



BAD THERAPY

**Master Therapists
Share Their Worst Failures**

Jeffrey A. Kottler and Jon Carlson

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and Jon Carlson, Psy.D, Ed.D.**

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ABOUT THE AUTHORS

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Jeffrey has been an educator for 25 years. He has worked as a teacher, counselor, and therapist in preschool, middle school, mental health centers, crisis centers, universities, community colleges, and private practice. He has served as a Fulbright Scholar and Senior Lecturer in Peru (1980) and Iceland (2000), as well as worked in dozens of countries as a consultant and trainer specializing in multicultural issues.

JON CARLSON, Psy.D., Ed.D. is Distinguished Professor of Psychology and Counseling at Governors State University, University Park, Illinois and a Psychologist with the Wellness Clinic in Lake Geneva, Wisconsin. Jon is the author of 25 books, 100 journal articles, serves as Editor of *The Family Journal*, and is the developer of over 100 videotapes. These instructional videos feature today's leading experts in the fields of psychotherapy, family therapy, brief therapy, substance abuse and treatment, parenting, and couples education. Dr. Carlson has received Distinguished Services awards from the American Psychological Association, the American Counseling Association, International Association of Marriage and Family Counselors, and the North American Society of Adlerian Psychology.

A few of Jon's best known books include: *Brief Therapy With Individuals and Couples*, *The Disordered Couple*, *Interventions and Strategies in Counseling and Psychotherapy*, and *Family Counseling: Strategies and Issues*.

PREFACE

This is a book that reveals, with surprising honesty, the worst mistakes of the best therapists. Told through the narratives of their most stunning failures, two dozen of the world's most famous practitioners talk about their mistakes, misjudgments, and miscalculations that haunt them to this day. From such stories, readers are offered a rare glimpse into the hearts and minds of the profession's most famous authors, theoreticians, and leaders.

WHEN THINGS GO WRONG

Therapists have a long history of inventing ways to disown our misjudgments and mistakes. We blame our clients for not trying hard enough or being unmotivated. We ascribe negative outcomes to circumstances beyond our control—meddling family members, organic or environmental factors, time constraints. We call our clients ugly names like *borderline* or *obstructive* or *resistant*. All this means is that the people we are trying so hard to help are not cooperating with our best efforts, or more likely, they aren't meeting our expectations.

In moments of honesty, or when our guards are down, all of us are haunted by those we couldn't help. We are especially bothered by those (we hope) few occasions when the bad therapy occurred as a result of our own blunders. We pushed too hard too fast; we misread the situation; we missed crucial information. Our own personal issues were triggered. We were less than tactful. We bungled the diagnosis. We were less than skillful in executing an intervention. In these ways, and a hundred others, we flat out blew the interview. We chased the client away. We may have set treatment back significantly. Then, if we could get away with it, we pretended it all never happened. Denial and defensiveness provide a convenient means to bury our mistakes, sometimes to help us pretend they never happened in the first place.

Progress notes become less than accurate, reports to supervisors less than fully disclosing. The name of the game is “cover your butt,” protect yourself from malpractice claims and censures from supervisors. And many of us collude to blame the client whenever possible. When that doesn’t work, then it must be some other third party who is ruining our perfectly good efforts.

There is no doubt that the subject of this book is very threatening and challenging to talk about in frank and honest ways. Who wants to discuss the worst disappointments and disasters they have faced? Who wants to read a book about the worst stuff in our profession?

If we are going to cover this subject, then we decided to do so with a more upbeat emphasis by focusing not just on what went wrong but also on what can be learned from the mistakes. Growth and learning, after all, often result from making sense of things that go wrong. This is especially the case when we are reflective and systematic about deconstructing the sequence of events and making sense of the experience. This is no less than what we expect of our clients.

THE PARTICIPANTS

The major premise of this project was that if we could get the most prominent practitioners and thinkers in the field to talk about their worst work, then perhaps this would create a forum for others to discuss their lapses, mistakes, misjudgments, and failures more openly and constructively.

