


**UNC-CH School of Social Work & Wake AHEC
Clinical Lecture Series**

**Where Angels Fear to Tread:
Becoming More Effective with
Emotionally Vulnerable Clients**

BECCA EDWARDS-POWELL, MSW, LCSW



“Feelings like disappointment, embarrassment, irritation, resentment, anger, jealousy, and fear, instead of being bad news, are actually very clear moments that teach us where it is that we’re holding back. They teach us to perk up and lean in when we feel we’d rather collapse and back away. They’re like messengers that show us, with terrifying clarity, exactly where we’re stuck. This very moment is the perfect teacher, and, lucky for us, it’s with us wherever we are.”

-Pema Chodron

Today's Objectives

- ▶ Increase knowledge of strategies for providing feedback with clients who present as vulnerable and emotionally explosive
- ▶ Increase ability to make reflections about what you are seeing as a therapist
- ▶ Increase trust in session as well as more productive and satisfying relationship for therapist and client

Sorting Out the Issue

- ▶ Sessions can feel overwhelming and unproductive
- ▶ Clients who need feedback the most are the most sensitive to it
- ▶ It doesn't feel safe, to you or the client, to make reflections or give feedback

Defining the Problem



The Problem

**Focus on
Change**



**Invalidation
of Difficulties**



**EMOTIONAL
AROUSAL**

The Problem

**Focus on
Acceptance**



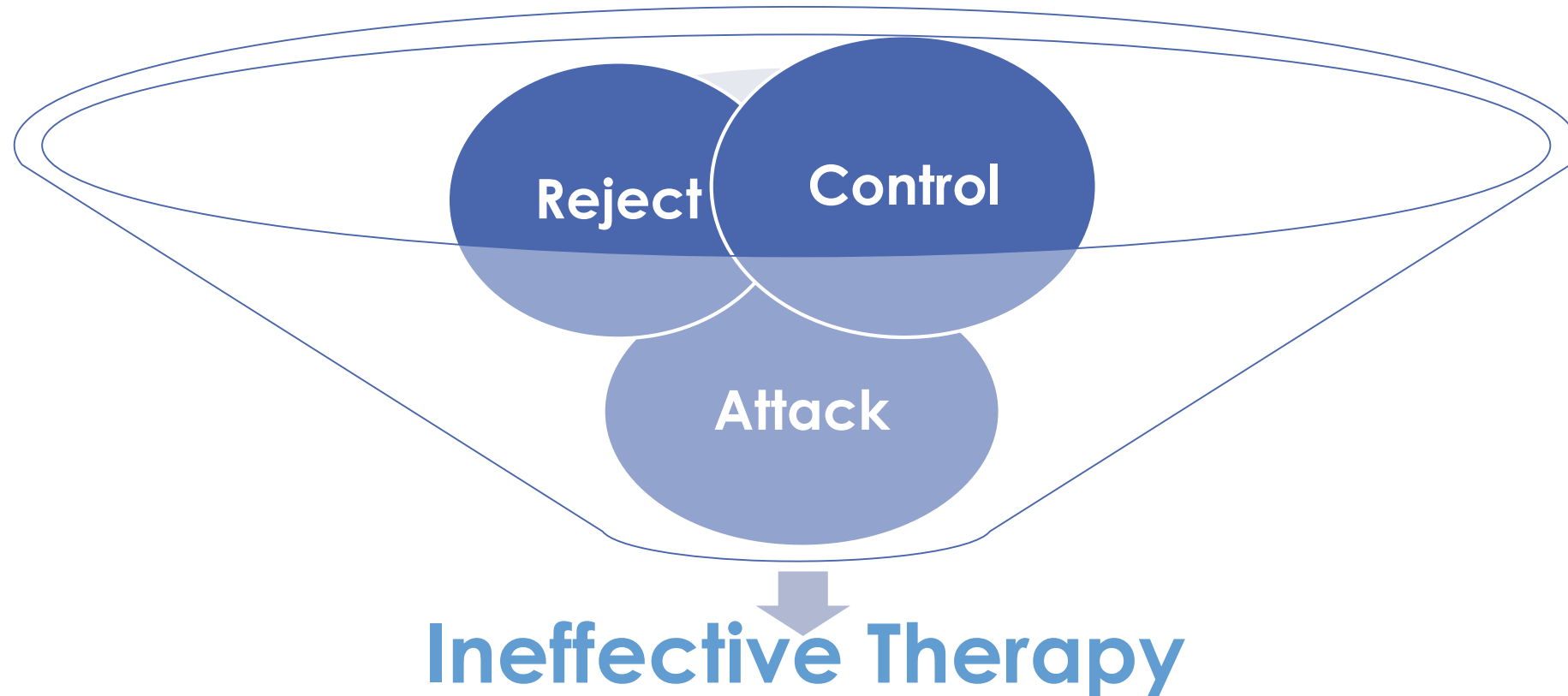
**Invalidation
of Suffering**



**EMOTIONAL
AROUSAL**

The Problem Further

Therapist Emotional Regulation



What's Supposed to Happen with Emotion Regulation?

- 1) Decrease (or increase) physiological arousal associated with emotion
- 2) Re-orient attention
- 3) Inhibit mood-dependent action
- 4) Organize behavior in the services of external, non-mood dependent goals

What is the “Emotionally Vulnerable” Client?

- ▶ Sensitive to feedback
- ▶ Express feelings of helplessness and hopelessness about change
- ▶ Vulnerable to feedback but who need it most
- ▶ Easily dysregulated

Describe the Problem Behaviorally

- ▶ Focus on what you can observe
- ▶ This is for 2 reasons:
 - 1) If you tell someone to change their attitude – you may be communicating, “your feelings are unacceptable”
 - 2) Client may be unaware of how the behaviors connected to their feelings impact others

How Does This Show Up in Session?

- ▶ Attacking – raised voice, critical statements towards therapist or therapeutic process
- ▶ Avoidant – cancels, changes the subject, shows up late, answers with “I don’t know”
- ▶ Hurt – tearful, suicidal*
- ▶ Shuts down - dissociates, lack of eye contact


