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3) In my personal opinion, I don't think it's required for therapists to undergo therapy before they become practitioners, but I highly think they should. Therapists are another caring profession, like nursing and doctors, except they get paid less. They treat mental illnesses and help people work through their problems. However, a therapist is only human; they probably also have their own biases and issues themselves that they need to work on.

I have my own issues, they drove me to want to help people, to heal people from the pain making them suffer. I do know that I am hurt, there is a vindictive anger within me because of something that I have not truly forgiven everyone involved, and I know that it has not healed properly. While I am doing my best to heal, I know for a fact that I'm being held back by it. I know that I would have been biased towards similar events if I didn't even try to heal a little bit, I might have gotten visibly angry

That being said, I don't really think it's a good idea to "force" someone into therapy when they don't want to. As the old saying goes, you can bring a horse to water, but you can't make it drink. The old saying applies to people. People react negatively when they feel like they are forced into doing something. Not only that, people who are forced into something they don't want to do are less likely to internalize the content of the session during the process. They may not listen, they may not do the homework, they may not even try too hard when communicating with the therapist due to that feeling of resentment.

It would be better if they were encouraged to seek it out for themselves. The best start to get results when attending therapy sessions is motivation. If they want to change, they will put in the work.

5) I know that I have my own issues when it comes to myself; I know that I'm trying to fix it myself, but it's something I'm working on. That being said, I know that some things in this world really rile me up, if I encounter them in a therapeutic setting.

What I consider my first problem is that I can get angry sometimes, but only for a specific topic. For the most part, I really don't get angry at anything. I have a belief that everyone has their own circumstances and the way they act and react is more of a reflection of themselves than it is a reflection of myself. Those considerations of mine go out the window when it comes to someone abusing another person, especially someone who is incredibly vulnerable. Saying I don't like abuse or manipulation is an understatement. I've seen people hurt because another person is taking advantage of them, and it just feels so tragic that in my current state there's not much I can do for them. I didn't have too many people who I could consider close to growing up, and I cherish those who stayed. Seeing people abuse and manipulate someone who loves them is just something that bothers me. It's even worse when the perpetrator has no remorse and/or doesn't really care about the person they are abusing. While I will try to understand why a person acts like that, it doesn't mean I have to like it. The only way for me to truly accept it is if they're willing to change for the better, to leave behind all the abusive and manipulative behavior and become an overall better person.

My normal anger response is to yell, and I have been doing my best to control my anger in a healthy way. I know I can't exactly help someone if I'm angry, and I'm pretty sure I'm less effective in convincing people to do things, and I'm unable to make smart decisions when I'm overly emotional. I also know that if I start yelling that whatever I say will be less convincing. I have been doing my best to manage it over the years, but it still gets to me sometimes. I'm very thankful my normal anger response is not getting violent.

7) Therapy is not supposed to last forever, it ideally should last until the client no longer needs help from a therapist. Unfortunately, insurance companies don't exactly see things the same way as therapists, and therapists also know that their services aren't exactly fit for everyone's budget. There's usually a time limit for when insurance companies cut off people for financially assisting people to afford sessions with a therapist. I hope that I will be able to help people by that time, but I know that will not always be the case. Some people need more time than others in therapy. However, people will forgo therapy if they are incapable of affording it. There's a similar problem in the medical field. When clients are incapable of paying for hospital visits or much needed medicine, they are more likely to either not follow up on it or not get the medication. It's actually tragic really. In the case of therapy, I want to be able to provide them the much needed help in the time allotted, and I know I won't be able to every single time, but that doesn't mean I don't want to try. I know I will improve eventually and I will get better at it. That is how I'm dealing with that anxiety.

I have a fear that when I help someone that they might regress or go back to their previous ways of thinking during the therapeutic process. I have an interest in family systems therapy because of this mindset. The gist of the method is that you are not treating a client by themselves, but also treating a family and their dynamics. When I was first studying therapy independently a thought occurred to me. I had a story play out in my head where I hypothetically helped one man and he showed some signs of growth. The man would eventually go back to his wife and kids and then they would get upset with him for one reason or another, maybe they didn't think the therapy was doing enough. Either way, when the man came back, he seemed to have regressed in terms of progress. Now, there's a new aspect to the problem: why is the wife upset with his change in behavior? This problem plagued me. I then thought the solution was not

only to treat the client when they are by themselves, but to treat a client and their family so that he doesn't regress when he gets back home, and so that they have a healthier dynamic overall.

12) I believe that one should tread cautiously when attempting to incorporate humor in a therapeutic setting. Personally, I love humor, comedy, and everything meant to make a person laugh. When used effectively, it can deepen a bond between two people. When used ineffectively, the bond between two people can potentially shatter.

Humor, especially nowadays, is a sensitive topic. Not only will not everyone laugh at the same things, but they will also not always have the same tolerance for the same type of topics being joked about, nor does everyone think the same topics are funny. There are many subjects nowadays that are considered taboo to make fun of or even approach without finesse.

Topics that should be avoided in a therapeutic session would include anything that would rile up the client. I would consider morbid topics such as death and gore to be off limits in a humorous sense, but otherwise acceptable if the client brings up the topic, For example, when the client wants to bring up the deaths of a family member, and maybe they make a joke to alleviate the tension about it, the therapist and the client can talk about that in depth. However, if the therapist makes a joke about death, it would be considered inappropriate.

