Get Better Results and Enjoy the Work More: 21 Ways to Make Therapy More Effective

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Learning objectives

- Managing a therapy practice to support positive outcomes
- Strategies for managing the therapist-patient relationship
- Cooperatively shaping conflict
- Determining patients' narratives

Syllabus

- Using the therapeutic relationship intentionally
- Content vs process—moving between them, helping patients to do so
- Claiming the therapist's appropriate power in session
- What is it like for someone to be in therapy with you?
- Learning the right things about patients' lives
- Work smarter, not harder

Patients' narratives

- Narratives: a vision of the architecture of the world, and one's place in it
- Facts do NOT speak for themselves
- Get patients curious about the concept
- Common themes of narratives: power; identity; safety/vigilance/trust; fate/destiny; what's important in life
- Understanding one's narratives is a way of taking responsibility for one's own typical interpretations, transference, etc
- What are patients' narratives of therapy? Of us? What are ours?
- "of course…"
- "I'm the kind of person who…"
- "as the saying goes…"; "as I always say…"

Moving between content and process

- Parallel process—they will perceive us like they perceive others, and treat us like they treat others.
- Patients talk and behave in metaphor. We can decode this.
- We can talk about how patients are behaving in the therapy, and how they behave with us.
- We can perceive similarities that patients often can’t. We don’t even have to be right; just inviting patients to think about this can be valuable for them.

Cooperatively shaping conflict

- Goals of conflict
- Fair fighting
- I statements
- Conflict w/partner, not w/adversary
- Agree on rules when NOT in conflict
- Pick the right time
- “In violent agreement”

Today’s themes

- Managing the therapeutic relationship
- Interventions
- Practice management

MANAGING THE CLINICAL RELATIONSIHP

Managing the clinical relationship

- Talking about the relationship
- Seeing it as a collaboration
- More than chicken soup?
- Validate, don’t gratify
- Self-disclosure (which is more than just verbal)
- Don’t fear conflict or patients being offended
- Don’t defend ourselves
- Don’t waste time in session—even if patients want that

In every session,
we're attending to multiple things:

The content of what we each say

How they feel about what we each say

Their experience of this relationship

1. Be more comfortable with silence than they are

- Harder to use silence with zoom
- After we ask or say something difficult, don’t rescue them
- Option: ask what the silence was like for them

2. In general, don’t work harder than the patient

- Is this why you’re sometimes crabby, over-tired, or stuck?
- We can talk about this with patient
- Are they showing us what it’s like to be in relationship with them?
- Don’t get resentful, get curious and calmer

3. When patients feel criticized by what we say, don’t reassure them that you didn’t

- Let them sit with their discomfort.
- Acknowledge them for sharing their distress.
- Invite them to be curious about their experience.

4. In general, don’t give advice when asked

- Every patient is getting advice from multiple sources
- What do we offer that’s better than advice?
- Patients will extrapolate from our advice to our other ideas
- Some patients will want to follow our advice; others, to not follow our advice
- What if our advice conflicts with valued others’ advice? Or with everyone else’s?

5. Don’t let couples hijack a session with conflict

- They’re not finished with it, so of course they want to continue
- Fighting is easier than listening to us
- Each mate wants us to align with them
- Reminder: “my house, my rules”

6. When the patient is a couple

- Don’t let them sit shoulder-to-shoulder
- Don’t point out alignments with one partner—e.g., gender, age, ethnicity, birthplace
- Have a theory and boundaries about input from one partner
- Be sensitive about making one partner the identified patient—even if that partner agrees or volunteers

INTERVENTIONS

7. Stuck? Time for an assessment session

- “Regular part of good practice”
- Refer to original goals of therapy
- Good modeling for a couple
- Good reminder that we can talk about the therapy
- Note if patient’s been withholding dissatisfaction

8. Don’t assume a case is about what patients say it’s about

- How patients define a situation is often part of their problem
- What else might this case be about?
- Imagine a process theme rather than a content theme

9. Why now?

- Why start therapy now?
- Why make a certain decision now?
- Why tell the truth now?
- What seems different now?
- Why is this bothering you more now?

10. Ask about patients' LIVED experience

- NOT speculation.
- How did you feel at that moment?
- What did you want at that moment?
- What did you hope would happen?

