# 4 Steps to Get the Most Out of Your Counseling Experience!

Referring clients is a common practice for mental-health practitioners, and ever since I relocated my practice just over two years ago now, I have been asked for referrals more now than ever. Because of this, I decided to write a piece outlining some general suggestions I have when it comes to searching for a counselor and/or approaching one's therapeutic work.

The aforementioned ideas and suggestions were born from the facilitation of more than 8,000 therapy sessions (with over 5,000 of those being group format), my own personal therapeutic experiences, various readings, and academic studies to date. It is important to note that I do not claim to have the final word on modern day mental–health issues; however, I do believe my experiences thus far have led to some insights I feel confident presenting here.

Perhaps the biggest challenge in approaching this topic is the fact that, even though this piece will be a lengthy one, it will still fall well short of addressing all the individual nuances, possible scenarios, and considerations that could be commented on. Therefore, perhaps this will serve as the beginning of a growing and ongoing conversation on the topic. At this stage, my intention is to begin with an outline of general considerations that I presently encourage people to think about before embarking on their therapeutic journey. As mentioned, this is in no way meant to describe every possibly nuance or answer every possible question; instead, it is intended as a general guide and foundation for further discussion and exploration.

**Step 1: Determine what you want to accomplish in treatment.**

Many clients enter treatment wanting to experience a reduction or extinction of certain symptoms, for example: depression, anxiety, anger, addictions, etc., but that's not everyone's goal. Some people might want to address dietary goals or barriers to achieving physical goals, such as, say, running a marathon, while others might want to make a career change. The reasons someone seeks help are extensive and there is no way to cover them all here, but if you are clear about the specific symptoms you are trying to resolve, or behaviors you'd like to change, this will help you sort through potential counselors when you are beginning your initial search: the next step!

**Step 2: Do a search or ask for a referral.**

Once you have an idea of what you want to accomplish in treatment, it may be a good idea to ask those close to you (a trusted friend, family member, acquaintance, etc.) for a referral, especially if you know that they've had similar struggles and found benefit working with someone in the past. If not, you'll likely be heading to the computer for a quick Google search. Either way, I recommend you do this regardless in order to fully explore your options. When conducting an internet search, simply do a search based on where you live, and the symptoms or goals you have. For example, if you are having anxiety, you might type in: "Counselors (or therapists), anxiety, Boulder, Colorado." Once you do a search like this, you will likely find a link to Psychology Today. If not, I recommend adding that tag to your search, as this can provide a great, easy to navigate, set of counselors that you can sort through based on what you are looking for. From there, simply visit a few websites, read through a few biographies, and pay attention to

how you *feel*, or the "vibe" you get as you move through (we'll talk more about why that is important later). Maybe pick the top two or three that sound and feel the best, and you're on to the next step.

**Step 3: Interview your prospective counselor.**

I personally believe this is one the most important steps in the entire process, and rarely do I work with people who do it. While there are likely a multitude of reasons for this, I suspect one is that a lot of people have been taught or socialized to believe that years of formal education, degrees, and credentials automatically equate to competence and the probability of a favorable therapeutic outcome. Unfortunately, in my opinion, especially when it comes to the behavioral sciences, degrees and credentials have little to do with counselor competence and/or increasing the odds of a favorable therapeutic outcome; therefore, while I wouldn't completely dismiss formal education and credentials, I am going to encourage you to place more weight on other key variables, which I will describe further in this section.

Beyond formal education and credentialing, I would recommend placing more weight in the following areas: outside study, personal experience, professional experience, and finally, gut feelings and initial impressions during your intake/interview interactions. While science does have some input here (which I will mention later), this isn't intended to be hard fact or a fixed metric, so feel free to follow something that makes sense to you in the end. For now, let me offer some explanation for how and why I chose this breakdown by going through each category.