We selected our subjects based on what we believe to be their impact and influence on the profession. They had to be “prominent,” which we defined as: (1) having a body of published work that is known to many practitioners; (2) having clinical experience spanning over many years to draw on; (3) a willingness to participate. We leaned heavily on personal contacts, especially those from Jon Carlson’s film series, *Psychotherapy with the Experts*. We tried for a cross-section of representative styles and theoretical orientations.

The reader may wonder why certain people were included and others were not part of this investigation. As you might expect, some people respectfully declined—for very good reasons. Why, after all, would people who have achieved prominence risk their reputations by talking in public about the worst example of his or her work? Why indeed?

Every one of the contributors to this book volunteered to participate primarily because they had already worked with one of us in some capacity. There was a preexisting relationship built on some degree of trust and mutual respect. They felt reassured perhaps that we would not use what they shared with us to hurt them or take advantage of them in some

way. Many of these prominent people had been burned before by others who took advantage of them.

We were not surprised that about a third of the people we contacted declined the invitation; rather we were amazed at the two thirds who agreed to participate so enthusiastically. We told them that this would be fun, but they knew far better that even if our conversations with them were interesting, they were bound to bring up a lot of painful stuff.

THE METHODOLOGY

After scheduling phone interviews weeks in advance, we reserved an hour for the two of us to interview each contributor. We sent each of them a list of questions we would be asking them so they had time to think about them ahead of time. In some cases, this structure was abandoned when the conversation drifted to other interesting areas.

The questions included:

1. What were you thinking about as you anticipated and reflected on this conversation?
2. What is bad therapy to you?
3. When you think of the worst therapy session you ever did, what immediately comes to mind? Describe what happened in detail.
4. What made this session so awful for you (and/or your client)?
5. What is it like for you to revisit this experience now, and talk about it publicly?
6. What are some things that you did, or did not do, that you regret or would have done differently?
7. What did you learn from this experience?
8. What could others learn from this episode and how you've processed it?
9. How do you think that others could profit from speaking more frankly and honestly about their worst efforts?

Each of the interviews was recorded, then transcribed. We then wrote up the discussion in more readable prose, using both dialogue and narrative description. We were able to preserve both the accuracy and tone of each conversation, but also to present it in a way that makes for riveting reading.

Each chapter was sent to each participant so that he or she could check it for accuracy. The vast majority of the participants were quite pleased with how things turned out, but also a bit apprehensive about appearing so vulnerable.

ACKNOWLEDGMENTS

Our third partner in the process of organizing the manuscript was Laurie Johnson, who transcribed the tapes in a way that made our jobs so much easier. We also wish to acknowledge the contributions of Diane Blau, who collaborated with Jeffrey Kottler on an earlier book published many years ago about therapy failures. We also wish to thank Tim Julet, formerly of Brunner-Routledge, who first signed this book, and Emily Epstein for shepherding it through the editorial process. We wish to applaud the courage and the openness of the contributors to this project. We hope that you feel as proud of your efforts as we do.

We are also grateful for the constructive feedback from our reviewers who made some helpful suggestions for revising the manuscript. Thanks to Howard Rosenthal, Keven Fall, Samuel T. Gladding, and Robert E. Wubbolding.

Introduction

THE GOOD, THE BAD, AND THE UGLY Parameters of Bad Therapy

We were sitting around kidding one another about how funny and interesting it would be if only the leaders in our field would be more frank and open about their mistakes. After all, our own therapy looks nothing like those “perfect” demonstrations you see on videos by the experts. And we should know: Jeffrey has been studying failure for over 30 years and Jon has produced over 100 videos by the greatest therapists of the past century (*Psychotherapy with the Experts*), watching not only the sessions that made the final cut, but also the ones that were erased.

We remember the earliest years of our own training in which we were exposed to the famous “Gloria” tape wherein the three most prominent practitioners of their day—Fritz Perls, Albert Ellis, and Carl Rogers—all worked with the same client. However bizarrely divergent their approaches, they all looked pretty effective to us. It wasn’t so much what they did that was impressive—it was their poise and confidence.

Rather than having the desired effect of bolstering our commitment to the field and improving our conceptual mastery, we left the class despondent and discouraged. How could we ever become good enough in this new profession to help people with anything near the degree of mastery of these experts? They were calm and self-assured, ready to face anything the client might present. They had all the answers (even if they were all different).

