THE THERAPIST'S ANSWER BOOK
Solutions to 101 Tricky Problems in Psychotherapy

Jerome S. Blackman
Therapists inevitably feel more gratified in their work when their cases have better treatment outcomes. This book is designed to help them achieve that by providing practical solutions to problems that arise in psychotherapy, such as the following:

Do depressed people need an antidepressant, or psychotherapy alone? How do you handle people who want to be your “friend,” who touch you, who won’t leave your office, or who break boundaries? How do you prevent people from quitting treatment prematurely? Suppose you don’t like the person who consults you? What if people you treat with cognitive behavioral therapy (CBT) don’t do their homework? When do you explain defense mechanisms, and when do you use supportive approaches?

Award-winning professor Jerome S. Blackman answers these and many other tricky problems for psychotherapists. Dr. Blackman punctuates his lively text with tips and snippets of various theories that apply to psychotherapy. He shares his advice and illustrates his successes and failures in diagnosis, treatment, and supervision. He highlights fundamental, fascinating, and perplexing problems he has encountered over decades of practicing and supervising therapy.

Jerome S. Blackman, MD, is Professor of Clinical Psychiatry at Eastern Virginia Medical School. He has taught at Beijing University, Tulane School of Social Work, Virginia Wesleyan College, Old Dominion University, MIT Educational Studies Program, and Naval Medical Center–Portsmouth, and presented at programs in Germany, Italy, China, and the United States. His first book, 101 Defenses, has been translated into Chinese and Romanian.
The Therapist’s Answer Book

Solutions to 101 Tricky Problems in Psychotherapy

Jerome S. Blackman
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Some Answers . . .

for my friends, colleagues, trainees, relatives, and interested social acquaintances who have asked me hard questions about psychotherapy. This book is intended for all mental health practitioners who engage in psychotherapy and for others who have an interest in learning about psychotherapy.

You will read about some of my successes and failures in diagnosis, treatment, and supervision; the highlights of the most perplexing, fundamental, and fascinating questions I have encountered over decades of practicing and supervising psychotherapy; and my ideas about practical solutions for handling those questions.

Over the years I have taught, supervised, or consulted with many mental health practitioners about psychotherapy technique. They have included social workers, psychologists, pastoral counselors, educational counselors, licensed professional counselors, psychiatrists, and psychoanalysts.1 Despite their wide variety of backgrounds, I have found that many of these practitioners have grappled with common practical problems and difficult technical questions like the ones I attempt to answer in this book.

I was initially somewhat surprised to learn that, even though many therapists felt their training prepared them for one particular type of approach to treating mental conditions, most practitioners were not “purists” in adhering only to one therapeutic approach. They often combined useful features from other technical approaches that were not covered in their training. Sometimes they did this deliberately; at other times, they did it without realizing that the technique they used in a particular case actually had its origins in a different body of theory.

1 Their theoretical backgrounds have included supportive therapy, cognitive psychology, interpersonal therapy, neurosciences, cognitive behavioral therapy, electroconvulsive therapy, psychopharmacology, developmental psychology, addictionology, social work, eating disorder specialties, neuropsychology, child psychiatry, child abuse, ethology, geriatrics, music therapy, art therapy, college counseling, hospital-based practice, and psychoanalytic theories of Klein, Lacan, Jung, Freud, Bion/Tavistock, Kohut, Mahler, Kernberg, Bowlby/Ainsworth, Arlow and Brenner, and existentialists.
What I have observed is that most therapists develop their own “style” and technique through common sense, professional judgment, experience, empathic attunement to people in treatment, trial and error, and reading. Many of the most valuable skills they have cultivated were learned on the job and/or through research, postlicensing supervision, and consultations with other colleagues.

I consider a multidisciplinary approach to have many benefits both to practitioners and to the people receiving treatment. As the saying goes, “If the only tool you have is a hammer, everything starts to look like a nail.” Most seasoned practitioners learn that their professional training provided a starting viewpoint as to how to approach people in therapy. And we all find that we learn something new from every person we treat. That is one of the great sources of intellectual stimulation the field of mental health has to offer: No matter how long we practice, we can always learn something new just by treating people.

I personally like to study a wide array of theories concerning the treatment of mental conditions and take something from the best ideas that each theory has to offer. In my conversations with colleagues, I inevitably find that practitioners who are flexible in their theoretical approach and are skilled in tailoring technique to particular people they treat enjoy three benefits:

1. they have better treatment outcomes overall;
2. they find more gratification in their work; and
3. they are ultimately financially successful in building a practice (largely because of #1 and #2).

To become proficient in tailoring the treatment to the individual requires you to develop your diagnostic toolset. More information about diagnosis can be found in certain problems addressed in this book, particularly Problem 2 (When Do I Say It?) and Problem 101 (B) (More Information on Diagnosis). My earlier book, Get the Diagnosis Right: Assessment and Treatment Selection for Mental Disorders (Routledge, 2010), provides a more in-depth exploration of the topic.

All psychotherapies are designed to influence people’s disturbances through the interaction with the therapist. Sometimes the therapist tries to help others understand conflicts they have not previously seen. At other times, the therapist attempts to provide comfort, solutions to practical problems, and/or advice about work and relationships. In this book, I have included some of my thoughts on gray areas and mixtures of therapeutic approaches.

You’ll recognize many of the dilemmas. Some are almost universal. Some are unusual and only occur on rare occasions. Most are in the middle,
common enough but not ubiquitous. A few of the problems are mundane; some are ironic and manageable through a bit of humor in the session. Others are extraordinarily sad, irritating, or even dangerous.

I hope that you learn from my answers as much as I have learned from having had such difficult questions put to me by supervisees and by people I have treated. Such questions have kept me interested and broadened my thinking about treating people.