- **Formal education:**

  As mentioned, I do not want to completely dismiss formal education, mine or others, but personally, it pales in comparison to what I learned from outside study and direct-client experience. I also wouldn't place much more value on a Psy.D. or Ph.D. While I did not complete my Ph.D., I did two-and-a-half years of it, which included almost all the course work, and every part of the supervised clinical work. I received straight A's in all those clinical courses (over the first two years), and unfortunately, I can't say I benefitted much more from it than from my master's-level training alone. While this might be related to the institution where I studied, I do not believe so, as I have met many counselors over the years who have studied at other institutions, and I see similar outcomes. Additionally, I have heard similar stories from clients having worked with a variety of counselors in the past.

  In other fields of study, I might place more weight on degrees and formal education, as with applied mathematics, for example, but not all fields of study have advanced at the same rate, and not all fields of study are similar in their ease at which they uncover scientific truth. I believe counseling psychology is one of those more difficult fields in which to apply our current scientific model of understanding; in part, because there is an element of "art" involved in counseling (which is difficult to measure or teach). Further, the human mechanism is immensely complex, which makes variable isolation very difficult in and of itself—a necessary task in our current models of scientific investigation.

- **Outside education:**

I place this of higher importance than formal education for a couple of reasons. First, I have come across more valuable information from study outside the classroom. This seems, in part, related to the 'lag' time from research to education, as well as, from what may be individual or collective faculty bias in many institutions.

It certainly seems to me that the higher education orthodoxy serves to stagnate growth and stifle the flow of new information in order to preserve old models and ways of thinking, but regardless of why this occurs, let me give you three examples from my own experience that illustrate what I'm talking about with regard to discovering very important information that has greatly influenced my understanding of psychopathology and healing, but was never introduced in my formal education.

1. Perhaps the most important, internationally recognized authority in the area of marriage and relationship dynamics today is John, Gottman, Ph.D., a name some people will be familiar with. He was doing ground-breaking work before I completed any of my formal education, including authoring and/or co-authoring more than 200 scientific papers and 40-books; however, his name was never mentioned at any point in my formal education. Instead, we studied many of the early pioneers in the field and their contributions. There is nothing wrong with learning from these early pioneers in the field, so long as it doesn't stifle mention of what's happening on the forefront, which seems to frequently happen.

2. Next, perhaps the most internationally recognized authority with regard to childhood development and the impact of trauma would be, Bruce D. Perry, M.D., Ph.D. Dr. Perry's work, in my opinion, is some of the most important work that has ever been done in this area of study. Did I hear of him in graduate school? Nope! I happened to be introduced to his work in a continuing education conference I attended years later.

3. Again, while I could list more examples than I could count, let me provide you with one final one for now. Dr. Vincent Felitti (and colleagues), in collaboration with the Department of Preventive Medicine with Kaiser Permanente, published its first reports on the largest epidemiological study of its kind, known as the Adverse Childhood Experience (ACE) Study, in 1998, in the American Journal of Preventive Medicine. This study, in my opinion, is perhaps the single most important study in our field to date, with findings unlike anything else we have uncovered before. This study, published years before I entered into my graduate level training, would not be mentioned once in any of my master's level or doctoral level courses. I wouldn't discover it until I was attending a training with Dr. Bruce Perry (mentioned above) years later.

   Unfortunately, I cannot recall a time since discovering this information when I've asked a fellow colleague if they are familiar with this study and they've answered, "Yes." Now, I do know that some people are familiar with this information because I see the numbers of views some of this information gets on YouTube; however, I can say confidently, not enough people know about what might be the single most important study to ever come

out in our field to date. And, almost no one is being exposed to it in graduate school. I find that appalling!

In summary (on this point): I am saying that I have gained more clinical benefit from independent study and research outside the classroom, and I suspect that I am not alone. It is for this reason, I would recommend that you ask any potential counselor you work with about their personal, post-graduate study and discovery. If they don't have a response, that doesn't mean they wouldn't be helpful or aren't a great counselor, but it is another variable in the equation that I find worth inquiring about.

- **Personal work (therapeutic experiences, overall progress, awareness of remaining issues, etc.):**

I have found that almost no one asks me about my own therapeutic journey, with generally only one exception: clients struggling with chemical addictions or dependency. An alcoholic, for example, almost always wants to know (and will ask) if you've had any personal experience with addiction. They want to know because they are intuitively aware that it is unlikely that the counselor will be of much help if they don't understand their world and struggles within it, which is mostly true. However, it's not just those struggling with chemical addictions that should be asking these questions. In my opinion, everyone should know a little something about their prospective counselor's personal journey, perhaps not every detail, but some highlights to help them gauge their prospective counselor's own level of health, which will in turn help the client better determine the counselor's ability to serve as a guide in the therapeutic process.