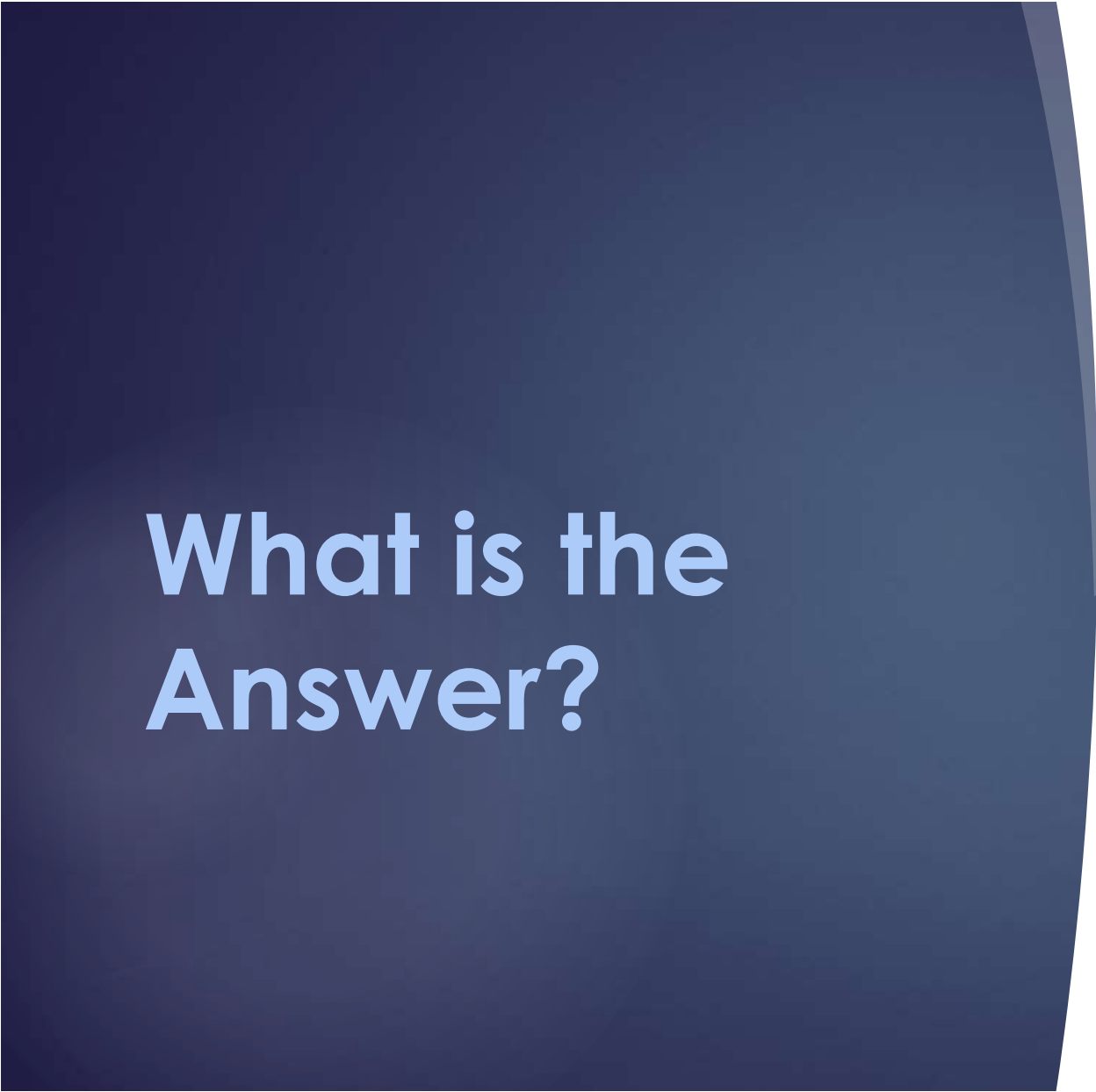
Therapy becomes punishing for the therapist

Impact on Clinician: Cognitive and Emotional Responses

- ▶ Feelings of shame, helplessness, frustration
- ▶ Questioning one's ability
- ▶ Questioning the effectiveness of treatment
- ▶ Increased burnout

Impact on the Therapeutic Process: Behavioral Responses

- ▶ Early termination
- ▶ Critical or attacking of client
- ▶ Avoidance - tiptoeing around important issues
- ▶ Therapy feels unsafe, unproductive, “stuck”



What is the Answer?

STRATEGIES FOR
ADDRESSING
EMOTIONAL VOLATILITY
IN SESSION

Building Rapport

- ▶ Keys to any productive alliance is trust, empathy, and common understanding of goals
- ▶ Address expectations of therapy and therapist

Building Rapport: Establishing Goals

- ▶ What does the client want to be different as a result of your time together?
- ▶ What is realistic and what is not: a focus of what is in their control

Building Rapport: Establishing Your Impotence

- ▶ Limits as a therapist
- ▶ Assisting clients with accepting responsibility and moving away from the idea that the therapist is the “healer”
- ▶ Underscores collaboration between therapist & client

Options for Responding to Any Problem

- 1) Solve the Problem
- 2) Change how you feel about the problem
- 3) Radically accept the problem
- 4) Stay miserable



Validation

Serves 4 Purposes:

- ▶ Immediate goal is to calm a client too emotionally aroused to talk about anything else
- ▶ Develop a client's non-judgmental observation skills and self-descriptions (teaching self-validation)
- ▶ Learn about a client's experiences accompanying an event
- ▶ Provide a safe context for change

Validation

- ▶ Therapist helps client further identify, describe, and label their experiences
- ▶ Responding to the individual as capable of effective behavior
- ▶ Confrontation: equal to hearing the truth
- ▶ Validation of behavior
 - Not all behavior is valid in every sense
 - All behavior is valid in some sense

Validation does not mean approval!

