**The Most Important Question Most Counselors Never Ask**

*Dr. Howard Rosenthal*

I believe that counselors have gotten good -- darn good -- at conducting initial counseling and psychotherapy sessions. Over the years initial assessments have become bigger, better, and beefier than ever. In most instances today's bulked up evaluations could easily kick sand in faces of their 98-pound counterparts of yesteryears. Why? Well, for one thing: we know a heck of a lot more about emotional difficulties. Over the last 30 years many therapists have begun securing information about topics we knew little about including suicide lethality, domestic partner and intimate partner violence, and in some instances exploring issues once considered esoteric (or perhaps totally off the radar screen) such as gambling, spending or video game addiction.

Nevertheless, despite our great strides in assessing clients, one of the most important psychotherapeutic questions is a question that most therapists rarely, if ever, ask!

**The key to the client's success often lies in the client's past counseling sessions**

I have discovered that therapists rarely focus on the past. No, I'm not talking about the fact that the patient's mother always liked the patient's sister best or that type of thing. We're great at dreaming up questions of that ilk; grandmasters if you will. We generally make enough inquiries of that nature to sink an oil tanker.

What I am talking about is discussing the client's past experiences in psychotherapy. Yes, the majority of counselors almost get there. You know, "Okay, so you saw Dr. Franklin for two years and you spent six months in an outpatient treatment center. Umhum. So, what's going on with your anxiety at work?"

It is here that we need to put a lot more emphasis. When a client remarks that he or she has been in therapy before, it is imperative that the current therapist has a good understanding of what transpired. Did the patient make progress with his or her last counselor? If so, it is your duty to find out precisely why or why not. Or to put it a different way: **The secret to efficacious therapy often lies in the past. If the previous therapist was using a strategy that worked . . . for gosh sakes don't reinvent the wheel and change the intervention strategy! Continue to do basically the same thing. You need to put a moratorium on change. If, on the other hand, the past therapist's interventions were not valuable don't waste the client's time and your own doing the same thing! You've heard it a million times that doing the same thing and expecting different results is insanity! How many times have you said it to your own clients?**

**Five key treatment blunders and how to avoid them**

As stated previously, when a program of treatment is valuable, leave it alone. However, when previous therapy sessions were not quite up to par you will need to make some changes. Here are some of the most common themes you will hear that will require you to do something new and often creatively different:

1. “All my therapist did was talk about her own problems." Obviously, this client was previously seeing a counselor who took the principle of self-disclosure way too far. While a little bit of self-disclosure on the part of the helper is good, trust me when I assert that a lot isn't necessarily better. With some degree of sincerity, I tell my students going into the addiction treatment field that if they picked this specialty to tell their clients tales about how they spent the sixties high on LSD, they would be more valuable to society in another vocation. Use some common sense. If your client laments that he flunked eighth grade shop it *might be appropriate* to share the fact that you also flunked this course. Nevertheless, spending an additional 40 minutes espousing on your inability to use the band saw and or master the claw hammer would be foolhardy and counterproductive at best. (It could also double as sleep therapy for your client!) Your client is most likely thinking, "Ask me if I care?" And when you really think about it . . . well . . . why should he or she care? When you visit a dentist do you really want to hear all the specifics about his or her dental caries? Well, do you?

2. “I saw my therapist for three years and he never gave me a single bit of advice. If I said, 'I'm feeling really down in the dumps today,' he would say, 'So I hear you saying you are feeling really depressed.' I'm telling you I just flat out hated it. The sessions were useless. He mainly stared at me and said, 'go on'." In this case we can surmise that the previous therapist was too nondirective or analytical. You will need to talk more in your sessions with this client. Give advice. You will need to be active-directive and provide the client with some guidance and homework assignments. If that's not your cup of tea, take a peek into your resource and referral files and find a technique-oriented therapist who is willing to give this client some pragmatic suggestions.

3. "My therapist just kept giving me advice and trying to solve my problems. I'm not kidding, she talked more than I did. I hardly got to say a word. I just wanted to shove a rag in her mouth." In order to keep your mouth rag free (that's a good thing, right?), your approach with this client should be nondirective, person-centered, or analytic; roughly the opposite of what I suggested for the last hypothetical client. Put a muzzle on your mouth and don't talk so much. For this client silence in the sessions can be perceived as golden. This is the time to reach into your pocket and pull out those yellow dog-eared sheets of paper with active listening notes from your Introduction to Counseling Course.

4. "Therapy didn't help me one bit. I have all these difficulties in my life right here, right now and all we did was examine my childhood." This is a great time to snuff out your psychodynamic Freudian cigar and to forget about the particulars of the client's toilet training or first skirmish on the preschool playground. Try a here-and-now present moment ahistoric treatment modality as opposed to a historic intervention. Spend some time examining what is going on now with the client's relationships in her family, colleagues at work, friends, and acquaintances. Put the person's current addictive patterns under a microscope. Begin the sessions with a statement such as, "Tell me about what is going on this week." Or "What is it that brings you in to see me today?"

5. "Quite frankly I didn't like my last counselor one bit. She seemed to be performing the treatment at the speed of light. We only talked about what was going on in my life right now. She would touch on something for a minute or two, and then boom, she would move on to something else. I wanted to do this thing right. You know, examine my childhood and figure out what happened early on with my parents to make me behave like I do now. I wanted to take our time and analyze my dreams to discover what is going on in my unconscious mind that really makes me tick." This client's dislikes are roughly the opposite of those showcased in example number four. Re-light the Freudian Cigar or at least use a psychodynamic method which focuses on the client's past and unconscious motives. You are going to need to treat this client in a slow methodical manner. Take your time, you are not competing in a psychotherapy race. Today, many counselors are clearly not trained to do this and thus a referral to a local psychoanalytic institute might be appropriate. Ahem, I must mention that another stumbling block might be thrown up courtesy of your friendly neighborhood insurance carrier or managed care firm who frowns on long term therapy and most likely will *not pay for it*. Hey, nobody ever said providing the best form of therapy was going to be easy!

My remarks herein are somewhat analogous to the old business adage that the customer is always right; however, in our field, it is more accurate to say that *the client is usually correct.* As a case in point, I would like to share a saga told to me by a dyed- in- the- wool psychoanalyst (who despised today's short term treatment models). He told me that he was psychoanalyzing a client who had read a book on brief strategic therapy. The client was convinced beyond a shadow of a doubt that brief therapy was her meal ticket to happiness. The psychoanalyst didn't believe this for a minute and told me he thought brief strategic therapy was "rubbish." Nevertheless, since several years of analysis proved futile he reluctantly agreed to provide the brief therapy inasmuch as he was also trained in this approach. Much to the amazement of the analyst, the client made remarkable progress within several sessions and was able to be terminated.

**Why we should care about the failure of past counseling sessions**

Let me close with an all-important caveat. Nothing I have said herein suggests the superiority of one brand of psychotherapy over another. Every client comes to the therapy room or treatment center with a different personality and a different set of treatment requirements. Indeed, one man or woman's meat is another man or woman's poison.

I want to emphasize that on occasions where I have chosen an approach which is diametrically opposed to the last therapist, this does not mean I am criticizing the previous helper. To the contrary, I *might* have chosen the *exact method* or theory myself had I not been privy to the fact that it proved ineffective.

We have heard for years that we learn from our mistakes. In the case of psychotherapy, we can often learn from the mistakes of our clients' previous counselors and therapists. And before you get an arrogant holier- than- thou attitude, may I humbly remind you that many therapists who read this will learn from the colossal blunders we have made (and are currently making) with our own clients. Your errors today will pave the way for a better treatment scenario for tomorrow.

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