Pine Grove
Forrest Health®

Countertransference in the Treatment of Addictive Disorders

Gregory L. Futral, Ph.D., CSAT-S, NCC

Objectives

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

© 2023 Pine Grove

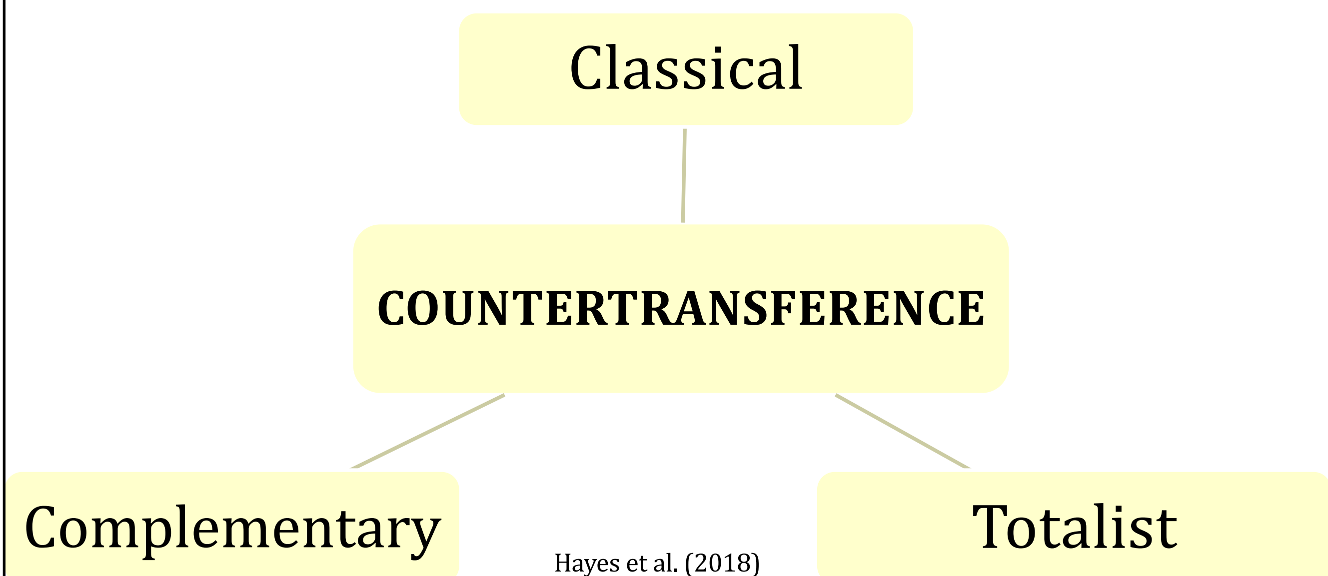
Pine Grove
Forrest Health®

A Definitional Dilemma

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

© 2023 Pine Grove

Historical Views of Countertransference



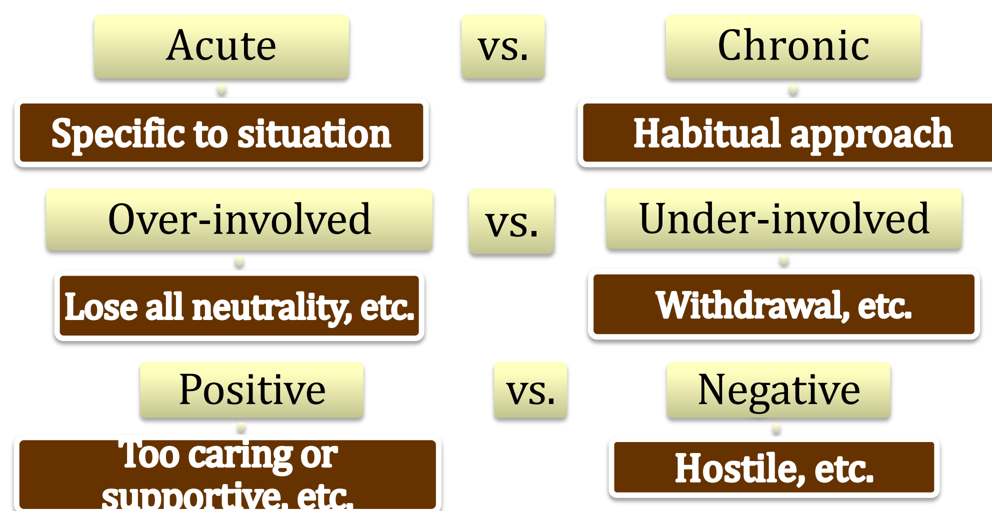
Countertransference (CT) Defined

- Proposed "**Integrative**" definition:
  - "Internal and external reactions in which unresolved conflicts of the therapist, usually but not always unconscious, are implicated."
- Distinguish CT as not:
  - Any and all reactions
  - Only unhelpful (both hindrance AND potential aid)
  - Reaction solely to patient's "transference"

