

Becoming an Evidence-Based Therapist: Responding to the Challenge of Transference and Countertransference Reactions in the Treatment of Gambling Disorder for Individuals and Families

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Namaste مرحبا Willkommen Bem Vindo Selamat Datang
 Croeso
 Willkommen
 Welcome Bienvenidos أهلا وسهلا
 Namaste Bienvenue Bienvenidos
 Welkom
 Welcome Croeso
 Willkommen
 Selamat Datang
 Welcome Bienvenue Bem Vindo
 Willkommen
 Benvenuti
 Kalώς ήλθατε



Container of Safety

- Willingness to be vulnerable
- How would you like to be treated?
- How would you like to treat others?
- Diversity – We all come from different social and cultural backgrounds, gender and sexual identities, trauma histories, illnesses, ages.
- How best to create an environment that is welcoming and creates a sense of belonging for all.



Container of Safety

- You are your own best teacher
- Allow yourself to be a slow learner
- How can you best regulate your experience to maintain sense of safety?
- Be aware of opening and closing – Your need to close, regroup, integrate.
- Backdraft
- Introverts and Extroverts
 - Introverts – know we care about what you have to say
 - Extroverts – love your participation and energy. If you feel pressured to fill in space notice that. Practice sitting in silence for a moment

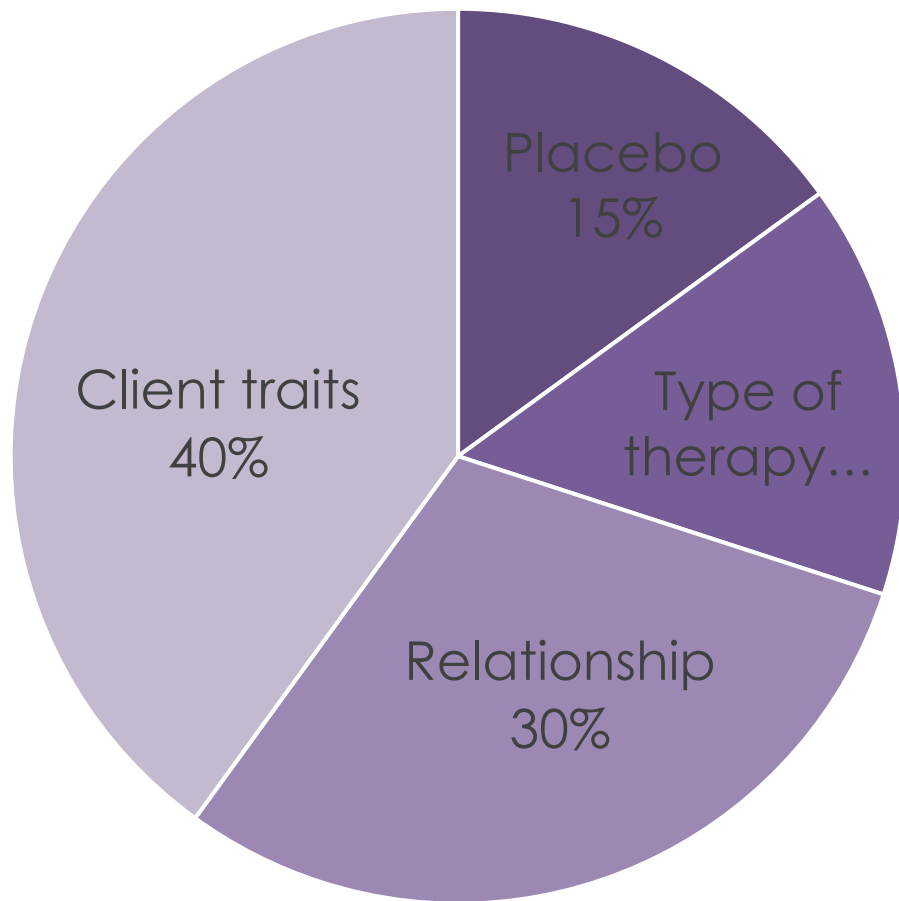


- **Keep the client alive**
- **Keep the client in treatment**



Redefining Best Practices

- Ensuring the application of specific guidelines and approved or “empirically validated” psychotherapeutic methods **does not lead to improved treatment outcome.**
- Differences in treatment methods, diagnoses, and even length of treatment **account for less than 5% of the variance in outcomes.** (Brown et al., 1999)



