM: Of the things that you said in high school that was helpful is that you felt like you got a lot of support and some help. And I'm just guessing here, and you tell me. Is there some worry or some feelings about not being able to find or create a support system?

TESLA: Mm-hmm.

CHI PHAM: You're going to be halfway across the country.

TESLA: And—

CHI PHAM: On your own. New people who don't know you.

TESLA: And new systems that won't—I don't know if it will help benefit me.

CHI PHAM: Mm-hmm.

TESLA: Oh, that scares me so much. I'm so nervous. In both schools. Like, it's the East Coast. They're different than what I'm used to here, and I don't know if—I don't know. I feel like I'm going to a different country sometimes.

CHI PHAM: Yeah. Would it be accurate all to say kind of like when you walk on stage and there's, um, there's a new audience who you don't know and you've got to kind of convince them that this is a good show?

TESLA: Yeah.

CHI PHAM: Is it at all like that?

TESLA: Like doing play teasers when all the school kids come and watch, and they just, you have to like convince them in the first 30 seconds that they're going to like the show, or—

CHI PHAM: Yeah.

TESLA: And you can lose your audience, and that's a bad feeling.

CHI PHAM: Right. And so you've kind of been in that situation before.

TESLA: Yeah.

CHI PHAM: How did you handle it then?

TESLA: Knowing what was going on and taking control of the situation.

CHI PHAM: OK.

TESLA: And helping on—well, when you're on stage, you have to help the other actors around you and support them while doing your job acting.

CHI PHAM: OK. So you said that you can kind of take control of the situation a little bit, and you said you kind of help the other actors, as well. How could you kind of control the situation when you walk into this new environment called college?

TESLA: I think they need to ask for help, and not—like, while I want to be able to do this on my own, I don't know if I'm—I don't have all the information yet, and I need to swallow my pride and admit that I'm going to need a lot of help, and frequently, and make friends with career counselors, and—

CHI PHAM: Yeah. And who are the people that can help?

TESLA: Well, I know that there's career counseling and there's tutoring that you can get into, and hopefully I'll make friends. And the admissions counselors. I like my admissions counselor a lot. She's really nice. So I need to find friends—not necessarily friends, but people who can help me, and find those fast, and be goal one when I get there.

CHI PHAM: There are people knocking on your door and they just want to do all kinds of things with you, and that you've got all kinds of friends, and you're really popular.

TESLA: I could deal with that. That'd be OK with me.

CHI PHAM: Yeah. How does that—yeah. How does that help with kind of this anxiety about making friends?

TESLA: Well, that—that would be so much easier. I would feel so much better if I like had a built-in system of people I can like automatically study with.

CHI PHAM: Yeah, so I hear—so there is a fair amount of anxiety around this.

TESLA: Yeah.

CHI PHAM: Where you're nervous about kind of being by yourself, and you're having to create kind of the environment or the situation that you have here that's helped you so much over the years.

TESLA: Mm-hmm. And I'm just nervous that coming from different parts of the country, like, at least in the culture I've grown up with, it's so open and friendly. And I'm nervous I'm going to go to a place where they're a little more cold and a little more reserved, and not so willing to be open to friendships. And I just don't how to act around people who are more reserved.

CHI PHAM: And so you're a little nervous about kind of going to the East Coast, where it might feel a little bit different than where you're comfortable with.

TESLA: Yeah. And I don't want to go out there and be like a—I'm nervous to scare people off by coming into school and being like, this is me. I'm Tesla, I'm from Montana, and blah. And like, be overbearing to people. That's what I'm afraid that I'll do.

CHI PHAM: But could you also see that as a really positive thing? Where you are so different, and coming from the Wild West, that people would be really open to that and it would be kind of refreshing because you're different than kind of what you perceive as the East Coast?

TESLA: I never thought about that. I'd like that if that was how it was, and—because that would help with like being—I don't want to like, initiate the friendships. I want to have them more open and free-flowing. And if like people are interested in me, that would make me feel better.