Over the next three decades, we continued to watch other therapy videos and live demonstrations as a way to improve our clinical skills and understanding of this complex business we call therapy. We have gotten so much better over the years with practice. Supervision has helped a lot, so has consultation with trusted colleagues, attending workshops,

getting more education, reading books, and writing in a journal. Probably more than anything else, being a client in therapy has taught us about what works best. Yet in spite of all the advanced degrees we've attained, the books we've read (and written), we've come to the conclusion that practicing therapy is absolutely the most challenging and fun professional endeavor because we will never get it right—not even close. There is too much to learn in a hundred lifetimes, too much new information to digest, new studies to review, new approaches to master, new interventions to practice. To our clients, students, readers, and supervisees, we might look as though we know what we're doing (and we are pretty good at helping people most of the time), but believe us when we tell you that we are nowhere close to where we would like to be.

SELECTING THE BEST PERFORMANCE

When Jon asked Jeffrey to do a demonstration video for his series on *Psychotherapy with the Experts*, he was certainly honored and flattered. Then, he thought to himself: "But wait, I'm still an unfinished product. However I used to do therapy in my 20s, 30s, or 40s, or even last year, is not how I operate any longer."

Given the pressure Jeffrey puts on himself to do better, he was surprised he felt so little apprehension at the prospect of performing on stage with the cameras going. As the producer of this series, Jon was a master of putting these things together. He had built a professional studio and during the 1990s had worked with 50 of the greatest therapists, filming their work for posterity. He was thus highly skilled not only at producing excellent film products but also putting his subjects at ease.

Jon wanted Jeffrey to see three different clients so as to make sure we had a "good" example of his work. Jeffrey protested, suggesting that one was plenty—however the session turned out would be a fair representation of the way he works. "Besides," he explained, "I'm sick of seeing so-called experts strut their best stuff." He pointed out that some of his most productive sessions were hideously awkward and ugly. They rarely looked as smooth, polished, and controlled as what he'd seen on the TV screen.

Jon agreed but said, "Humor me. Do three of them so we have some choices." Jon has learned over the years when to take Jeffrey seriously and when to change the subject. This time he preferred to pretend he was kidding.

They agreed on a plan and did tape three consecutive sessions with different clients. One was pretty darn good. Within the span of 45 minutes Jeffrey managed to throw in no less than 17 different interventions

to highlight his so-called theory of client-focused integrative therapy, the name that Jon used for his work since at the time Jeffrey didn't have one. The client was cooperative, eager, and they hit it off beautifully. After the interview was over Jeffrey was genuinely sorry that they wouldn't have the chance to work together in the future.

If the first session was good, the second was pretty mediocre. The client rambled and chattered, Jeffrey listened attentively and compassionately. Normally, it would have been quite acceptable for an initial interview—unless you were asked to show your best stuff in front of a live audience, three camera operators, assorted film crew, and a future audience composed of the next generation of therapists. The session was boring and superficial—not much happened.

If the first one was good, the second one bad, then you probably guessed the third was ugly. The guy only came in because he was pressured by his girlfriend (the previous client). He wouldn't talk. He wouldn't follow Jeffrey's lead, wouldn't respond to his increasingly desperate attempts to get him to move in any direction. Actually, he was like so many of the clients we've seen over the years—reluctant, terrified, and unwilling to go very deep until we got to know one another better.

After what felt like several hours, the director flashed a sign indicating there were still 30 minutes left in the session. Could they really have been together for only 15 minutes? Jeffrey felt the beginnings of a panic attack, wondering what the hell he could possibly do with the interminable time they had left—all with the cameras running and the audience scrutinizing his every move.

Feeling he had little to lose, Jeffrey took a deep breath, squinted into the blinding lights, and held out his hand to stop the young man from continuing to report on why he didn't trust anyone outside his family, and never would.

"Look," Jeffrey told him in a conspiratorial voice, "you don't really want to be doing this right now." He waited a beat or two, then added: "And neither do I." The client sat back in his chair and regarded Jeffrey with suspicion. He thought he was home-free, easily able to outlast the therapist through the next half hour without saying or revealing much.