What Affects Treatment Outcome



Treatment Outcome

Meta-analysis establishing association between alliance and outcome (Horvath et al., 2011; Tryon & Winograd, 2011) even in structured CBT (Waddington, 2002) and pharmacological treatment (McKay et al 2006)

Treatment Outcome

	In	Out
Med	1	3
Placebo	2	4





Redefining Best Practices

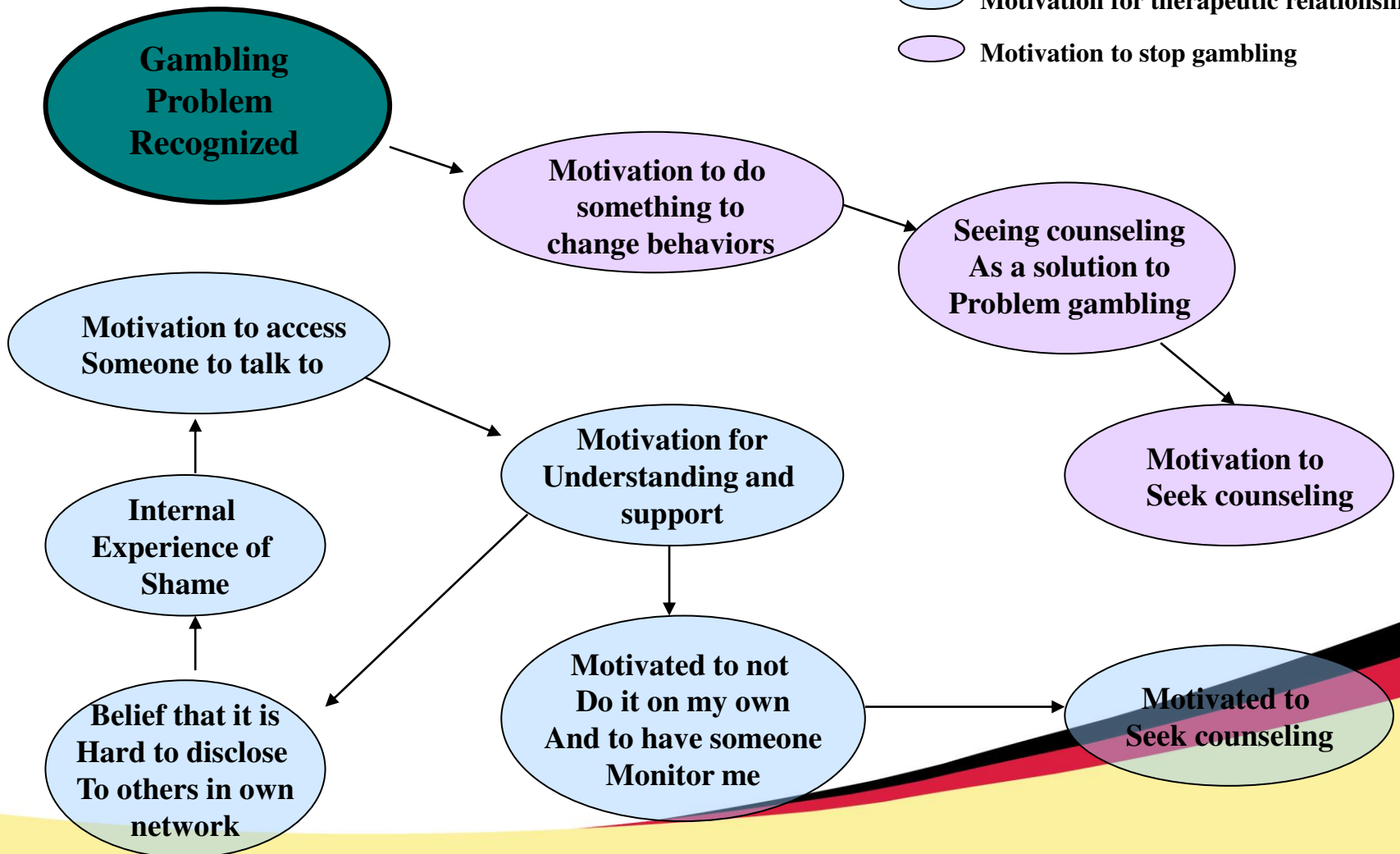
- Development of **evidence-based therapists** is at least as much as, if not more, [important] than the dissemination of specific therapies.
- “No amount of theory, coursework, continuing education, or on-the-job experience will lead to the development of **‘experienced judgement’** required for superior performance. . . . For that it appears that practitioners must be engaged in the process . . . [of] continuously reaching for objectives just beyond their current ability.”
(Miller et al., 2007)