© 2023 Pine Grove

Hayes et al. (2018)

Initial CT Considerations



© 2023 Pine Grove

Gelso & Hayes (2007)

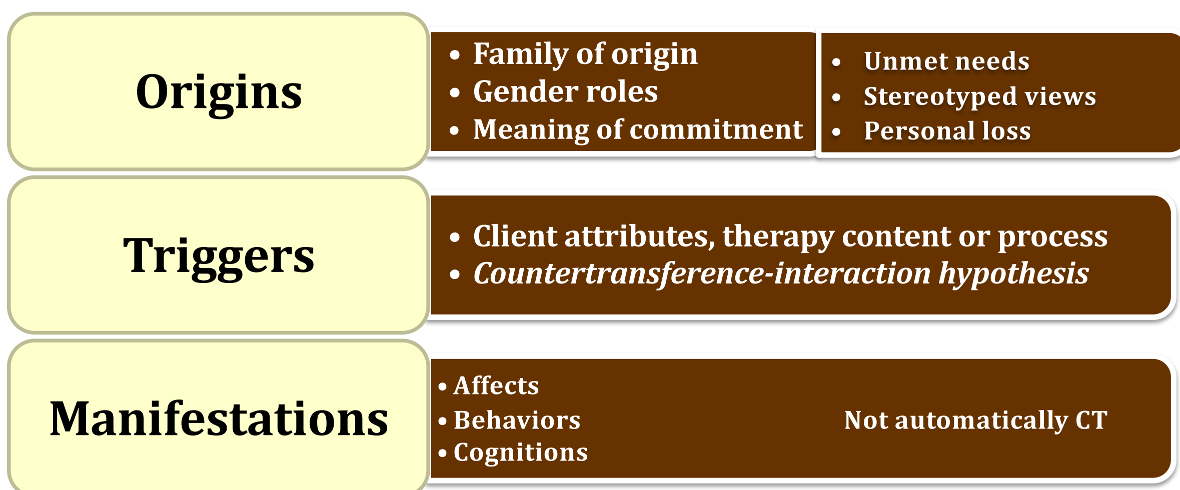
Countertransference Structure

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

© 2023 Pine Grove

Hayes et al. (2018); Gelso & Hayes (2007); Hayes & Gelso (2001)

Countertransference Structure



© 2023 Pine Grove

Manifestations of Countertransference

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

© 2023 Pine Grove

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)

© 2023 Pine Grove

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.

© 2023 Pine Grove

Professionals and Addiction

- "Substance users are among the most stigmatized of persons suffering from behavioral disorders in our society." (Wolf 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)

© 2023 Pine Grove

Professionals and Addiction

- Findings from limited studies (various professionals):
  - Substance misuse viewed more negatively than MDD, diabetes (“poor willpower”; blaming person predicted negative attitudes)
  - Interest often related to personal/family history (also predicted higher regard; also higher in specialized care vs. primary care)
  - Substance users seen as over-utilizing resources; treatment as repetitive and distracting from others
  - Higher regard in ≤ 10 years of experience

© 2023 Pine Grove
Ferreira et al. (2022); Mundon et al. (2015); Gilchrist et al. (2011); Lindberg et al. (2006)

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)

© 2023 Pine Grove

Countertransference and Addiction

- Research results (very little):
  - Najavits et al. (1995) study of clinicians working with cocaine dependence found:
    - 4 areas of CT: 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

© 2023 Pine Grove

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
  - View of what "must" happen for change
  - Co-morbidities
  - Frustration, burn-out

© 2023 Pine Grove

Diversity Issues and CT

- Despite heavy attention in therapy, “little has been written about how cultural factors, including race and/or ethnicity, affect and are affected by countertransference. We offer that cultural factors are usually involved in countertransference…” (Gelso & Hayes, 2007)
- “Bias, stereotype, and prejudice are……..the inevitable consequences of being fully human and capable of having affect-laden associations” to others (Brown, 2013)
- “Degrading and dehumanizing attitudes toward people with substance use disorders could stem from internalized negative society constructs against disenfranchised, minoritized, and stigmatized persons.” (Alfonso, 2023)

© 2023 Pine Grove

Research on the 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 (2018):
    - CT reactions modestly inversely related to therapy outcome

© 2023 Pine Grove

Hayes et al. (2018); Gelso & Hayes (2007)

Countertransference Management

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

© 2023 Pine Grove
Hayes et al. (2019); Gelso & Hayes (2007); Van Wagoner et al. (1991)

Countertransference Management

- Self-insight
  - "Know thyself"
  - Understanding of others limited by self-understanding
  - Challenges/resistance:
    - Fear, habit, discomfort

