

By [REDACTED], Ph.D.

It wasn't an easy decision, but you've finally decided to go into therapy. Perhaps you've been in therapy previously. The decision to work with a therapist is never straightforward, but there are times in life when we just need that extra emotional support. And, while we may have friends or family members around us who will support us through rough times, it is often a good idea to seek the less biased support of a professional in order to deal with life's more difficult emotional challenges.

Many people who go into therapy have helpful experiences, coming away feeling stronger and more able to cope with their life challenges. The patient feels understood and well supported by the therapist, who uses his or her particular skills to facilitate the patient's discovery and healing process.

But what if your therapy leaves you feeling frustrated? What if you feel your therapist isn't "getting" you accurately? What if you aren't receiving the outcome you expected from being from therapy? What if you are having difficulty communicating with your therapist?

If your therapy isn't going well, where does the responsibility lie? Is it you? Is it your attitude? Or could it possibly be that the problem lies with the type of therapy you have selected or even with the therapist? How can you know for sure - and more importantly, what's the best way to discuss your concerns with your therapist?

Take the therapist off the pedestal and take ownership of your therapy

It's not uncommon in any doctor/patient relationship, for the patient to want to see the doctor as almost "god-like" - expecting that the doctor will be all-wise and all-knowing, the expert. The same is true of therapist and patient. As a result, sometimes the patient will expect that the therapist will take care of everything, and that they, as the patient, must do little except follow doctor's orders. It may seem "easier" to let the professional call the shots and make the decisions about treatment. So, the patient might not want to ask questions or voice concerns, reluctant or even afraid to challenge the therapist's "authority".

The problem with this perspective is that doctors and therapists are human beings, and therefore are fallible and prone to the same human imperfections as the rest of us. A therapist who has been trained in a particular school of thought will naturally have a bias in favor of what they know best. Therapy, by nature, is a subjective process, and the therapist can only give his or her subjective *opinion* - an opinion which has been shaped by the therapist's training and professional orientation, as well as by his or her own life experiences.

So, as the “consumer” in the therapy relationship, it’s ultimately *your* responsibility to look after your best interest and to be an active participant in your own therapy. If something isn’t working well for you, as the consumer, then it’s up to you to discuss this with your therapist.

What makes therapy successful

One of the secrets of successful therapy is that each patient requires a different approach in order to achieve the goal he or she seeks. Some need a talkative therapist, one who is even willing, when appropriate, to reveal details of his or her own life. For example, if a patient is going through a divorce and the therapist has also been divorced, the patient may benefit from knowing that the therapist has come through a similar ordeal and managed it successfully.

Others may prefer a more spiritual orientation from the therapist. Some may need the therapist who prods and puts forth his or her own ideas, while other patients may prefer the therapist who retains relative anonymity. The challenge for the therapy pair becomes identifying which approach is likely to yield optimal results - and then modifying the technique as needed so that it continues to work well for the patient over time.

In an ideal therapy, the process works well when it is *truly* collaborative. Patient and therapist working together in partnership: the patient participates *with* the therapist in determining the direction of the therapy and in making decisions about the course of treatment. In this experience the therapist is open to the patient’s ideas and concerns.

Of course, not all therapy alliances are ideal. Therapists, being human, are subject to their own biases and personal judgments. And, the therapist may not be able to recognize when he is having a problematic reaction to the patient, or to the way the therapy is structured. To regain the kind of objectivity that will support the patient reaching his or her goals for therapy, the therapist is likely to require direct feedback from the patient, or perhaps even the opinion of a third party - a therapist/consultant who is trusted by both. It may be worth noting that this procedure is analogous to seeking a second opinion a second opinion in medicine.

Getting “derailed” therapy back on course

When you, as the patient in a therapy partnership, feel your therapy is off course, the first step is to *candidly* discuss your concerns with your therapist. As difficult as it might be to tell your therapist that you are not satisfied with your experience, remember that your therapist is not a mind-reader, and he or she won’t be able to fix the situation if you aren’t sharing your concerns. In fact, a good therapist should welcome this kind of information. Provided that the therapist is open, you should be able to renegotiate the ground rules of your therapy, and the therapist should be willing to be flexible about modifying his or her approach.

Of course, the ability to accept direct feedback goes both ways, and the patient must also be receptive to getting difficult commentary from the therapist. Sometimes, the patient may be reluctant to accept the

therapist's diagnostic assessments or recommendations for treatment. Let's say, for instance, that a patient is experiencing a form of depression, and the therapist recommends a course of medication in addition to psychotherapy. The patient may be resistant to taking medication, however, and may not be open to the suggestions of the therapist.

Whether it's the therapist who is not receptive to feedback from the patient, or the patient who is resistant to the therapist's viewpoint, what should the patient do? He might walk away from the therapy altogether, claiming the therapist just "doesn't understand." But walking away won't necessarily solve the problem, because it either leaves the patient to "start over" with a new therapist or with no therapeutic support whatsoever. In either case, it will take the patient that much longer to reach his objectives.

A better approach would be for the patient to first discuss the possible options with the therapist. Using our earlier example, the patient could ask questions: Is medication absolutely necessary? Are we talking about short-term or long-term use of a medication? What are the side effects of the medication you are recommending? Are there alternatives to my using medication? What happens if I *don't* take the medication? Possibly, there are other approaches the therapist and patient could identify together, through additional discussion.

If, after further negotiation, the therapist stands by his or her recommendations for the therapy, and the patient still does not agree, there is a solution other than the patient simply walking away: seeking another therapist's observations through a 3-way collaborative partnership. The therapy pair could decide to invite another therapist to temporarily join in their work as a consultant. It may even be useful to choose a consultant who can administer psychological or neuropsychological tests. The consultant would work collaboratively with the therapy pair to develop a more reliable perspective on the best course for the patient's therapy, allowing the pair to move beyond the communication stale-mate into a direction that both therapist and patient can endorse. The consultant would then remove him or herself, and the therapy pair would go back to "business as usual".

If you are in therapy, you and your therapist have already invested a significant amount of time and energy into the relationship, and you both have the same goal in mind: helping you achieve your own objectives for emotional growth and healing. If and when a difference of opinion over the treatment *does* occur, rather than walking away from your therapist, wouldn't it be well worth the extra effort to collaborate in finding the best way to go forward?