Dual Motivation for Seeking PG Counseling

(Carnie, 2007)

 Motivation for therapeutic relationship

 Motivation to stop gambling





Love and Psychotherapy

“The strangely transforming power of love has been widely lauded for millennia, yet it is a concept often curiously absent in traditional psychology textbooks and clinical training.” (Miller, 2000)



Meanings of Love

- English word love confuses several distinct relationships that in Greek language are each given a different word. Three of these represent relationships that a therapist is not supposed to have with clients:

Philia – friendship


Eros – romantic/sexual love

Storge – attraction and sentimental affection (I love my garden)

Agape – selfless, accepting, sacred form of love.

Genuineness, understanding, unconditional positive regard terms more comfortable to therapists.

Much like loving kindness (Metta) in Buddhist practice.



Practice-Based Evidence (PBE)

- Evidence-based practice
 - Therapeutic relationship
 - Cognitive Behavioral Therapy
- PBE - Highly individualized treatment based upon continuous client feedback about goals, treatment approach, and the relationship
- Culture - PBE is more collaborative than EBT, and honors the client's wisdom and traditions.



Treatment Outcome and Client Attribution of Therapist Characteristics

High On:	Low On:
Empathy	Blaming
Warmth	Ignoring
Understanding	Rejecting
Acceptance	
Positive Regard	
Collaboration	
Successful repair of relationship ruptures	
Genuineness	



Transference and Countertransference Reactions

- Therapist and client reactions within the therapeutic relationship that can interfere with a beneficial therapeutic relationship

Transference

- Any emotional reaction a client has to the therapist that is not based in the reality of the therapeutic relationship
- May impede the progress of therapy if not addressed and utilized
- Often based in past experiences and relationship patterns

Countertransference

- Any emotional reaction the therapist has to a client that may or may not be based in the reality of the therapeutic relationship but that may impede or interfere with the progress of therapy
- Experienced by all therapists. A normal and to be expected part of therapy.

Common Positive Transference Reactions among those with gambling disorder

- Attention Seeking and Need for Therapist Approval
 - Need to control external sources of self-worth, esteem, affect
 - All or nothing thinking; for me or against me
 - Notice me or I'm nothing
 - If doesn't "win" therapist's approval, may start chasing

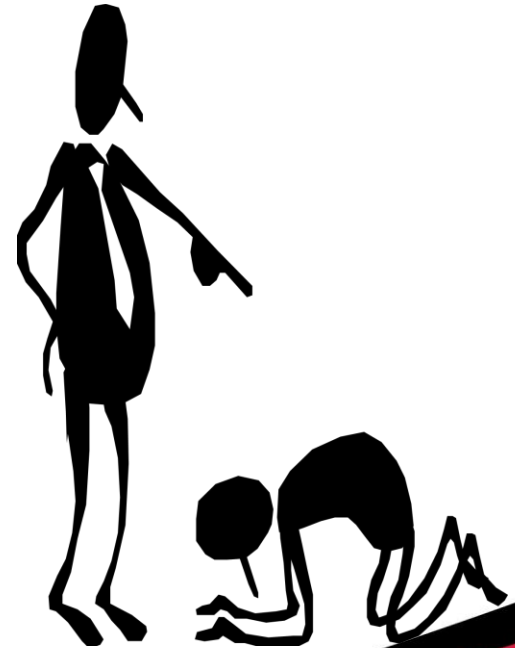


Common Transference Reactions among Clients with Gambling Disorder

- Protecting the therapist
 - Infantile grandiosity - It's all my fault
 - Protecting therapist from themselves
 - From foredoomed failure of therapy
 - From other patients
 - To protect themselves