In a moment, I will give a sample of some questions you may ask your prospective counselor to better determine a good fit in this capacity (and feel free to add your own, relative to what's important to you and/or modify these to better fit), but first, I'd like to share an important point on this topic. It has been said by many that if a counselor is in any way unhealthy themselves, they will be unable to help you, and worse yet, they will cause undue harm, even if it's unintended, due to their own unknown and/or unresolved issues. Can this happen and be true? Absolutely! And that's why I recommend you interview your prospective counselor to help rule out this possibility. Does it always happen? I don't believe so, but asking the right questions should help give you an indication of whether or not your prospective counselor is fit to guide you, and if so, how far.

I see this issue being similar to other areas of illness. For example: if you go to your doctor, and they have strep throat, can they infect you with that illness? Yes! But, if they know they have strep throat, and that it could be passed on, they may choose to wear a protective mask to help prevent the spread of that illness. Does this guarantee you won't catch it? Maybe not entirely, but it greatly diminishes the likelihood. Further, just because they have strep throat, doesn't mean they've lost the knowledge or ability to treat strep throat—they likely still have the ability to prescribe something that would help you. So, most of the risk of you getting sick would come from the person who's offering the treatment (the doctor in this case) not knowing about their own illness and/or limitations, more than whether or not they are free of all issues.

As it relates to psychology, it is my contention that very few people have walked the earth that could claim the status of "guru" or a "fully-realized being," with no interpersonal work remaining. As such, most of us are at lesser points along the path—with some a little further down the road than others. Finding someone with little interpersonal awareness and progress may be dangerous, but it may be equally dangerous to wait until you've found that divinely enlightened human being before you begin to ask for a little guidance and support if you need it! Instead, I recommend that you find someone a little further down the road you want to travel, and walk with them until you find yourself at a satisfactory place or the next endpoint.

This doesn't have to be an all-or-nothing adventure; however, a true world of caution: many counselors I've met (and people in general) are too unaware of their own personal issues and how those might impact their work with others, and this is where the greatest potential for undue influence and harm can occur! It can be very hard to admit to oneself that we are lost or struggling in some capacity, or that we have our own short-comings, and the ego does a mighty job of convincing most people that they are doing better than they actually are. Counselors were almost always people with struggles *before* they were counselors, and if they haven't had any struggles, they are likely to be of little help to you as well. Again, however, if they are unaware or unwilling to work on their own personal issues, they might be of even less help, and possibly even harmful to you in myriad of ways.

Let me give an example of a possible scenario to illustrate the types of things that could impact someone's therapeutic progress if they are working with someone who is unaware of their issues, or has not reached a satisfactory level of resolve. This is similar to the types of things I would sometimes witness while supervising master's students while working toward my Ph.D. The scenario goes something like this: The client begins to talk about a significant loss related to a grandmother. As they do so, they begin to tear up as the pain associated with that loss comes to the surface. They need to work through that pain, but the counselor, who has also lost a grandparent, with whom they too had a close connection, changes the direction of the conversation by asking unrelated questions, diverting the subject and inadvertently shutting the client's emotive experience down mid-process. Or, instead, the counselor begins to tear up and goes into their own pain such that they are no longer present with this client as an empathic and grounded listener. In such instance, the client may cease their emotive process, move into the role of helper/counselor, and hands the counselor the box of tissues (Yes, I've witnessed this.).

In these scenarios, the client needs *their* space to be held, and freedom to go through *their* emotive process without outside influence and interruption, but the counselor's own unresolved grief prevents that from happening. It's not that the counselor needs to be fully healed, but they do need to have made adequate progress with regard to their own issue(s) so that they remain able to be present and provide the client the opportunity to heal. After all, the client should have free reign to do *their* work with the counselor, not the other way around. As with anything, the examples are endless; hopefully, I picked those that highlight how even with the best of intentions, there can be a break in the healing potential. It doesn't have to look or be extreme (though those things happen too) to impede your progress.

