

## **25 INSIGHTS FROM THE THERAPIST'S SIDE OF THE COUCH** ©

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1. **Trust is imperative. It must be earned.** A trusting relationship cannot be rushed despite what managed care would like you to believe.
2. **Talking is better than not talking.** There are many ways to talk and not all of them are with words. Learn to speak your patient's language.
3. **Be available to your patients.** Availability takes many forms. You have to respond to emergency phone calls. You have to be willing to schedule additional appointments when necessary.
4. **You cannot help others if you aren't willing to tolerate** the pain of depression and despair.
5. **Teach your patient that if he or she runs from feelings, his or her feelings will chase them.** Do not run from your own feelings. Do not expect more from your patient than you do from yourself.
6. **There is no substitute for compassionate care.** Depression is a painful illness that requires empathy.
7. **At times, we, as therapists, are required to be "the holders of hope."** There may be (long) periods of time when patients are hopeless. Therapists need to believe that the therapeutic process works and that depression is a treatable condition.
8. **Therapeutic boundaries are necessary in order to establish a trusting relationship.** They are not an excuse for callous behavior. Some therapists, under the guise of "maintaining boundaries," refuse to acknowledge a patient's greeting. Some therapist fail to return patients' calls in a timely manner. When treating depressed patients, there is no excuse for this kind of behavior. You may not have another day to do what you should have done today.
9. **It is not the job of patients to take care of therapists.** When working with depressed and suicidal patients, it is important that therapists take care of themselves in order to prevent professional burnout. This may seem obvious, but it is often a huge roadblock that prevents patients from talking about difficult feelings and experiences. Their desire not to "burden" their therapist may impede therapeutic progress.
10. **Seeking professional consultations during a patient's treatment can be extremely useful.** Talking to another professional can help the therapist explore oversights and clarify insights.
11. **Finding innovative ways to help patients bridge the gap between sessions is critical to a successful treatment.** Depression is pervasive and patients need alternative ways to communicate and feel connected to their therapists, even when they are not in the office. Encouraging patients to keep journals, or to write emails or letters, can be enormously helpful.

Sharing these during sessions provides information about daily thoughts and feelings. People want to be heard.

12. **Making assumptions about the causes of a patient's depression can lead to incorrect conclusions.** Often, patients do not know why they feel depressed. The treatment of depression should be viewed as a process. A therapist must allow a patient's "story" to unfold in an atmosphere of trust and empathy.
13. **Sometimes patients get worse before they get better.** Talking about despair can increase anxiety and feelings of profound sadness. Knowledge about oneself can also lead to learning coping mechanisms and having an increased sense of power over these feelings.
14. **As depressed people begin to feel better, they often get increasingly scared that others will expect too much of them.** They fear that once they allow themselves to express hope, people will expect them to always be hopeful or happy. Patients need reassurances that it is safe to talk about feeling better and that feeling better is not without steps forward and backward.
15. **When working with depressed patients, it is critical to balance your personal and professional life.** Be careful not to take on too many patients who require more of your time than you can give.
16. **Talk therapy is only one way of treating depression. There are many other useful ways of providing relief, both immediate and long term, which can be used in conjunction with insight-oriented treatment.** As a therapist, it is imperative not to be dismissive of alternative modalities. Cognitive-Behavioral-Therapy, medication, acupuncture, relaxation, and yoga are just some of the many approaches that have been used successfully.
17. **Your patient may not leave each session feeling better than when he or she entered your office.** At the very least, though, he or she should feel less alone. There may not be apparent solutions to problems, but talking about them with somebody who is fully present can be of immense help.
18. **People often do not say what they mean or mean what they say. Part of successfully treating depression is allowing your patient the time to clarify thoughts and feelings.** Talking can be viewed as the medium for the process; it is not an end product.
19. **Every time a patient tells his or her story, it is (slightly) different. These differences allow us to learn something new each and every time an experience is shared.** A therapist never knows during which "telling" the patient will see things through a "different set of eyes."
20. **Patients give you gifts every time they choose to share their stories with you.** Never take their gifts for granted. When you do, start looking for other work.

21. **“Play it out” is a useful tool when treating depression.** Patients need to have their assumptions challenged. For example, suicidal patients may assume that people will “get on with their lives” or “have better lives without them” after they are dead. Telling patients to “play out” what they imagine each one of their family members’ and friends’ lives would look like if they were to die can provide incredible insights.
22. **Saying things out loud feels different than keeping them inside.** Patients need to be encouraged to express thoughts and feelings.
23. **Patients do not have to “know” the correct answers to your questions. Encouraging them to take a guess is a useful tool in treatment.** During therapy, I will often tell patients that I will not “hold them” to their responses; they can change their minds and their answers any time they want. People often hesitate to say anything when they are not certain that what they are saying is accurate. As a result, a lot of information is never shared.
24. **When a patient refuses to answer any questions regarding their history, be alert.** Sometimes, what *isn't* said is even more important to address than what *is* said.
25. **Document your treatment. Document your treatment. Document your treatment.** This is for the protection of your patient as well as yourself. If there are questions about any of your communications, you will have access to material that can be extremely useful.

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