CHI PHAM: Yeah. Because I hear you saying it a little bit as if it's not a strength, that it's kind of a negative to be from Montana.

TESLA: Yeah.

CHI PHAM: But what if it were a positive, and that part of the reason

you were there, at school, was to show people another way of being, another part of the country, to share your experiences.

TESLA: Yeah.

CHI PHAM: And that that is part of other people's education, too, which is why colleges want geographic diversity.

TESLA: Yeah.

CHI PHAM: Is that it brings in interesting ideas and different personalities. And—

TESLA: And it gives me a conversation starter.

CHI PHAM: A conversation starter. Yeah. So what would it be like, then, to go into the conversations or into these interactions thinking, huh, I have something to offer these people.

TESLA: Well, I'd first have to become cocky, and I'm not cocky. So. But if I was, I could make some jokes about how we don't use outhouses in Montana. And then I could be—I can make people laugh, and I'd like to be able to do that. And I feel like that would help me a lot by attracting friends if I can get them laughing first without making a fool of myself, because that's when people get annoyed with you, if you're too boisterous.

CHI PHAM: Mm-hmm. And so I hear you're saying that you're nervous about meeting people, but you're outgoing. Right? You said that you like to make people laugh.

TESLA: Yeah.

CHI PHAM: And you have lots of these different interests. Tell me some more about the things that you like about yourself.

TESLA: Oh, that's hard.

CHI PHAM: That are interesting. That kind of make up who you are.

TESLA: Well, I'm really, really good about caring about people. I have a lot of love that I can spew at people. I have really intense motherly instincts. And, I mean, I like that about myself, I guess—being able to like, care for people. And I'm a good listener, I guess.

CHI PHAM: Yeah? And tell me about what it looks like when you care

for the people.

TESLA: It's not a about listening—or about me, it's about like, what I need to do for the other person, and that's the most important thing sometimes, is being able to care for other people, even when you're not feeling so great yourself.

CHI PHAM: Mm-hmm.

TESLA: But I feel like that's a deeper part of relationships, and I don't know how to show that to people when I first meet them.

CHI PHAM: Mm-hmm. Yeah, that takes some time to establish some trust, and—but what I hear you saying too is that it's easier for you to take care of other people, and not necessarily take care of yourself or do what feels good for you, because that feels guilty and selfish.

TESLA: Yeah.

CHI PHAM: So we're kind of coming around to kind of what brought you here—feeling this guilt that, this is what I want to do, but I don't feel so good about that.

TESLA: Yeah. They're all connected a little bit, and, well, I don't know. I just don't want to be selfish in any of it, because I really just despise selfishness in people.

RITA: I really liked when she used the successes that he was aware of. Tesla's been in an acting situation. She's done shows and plays. And he was able to point her toward those and have her make the transition to what she was facing the future.

JOHN: Right. Right. Exactly. And I think what that does is it really helps her develop a concrete plan. He kind of was able to draw the concrete methods of coping out, like who to ask for help and when to ask for help.

RITA: Right. Right. Yeah. It was great. So I really think Tesla's a great candidate for solution-focused, and I think it does work really well in the school setting.

This next session is an example of family counseling using a family systems approach. Our colleague, Dr. Kirsten Murray, is the counselor, and she obviously loved doing counseling with families. And she's also

a published author in this area.

JOHN: One thing about family systems work is it's similar to feminist theory in that it places the origin or the roots of the problem outside of the individual. In this case, generally systems—mostly the family system. And so the focus for the family therapist is on, if we can change some of the interactions of the dynamics in the system, we can then address the symptoms that are manifested in specific individuals in the family.

RITA: Right. Right. Which makes total sense. In the upcoming video, Kirsten is able to use a number of strategies, but she uses the family structure and some family sculpting to facilitate some very genuine emotional communication in the family.

JOHN: And let's see how that works.