Validation Strategies

Emotional

Provide opportunities for emotional expression

Read client's emotions in a nonjudgmental fashion

Communicate that client's feelings are valid

Behavioral

Teach behavioral observation and labeling skills

Identifying and countering the "should"

Moving to disappointment

Cognitive

Elicit and reflect thoughts and assumptions

Discriminate facts from interpretations

Find the "kernel of truth"

Validation DON'Ts

Emotional

Insist on your perception of client's feelings

Criticize client's feelings

Ignore the "kernel of truth"

Behavioral

Impose your preferences as "shoulds"

Imply that client should be (feel, act, think) differently

Communicate that others should be different

Cognitive

Push a particular set of values on reality

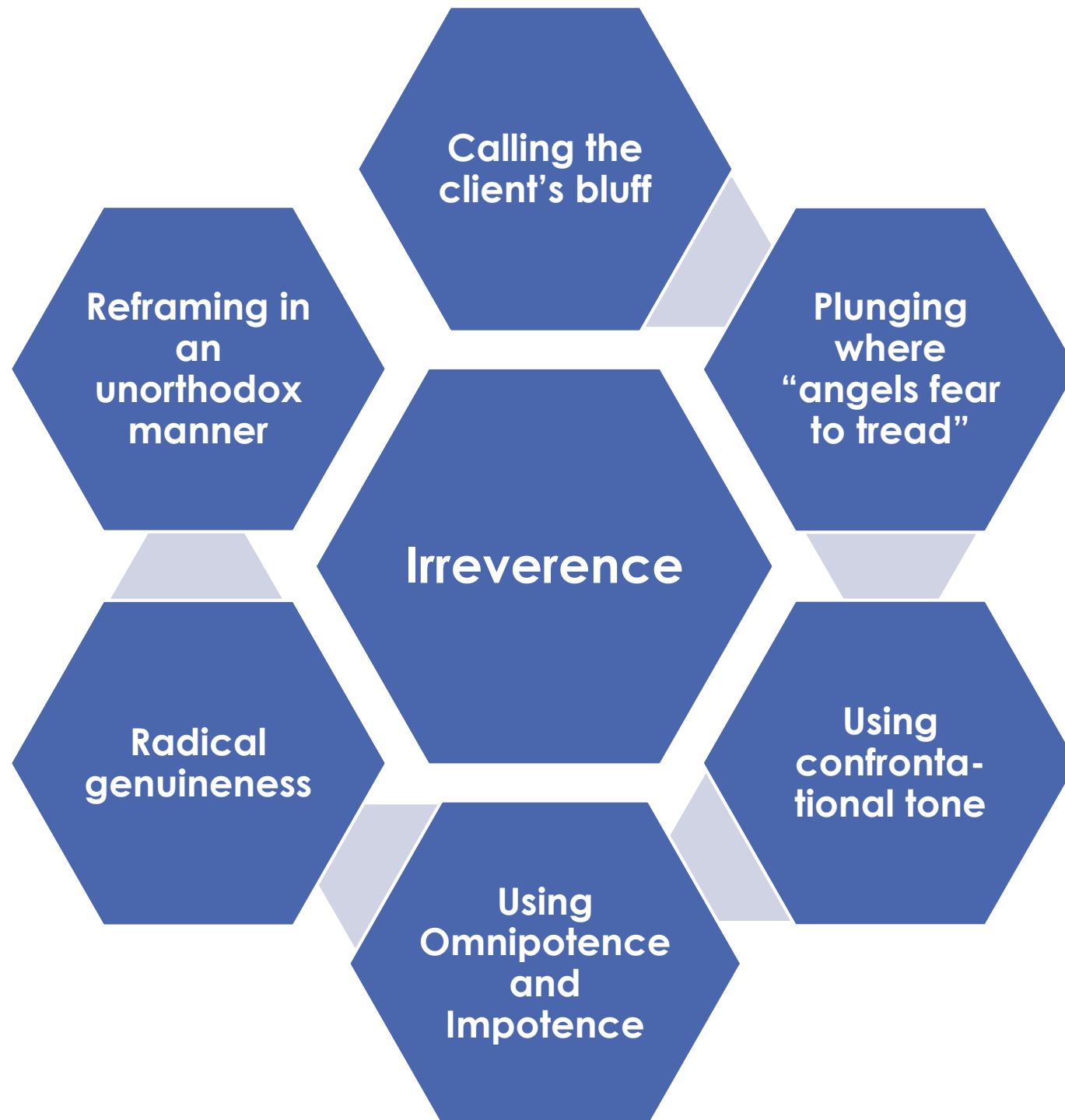
Present a rigid view of events

You cannot see reality from client's perspective

Using Irreverent Communication

► Purposes:

- Designed to get the client's attention
- Shift client's affective response
- Get the client to see a different point of view
- Has to be genuine
- Built on compassion, care, and warmth to avoid misuse



Mindfulness

- ▶ Mindfulness is paying attention in a particular way: intentionally, in the present moment, and nonjudgmentally.
- ▶ Neither holding on or pushing away – just allowing
- ▶ Goal of mindfulness is to reduce suffering but reducing attachment to things being a certain way
 - ▶ Experiencing reality *as it is* in the present moment

Mindfulness of Self

- ▶ Your vulnerabilities
- ▶ Your own fear
- ▶ Your “trigger” emotion

Boundaries vs. Limits

- ▶ Traditional concept of *boundaries* in psychotherapy
- ▶ Shifting focus to preserving the therapist's sense of self
- ▶ In observing limits, the therapist takes care for the client by taking care of oneself.

Awareness of Limits

- ▶ Must be aware of what behavioral expression of emotion the therapist is willing to tolerate and which are unacceptable
 - ▶ For this population, the ability to limit one's demands on another is often a missing skill
 - ▶ For therapists, the ability to know and observe one's limits is commonly a problem

Communication of Limits