Common Transference Reactions among those with gambling disorder

- Idealizing the therapist
 - To assure being loved and decrease fear of rejection
 - Safety from attack, criticism, abandonment
 - Perfect therapist will take care of me perfectly
 - Identification with all-powerful figure
 - Genuine relief at finding therapist who understands pathological gambling



Common Transference Reactions among those with Gambling Disorder

- Idealization, Devaluation and Ambivalence
 - Pedestals are slippery places
 - Fear and envy of the all-powerful
 - If you're up there, then I must be down here
 - Idealized therapist as harsh, punitive conscience
 - Claustrophobia
 - Fear of emotional indebtedness



Understanding and Interpreting the “Positive” Transference

- Establishing rapport vs. allowing positive transference to disrupt treatment
- Hope and fear in positive transference
- Connecting to other relationship problems
- Connecting to gambling triggers

Common “Negative” (Aversive, distancing, aggressive) Transference Reactions

- Competition (Win/Lose Therapy)
 - Victory vs. humiliation and defeat
 - Resistance
 - Intellectual competition
 - Game playing (power games)





Common “Negative” (Aversive, distancing, aggressive) Transference Reactions

- Pseudo-Independence
 - Superficial confidence and competence
 - Help rejecting/discounting
 - Shallowness of therapy sessions

Common “Negative” (Aversive, distancing, aggressive) Transference Reactions

- Detachment
 - Aloofness
 - Lack of affective content
 - Anomie



Common “Negative” (Aversive, distancing, aggressive) Transference Reactions

- Anger, Distrust, Resentment
- Fear of:
 - Abuse
 - Abandonment
 - Rejection
 - Indebtedness

Common “Negative” (Aversive, distancing, aggressive) Transference Reactions

- ▶ Resistance
 - ▶ Interpreted in context of negative transference
- ▶ Abstinence and Negative Transference
- ▶ Working with Negative Transference
 - ▶ Acknowledge Feelings
 - ▶ Point out Discrepancies and Impact



Countertransference

Who is your favorite and least favorite client?





Common “Positive” Countertransference Reactions

- ▶ Hypomania, extroversion, verbal fluency etc and positive countertransference
 - ▶ Enjoying being entertained
 - ▶ Relief at easy session
 - ▶ Superficial compliance/insight covering more serious issues
 - ▶ Just likeable client

Common Positive Countertransference Reactions

- ▶ Reinforcing gambling behaviors or not allowing natural consequences
- ▶ Not setting limits
- ▶ Protecting Gambler from Consequences including unpleasant feelings



Common Positive Countertransference Reactions

- Being in Action with the client
- Vicarious acting out, amusement, or sensation seeking
- Playing the “Guru” or “Yes I am ideal.”

Impact of Positive Countertransference

- ▶ Fear of emotional indebtedness and closeness
- ▶ Dependency Issues
- ▶ Maintains entitlement and lack of responsibility
- ▶ Maintains helplessness and lack of efficacy
- ▶ May impair ability to confront client with discrepancies
- ▶ Client may react to therapist positive expectations

Common Negative (Aversive, disconnecting, aggressive) Countertransference Reactions

- Competitiveness and Countertransference
 - Beating your client at own Game
- Fears of Being “Conned” and Vulnerability
- Fears of the client’s Dependency



Common Negative (Aversive, disconnecting, aggressive) Countertransference Reactions

- Countertransference Reactions to Superiority, Entitlement, and Aggression
 - Intimidation
 - Put downs and splitting
 - Effect on treatment team



Common Negative (Aversive, disconnecting, aggressive) Countertransference Reactions

- ▶ Therapist's Need for Recognition
- ▶ Idealization and Vilification of the Gambler
- ▶ Abstinence and Countertransference
- ▶ Discharge Decisions and Countertransference
- ▶ Countertransference Reactions and Gambler's Anonymous



Role Plays




- One person will be client and given a transference reaction to role play. Don't tell what it is.
- One person will be counselor and given a countertransference reaction to play. Don't tell.
- One observer
- Pay attention to what you are feeling in this role and what is happening in the relationship.