- Note: This is different than asking how you feel about it NOW
- If they don't know, invite their curiosity.
- Without this information, how do you make decisions?
- Maybe part of you doesn't want to know.

11. Note narratives of powerlessness

- Explain the concept of narratives.
- People always have good reasons to support their narratives.
- When we challenge people's narratives, they may say we don't understand them or their situation.
- Remember that there are always broad and unexpected consequences from changing narratives—and patients' significant others may resist.

12. Why an argument?

- Why not a collaborative conversation?
- What were you trying to accomplish?
- Would you have this argument again, or do it a different way?
- Believing that “of course” you have to behave poorly in response to your partner behaving poorly.
- Option: when discussing conflict, do NOT tell me what it’s about; this helps expose process

13. Ask about patients' passions & knowledge

- Use metaphors in that arena
- Ask, "how would you manage this question in that arena?
- Does patient feel validated in their area of passion?

14. What do you do for fun? What's that like? When do you do it?

- Again, note narratives of powerlessness
- Do people support you in having fun?
- What does it mean to do something for fun?
- When patients say "Um, not much"

15. Question patients repeatedly doing things that they (should) know will go poorly

- “Bad luck”
- Narratives of powerlessness
- Note their surprise when the same behavior yields the same result
- Structural obstacles (eg, sexism) exist, but aren’t the whole story

PRACTICE MANAGEMENT

Notes on practice management

- Provide dependable, familiar environment for patients
- A form of self-care
- Creating sacred space, both physically and otherwise
- Model empowerment, self-knowledge, and self-care
- Are we willing to own our space? Our authority?
- What’s our narrative of our profession, our practice? What’s our value add?
- Our physical space & our routine reflect our narratives & values

The patient's experience of us and the therapy

- Think about your experience of going to the doctor, dentist or therapist. What communicated to you?
- Navigating between authenticity and presentation
- Remember, patients are interpreting things that we are NOT intentional about (as well as those we are).

16. Review your case notes before sessions

- What’s in your notes?
- What’s helpful to you?
- Do you summarize sessions for patients?
- Did you give homework?
- How do you start sessions?

17. Don’t take cases you don’t want

- Which cases don’t you want?
- Bad reasons we take these cases
    - ~ Financial
    - ~ Desire to help patient
    - ~ Desire to impress or help colleague

18. Don’t diagnose people not in the room

- “I can imagine you feel unimportant when she does that.”
- We may be inviting a protective response
- Patient may wonder how we diagnose them
- Remember, patient may quote us to the other person
- When other providers do it

19. Consult with patients' other providers

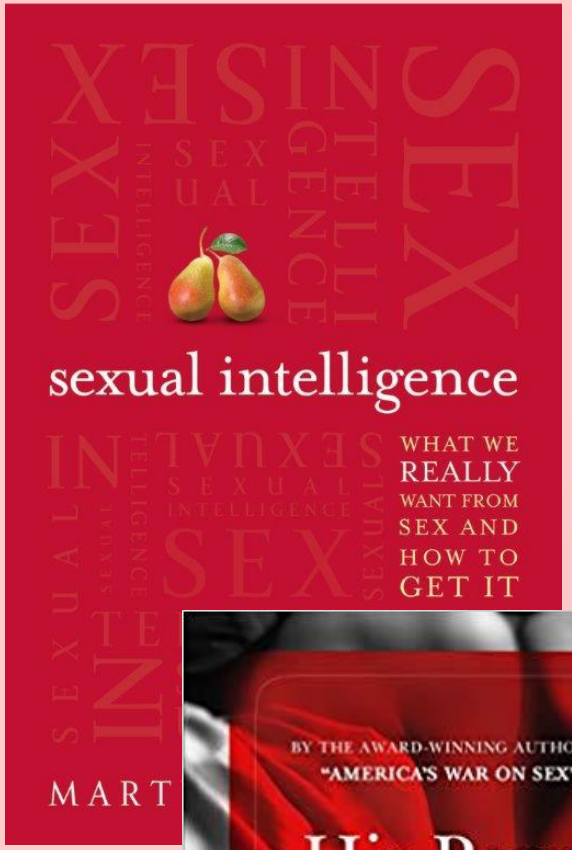
- "The standard of care in this office"
- Generally no extra charge
- If patients don't want us to
- When patients ask us about those conversations
- Keep notes, of course
- You want to collaborate, even if you disagree with their approach