- ▶ Communicate these to client in a clear and timely fashion
 - ▶ Teaching the client how not to lose you or burn you out!
 - ▶ Honesty about one's limits is ultimately respecting the client

Responsibility for taking care of the therapist's limits belongs to the therapist.

Natural Limits

- ▶ Natural vs. arbitrary limits
 - ▶ Observing natural limits vs. setting arbitrary boundaries requires more openness & assertiveness
 - ▶ Everyone has different limits. Your limits will vary over time & between clients
- ▶ Strong therapeutic alliance generally lends to broader limits
 - ▶ Willing to do more for and tolerate more from those they feel close to

Dialectics

- ▶ Reconciliation of opposites in a continual process of synthesis
- ▶ Goal is not to view reality as a series of grays, but to see both black and white in a way that does not negate reality of either

Non-judgment

- ▶ You can dislike someone's behavior or the consequences of their behavior without judging it as good or bad
- ▶ Acceptance - What does this really look like?
- ▶ What if I don't like my client?

Communicate Non-Judgment

How do you describe and make reflections to clients about difficult topics?

Be Objective

Feedback should include:

- ▶ The use factual, objective statements
- ▶ Avoidance of words that imply judgment
- ▶ Discussion about the consequences of the behavior
- ▶ Communication about your preferences (if discussing in-session behavior)

Be Honest and Genuine

- ▶ No holding back!
- ▶ Avoid putting a positive cast on client behavior
 - Can create the sense for clients that they must really be completely unacceptable and/or that the therapist is naïve, uneducated or not interested
- ▶ Holding back on truth as therapist sees it communicates the client is fragile and unable to function

Be a “Naïve Observer”

- ▶ Getting away from implying or assuming intent
 - ▶ Remember – if you can't observe it, you cannot describe it
- ▶ Your emotional responses to a client are not infallible guides to the motives of the client
- ▶ Extreme acts and reactions to criticism/rejection can make others feel manipulated: be careful not to judge the intent by the effects of the behavior.