Again, the counselor need not be perfect, but they do need to be able to tell you something about their own struggles, what work has benefitted them, and what work remains. Pay attention to your gut as you listen to their answers. Do their responses fit with what you sense from them? With that said, here are some questions you may ask in this regard:

- ✓ "What influenced you becoming a counselor?"
- ✓ "Do you have any personal experience with (insert whatever condition you are wanting to work on: addictions, depression, anxiety, phobias, low self-esteem, etc.) and what have you found helpful?"
- ✓ "What therapeutic approaches have you experienced as a client that you've found helpful, and how have those experiences informed your work with others?"

Some counselors do not believe that any of this is important, and some may not give you direct answers to your questions, as they see it as a boundary violation. That doesn't immediately mean they aren't qualified, or that they couldn't be of benefit, but they should be able to articulate that to you, and when they do, pay attention to how that feels. If everything else feels good and you want to work with that person, then go for it. For me, I would just place a note of caution in an instance like that.

- **Professional experience (direct client contact, and in what formats: group, family, couples, family, seminars or trainings, course instruction, etc.):**

Unlike the above-mentioned, you should never run into a problem with anyone having an issue disclosing their professional experience with you. If you do, I'd strongly suggest that you keep looking! Like the above-mentioned, I rarely have clients ask me about my experience; instead, they may ask what specialty areas I work with, and while that is fine, in my opinion, that's not nearly as important as knowing about professional experience.

Be careful of making the mistake of thinking that a person's age or years in practice are the only drivers of experience. Almost everyone I hear referencing someone's experience (and this is not just with counselors), will talk in terms of "years in practice," and that is actually a very poor standalone measure, in my opinion. For example, if a counselor sees one client a week, and has done so for 40-years, they do not have as much experience as a counselor who sees ten clients a week, and has done so for five years. In fact, the counselor with 40-years in practice will have 520 fewer sessions under their belt than the person with five years in this case, and just the same as that counselor had after only four years in practice! Now, I do not know of any counselor who counts every session, but they should be able to give you a close approximation, and I recommend you use direct client experience as the primary determinant of experience, not years providing services.

As a final point on this matter, most people who need a major surgery want to know how many surgeries of a similar type their prospective surgeon has performed. Why? Because they want to mitigate the possibility of having a botched surgery and it makes sense to consider that information. Well, I believe that your mind and psyche are pretty important as well, so be cautious and diligent in your search; don't just hand that over to anyone without

knowing a little about *all* the qualifications of the person you are working with! I'm sure it's obvious, but just in case, here's an example of the type of question to ask:

- ✓ "Can you tell me a little bit about your professional clinical experience?"
- ✓ "What therapeutic formats do you work mostly in (e.g. individual, family, group, couples, etc.)?"
- ✓ "Approximately how many sessions have you facilitated in your career?"
- ✓ "Under what conditions or approaches do you find the most successful outcomes with clients?"

Lastly, before we move on, do not necessarily dismiss a counselor with very little experience. We all have to start somewhere, and one positive of being new in the field, is that the desire to do well and be helpful is usually *very* high! Another benefit is that new counselors often charge less, and depending on the budget you have to work with, this may be an important consideration. And finally, most states require recent graduates to have ongoing supervision with a licensed practitioner at least until licensure. Therefore, before you automatically rule out the young professional with little experience (and remember, I didn't say place 100% of the importance on this variable anyhow), here are a couple questions I'd recommend asking.

- ✓ "Do you currently have a clinical supervisor? If so, how often to you meet and how has that benefitted your work with clients thus far?"
- ✓ "Can you tell me a little bit about your supervisor and their experience?"

- **Gut feelings and initial impressions from interview interactions (I'd recommend placing the highest degree of importance here):**

This category is the one where I would place the highest degree of importance, and the reason is: despite an ever growing emphasis on therapeutic models, approaches and techniques, often referred to as, "evidenced-based practices," the reality is: techniques and models account for very little when it comes to the ingredients that lead to a positive therapeutic outcome. This is demonstrated through the rigorous literature review and statistical analysis presented in the very important book: *The Great Psychotherapy Debate: Models, Methods, and Findings*, by Bruce E. Wampold.