MURRAY: Beth, can you tell me a little bit about what it's like to watch Brayden and Tanner bicker, or what you see?

BETH: Yeah. I guess I know that it happens. I mean, I argued with my brother, and we did things to annoying one another. And I think similar with Jake's family. So we know that it's part of having a sibling. But it just seems—I guess in my mind, I just would like them to appreciate one another and enjoying being together at least sometimes.

MURRAY: Yeah.

BETH: And it just seems like they are always looking for something to say negative about each other.

MURRAY: OK. So for you, as you talk, I think you just want a little bit of peace.

BETH: Right. Right. Just let's get along for a little bit during the day.

MURRAY: OK. All right.

BETH: Right.

MURRAY: OK. So Brayden—sneaky Brayden. Now, was like, a small example of what you guys do to each other, just now? Yeah? All right. So I wonder—Brayden, what did you hear your mom say?

TANNER: What?

BRAYDEN: We're looking for something negative to say to each other.

RITA: Yeah. Do you agree with her, that you think a lot about negative things to say with Tanner?

BRAYDEN: Yeah. Because there's not very many positives.

MURRAY: Aww. You even found a negative thing to say just now.

TANNER: I don't [UNINTELLIGIBLE].

MURRAY: And you have a really big smile when you say it, too, like you're kind of proud of being so sneaky. OK. Tanner, you're loaded and ready to go, no?

TANNER: He doesn't have anything positive about—

BRAYDEN: Woo.

JAKE: Guys, it's not a Competition to see who can—

TANNER: But it is, Dad.

JAKE: —say the most negative—

TANNER: But it is.

JAKE: Well, that's probably what we need to work on.

MURRAY: Yeah. So, Jake, right now, I mean, when you're watching them say negative things back and forth to each other, what's it like for you?

JAKE: Well, they're just kind of joking right now, but they do. They are very critical of each other. So they're always looking for things to point out that the other is doing wrong, which, in some cases, is OK, because I kind of have them monitor each other in certain circumstances to make sure they're safe and doing the right thing.

MURRAY: Mm-hmm.

JAKE: But they kind of take it an extreme, and things that really don't matter, they're just looking for opportunities to pick at each other.

MURRAY: OK.

When you get annoyed, where do you feel that in your body? That

might be kind of a strange question at first.

JAKE: Yeah.

MURRAY: So like when I get annoying, I can feel tenseness in my shoulders. Like, my shoulders start to feel like they're connected to my ears, or my stomach tightens up, or I might make more fists with my hands.

JAKE: Yeah. Probably the shoulders.

MURRAY: Your shoulders, yeah. Tanner, when you get annoyed, where do you feel it in your body? In you head?

BRAYDEN: I feel it in my face, because he slaps me.

TANNER: I hi-five your face.

BRAYDEN: No, you slap me.

TANNER: You can go, hi-five.

BRAYDEN: You slap me and then—

TANNER: Like, you move your hand so he goes—

BRAYDEN: Hey.

MURRAY: So Brayden, you feel annoyed sometimes too? Yeah? Are you feeling especially annoyed right now, Tanner, because you just lost your pen?

TANNER: Yup.

MURRAY: Yeah.

TANNER: And I want my special pink one, too.

MURRAY: Ah. You liked it a lot.

TANNER: But at least I got my faces.

MURRAY: I wonder if there is a little piece of this that you guys might actually like being around each other, even if annoying each other is kind of fun sometimes.

TANNER: It is.

MURRAY: It is? OK. All right.

TANNER: It can be.

MURRAY: It can be. Brayden—

TANNER: And I'm pretty sure it's the same for him.

MURRAY: Do you think Tanner's right? Is it the same for you?

BRAYDEN: It's probably fun for him.

MURRAY: OK.

TANNER: You annoy me, too.

MURRAY: I'm going to stop you for just a second, Tanner.

BRAYDEN: Well you tackle me when I'm brushing my teeth every night.