© 2023 Pine Grove

Countertransference Management

- Self-Insight (cont'd)
  - Assess for "self of the therapist" issues (Williams & Day 2007)
    - Client reminds of previous difficult relationship
    - Client harmed someone similar to how therapist was harmed
    - Mirrors something therapist dislikes about self
    - Bias/prejudice
  - Possible cultivation by:
    - Reflection/introspection, meditation, self-care

© 2023 Pine Grove

Countertransference Management

- Conceptualizing Abilities
  - Intellectual framework for CT reactions
    - Ex. – behavior as recreation of family dynamic
  - Caution against "defensive intellectualization"
    - CT not a one-way street
  - Are the reactions/feelings diagnostic? (cautious)
  - Look at client through other's perspectives
    - Be aware of other people's influence

© 2023 Pine Grove Gelso & Hayes (2007); Van Wagoner et al. (1991); Williams & Day (2007)

Countertransference Management

- Empathy
  - Partial identification vs. over- or under-identify
  - Attune to client feelings, but keep sense of self/distance
  - Clients other "human beings" vs. "them"
  - Identify client strengths
  - Separate client from problem
  - Develop increased understanding of client's life
  - Helps "re-frame" negative reactions (Wolf et al., 2013)

© 2023 Pine Grove

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

Countertransference Management

- Anxiety Management
  - Consistently important across theoretical and empirical writing
  - Trait and state anxiety found as CT predictors
  - State anxiety as emotional marker of CT
  - Suggests better anxiety regulation may contribute to less CT (& less anxious about CT)
  - More broadly *affect* regulation (Wolf et al., 2013)

© 2023 Pine Grove

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

Countertransference Management

- Self-integration
  - Stable sense of identity
  - Differentiated from others
  - Psychologically healthy
  - Able to maintain the balance of connection and distance

© 2023 Pine Grove

Countertransference Management

- Additional conclusions from research:
  - Better CT management was found to be related to less experience of CT
  - Successful CT management correlated with better counseling outcomes

(Hayes et al., 2018)

© 2023 Pine Grove

Professional Challenges

- Wolf et al.'s (2013) review found studies suggesting (in various samples):
  - 61% of American Psychological Association members reported 1+ depressive episode & 29% suicidal ideation (62% & 42% in another)
  - Healthcare professionals showed irritability & emotional exhaustion (43%); therapeutic success doubts (42%); occupational disillusionment (27%)
- Houshangi et al. (2022) – sample of therapists in Iran – overwhelmed/distressed & hostility/anger CT dimensions predicted burnout

© 2023 Pine Grove

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)

© 2023 Pine Grove

"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)

© 2023 Pine Grove

References

- Alfonso, C. A. (2023). Clinical implications of countertransference in the treatment of addictions. *Psychodynamic Psychiatry, 51*(2), 133-140.
- Aponte, H.J., & Kissil, K. (2014). "If I can grapple with this I can truly be of use in the therapy room": Using the therapist's own emotional struggles to facilitate effective therapy. *Journal of Marital and Family Therapy, 40*(2), 152-164.
- Brown, L. (2013). Compassion amidst oppression: Increasing cultural competence for managing difficult dialogues in psychotherapy. In A.W. Wolf, M.R. Goldfried, & J.C. Moran (Eds.), *Transforming negative reactions to clients: From frustration to compassion* (pp. 45-68). Washington, DC: American Psychological Association.
- 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.

© 2023 Pine Grove

References

- Ferreira, V. L., da Andrade Tostes, J. G., Knaak, S., da Silveira, P. S., Martins, L. F., & Ronzani, T. M. (2022). Attitudes of health professionals towards people with substance use disorders in Brazil, controlling for the effects of social desirability. Health and Social Care in the Community, 30, e3041-e3052.
- 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.
- 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.

© 2023 Pine Grove

References

- 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., & Goldberg, S., & Kivlighan, D.M. (2018). Countertransference management and effective psychotherapy: Meta-analytic findings. *Psychotherapy, 55*(4), 496-507.
- Hayes, J. A., Gelso, C. J., Kivlighan, D. M., & Goldberg, S. (2019). Managing countertransference. In J. C. Norcross & M. J. Lambert (Eds.), *Psychotherapy relationships that work* (3rd ed., pp. 522-548). Oxford University Press.
- 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.
- Houshangi, H., Khanipour, H., & Farahani, M. N. (2022). Therapist attitudes and countertransference as predictors of professional quality of life and burnout among psychotherapists. *Counseling & Psychotherapy Research, 23*, 461-468.

© 2023 Pine Grove

References

- 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.
- 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). Clinicians' 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., Chaves-Duenas, N. Y., Adames, H. Y., Sonne, H. L., & Greene, B. (2023). *Speaking the unspoken: Breaking the silence, myths, and taboos that hurt therapists and patients*. American Psychological Association.

© 2023 Pine Grove

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.

© 2023 Pine Grove