Stopping Rehearsal of Dysfunctional Behavior

- ▶ No avoidance or escalation
- ▶ Steps for stopping the behavior
 1. Highlight the behavior
 2. Orient the client to a new response
 3. Have the client practice the new response
 4. Elicit and Reinforce the new behavior every time

Tips for Stopping Problem Behavior in Session

- ▶ Highlighting prior commitments when necessary
- ▶ Highlight *freedom to choose AND lack of alternatives*
- ▶ When commitment and collaboration are displayed
– reinforce!!

Principles of Behavior

- ▶ What behaviors are reinforced during session? What behaviors are punished?
 - Reinforcement – all consequences/contingencies that increase or strengthen the probability of a given behavior occurring again
 - Punishment – all consequences/contingencies that decrease the probability of a given behavior occurring again
- ▶ Do not reinforce avoidance – don't let it work!

Emotion Regulation

**TEACHING THE
NEEDED SKILLS**

No Avoidance!

- ▶ Do **NOT** respond to painful emotions as something to get rid of
- ▶ Don't stop change procedures for lengthy validation when strong feelings occur
- ▶ Remind yourself and clients that the goal of therapy is not to eliminate all negative emotions
 - They Serve a purpose and a function

How?

- ▶ Do it in the moment!
- ▶ You need to know them
- ▶ Assign it for homework

Creating Positive Experiences

- ▶ The absence of negative emotions does not result in positive emotions
- ▶ One must engage in positive activities to create positive emotions
- ▶ These should be short- and long-term

Reducing Vulnerabilities

Vulnerabilities



Physical
Illness



Hunger



Mood-altering
Substances



Lack of
Exercise



Unbalanced
Sleep

Observing and Describing

- ▶ Prompting event
- ▶ Interpretation of event
- ▶ Body responses
- ▶ Body language
- ▶ Verbal Communication
- ▶ Action Urges

Riding Out the Wave

- ▶ Letting go of emotional suffering
 - Observe and describe emotional experiences
Experience the emotions as a wave
 - Reminder: “I AM NOT MY EMOTIONS”
 - Accept emotions for what they are



How to Motivate Clients?

Cheerleading

- ▶ Principal strategy for combating active passivity and hopelessness
- ▶ The potential for overcoming obstacles and creating value is what is attended to
- ▶ Cheerleading can feel invalidating by client

Cheerleading Strategies

- ▶ Assume the best
- ▶ Encourage and express hope
- ▶ Focus on capabilities
- ▶ Modulate external criticism
- ▶ Praise!
- ▶ Maintain realism
- ▶ Stay near in periods of crisis

Cheerleading Don'ts

- ▶ Overgeneralize or overestimate client's capabilities
- ▶ Use cheerleading to “get rid” of client
- ▶ State or imply that client is manipulating, playing games, not trying, splitting, etc. to client or in consultation

The Importance of Balance

- ▶ Acceptance vs. Change
- ▶ Unwavering Centeredness vs.
Compassionate Flexibility
- ▶ Nurturing vs. Benevolent Demanding



References

- ▶ Beck, J. S. (2005). Cognitive Therapy for Challenges Problems: What to Do When the Basics Don't Work. *The Guilford Press, New York.*
- ▶ Koerner, K. (2012). Doing Dialectical Behavioral Therapy: A Practical Guide. *The Guilford Press, New York.*
- ▶ Linehan, M. M. (1993). Cognitive Behavioral Treatment of Borderline Personality Disorder. *The Guilford Press, New York.*
- ▶ Manning, S. Y. (2011). Loving Someone with Broderline Personality Disorder. *The Guilford Press.*