An important conclusion reached in this analysis is that therapeutic techniques and models, "account for only 1% of the variance in outcomes" (Wampold, 2010, p. 204). It is further noted that the biggest contribution to a positive therapeutic outcome is what's often referred to as the, "therapeutic relationship," which includes: the qualities of the counselor themselves, how comfortable you feel opening up to them, how well you feel they understand you, and how well you feel respected and supported. Qualities of that nature are what matter most!

As Wampold adds, regarding choosing a counselor: "The evidence is clear: Dramatically more variance is due to therapists within treatments than to treatments. Consequently, a person with a disorder, problem, or complaint should seek the most competent therapist possible without regard to the relative effectiveness of the various therapies. . . . If after

concerted and honest effort, progress is not obtained, change therapists before changing the approach to therapy" (Wampold, 2010, p. 226).

Lastly, I believe that there is a very important caveat to the above-mentioned that is worth mentioning, which is that, "support," may not (and often does not) mean that the counselor agrees or fully supports your lifestyle choices, or that they don't challenge you. A good counselor can push you to look at or explore things that are not comfortable, and that does not mean that they aren't a good fit. After all, you are there to bring about changes in your life, and I have yet to experience a change, even the most positive, that doesn't bring about some fear, anxiety, general discomfort, and therefore at least some initial resistance. Therefore, you should feel that your counselor has your best interest in mind, and that they are working to deeply understand your personal experience, but that does not mean they will enable or collude with toxic ways of being!

- **Finding the right approach:**

Even though Wamphold's findings suggest that therapeutic models, "account for only 1% of the variance in outcomes (as referenced above)," the reason I didn't elect to place all of the importance on this category alone is because: 1) I do find the categories I've previously discussed to be important considerations, and 2) I suspect that techniques and strategies *do* matter (and that some are better than others at meeting certain objectives). It is just that even the best models *do not* trump the qualities of the counselor and the therapeutic relationship. Assuming you generally feel good about potentially working with a particular counselor, I find it important to inquire a bit regarding their clinical approach and beliefs about change.

You could simply ask about the counselor about their theoretical approach(es); however, you might find that they come back with a list of acronyms like: CBT, EFT, EMDR, NPL, etc., which will likely only serve to confuse you; therefore, for the most part, just ignore all of that. Instead, to make things much simpler, and to obtain the information that will be more valuable to you, it is important to understand that there are only three pathways of influencing personal change, and every therapeutic model or approach will target one or more of those pathways. Those pathways are as follows: 1) cognitions (aka thoughts, or beliefs), 2) behaviors (aka actions), and 3) emotions (aka feelings), or as someone recently repeated back to me when I was explaining this, "You mean: the head, the feet, and the heart?" Yes, that's exactly what I mean! So, if you are met with a list of acronyms, you may simply ask this question instead: "Do you work more in the domain of cognitions, behaviors or emotions?"

Next, I'll offer a brief explanation of how these various intervention strategies might be used to help you determine what approach may be the best for you.

As I mentioned earlier, as a general rule, people are seeking counseling with the end goal of feeling better, and to simplify things, the idea behind each of the general approaches, is to feel better by: 1) changing thought patterns or belief systems, 2) changing behaviors or actions, or 3) by releasing bottled-up or suppressed emotional material. Another way to look at the underlying theoretical assumptions would be: 1) a person can think their way to feeling

better, 2) act their way to feeling better, or 3) feel their way to feeling better. And within different theoretical models and approaches are a subset of techniques that a counselor and/or client can use to help accomplish this goal. There's no need to worry too much about that, but figuring out what approach will give you the best chance of accomplishing your goals is something I would encourage spending time reflecting on.

It would be next to impossible to describe every possible scenario here, but I'd like to give a couple examples in order to help further illustrate some benefits regarding the various approaches. In my opinion, all three intervention paths have utility, and I personally utilize a combination of all three. Often, in the earlier stages of treatment, I'll utilize some cognitive or behavior strategies, and later move into the emotive realm.

