Outline

Noteworthy practitioners' experience with and learning from therapy failure:
1. Albert Ellis
   a. Recommendations for working with depression
2. William Glasser
   a. Feel commitment toward the client
3. Arnold Lazarus
   a. Strive to maintain empathy and compassion toward client
   b. Validate what client is saying before moving forward to a perceived target
   c. Covering up and denying one's mistakes diminishes learning opportunity
4. Gerald Corey
   a. Under pressure, we sometimes revert to old patterns of behavior
5. Various lessons learned from bad therapy
   a. Have an alternate therapy model if our regular model is ineffective
   b. Keep one foot in the client's world
   c. Bad therapy experiences can become pearls of wisdom
6. The four most pervasive variables in therapy failure
7. Five stages that therapists experience upon therapy-failure awareness
8. Examining our clinical work by asking ourselves key questions
9. Four ways that admitting and learning from our therapy errors can be illuminating

can control the decision to examine his behavior facilitating improved performance. The characteristics of self-honesty and a clear perception of reality are deemed vital for understanding one's therapeutic strengths and weaknesses.

Admitting and learning from our therapy errors can assist us in numerous ways:

Promotes reflective thought – Processing mistakes leads to healthy reflective action that can foster growth toward being the best we can be in this role. Desire to improve suggests the need to identify our weaknesses and build on our strengths.

Imparts valuable information – Therapy errors can be viewed as simply feedback en route to a successful outcome rather than the end in itself. Generally, given trust, clients will be patient as therapist seeks a combination of methods that work.

Enhances flexibility – Awareness that a specific therapeutic approach is not working with a given client ideally will lead to utilization of a different strategy. Often, greater flexibility can decrease the likelihood of bad therapy.

Increases patience – If therapist and client are patient with one another while maintaining realistic goals and expectations, and forgive one another's miscalculations then successful outcomes are more likely.

Reinforces humility – Listening carefully and responding to client's needs is vital whereas therapist need to be right, to win power struggles, and to prove his or her way is the right way can lead to ineffective therapy. Confronting our errors and failures teaches us to accept and ultimately turn weaknesses into strengths.

The therapy process may be a process in itself of failure and correction such that even the "prominent figures" in the field are susceptible to making errors in judgment. The question then becomes whether we have the courage to speak more openly about our failures and subsequently make the appropriate modifications.

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TEST - FAMOUS THERAPIST ERRORS

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1. **Therapist-induced failures can be minimized if issues are detected early given counselor honest and objective self-analysis.**
   A) True B) False

2. **Almost always, one specific reason to which we attribute unsuccessful therapy explains the entire truth.**
   A) True B) False

3. **Peggy Papp learned it is inappropriate to decide ahead of time on a treatment method before even meeting the family and hearing their story.**
   A) True B) False

4. **Violet Oaklander resolved that children cannot manage a lot of expression of feelings all at one time as adults can.**
   A) True B) False

5. **Susan Johnson resolved that being empathic rather than judgmental with the client can facilitate therapy.**
   A) True B) False

6. **Excessive therapist self-disclosure can cause the client to feel bored, ignored, and minimized and lead to client terminating therapy.**
   A) True B) False

7. **Eliciting active client participation in the development of treatment goals has not been found to increase commitment to goals and the probability of goal-attainment.**
   A) True B) False

8. **Symptom relief appears to be the most important client reported goal across clinical settings but it is not the most frequently indicated goal.**
   A) True B) False

9. **A common therapist-client interactive variable leading to therapy-failure is the practitioner's attitude of "I've seen it all before."**
   A) True B) False

10. **The most common causes of therapist-client therapy process failure are unresolved transference experiences or dependency issues.**
    A) True B) False

11. **An indication of _____ is highly suggested when both therapist and client agree that there has not been an apparent change.**
    A) counterresistance
    B) therapy failure
    C) countertransference
    D) poor anger-control

12. **Studies have shown that the two most significant factors in differentiating good from bad therapy are _____.**
    A) the fee and client punctuality
    B) therapist assertiveness and utilization of humor
    C) depth or power of the therapy and how smoothly things proceed
    D) confrontation and mirroring

13. **Gerald Corey learned from personal experience how group members often discount their inner reactions and relinquish their power in order to _____.**
    A) be heard in the group
    B) seek justification for a group leader's mistake
    C) criticize other group members
    D) be more assertive

14. **William Glasser disclosed that one of his therapeutic weaknesses was _____.**
    A) to not listen effectively
    B) to avoid confrontation
    C) to be impatient and push client faster than expected
    D) to lack empathy

15. **Arnold Lazarus believes that bad or ineffective therapy occurs when therapists _____.**
    A) lack empathy and compassion
    B) do not hear their client
    C) do not employ empirically supported techniques when relevant
    D) all of the above

16. **Raymond Corsini believes that the ideal therapist _____.**
    A) utilizes only one therapeutic method
    B) maintains a fair sliding fee scale
    C) has a working knowledge of many therapeutic systems
    D) limits confrontational communication

17. **To Richard Schwartz, good therapy essentials include _____.**
    A) being more aware of our inner thoughts, feelings and various parts
    B) monitoring variables that appear to be slowing the therapy process
    C) avoiding placing all the blame on client when the process is not going well
    D) all of the above

18. **Therapist resistance, countertransference, and blockages are manageable through _____.**
    A) relaxation procedure
    B) avoidance behavior
    C) self-awareness, self-monitoring, personal counseling, and supervision
    D) stress reduction techniques

19. **Admitting and learning from therapy errors can assist therapists in _____.**
    A) promoting reflective thought
    B) enhancing flexibility
    C) reinforcing humility
    D) all of the above

20. **Reflecting upon and understanding therapeutic errors is deemed _____.**
    A) not advised by respected practitioners
    B) relevant because it may lead to improvement
    C) rarely worthwhile
    D) hazardous in the long-term

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