MURRAY: Brayden, the more that you talk and that you say that it's fun for him, I wonder if there's part of you, sometimes, that feels a little hurt by the way that Tanner picks on you.

BRAYDEN: Mmm, sort of.

MURRAY: Sort of? Can you tell a little bit about that?

BRAYDEN: I don't know. I don't really know much about it.

MURRAY: Much about it. Sometimes do you ever feel sad after he teases you or hi-fives your face?

BRAYDEN: Sometimes.

MURRAY: Sometimes. That must feel pretty lonely sometimes. Yeah. I wonder, would you guys be willing to try something with me? It's a little different. It's called a family sculpt. OK? So you know how you can sculpt things out of clay? OK? This game is how you can sculpt something out of a family. You ready to try it with me?

TANNER: So we're pretty much clay.

MURRAY: It's like you're clay, right? And you can sculpt the way you feel or how you think it is in your family. And I'm wondering if you'd let me try and sculpt you first. Would that be OK?

BRAYDEN: OK.

MURRAY: All right? And Brayden, I'm going to ask you, especially,

because I was wondering if I could sculpt an example of sometimes when you feel alone or hurt after Tanner picked on you.

BRAYDEN: Hmm.

TANNER: You show that he gets me back. When I'm walking away, he always jumps ahh!

MURRAY: You know what, Tanner?

TANNER: He's a monkey.

MURRAY: We'll give you a chance to sculpt your family, too. OK? But Brayden, you want to go first?

BRAYDEN: I don't really know how.

MURRAY: I will help you.

BRAYDEN: OK.

MURRAY: Is that a deal? Do you trust me to help you?

BRAYDEN: OK.

MURRAY: OK. All right. So we are going to give that a try. OK? So, first, let's stand up. Loosen up. This is for everybody.

BETH: Oh, all of us—

MURRAY: Come on, guys.

BRAYDEN: [UNINTELLIGIBLE]. Wee.

MURRAY: OK. And we're going to try and stay right in this area for the sculpt.

BRAYDEN: OK.

MURRAY: OK? And you and me, we're going to work together.

BRAYDEN: OK.

MURRAY: OK? So the first thing that we're going to do is—I'm going to get down here so I can talk to you like this. So you were talking to me before about sometimes when Tanner picks on you, that it can hurt sometimes.

BRAYDEN: Yeah.

MURRAY: Yeah.

BRAYDEN: Because he punches me.

MURRAY: So it can hurt like, outside, like on your body.

BRAYDEN: Yes.

MURRAY: Do you ever also feel sad sometimes inside?

BRAYDEN: Yeah.

MURRAY: OK. All right. So when I was first talking to you, sometimes that can feel like you're pretty alone. And if I were thinking of a way that alone might look if I sculpt it, I might just kind of like, sit on the ground like this by myself. Does that feel right to you? Is that one way alone looks?

BRAYDEN: Yeah.

MURRAY: Is there another way that you had in mind?

BRAYDEN: Not really.

MURRAY: Not really? OK. Do you want to come down here and sit on the floor with me like this?

BRAYDEN: OK.

MURRAY: Aww, thank you. Very good work. All right. So, my next question for you is, when you're feeling alone and your feelings are kind of hurt, what does Tanner do?

BRAYDEN: He comes over and punches me more.

MURRAY: OK, so sometimes—

TANNER: What? No.

MURRAY: Hold on.

BRAYDEN: Only Dad pulls me, and starts pulling my ears.

MURRAY: We're just doing this from—OK.

BRAYDEN: And my hair.

MURRAY: So we're going to do this from the way that Brayden sees it, and then we'll do a way that Tanner sees it, OK? So nobody gets

to argue with you, all right? This is how you see it. OK? All right. So Tanner, one thing I'm going to have you do is come tower over Brayden, like you're going to pick on him, but you can't touch him. OK? And it's tempting to be silly. Can I help you? Stay and face that way, like your mom.