Managing Countertransference Reactions

- ▶ Normal part of therapeutic relationship
- ▶ Insight isn't only for our clients
- ▶ Acknowledge and Accept your emotional reactions
- ▶ Practice self-compassion and compassion
- ▶ Repair any rupture in the relationship
- ▶ Discuss with peers and/or supervisor
- ▶ Utilize within the therapy
- ▶ If severe refer to another therapist
- ▶ Mindfulness and Motivational Enhancement techniques and Countertransference

A central image showing two hands, one from each side, reaching towards each other to form a heart shape. The hands are silhouetted against a soft, glowing sunset or sunrise sky. The overall composition is symmetrical and centered.

Loving Kindness Exercise

Return to Role Play

- Practice addressing countertransference
- Focus on repairing any breach in the relationship
 - Acknowledge what is happening
 - Own your reaction
 - Compassion/Self-compassion
 - Enhance curiosity
 - Work towards greater understanding/awareness





The “Righting Reflex” Learning to Not Pounce





Transference and Countertransference in Other



James and Family





Identity and Transference/Countertransference

Ethno cultural transference and counter transference: ethnicity and culture can touch deep unconscious feelings in many persons and become targets for projection by both patient and therapist, thus becoming more available in therapy

Comas-Diaz & Jacobsen, (1991); Hayes & Pinson (2009)



Derived from the Greek word *idios*, meaning unique or individual

Psychological functioning involves an interaction of a person's multiple identities.

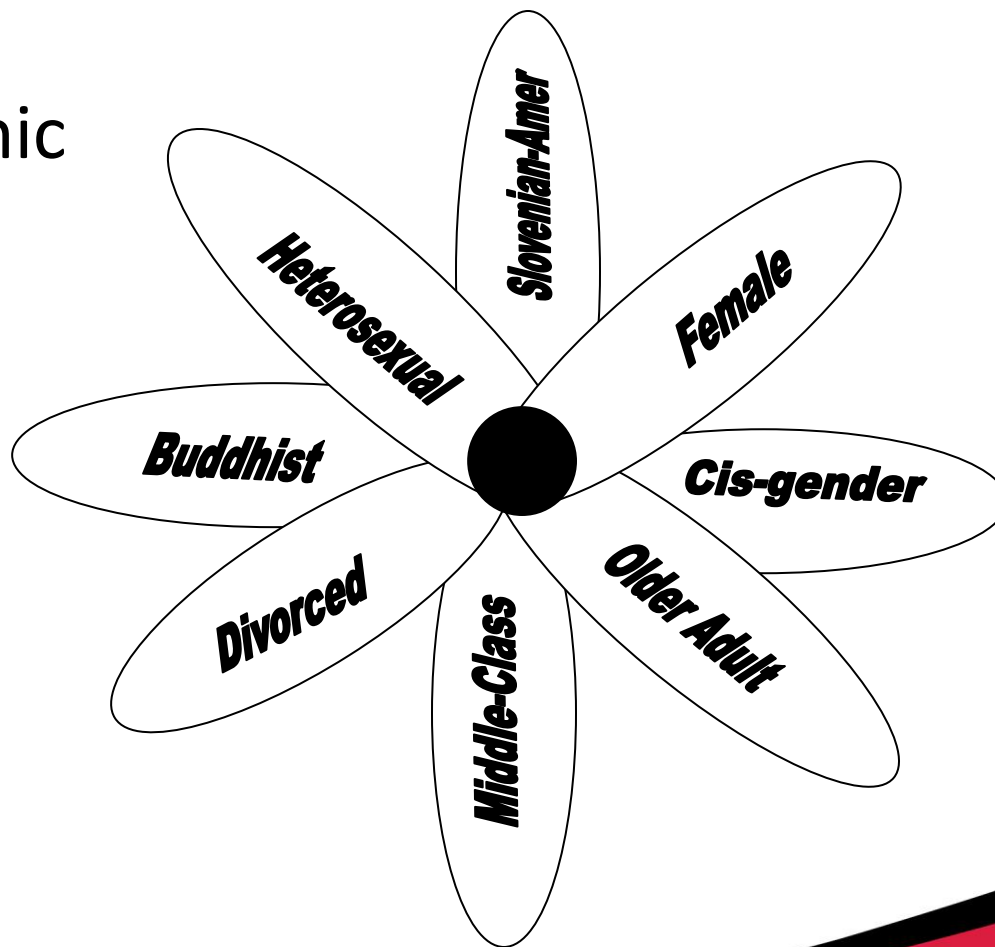
Emphasizes need to perceive each client as a *unique* person rather than a person *reduced to 1* (e.g., race, "low-income") or more sets of characteristics

