Pine Grove
Forrest Health®

Countertransference in the Treatment of Addiction

Gregory L. Futral, PhD, CSAT-S, NCC

Objectives

- Outline definitional issues and challenges in describing clinicians' reactions to clients.
- Identify and explore potential dynamics and manifestations of countertransference when working with addictive disorders.
- Discuss possible impact and management of countertransference reactions.

Pine Grove
Forrest Health®

"As much as they seek to adhere to a professional ideal, psychotherapists were people before they became therapists, and the extent to which they continue to be people means that they will be influenced by all those forces to which humans are subjected."

Wolf, Goldfried, & Muran (2013)

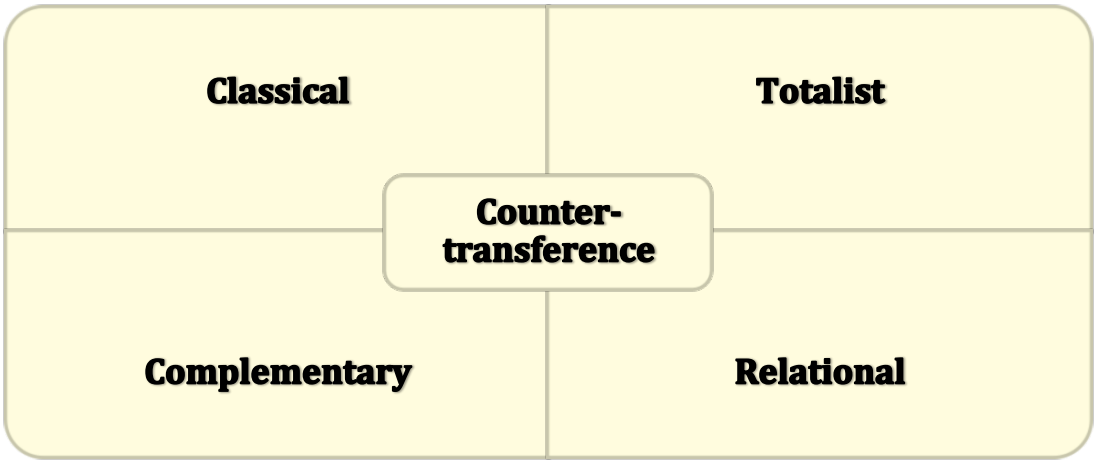
Pine Grove
Forrest Health®

A Definitional Dilemma

- Near universal recognition that reactions to clients will happen
- No consensus definition
- Poses difficulties such as:
  - Describing
  - Researching (other impediments as well)
  - Identifying best practices

Pine Grove
Forrest Health®

Historical Views of Countertransference



Hayes et al. (2011); Gelso & Hayes (2007)

Pine Grove Forrest Health®

Countertransference (CT) Defined

- Proposed "**Integrative**" definition:
  - The therapist's ***internal*** or ***external*** reactions that are shaped by the therapist's ***past*** or ***present*** emotional ***conflicts*** and ***vulnerabilities***.
- Distinguish CT as not:
  - Any and all reactions
  - All negative reactions
  - Reaction "created" solely by patient

Gelso & Hayes (2007)

Pine Grove Forrest Health®

Countertransference and Theory

"Despite the existence of differing views on the construct, countertransference is considered to be transtheoretical and is thought to invariably occur across all therapists, regardless of their theoretical persuasion or whether they label it as such."

(Hofsess & Tracey, 2010)

Pine Grove
Forrest Health®

Initial CT Considerations

Acute	vs.	Chronic
Specific to situation		Habitual approach
Over-involved	vs.	Under-involved
Lose all neutrality, etc.		Withdrawal, etc.
Positive	vs.	Negative
Too caring or supportive, etc.		Hostile, etc.

Gelso & Hayes (2007)

Pine Grove
Forrest Health®

Countertransference Structure

- Proposed Structural Elements:
  - Origins
  - Triggers
  - Manifestations
  - Effects
  - Management

Gelso & Hayes (2007); Hayes & Gelso (2001)

Pine Grove
Forrest Health®

CT Origins and Triggers

Origins

- **Family of origin**
- **Gender roles**
- **Parenting responsibilities**
- **Unmet needs**
- **Stereotyped views**
- **Professional self-concept**
- **Limitless**

Triggers

- **Client attributes, therapy content or process**
- ***Countertransference-interaction hypothesis***

Gelso & Hayes (2007); Hayes & Gelso (2001)

Pine Grove
Forrest Health®

Manifestations of Countertransference

- What does it look like?
- What does it feel like?
- How would I know?