BETH: He's not going to touch you, Brayden.

KRISTEN MURRAY: He won't. All right. Can I touch you?

TANNER: Yeah.

MURRAY: All right. So sometimes when I think about—like, do you ever feel angry when you're picking on Brayden? Like you're really annoyed?

TANNER: Yeah.

MURRAY: So when you're angry, how's that look in your body?

TANNER: [LAUGHTER]

MURRAY: For me, sometimes it looks like this.

TANNER:

MURRAY: I do this. I put my hand. But this is a very—this is like a mom kind of angry, right?

BRAYDEN: Or an old grandma.

MURRAY: Or a grandma kind of angry, like this. You're absolutely right. So when—

TANNER: That's the ear-pulling thing.

MURRAY: Yeah, right?

TANNER: We made it up, called the granny and the hair. That's called the grandpa.

MURRAY: This is the grandpa?

TANNER: Yeah.

MURRAY: OK. I'll remember that. That's a pretty good move.

TANNER: And then this is the angry grandpa.

BRAYDEN: And then this is the grandma who doesn't know what—

MURRAY: So what—what's angry look like for you? OK, but you can't touch him, but you can stand over him like this. You stay feeling kind of lonely right here. OK? And I just want you to try and freeze, all right?

BRAYDEN: OK.

MURRAY: OK. You're doing a really good job. OK. So, remember, you're feeling angry. OK. Now, Brayden, I another question for you. When this is happening, what does Mom do?

BRAYDEN: Study.

MURRAY: And what's Mom doing? Mom's studying. So I'm going to put Mom over here in a chair, like she's studying. OK? All right. So Beth, I'm going to put you with your back here.

BETH: OK.

MURRAY: And sit like you're studying and paying really close attention to all that homework.

BETH: OK.

MURRAY: OK. And then what does Dad do?

TANNER: He's usually—

MURRAY: Hold on.

BRAYDEN: Working on the computer.

MURRAY: Dad's working on the computer? OK. All right. So Dad, I'm going to put you over here, and sitting right here working on your computer.

TANNER: He also likes a shower sometimes.

MURRAY: I would hope so.

JAKE: Every day.

TANNER: No, once a week.

MURRAY: So even though this can feel a little silly right now—

TANNER: It does.

MURRAY: —the next thing I'm going to ask you guys to do is just feel how you're feeling. OK? So if you're supposed to be feeling lonely, let yourself feel lonely. If you're feeling angry, let yourself feel angry. I know it's kind of silly. Imagine that he just did something that's so annoying, OK? And you're standing right over the top of him. And I'm just going to have you hold in your positions for a minute.

So Brayden, when you look around and see how your family is right now, is this kind of what it's like sometimes when you're being picked on? Yeah?

BRAYDEN: Most of the time.

MURRAY: Most of the time. What's most right about how we sculpted your family?

What's it like for you to see your mom and dad turned away like that?

BRAYDEN: Sort of normal.

MURRAY: Sort of normal. OK. Do you feel a little more lonely?

BRAYDEN: Mmm, sort of.

MURRAY: Sort of? OK. All right. Well, what's it like for you right now to sit like this?

BETH: Uncomfortable.

MURRAY: Yeah. Can you tell me what's most uncomfortable about it?

BETH: I think just—well, just as far as being here or hearing?

MURRAY: Both. Both.

BETH: All of it, I think, is you just hate to hear him say that that makes him more lonely. And, of course, I'm knowing that I have been super busy, and, you know, there's been a lot to do. And I know that, and I've already kind of had that guilt, anyway. So that's definitely uncomfortable.

MURRAY: Yeah. This makes the guilt a lot more real.

BETH: Right.

MURRAY: Yeah.

BETH: Yeah.

MURRAY: Yeah.

JOHN: From what we've already seen, Kirsten has used modeling and joining and some family sculpting to elicit lots of different responses from the family. She also sets some limits at various points.