Recommends we strive not to make generalizations about clients based on race, gender, age, & SES *without fully exploring the nuances of these qualities in the lives of clients*

Every therapeutic relationship involves the intersection between therapist and client idiographic identities

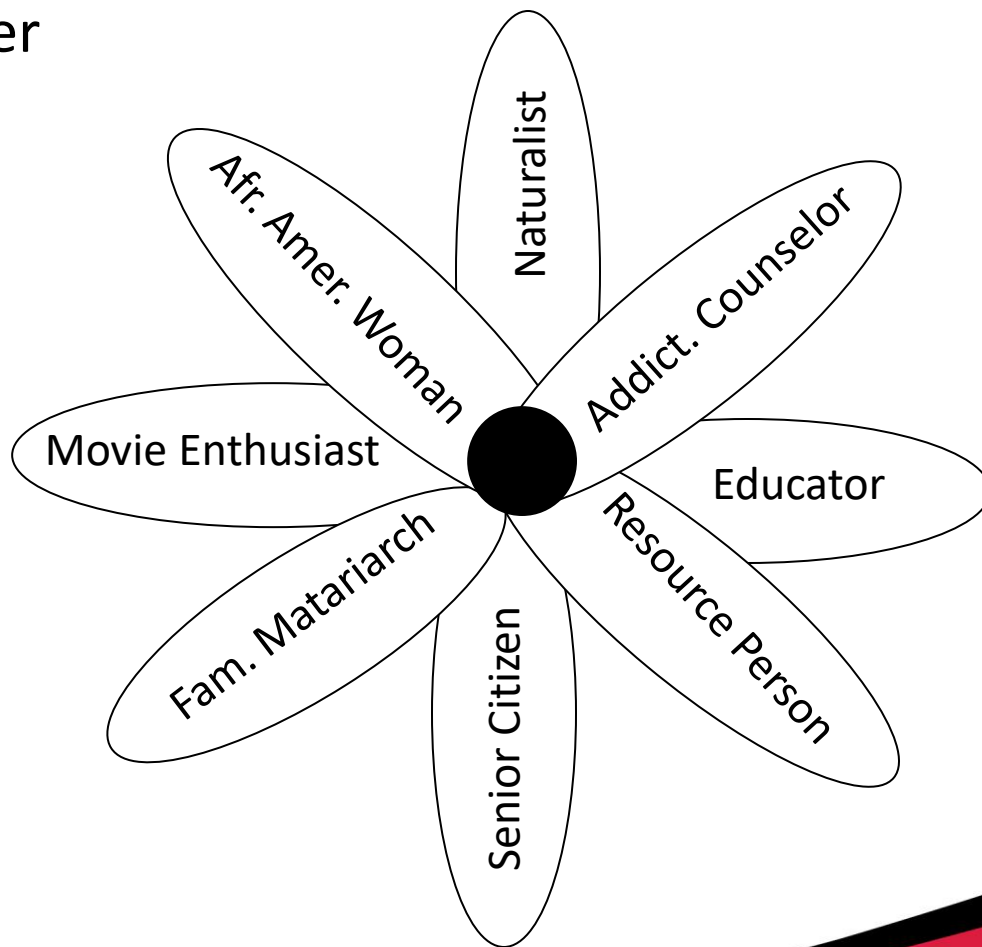


The
Idiographic
Center
Lori





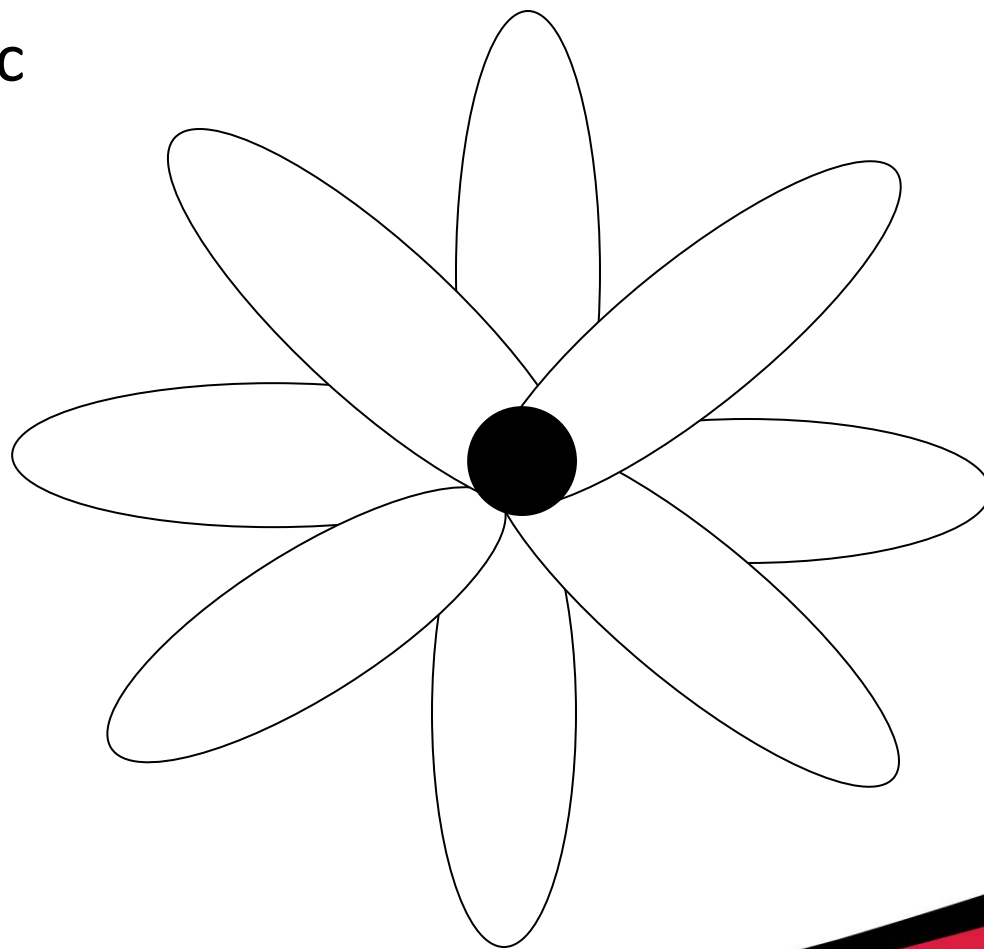
Idiographic Center Deborah





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Broaching behavior

- *Broaching behavior* refers to a consistent and ongoing attitude of openness with a genuine commitment by the counselor to continually invite the client to explore issues of diversity. In essence, the counseling relationship becomes the vehicle for navigating a discussion concerning issues of difference related to race, ethnicity, and culture. As an example of broaching, the counselor may indicate, “We’re both from different ethnic backgrounds. I’m wondering how you feel about working with a White European-American woman on your concerns.” During the context of counseling, the counselor creates facilitative conditions such as warmth, empathy, positive regard, openness, and genuineness.

Commitment

www.thenext28days.com



Identity Worksheet

- 1. How do you feel about being a member of:
 - a. your gender
 - b. your race
 - c. your sexual orientation
 - c. your nationality/ethnicity
 - d. your work/profession
 - e. your religious affiliation
 - f. your spiritual community
 - g. your family
 - H. Any disability
 - H. any other important aspects of your identity



Identity Worksheet

- 2. How do you feel about your degree of privilege?
- 3. How do you feel about your body?
About your size, color, look, degree of fitness, age?



Identity Worksheet

- 4. Based on any of your identities, have you experienced either of the following?
 - Being treated as an inferior
 - Insulted or called names
- 5. Based on any of your identities, have you been discriminated against in the following ways?
 - Fired from or not hired for a job
 - Denied a bank loan (or charged a higher interest rate)
 - Refused service
 - Stopped or confronted by the police



Identity Worksheet

- 6. How do you feel about having the amount of money/assets you have?
- 7. How do you feel about your current level of carbon footprint?
- 8. How do you feel about the neighborhood you live in?
- 9. How do you feel when you encounter a homeless person?