Pine Grove
Forrest Health®

Manifestations of Countertransference

- Several instruments developed to help measure
  - Ex. - Inventory of Countertransference Behavior (Friedman & Gelso, 2000) - rating in-session behavior
- Hofsess & Tracey (2010) took a "prototype" approach due to the definitional difficulties
  - Had experienced psychologists rate agreement on 104 behaviors (agreed highly)

Pine Grove
Forrest Health®

Top 11 Rated Prototypical Behaviors

- Acts flirtatious with a client.
- Loves a client.
- Daydreams about relationships or events related to a client.
- Loses all neutrality and sides with a client.
- Rejects the client in session.
- Treats client in a punitive manner during session.
- Expresses sexual attraction to a client.
- Experiences sexual arousal with a client.
- Engages in too much self-disclosure.
- Expresses hostility toward or about a client.
- Colludes with a client in session.

Pine Grove
Forrest Health®

Professionals and Addiction

- "Substance users are among the most stigmatized of persons suffering from behavioral disorders in our society." (Wolfe et al., 2013)
- "Alcoholics and substance abusers are consistently difficult to treat, and notoriously disliked or avoided by counselors, psychologists, and other helping professionals." (Forrest, 2002)

Pine Grove
Forrest Health®

Professionals and Addiction

- Mundon et al. (2015; studied 155 psychology trainees' attitudes and substance issues):
  - More negative reactions to substance misuse than MDD
  - More "poor willpower" view of substance than MDD
  - Higher interest associated with factors such as personal/family history, 4-6 years clinical experience

Pine Grove
Forrest Health®

Professionals and Addiction

- Lindberg et al. (2006; studied medical students' & residents' attitudes and substance issues):
  - Felt sufficiently educated to work with such issues
  - Viewed A&D patients as over-utilizing resources
  - Treating A&D is repetitive & distracting from others
  - Satisfaction in treating lesser in more advanced years

Pine Grove
Forrest Health®

Professionals and Addiction

- Gilchrist et al. (2011; 866 physicians, psychiatrists, psychologists, nurses, social workers across 8 European countries):
  - View of A&D work lower than with diabetes, depression
  - Psychologists, social workers showed higher regard
  - Higher regard in ≤ 10 years of experience
  - Lower regard in primary care vs. other settings

Pine Grove
Forrest Health®

Countertransference and Addiction

- "Chemically dependent patients have a unique ability to provoke our own history." - Bruce Carruth (Forrest, 2002)
- "Patients diagnosed with substance use disorders are believed to be…more likely to evoke difficult countertransference than many other types of patients." (Najavits et al., 2000)

Pine Grove
Forrest Health®

Countertransference and Addiction

- Research results (very little):
  - 1995 study of clinicians working with cocaine dependence:
    - Found 4 areas: Conflict with self (e.g., competence); focused on own needs (e.g., boredom); positive connection; conflict with patient (e.g., power struggles)
    - Positive feelings reported more than negative
    - Negative feelings tended to increase over time
    - Psychotherapists had more negative feelings than drug counselors

(Najavits et al., 1995)

Pine Grove
Forrest Health®

Countertransference and Addiction

- Possible Sources:
  - Conceptualization of substance use
  - Stigma (e.g., criminals; not to be trusted)
  - Relapse, lapse, slip
  - Personal or familial addiction history
  - Co-morbidities
  - View of what "must" happen for change
  - Frustration, burn-out

Pine Grove
Forrest Health®

Research on General Impact of CT

- CT reactions impact therapeutic distance
  - Pull back from clients if our unresolved issues (most common)
  - Some findings regarding "too near" behaviors also
- CT can (not necessarily will) interfere with outcome
  - Little research & complex findings
  - CT behavior related to outcome when poor outcome
  - CT behaviors related to poor working alliance
  - Meta-analysis by Hayes et al. (2011):
    - CT reactions modestly inversely related to therapy outcome

Gelso & Hayes (2007)

Pine Grove
Forrest Health®

Countertransference Management

- Five proposed factors:
  - Self-insight
  - Conceptualizing ability
  - Empathy
  - Anxiety management
  - Self-integration
- Initial support for "excellent therapists" more highly rated on all

Gelso & Hayes (2007); Van Wagoner et al. (1991)

Pine Grove
Forrest Health®

Countertransference Management

- Additional conclusions from research (limited):
  - Strategies for CT management have little impact on CT reactions (as studied)
  - Successful CT management correlated with better counseling outcomes

(Hayes et al., 2011)

Pine Grove
Forrest Health®

Strategies for "Disliked" Clients

- Williams & Day (2007) proposed the following:
  - Assess for "self of the therapist" issues
    - Client reminds of previous relationship or having been harmed
    - Mirrors something therapist dislikes about self
    - Bias/prejudice
  - Are the reactions/feelings diagnostic? (cautious)
  - Look at client through others' perspectives (cautious)

Pine Grove
Forrest Health®

Strategies for "Disliked" Clients

- Williams & Day (2007) cont'd:
  - Use "Intent-Impact Model" (impact match client intent?)
  - Identify client strengths
  - Separate client from problem
  - Develop increased understanding of client's life
  - Look at multi-generational context of client
  - Seek supervision/consultation
  - Explore/consider referral when strategies fail

Pine Grove
Forrest Health®

Countertransference as an Ethical Issue

- "Ethical practice requires that practitioners remain alert to their emotional reactions to their clients, that they attempt to understand such reactions, and that they do not inflict harm because of their personal problems and conflicts."
- "Ethically, therapists are expected to identify and deal with their reactions through supervision, consultation, or personal therapy so that their clients are not negatively affected by the therapists' problems."