RITA: Yeah, she did. And you know what was interesting for me—to see how much emotion came up for the family members when she was doing the sculpt.

JOHN: You know, that is amazing—just by moving people, having them move each other around a room and having them talk produces these strong emotional reactions.

RITA: Yeah. And in the next one, we see her do some more sculpting, moving people around, and letting other people have some control so that everybody kind of gets a chance to have that experience.

JOHN: Right.

RITA: Let's watch.

MURRAY: OK. Well who would you feel the safest talking to about it now?

BRAYDEN: Maybe Mom.

MURRAY: Maybe Mom? All right. So it sounds like you would want to be close with Mom. How can we sculpt you to show that you're close with Mom? You're going to wave at her?

Mom, do you have any ideas of how you would want to show Brayden that you're close with him?

BETH: what if I turn my chair and you come sit with me.

BRAYDEN: OK.

MURRAY: What's this—how's this feel?

BRAYDEN: Good.

MURRAY: Good.

BETH: Feels really good to me.

MURRAY: Yeah. Can you say more? Because it seems like you were kind of craving wanting to do that.

BETH: Yeah. Yeah, just—sorry. I can't say much.

MURRAY: It's OK. You just be with him.

BRAYDEN: What? Oh.

MURRAY: It's really touching you right now.

BETH: Yeah. Because, you know, to hear him say that he's lonely or sad and feels like I'm not there. So.

MURRAY: You have a big smile on your face.

BRAYDEN: Mm-hmm.

BETH: It's good to have him right here.

MURRAY: What would your smile say if it could talk?

BRAYDEN: This feels really good.

MURRAY: Really good. Yeah? And what—we've got to figure out what the heck we're going to do with these two, right?

How would we put them?

JAKE: Would it be far away from you or close to you, if he cared about you, Brayden?

BRAYDEN: It'd be closer.

MURRAY: Closer? Can we put him right next to you, right here?

BRAYDEN: Sure.

MURRAY: OK. So Tanner, why don't we stand you here. All right. And would he be touching you if he was feeling close with you, in a nice way? No.

JAKE: In a nice way, Tanner.

MURRAY: No face hi-fives.

BRAYDEN: No.

MURRAY: No face, hi-fives. How would that be for for you? Does that feel right for you? Tanner, what's that like to touch him on the

shoulder like that?

TANNER: I'm kind of afraid he's going to hit me, but.

MURRAY: It doesn't look like it.

TANNER: But I feel like this arm is gonna go [SOUND EFFECT].

MURRAY: So you're a little on the protective, but you're willing to trust him right now. You're willing to trust him. So he's trusting you that you're going to take care of him. And it kind of looks like you want to take care of him, too. Yeah. You have a really big smile on your face.

BETH: Yeah. This is much more comfortable.

MURRAY: Is this some of the piece that you—

BETH: Yeah. And it's just nice to get a little glimpse of maybe some of what they really feel, but don't necessarily expression.

MURRAY: Talk about.

BETH: So. Yeah.

BETH: I think that's nice.

MURRAY: All right, Tanner. So how—when you think about how you want it to be in your family. First of all, where are you? Where would you like to be in our sculpt?

TANNER: Hmm. In the middle.

MURRAY: In the middle. OK. So why don't you stand right here, and this can be our middle. All right. Now when you think about how you want your family to be, who do you want to add in next? Both your parents at the same time.

TANNER: Mm-hmm.

MURRAY: OK. Can you tell them where you would want them? Here, here, here, here.

BETH: Right here?

MURRAY: Those were some pretty descript words, Tanner.

BETH: This side.

MURRAY: OK. So with arms. Oh. Do you want to be able to—do you want to stand on a chair so you can reach them?

TANNER: Sure.

MURRAY: OK.

TANNER: Awesome chair.

JAKE: Can he, have like a crown, too?

MURRAY: You know, if I had props, I'd bring them.

TANNER: I'm a king.

