

TERMINATION DUE TO COUNSELOR VARIABLES

ENDING THERAPY DUE TO COUNSELOR VARIABLES

Counselors are to be objective. This can be a difficult task because counselors are people. The cornerstones of ethics: Do no harm, do not exploit clients, and do not counsel if your judgment is impaired. These are foundational to good therapeutic care. Impairment comes in many forms, such as a counselor's bias or judgmental attitude, or their misuse of prescription medications and/or abuse of other substances. Counselors can become impaired when their own life stressors are too great. Compassion fatigue and burnout can lead to impairment. When a counselor loses objectivity (for any of the above reasons, or others) and their integrity, they ethically need to consult with colleagues, seek self-care, and determine if they need to step out from counseling for a time.

A crucial part of many counselors' ethics is to remain unjudgmental. Counselors need to explore their judgments of clients; analyze them; and, understand why they are critical. This requires looking at personal flaws and failings. But don't get stuck there. Also worthy of exploration is this: What is inside you, the counselor, that might help you better understand the client's experience? What might you, the counselor, be failing to see as a result of personal bias? If a counselor is unable to get through certain feelings, then they can choose to express their concern about their difficulty, and give the client a choice about whether or not to continue therapy or have the counselor assist them in finding a new counselor. When a counselor, for whatever reason, cannot tolerate, accept, or remain objective regarding a client's behavior, it often is best to be open with the client about it (but choose your words carefully), frame it as *your* problem, and then refer them to someone who you believe can work with the issues better. Acknowledge that you're having trouble giving them the therapy that you think they need. Refer the client—far better to refer the client after one or two sessions, than to decide well into treatment that it's a poor match. Be careful to refer the client in a way that is not damaging to the client. Don't view referral as a failure. It's impossible for counselors to help every client who comes through the door. Finding a counselor who is a good match, as soon as possible, is in the client's best interest.

Therapy is a two-person process. There are times when a client's difficulties fall outside a counselor's expertise, or the client needs a higher level of care—these are situations that make termination and referral an easier discussion. But counselors are human beings, with their own religious and moral convictions. Always remaining neutral (objective), being the “blank screen” (Freud) reflecting back only a client's issues and not the counselor's personality, is a challenging task; even considered to be unrealistic. And, there this reality: some clients may be so taxing that they deplete a counselor's energy for the rest of their clients, so, if possible, limit the number of emotionally exhausting clients at any one time.

How should counselors deal with a client they don't like? Reframe the question—ask yourself: “Can I provide competent service? Can I overcome my opposition? Can I use my feelings to move therapy forward? Raise questions in therapy with the client to explore the relationship dynamics, such as: “You [client] seem angry with me [counselor]?” or “Does it seem to you [client] that we're playing cat and mouse?” And don't forget to consult with colleagues. If feelings toward a client are getting in the way of providing good treatment, seek help. If you are having a tough time with a client, discuss with trusted colleagues and explore if it is because of something in your own history? And then explore whether or not you can use your personal feelings to better understand the client’s challenges.

ASSIGNMENT (Self-reflection and/or Group Discussion)

Consider these questions carefully:

What if you have a client whose lifestyle opposes your significant personal beliefs, and that client is seeking validation from you? Or you have a client you don't like?

What if you do not wish to work with clients who are involved in pornography, child abuse, or drug dealing?

What is the role of the counselor? Is it to affirm a client's belief(s), or to offer support and guidance, even to clients that a counselor personally find distasteful or morally wrong?

Is it unrealistic to suggest that counselors be unbiased? Is that the counselor's job—to affirm any choice that a client makes?

Could referring a client be a lost opportunity to make meaningful contact with the client and also with important parts of the counselor's internal life?

How can a counselor's Professional Disclosure Statement help in heading off or avoiding some of the above issues?