Exercise – Find a person who you share an identity with and talk about your shared identity. (10 min)

Find a person who is different than you on some identity and talk about your different identities. (10 min) Or we can use this in broaching section.



People are holistic, consisting of a variety of assets.

- **Traditionally we have used a deficit model.**
- **Adopt a strengths model: What strengths does your client bring which may be useful in treatment (e.g., religious faith, spirituality, extended family networks, resiliency)?**





The Compassion Exercise By Harry Palmer

Honesty with one's self leads to compassion for others.

Objective: To increase the amount of compassion in the world.

Expected result: Increase in understanding and a personal sense of peace.

Instructions: This exercise can be done anywhere people congregate (airports, events, beaches, etc.) It should be done on strangers, unobtrusively and from some distance. Try to do all five steps on the same person.

Step 1: With your attention on the person, repeat to yourself:

"Just like me, this person is seeking some happiness for his/her life."

Step 2: With your attention on the person, repeat to yourself:

"Just like me, this person is trying to avoid suffering in his/her life."

Step 3: With your attention on the person, repeat to yourself:

"Just like me, this person has known sadness, loneliness, and despair."

Step 4: With your attention on the person, repeat to yourself:

"Just like me, this person is seeking to fill his/her needs."

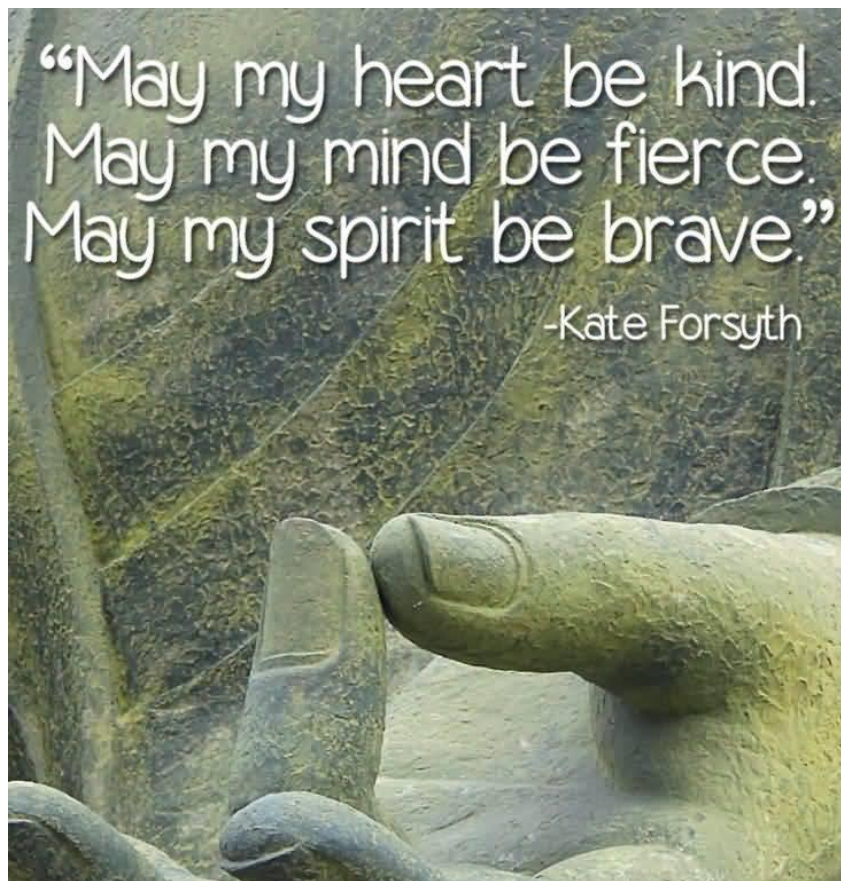
Step 5: With your attention on the person, repeat to yourself:

"Just like me, this person is learning about life."



Wrap Up

- What is one thing you learned?
- What is one thing you affirmed?
- What is one thing you will add or do differently?



Questions





Thank You

“The therapist is not the author of change in clients so much as a witness of its emergence.” - Carl Rogers

“It is love and profound respect that are the music in motivational interviewing, without which the words are empty.”
- William Miller