To illustrate further, I might suggest looking at strategies as tools, much like the tools needed to build a house. For example: to build a house you would need: a saw, a hammer, and a drill (among other things, of course). Is one tool superior? It depends on the task at hand. Is one tool inferior? That also depends on the task at hand. For example, a saw is the best tool for cutting boards, but is terrible for driving nails! Similarly, some counseling techniques, are better than others at certain things, and one of the things that I see happening a lot in the field is: using the wrong tool for the job! For example, a client might be experiencing health-related problems that could be mitigated by dietary changes and exercise, something for which there is a medical explanation. For them, behavioral interventions (with the counselor taking more of a coaching approach), with some compassionate support and encouragement, would be the perfect strategy. For another person, however, say someone who is experiencing similar fatigue following the death of a loved one; behavioral strategies and dietary changes will likely be of little benefit, and an emotive approach would likely be more appropriate.

Before I move on to the next and last step, with some final recommendations and general considerations, I'd like to make a couple additional points regarding my practice and general experience.

Personally, while I do use some cognitive and/or behavioral interventions, as mentioned, and have witnessed growth born from those strategies alone, I have yet to witness a transformational miracle from these approaches alone. I suspect that is because I work mostly in the area of trauma and/or grief and loss, where cognitive-behavioral strategies do not appear to be as effective as emotional processing is with regard to healing these types of wounds. Additionally, I often see people revert to old ways of being sooner and more often when no deeper work in the emotional realms occurs. If it is determined that the symptoms you are personally struggling with are rooted in unresolved traumatic experiences or grief and loss, I propose that despite all the "evidence-based" claims surrounding many of the cognitive-behavioral approaches, those interventions may be insufficient at bringing you the relief you desire.

I have also found that in today's world, where most people (especially men) have been hard at work trying to conceal their pain (under immense social pressure, no doubt), that it is becoming more and more difficult for many people to even begin such a difficult process;

however, I also believe we are now entering a time where for many, concealing and pretending things are okay when they are not, is simply not a good option! Lastly, I find that almost every form of pathology I encounter these days is sourced in one of two areas: 1) trauma and/or unresolved grief and loss, or 2) unactualized spiritual callings and/or unpursued dreams, passions or ambitions. With the first, emotional work is almost always necessary. With the second, behavioral interventions will be a likely component.

**Step #4: Do the work: it's up to you now!**

Thus far, I have offered my recommendations with regard to finding a good counselor. Once again, this is not an exact science by any means, and is simply my opinion based on my personal and professional clinical experiences to date. In my recommendations thus far, all the weight was placed on the counselor; however, that is only half the equation! The work *you* do as a client will ultimately be most important!

Without your effort and dedication to the process, you simply cannot expect to see much in the way of results, regardless of how good the counselor is. Just as no personal trainer can eat or exercise for you, no counselor can change you! This is perhaps one of the biggest misunderstandings I encounter today, and a problem that only appears to be getting worse!

An increasing number of clients these days seem to hold the belief that they only need to show up to that appointment, and the counselor will do the rest—curing them of whatever problems they are having with some sort of magic! I've even had a client recently tell me on two separate occasions: "I need you to fix me." I'm not entirely sure where this thought process originated, but I suspect that there are a few culprits behind the above-mentioned phenomenon that are worth mentioning. If there happens to be some truth to these suspicions, being aware of them may serve to help you avoid potential pitfalls along your therapeutic journey.

First, I suspect that the idea that the counselor can do the client's work for them might have originated from our current medical model and the way bacterial infections and surgical procedures are understood and handled. With the discovery of antibiotics, for example, an infected individual can go to their primary care physician and obtain a prescription that could eliminate the infection (in many cases). With very little effort on part of the client (nothing more than showing up, paying the money, and swallowing a pill), the client could be feeling better in the span of several hours in many cases. Further, if you needed an operation, you can be put under with general anesthesia, have the surgeon perform the operation, and when you wake up, with the help of pain medication, you may likely be on the way to recovery without too much suffering. Unfortunately, no such path exists in the mental-health world. Even if such a path did exist; that is, the antibiotic equivalent for the wounded psyche, I propose we have yet to discover it. There is no current psychic anesthesia that I am aware of, and while I'm not opposed to continuing the search, I am opposed to claiming that we have the a quick, painless fix when we don't.