You will, no doubt, think of questions that I have omitted or not considered. If you do, please e-mail me your thoughts on the matter. Since I started writing this book, colleagues have been extremely forthcoming with new and ever more challenging problems they have encountered. I have also, as expected, heard answers I had not thought of, and look forward to hearing more of those, as well.

The essential thrill in asking and answering questions is for me, the pleasure of intellectual expansion and continuing progress toward mastery.

Enjoy!

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N.B. This book is filled with clinical examples. Many are amalgams of different people, and all are extremely disguised as to their actual identity, but I have preserved the pertinent dynamic elements.
Acknowledgments

First, thanks to the many therapists who have consulted me for supervision, who forced me to think of how to explain complicated situations in therapy. Second, I owe much to people I have treated, who allowed me access to the recesses of their minds; they taught me about human nature and mental functioning.

Special appreciation goes to my wife, Susan, who, in the midst of her busy legal practice, took pains to help me edit this book; and to my son, Ted, who took time from his hectic business activities to criticize my writing style.

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Last but not least, I owe much to my stalwart office manager, Mrs. Jean Broughton, who, as usual, was invaluable in organizing and editing this project.
GENERAL COMMENTS

Not every therapy is for everyone. Not every theory explains all people’s behaviors and problems.

In this section, I briefly go over some ideas about what types of interventions psychotherapists can make. I also discuss what types of problems seem to respond best, in general, to which types of interventions—and which theories are most suited to those different problems.

For a full discussion of these issues, please see Get the Diagnosis Right: Assessment and Treatment Selection for Mental Disorders (Blackman, 2010).

What follows here is, I hope, a pithy summary of the actually complex undertaking of determining the most likely diagnosis and then figuring out what types of things to say to people in treatment, depending on that determination. For a bit more detail, see Problem 101.
Problem 1
What Do I Say? (Technique)

Doing any type of psychotherapy involves you telling people things that affect them. What you say to them falls, essentially, into two groups:

- things that calm them down and
- things that stir them up.\(^1\)

Calming interactions are often called “supportive,” whereas stirring comments are often referred to as “clarifying,” “understanding,” or “interpretive.” In Problem 2, you will find my thoughts about when to use each type of intervention, and throughout this book, I give illustrations of each.

Supportive techniques involve things you say to people to make them feel better—sort of like giving an analgesic for physical pain. Explanatory techniques are more like surgery: The things you tell people may hurt a bit at first and require some time to take effect, but they aim to remove or correct the problem in the long run.

Cognitive-behavioral techniques are a bit of an amalgam of supportive and explanatory approaches, but they are mainly supportive. You are basically attempting to help people feel better and think more rationally.

So what is it that you should say? (I address the question of when in Problem 2.)

SHORT ANSWER

Support

Support requires careful attunement to people’s emotions and the realities of their lives. You are interested in where people are making errors in judgment and communication so that you can discuss solutions with them. You also try to find their overwhelming emotions and express openly (as you are able) your attunement to these.

If you decide supportive therapy is required, you

- ask people questions about their current situation in order to obtain details,
- explore areas of difficulty in their work situations and their current personal relationships, and

\(^1\) Schlesinger (1995).
• try to intervene to help people make better decisions and to feel better about themselves.

Some therapists add cognitive-behavioral techniques to

• clarify areas of people’s unrealistic expectations about themselves or others,
• have them write about significant events and their thoughts and reactions to them (“homework”),
• consider alternative ways of viewing issues causing dysfunctional emotions,
• validate their correct perceptions and help them learn to modify incorrect perceptions, and
• teach relaxation exercises/guided imagery.

Understanding (“Interpretation”)  
Interpretation involves explaining to people what you think is causing their problems, whether they are aware of it or not (conscious and unconscious). You are looking for elements of conflict among their

• loving, sexual, and violent wishes;
• guilt and shame;
• reality;
• emotions (“affects”); and
• defense mechanisms.

You will find these elements as you listen closely to people’s descriptions of their symptoms, their troubled relationships, and sometimes their reactions to you.

If you decide on an explanatory approach, you

• Instruct
  people to tell you about their thoughts, dreams, and feelings about their problems in relationships, in life, and in treatment;

• Point out
  conflicts, present and past, among wishes, their conscience, people, and the environment;

---

• **Clarify**  
  the bases for their anxiety and depressive affect; and

• **Confront**  
  the defensive operations that are interfering with adequate solutions to the conflicts.

When you have figured all this out with people, they may feel a bit unhappy at first, but the knowledge they gain can help them understand their own actions, make better decisions, and obtain relief of symptoms.³

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³ For the Long Answer, see Problem 101 (A).
Problem 2
When Do I Say It? (Diagnosis)

After hearing people's problems, you are faced with a choice: Should you intervene supportively or interpretively?

SHORT ANSWER

Use explanatory (interpretive) techniques (Problem 1) more or less exclusively when the following are intact:

- understanding symbolism (abstraction ability),
- organization of thought (integration),
- relation to reality,
- self-preservation (not harming themselves),
- emotional controls (“affect regulation”),
- capacity for trust (“object relations”), and
- conscience (“superego”).

Use medication and/or supportive/relational techniques more or less exclusively when there are serious lapses in

- abstraction,
- organization of thought,
- reality functions,
- capacity for trust, and/or
- capacities for
  - impulse control (like alcohol abuse or sexual addiction) and
  - emotional control.

---

4 For the Long Answer on diagnosis, see Problem 101 (B).
Use *cognitive-behavioral* techniques for people’s problems with perspectives

- about reality,
- about themselves,
- about the future,
- about people with whom they are involved, and
- factors that overwhelmed them with anxiety.

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