Corey et al. (2014)

Pine Grove
Forrest Health®

"It is the willingness to be affected by another, to allow oneself to be impacted by another, that at times provides the most direct and immediate source of data about how a client deals with others. The challenge of the therapist is how to reflect on this experience and respond therapeutically rather than automatically."

Wolf et al. (2013)

Pine Grove
Forrest Health®

References

- Corey, G., Corey, M.S., Corey, C., & Callanan, P. (2014). *Issues and ethics in the helping professions* (9th ed.). Stanford, CT: Cengage Learning.
- Forrest, G. G. (2002). *Countertransference in chemical dependency counseling*. Binghamton, NY: The Haworth Press, Inc.
- Friedman, S.M., & Gelso, C.J. (2000). The development of the inventory of countertransference behavior. *Journal of Clinical Psychology, 56,* 1221-1235.
- Gelso, C. J., & Hayes, J.A. (2007). *Countertransference and the therapist's inner experience: Perils and possibilities*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Gilchrist, G., Moskalewicz, J., Slezakova, S., Okruhlica, L., Torrens, M., Vajd, R., & Baldacchino, A. (2011). Staff regard towards working with substance users: A European multi-centre study. *Addiction, 106*, 114-1125.

Pine Grove
Forrest Health®

© 2016 Pine Grove

References

- Hayes, J.A. (2013). "Well I got a few of my own": Therapists' reactions to attraction, sex, and love in psychotherapy. *Journal of Clinical Psychology, 70*, 119-122.
- Hayes, J.A., & Gelso, C.J. (2001). Clinical implications of research on countertransference: Science informing practice. *Journal of Clinical Psychology, 57*, 1041-1051.
- Hayes, J.A., Gelso, C.J., & Hummel, A.M. (2011). Managing countertransference. *Psychotherapy, 48*(1), 88-97.
- Hofsess, C.D., & Tracey, T.J.G. (2010). Countertransference as a prototype: The development of a measure. *Journal of Counseling Psychology, 57*(1), 52-67.
- Lindberg, M., Vergara, C., Wild-Wesley, R., & Gruman, C. (2006). Physicians-in-training attitudes toward caring for and working with patients with alcohol and drug abuse diagnoses. *Southern Medical Journal, 99*(1), 28-35.

Pine Grove
Forrest Health®

References

- Mundon, C.R., Anderson, M.L., & Najavits, L.M. (2015). Attitudes toward substance abuse clients: An empirical study of clinical psychology trainees. *Journal of Psychoactive Drugs, 47*(4), 293-300.
- Najavits, L.M., Crits-Christoph, P., & Dierberger, A. (2000). Clinician' impact on the quality of substance use disorder treatment. *Substance Use & Misuse, 35*(12-14), 2161-2191.
- Najavits, L.M., Griffin, M.L., Luborsky, L., Frank, A., Weiss, R.D., Liese, B. S., Thompson, H., Nakayama, E., Siqueland, L., Daley, D., & Onken, L.S. (1995). Therapists' emotional reactions to substance abusers: A new questionnaire and initial findings. *Psychotherapy, 32*(4), 660-677.
- Pope, K.S., Sonne, J.L., & Greene, B. (2006). *What therapists don't talk about and why. Understanding taboos that hurt us and our clients.* Washington, DC: American Psychological Association.

Pine Grove
Forrest Health®

References

- Rotgers, F. (2013). Negative reactions to substance-using clients: Where the reactions come from, what they are, and what to do about them. In A.W. Wolf, M.R. Goldfried, & J.C. Moran (Eds.), *Transforming negative reactions to clients: From frustration to compassion* (pp. 245-268). Washington, D.C.: American Psychological Association.
- Van Wagoner, S.L., Gelso, C.J., Hayes, J.A., & Diemer, R.A. (1991). Countertransference and the reputedly excellent therapist. *Psychotherapy, 28*, 411-421.
- Williams, L., & Day, A. (2007). Strategies for dealing with clients we dislike. *The American journal of Family Therapy, 35*, 83-92.
- Wolf, A. W., Goldfried, M.R., & Muran, J. C. (2013). *Transforming negative reactions to clients: From frustration to compassion.* Washington, DC*:* American Psychological Association.

Pine Grove
Forrest Health™