Additionally, I believe the psychiatric community and their pharmaceutical counterparts have also been guilty of promoting such false beliefs about change and well-being, even though the longitudinal research continues to suggest that current psychiatric interventions and psychotropic

medications are no more effective than placebo. What makes matters worse, in many cases, is that psychotropic medications have been shown to have a greater potential for harm than to help in the long-term. For more information on this topic, I highly recommend Robert Whitaker's book: *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America*, the IRE 2010 Book Award winner for best investigative journalism, which more deeply explores this topic. Please note, however: If you are on psychotropic medications and wish to come off, please do so under medical supervision and guidance. These are powerful compounds that can have extreme consequences for not detoxing properly.

Next, the insurance companies may have had a significant influence in this quick fix therapy movement as well. I assume that those companies who do offer mental-health treatment as a benefit, want their insureds to get well as quickly as possible, if for no other reason than from an expenditure standpoint, and that is a certainly a reasonable desire. If I owned an insurance company, I too would want to know what treatments are the quickest and most effective, but with few exceptions, I don't believe we have such an option currently available for most of the mental-health conditions we encounter. Currently in phase three clinical trial for FDA approval, MDMA-assisted psychotherapy for PTSD might be the first, with initial data stemming from phase one and two clinical trials that is very encouraging! But even within this protocol, treatment length is 12-weeks, and most client reports I've encountered suggest that the work is still very challenging and difficult, just more accessible under the influence of the medication. The hope is that this treatment will be available be 2021, so for now, we have to—as best we can—heal with the abilities and models we have available to us.

Once again, I am in favor of continuing to look for the miracle cure, and depending on the issue at hand, brief interventions may be possible, but certainly not in every case, for every issue. For example, I recently had two clients who both wanted to talk through career change options, and this did not require long-term treatment (one client needed one session, and the other two); however, there are many instances and issues that require more time, such as when dealing with the loss of a loved one, or a traumatic event, for example. Therefore, it is simply a word of caution: not everything can be resolved "briefly," or quickly, and therefore, it is important to have realistic expectations.

I also suspect that market pressures, ego, or the general desire to be effective at one's work, also play a role in promoting the idea of quick fixes and painless therapies. Most counselors, like any other service professional, depend on clients to stay in business, and it's a tough sell when you're advertising something to the effect of: "Therapy may take a long time, and there are no guarantees you will benefit. While you will likely experience a reduction in symptomology, through courage, hard work, and dedication to the process, complete resolve may not be achieved in all cases." Unfortunately, this is closer to the reality, but overtly making this claim might be occupational suicide, and so, it is much more tempting to state something like: "Let us help you find the relief you're looking for. X-therapy has been clinically shown to help resolve symptoms in as little as three sessions, and is completely painless!"

From a personal/professional standpoint, it simply does not feel good to have a deep desire to help—as almost every counselor innately does—and yet not see many clients improve at the level they desire, so I suspect a combination of some of the above-mentioned might have

influenced an over-exaggerated account of effective interventions and quick recoveries currently available for mental-health related issues.

I would personally like to see more people in the field become more honest with the options and solutions we currently have, while we continue to search and explore better methods in order to more effectively address the growing mental-health problems we see in the world today. I sincerely hope that we come up with better treatments and learn much more about healing the wounded psyche in the future. For now, I will close this piece by offering some final thoughts regarding the successful outcomes I've seen in the therapy room thus far.

- First, I propose that the majority of our present day psychological symptoms, such as: depression, anxiety, bi-polar disorder, obsessive compulsive behaviors and addictions, are almost always rooted in unresolved trauma (which may include inadequate care-giving, abuse, or neglect in developmental years), and/or unresolved emotional pain related to grief and loss issues. I further suggest that issues of this type of origin need to be worked through emotionally (opposed to cognitively and/or behaviorally, alone). Conditions like depression, for example, are, in my opinion, almost never the problem in and of themselves, rather a symptom of the problem, or perhaps better stated: a symptom resulting from the attempt to resist *feeling* painful emotions! In my practice, I often say: "Resistance is persistence (referring to the symptom), and feeling is healing."