MURRAY: What's it like to be a little taller? Yeah? Yeah? You want it to be like you're—

JAKE: Both feet on that chair so you don't fall.

MURRAY: All right. Now, we've got one more to add in. Where should we put Brayden?

JAKE: Tanner.

MURRAY: Behind you? OK.

BETH: All right. Standing on the floor behind you. Oh, in the chair.

TANNER: That way he's kind of—not quite taller than me, but he's still here.

MURRAY: He's still there.

BRAYDEN: So I'm taller. I'm almost as tall as Dad.

KRISTEN MURRAY: Tanner. What's important to you about being tall?

TANNER: Well, I can see more of what's going on in the house.

MURRAY: Oh, OK. OK, but we've got to—

JAKE: Brayden, settle down.

BETH: We've got to be down here.

MURRAY: How'd Tanner put us? He was really good staying how you put him.

BRAYDEN: Sorry.

MURRAY: It's OK. So you like being able to know everything that's going on.

TANNER: But more.

MURRAY: More. OK.

BRAYDEN: How do you know—

MURRAY: Pretty wise.

BRAYDEN: —more than what's going on?

MURRAY: So you want to know more about what's going on. What else do you like about being up there, with your arms around your family?

TANNER: Well, it makes me feel closer to my family—

MURRAY: Yeah?

TANNER: —than it sometimes is.

MURRAY: Yeah. So sometimes did you feel alone the way that Brayden said he felt alone?

TANNER: Mm-hmm.

MURRAY: It's just good to be reminded that you're surrounded by people that love you.

TANNER: Mm-hmm.

MURRAY: Yeah. I like that feeling. It's like getting a big hug.

TANNER: Yeah.

MURRAY: All right. Why don't we unsculpt and sit down?

TANNER: OK.

BETH: OK, I think this was Kirsten's chair.

TANNER: Yeah, Brayden.

MURRAY: You want to swap chairs with me? We can.

BRAYDEN: Tanner, can I have the paper? Yeah.

MURRAY: So, we're almost to the end of our time. And before I end, I always like to ask everybody what they're leaving with after our time

together. Like if you learned anything new or experienced anything new. I'm just curious what you're going to go home with. What do you think, Tanner?

TANNER: Hmm. Well, uh, that my brother likes me a little more than I thought he did. And, I found out that, um, that my—that Mom and Dad feel a little bit—well, Mom does. She feels a little bit guilty that she has to study all the time and she's not around. Well, she's still around, but, she—

MURRAY: It's hard for her. You know that it's hard for her when she really wants to be with you.

TANNER: Mm-hmm.

MURRAY: Yeah? What did you learn about your dad?

TANNER: Hmm. That he wants to have a stick.

MURRAY:

JAKE: Sticks are easy to find, Tanner.

MURRAY: So maybe the same thing rings true with your dad, that you guys like to tease each other.

TANNER: Mm-hmm.

MURRAY: Yeah. Is that one way that you show your dad that you love him?

TANNER: Mm-hmm.

MURRAY: Yeah?

RITA: John, I think this was a masterful example of Kirsten using family systems to work with this family. And I have to say, I was really impressed with the family and the courage of the family members to really allow her to do the sculpting and to feel the feelings they felt. It was really very moving.

JOHN: Yeah. Yeah, I think Kirsten is very talented in the area, and the family was very impressive too. I think in the end, as we are kind of looking to the future, the family in this experience had more family cohesion and maybe some insights about the way they interact, and I think both of those things will be positive forces and factors as the

family travels through time together in the future.

RITA: I agree.

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Produced by: Irish Luck Productions

Directed by: John Sommers-Flanagan and Rita Sommers-Flanagan

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 Suicidality
 Trauma
 Weight Management

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African-American	Men
Asian American	Military/Veterans
Athletes	Older Adults
Children	Parents
Couples	Prisoners
Families	Step Families
LGBT	Therapeutic Communities
Inpatient Clients	Women