

MAINTAINING A CASELOAD

Rules to be followed to maximise your therapeutic contact requirement and minimize your therapeutic discontinuation risk:

ASSESSMENT RULES:

1. Assume that all discomforts and problems in life are abnormal and unjustified and require professional help. Ask questions like: "Does speaking before a crowd make you nervous?" "Do you sometimes find it hard to get out of bed?" "Are you really quite shy and self-conscious deep down?" "Do you feel angry inside occasionally?" Nod knowingly and look worried when the person responds.
2. Accept all referrals from the courts, from the family, or employers. People referred in this way rarely want to change themselves, and few will.
3. Focus strictly on possible precipitating causes or relevant events in early childhood. These are hard to remember, never provable, and almost impossible to do anything about. Work on them nevertheless because usually they have become irrelevant many years ago and other current factors are maintaining the problem. Keep away from these. They are too easy to identify, test, and alter!
4. Never see other members of the family. The risk of acquiring critical information, even with the most benign questions, is too great.
5. Never go to the person's home. Apart from the possibility of stumbling on some relevant information, this also adds a flavour of reality to the encounter. All contact must be in a separate, unrelated, unreal, artificial, preferably institutional, setting.
6. Discourage the keeping of records, or of a diary, or even of notes to discuss. Such activities may be inadvertently therapeutic; and, also, facts forgotten require further appointments to cover.
7. Attribute to all problems an underlying illness. Then, if things improve there is still an entity requiring treatment; and one that can spring new symptoms at any time.
8. Use as much jargon as is necessary to make you more of an expert on the person than they are themselves. For example, never call behaviour "childish", the person may disagree, or may stop being childish. Call the behaviour "regressed" Even though it's their behaviour they don't know whether it's "regressed", or, without your help, how to stop "regressing".

TREATMENT RULES

9. Don't define specific goals! The clearer they are the more sure people can be when they've reached them. If cornered (a) stay vague e.g. "to find yourself," or (b) define goals relating to other people's behaviour (but keep those people out of therapy.)
10. Never suggest specific behavioural or situational changes. E.g. "Play tennis on Fridays" is out; "Try to get out more" is OK. Never give homework. Interappointment periods should be viewed as time for consolidation, not for reckless and unsupervised charging on.

11. Never upset the client. Any psychological movement is a danger to future appointments. Especially avoid anger. Anger creates action, and action causes change. If the person cries, give them a tissue and end the session. The topic is obviously too relevant.

TERMINATION RULES:

12. Never refer on. If necessary find a Reader's Digest article on someone else's area and have a go at it.
13. If the person feels better; tell them to go home, take it easy, spend time alone, don't do too much, sleep in, wear pyjamas, don't think of going back to work for a while and put them on Sickness Benefits. If they still feel OK, there's something wrong with them.

GB.smw