  I know of no one who enjoys pain or looks to create it unnecessarily in one's life; however, I have also yet to meet anyone who hasn't been dealt some over the course of their life. It is an unfortunate fact, that challenging and distressing experiences are a part of this journey, and it seems perfectly natural that with the feeling of sadness comes tears begging for release. This, in my opinion, and according the research done by William H. Frey II, Ph.D., suggests that crying is a natural response designed to clear the chemical agents that correspond with one's negative experiences, and functionally, is very similar to the nausea, vomiting, and/or diarrhea if one ingests something that is toxic to the system. I have yet to meet someone who enjoys this pain and/or the releasing mechanisms just described, but, as with painful emotions, they must be released if we have chance of healthy recovery. Could you imagine resisting and forcing yourself not to vomit if you had a bad case of food poisoning? Well, I believe that's what we are seeing a lot of in this world today: a host of psychological maladaptation's, often created via traumatic experience, which are maintained by an inability or unwillingness to release the related emotional material.

  It may be that one reason we are seeing an exponential increase in these types of symptoms today is because we have been operating too long under the delusional notion that painful emotions are bad, a sign of weakness (especially for males), and therefore something to be avoided. If we are truly to accept that notion, then we are essentially saying that there is a fundamental flaw in our biological design, or a maladaptation for which evolution has not corrected. Or, from a spiritual perspective, we are saying that the creator is fallible—equipped us with an unnecessary biological function—and has yet to correct the mistake.

Either way, I do not believe that is the case, and the science we do have on the nature of tears, also suggests otherwise. William H. Frey II, Ph.D., in his research on the various types of tears humans produce, discovered that the chemical composition of tears found in emotional tears is different than the other two types of tears humans produce: continuous and reflex (those designed to keep the eyes moist, and those designed to clear foreign debris, toxins, or irritants, respectively). Frey discovered that emotional tears contained stress hormones that were not found in the other two tear types, and in an article published in the New York Times, titled: *Biological Role Of Emotional Tears Emerges Through Recent Studies*, Frey was cited as saying: "Crying is an exocrine process . . . that is, a process in which a substance comes out of the body. Other exocrine processes, like exhaling, urinating, defecating and sweating, release toxic substances from the body. There's every reason to think crying does the same, releasing chemicals that the body produces in response to stress" (Brody, 1982).

We must ask ourselves what the consequences of suppressing such a natural bodily function might be. If we go about suppressing this otherwise natural expression in times of sadness, fear, loss, etc., and stop this stress hormone excreting mechanism that all of us were born with, then what happens? Well, I propose, the list of psychological symptoms I mentioned above, along with a host of others, will show up in our lives. And, the longer those who attempt to bypass this innate healing mechanism go, the sicker I predict they will become.

It is also worth noting that I am now seeing an increase in referrals from physicians, as well as, an increase in clients who are experiencing what's known as "psychosomatic symptoms," which simply means: they are experiencing genuine pain in their bodies, but for which symptoms there is no biological or medical explanation for, often as evidenced by the results from a battery of tests, and as such, it is believed that the pain is psychological in origin. In almost every one of these cases I see, I discover a history of childhood abuse or neglect, significant loss, or other traumatic events. In those who can begin to open up their heart and heal these wounds, their physical symptoms generally improve. In those who do not, their symptoms generally continue and worsen. Unfortunately, many people simply cannot accept that their physical pain might be psychologically rooted, but if you are experiencing anything from extreme fatigue to chest pains, and you've been thoroughly medically screened, it may be time to explore therapy.

As mentioned, there is surely more that could be added or discussed, but I will chose to end this piece here for the time being. I sincerely hope that you find this information useful and beneficial. Working through psychological material can be *very* challenging, but equally liberating and rewarding in the end. Thank you for reading and my very best to you along your therapeutic journey!

**Works Cited:**

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