"Why don't you give me a break?" Jeffrey pressed him, then felt ashamed he was putting the focus on his own needs. The client wasn't sure if Jeffrey was serious in changing the rules in midstream so he said nothing at all.

"Look," Jeffrey continued in a whisper, looking over his shoulder as if this part of the conversation would be private, "I'm dying out here. We've got three cameras going and all these people watching, and. . . ."

Before Jeffrey could go on any further, the client quickly jumped in to mollify him. He threw out a few bones, just what you'd expect under

these ridiculous and artificial circumstances. Neither Jeffrey nor Jon was surprised by how miserably the session was proceeding. The real miracle was that the first client managed to do such a nice piece of work in such a public forum.

We wish we could say that Jeffrey's various interventions—first self-disclosure, then immediacy and confrontation—were a turning point that rescued what was otherwise a pretty ugly session. Instead, the session limped along, Jeffrey testing, probing, pushing, pulling, getting through the ordeal. It was actually a fairly typical first interview. The problem was that the world was watching and this was supposed to be a demonstration of perfection. After all, isn't that what people pay for when they buy such videos?

After it was all over, when we reviewed the three tapes, we realized how great a demonstration this last session really was. It didn't show what an expert Jeffrey was, nor did it fairly illustrate his theory of helping. What the session *did* highlight was how many ways he could have done better. The more Jeffrey thought about it, the more convinced he became that *this* was the one he wanted to use in the video.

Jeffrey said, "If the purpose of these videos is to teach people how to do better therapy, why show a near-perfect sample that will only make beginners feel inadequate by comparison? Show them this one and they'll have some hope. They'll say to themselves, 'Heck, even *I* can do better than that.'"

"You may be right," Jon agreed, but then reminded him that the purpose of the series was to demonstrate theories in action, not improve therapist morale. He had a point. When we later showed the video to students they laughed delightedly at Jeffrey's feeble and ineffective efforts to work with the guy. We realized that this session was what doing therapy is *really* like when nobody else is watching. It is often ugly and awkward, a struggle for both participants. And the way to get better at this craft is not just by watching experts who work fluidly, seamlessly, and effortlessly. There is also so much to learn from exploring our doubts and uncertainties.

FROM A VIDEO TO A BOOK

As in other disciplines, it is common for therapists to attend professional meetings, conferences, and workshops in which the best among us demonstrate their masterful skills. We watch videos, see life demonstrations, and read about their exploits in books. The masters display on stage their dazzling artistry and flawless execution of strategy, often "curing" their clients in a single encounter. They talk about seeming hopeless cases

in which they uttered some magic incantation that produced a miraculous result. Likewise, the books that are so often published present cases and examples that are designed to support the theory and fortify the author's stature. It is all too rare for prominent practitioners to admit publicly that they feel lost, bungled cases, or otherwise failed themselves and their clients. The result is that the mere mortals among us compare ourselves to our mentors and consistently find ourselves wanting.

Attend any conference and you will see otherwise poised, confident, experienced therapists turn into groupies when in the presence of the "immortal ones." The masters are put on pedestals, badgered for autographs, and treated as the celebrities that they have become. When the therapists return to their own practices, their worst fears are confirmed when they find that the same methods they saw so (apparently) effortlessly modeled on stage don't work nearly as well with their own clients. There are many good reasons for this—lack of practice and limited confidence with a new strategy, to mention a few—but the real reason is that famous therapists rarely speak about their bad therapy. This makes it extremely difficult for others who must live with their own inadequacies.

It is in the spirit of debunking myths and speaking more frankly about what doing therapy is *really* like that we are pleased and honored to present to you the worst sessions of the best therapists. It is our hope that such courageous and honest revelations will make it easier for others to discuss more honestly their own limitations and weaknesses. It is only by confronting our own imperfections that we are able to truly learn and grow. And if this works for our clients, then it must work for us as well.

WHAT IS BAD THERAPY?

It's not easy to define bad therapy. As with everything else in life, it is all in the eye of the beholder. It is a subjective assessment of one or both participants in which relative meaning and value are ascribed to the outcome (Kottler & Blau, 1989). It is a judgment about satisfaction levels of performance. It is also conceived as the kind of blunders that take place when personal issues and countertransference processes interfere with sound judgment (Robertiello & Schoenewolf, 1987). Regardless of the particular definition, failure and poor performance are part of being human, and processing these experiences constructively is what leads to mastery of a profession (Conyne, 1999).