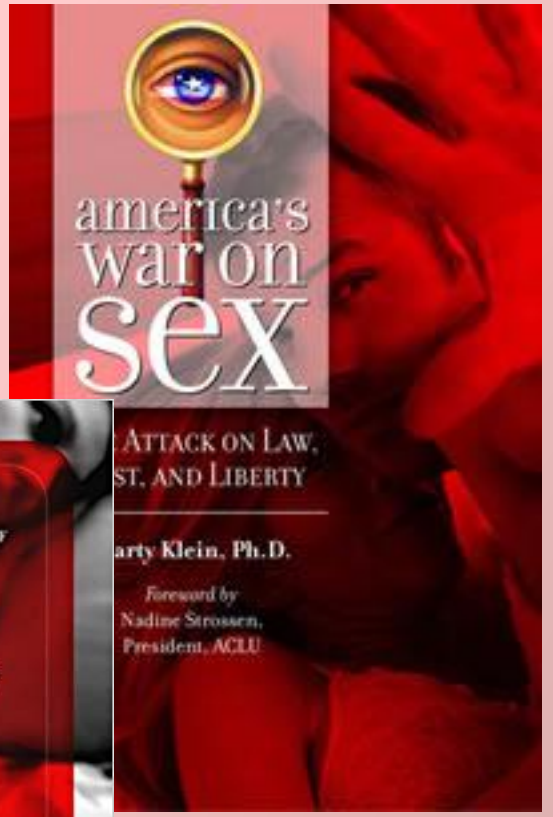
20. Have a clear therapeutic contract

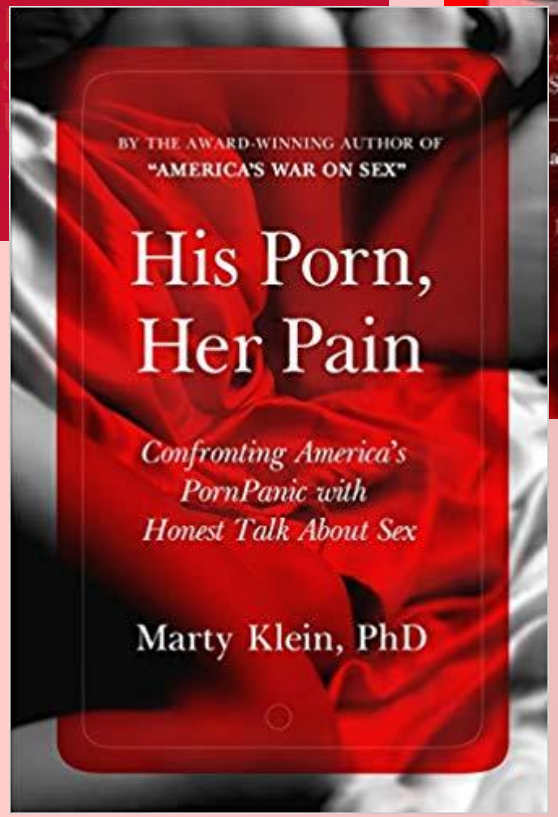
- Don’t accept one you don’t support or can’t accomplish
- Review it periodically
- Ask why people want what they want
- Is that a goal or a strategy?

21. Send your expectations for zoom sessions ahead of the first session

- *For the best session results:*
- Use a comfortable chair with lighting from the front or above, NOT from the rear.
- If a couple, PLEASE sit on separate chairs, with your faces at about the same height.
- PLEASE place your camera on a stable surface, not something that will move (like your lap). Do NOT plan to hand-hold your device.
- PLEASE test your camera angle, lighting, and connectivity ahead of time.
- PLEASE put your mobile phone, apple watch, and anything else that notifies you out of seeing and hearing range.
- Please don't drink alcohol before or while we speak.
- If you have a cat or dog, PLEASE put them in another room or outside.
- PLEASE arrive at our session a few minutes BEFORE our appointed time, and think about what we're going to talk about. Do NOT plan to dash off to something else immediately afterwards.
- If you have any problems, just phone me at 650/856-6533.







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