What is bad therapy to some may be desired outcomes to others. One therapist considers his worst work to have occurred when a client stormed out of his office because he wasn't responding to her stated needs.

His supervisor, however, considered it a masterful session in that he didn't collude with her self-defeating, hidden agenda. The therapist judges the quality of his work based on the assessment of his satisfied customer, whereas his supervisor looks at other criteria that are based on her informed, expert evaluation. About the only clear indication of failure is "when both parties agree there has been no apparent change" (Kottler & Blau, 1989, p. 13). We have to keep in mind, of course, that sometimes clients only pretend to change when they actually remain as stuck as ever; at other times, they act as though they are unhappy with the result when, in fact, they have made astounding progress. It is always a bit disorienting when we hear from clients' significant others who give reports very different from what we might observe or what the client says is going on (Kottler, 2001). And then there are the cases in which therapy appears to be worthless in the short-run but actually results in long-term benefits (Keith & Whitaker, 1985). Bugental (1988) adds even more complexity to the challenge of defining what constitutes bad therapy by mentioning that *every* session includes features that are both good and bad.

Surely just as there is a consensus on "best practices" there must also be rough agreement on what is lousy treatment. If the client ends up worse than before therapy started, and continues to deteriorate after the sessions end prematurely, that would definitely be poor work. Likewise if the client appears to improve significantly we might conclude that the therapy was a success. The glitch in this reasoning, of course, is what "appears" to be occurring may not, in fact, be what is really happening. What happens when the positive effects don't persist very long and the behavior returns to baseline levels? Or what if the effects simply have a delayed reaction? Can we ever really know what impact we have on clients when we consider the accumulative influence that takes place over time? Perhaps our efforts were helpful or harmful after all, but the results don't show up until months or years later.

In a qualitative study of what leads to impasses in therapy, Hill, Nutt-Williams, Heaton, Thompson, and Rhodes (1996) interviewed 12 experienced therapists who were working with relatively severe cases in long-term treatment. They found that the variables that were most associated with these impasses included client characteristics (severity of pathology, history of interpersonal conflict), therapist characteristics (therapist mistakes, countertransference), and problems related to the therapeutic contract in which there was a lack of consensus about treatment goals. In a review of empirical studies distinguishing between good and bad therapy, Stiles, Gordon, and Lani (2002) found that two aspects of the sessions were most significant: the depth or power of the therapy, and how smoothly things proceed. They point out, however, that often clients and therapists don't agree about how smoothly or deeply the work

is proceeding. These differences may be the result of different expectations for treatment.

We have all experienced the phenomenon in which we think we have done our absolutely best work and the client hardly notices at all, or offers the opinion that what we did was a waste of time. There are other times when we have blundered badly, or been functioning on autopilot, barely paying attention to what is going on, yet the client found the work to be downright miraculous.

When clients are asked what they consider to be bad therapy, they often mention what Estrada and Holmes (1999) found in their study of couple's assessments of marital therapy. Most clients cited that they found the experience lousy when the therapists were passive, when they wasted time, when they were unclear about their expectations, when they weren't empathic and understanding, and when they didn't keep things safe. Perhaps not surprisingly, clients find therapy to be less than helpful when therapists don't do what they want and expect; likewise, therapists judge the treatment as bad when clients are not cooperative. Clearly we are dealing with a complex, interactive phenomenon in which poor outcomes result from contributions by the therapist, the client, the situation, and external forces.

LEARNING FROM OUR WORST WORK

Commenting on a series of narratives written by therapists about a case of failure, Hollon (1995) suggests that the best person we might consult about the impasses is not only our supervisor, but also our client. It doesn't matter if the client's feedback is accurate or not, Hollon contends, since it represents the one perception that most powerfully influences the result.

The bottom line is what can be learned from our failures and mis-cues. As entertaining as these stories from our profession's most masterful practitioners might be, the key question to ask ourselves is what we can learn from their mistakes, and what we can learn from our own.