Making fun of politically sensitive topics should also not be approached. Politics is a volatile subject no matter how deep you go into it. Making fun of any topics deemed political may cause your client to negatively react to your words, or even react negatively to what they perceive your beliefs to be. When it comes down to it, therapy is not supposed to be political in the sense that it should change what they believe, but probably help them cope and process what they believe into something healthier. For example, if the client was having trouble with politics in general, the problem would probably be how to deal with their reactions to said politics, rather

than trying to change their mind or make light of something they are passionate about. Joking about it can be taken the wrong way, and they could react negatively.

16) Counseling and therapy are supposed to be helpful to people in need, especially those who need guidance and relief from their ailments. However, there is only so much a counselor or therapist can really do and there are many things outside of their control that they simply cannot help the client with.

Let's say a client has anxiety, has trouble coping, and generally feels overwhelmed at work. While going into sessions, the client reveals that he has a lot of people depending on him to get his work done. He also states that he has to keep working so that he's able to pay off his multiple problems, like debts, rent that is skyrocketing, and for his kid's tuition. While a counselor may have multiple ideas off the bat, they cannot help in all situations, the therapist cannot say things like he should look for other work that pays better to find a way to alleviate his stress. It may not even work, nor would this be good advice if taken the wrong way, as in they quit their job and have even more financial burdens. We can validate their emotions, but we are incapable of truly getting these burdens. We can diagnose a disease/mental illness, but it doesn't stop them from being stressed out from their job, nor does it mean they can keep going the way it has been.

We have to be able to adjust and address these issues carefully. While we validate their feelings, we have to also be aware of what we say to them. Our goal is to make sure we can help them. We are trying to put their interests first, but in a way that they aren't gonna be screwed over if they don't. We have to put their interest first without harming them.

We also have to make sure our care is appropriate to them. It's something to keep in mind. Sometimes we have to know what they are willing to respond to, maybe know more about

the social issues that are affecting them, maybe know more about the state of current events that is relevant to them.

17) In terms of terminating a relationship with a client, I think it might be a good idea if the client is not doing their best with you as a therapist. It's not that there's anything wrong with you as a therapist, nor does it mean there is something wrong with them as a client. People hear the word terminate and automatically assume the worst, but this is less of a breakup, and more of a professional courtesy. It just means that the client is not getting their needs effectively met with you as a therapist and that they can find better help elsewhere.

If a client was having troubles of a spiritual sense, concerning their Christian faith, along with issues with anxiety and depression, but they have a therapist who doesn't follow Christian faith might not be as effective to help them through that specific topic. However, the therapist might be able to help the client with other issues effectively, such as depression and anxiety, but if they don't know how to deal with spiritual issues, then they won't be as effective on that particular subject. If the client and the therapist feel like the spiritual problem is the major, overwhelming problem in the client's life and come to an agreement that the client might need to seek help elsewhere, then that would probably be the best way to terminate the relationship without any bad feelings.

Personally, I would like to explore as many avenues as possible before considering terminating a client. The example above was oversimplified; if it was just one issue, I'd do my best to at least try to learn about it, understand it, and help where I can. I'd research thoroughly before I'd say anything about the subject. I'd do my best before I give up on trying to help a client. My criteria for termination would be if they really kept going back to a certain topic, which seems to be where their overwhelming issues stem from, they report that they aren't

feeling better after supposedly doing all the homework assigned to them, and are trying everything that I am trying to give them, then I would respectfully terminate and try to refer the client to another therapist.

20) Confidentiality is the right of the client where they need to be sure that their information is safe with me as their therapist, and that I would not disclose their information. There is also the concept of privileged communication, where what they say as my client cannot be used against them in court without their permission. Confidentiality and privileged communication ensures that the patient's information is safe and allows them to feel more secure about opening up to the therapist. However, if my client asked me if everything they said would be confidential and that nothing they would say would "leave this room", I would calmly and respectfully tell them that this is not exactly the case. There are certain criteria that I, as a therapist, am required to report by law. Part of therapist confidentiality not only means that the privacy of the client is safe, but the therapist also feels safe with the patient nearby. I would go over this subject with the client early on, perhaps in the first session, before moving forward as they do have to know this.

One topic in particular that would require contacting the authorities would be threatening to hurt someone else. If a patient claims they are going to hurt someone and/or themselves, and the threat sounds legible and imminent, then I would be required by law to contact the authorities. The same can be said if the client needs immediate medical attention.

Abuse of anyone must be reported by the therapist if it is disclosed to the therapist. If the client is a legal minor and is suspected to be a victim of abuse, rape, incest, or any other sort of crime, then I would also have to report it to the authorities. Minors are special victims, and they do not deserve abuse. Abuse of the elderly, or of anyone else for that matter, must be reported to

the authorities. It does not matter whether or not the abuse is in the past or is currently happening, it has to be reported.

Clients can also request that their information be disclosed or released to a third party. Just because I give them these warnings about confidentiality and privileged communication does not mean they are not protected, in fact it means they are more protected.

28) Dual and multiple relationships is a tricky subject. In the healthcare field, particularly nursing, nurses are supposed to play multiple roles for their clients, be it a teacher, an advocate, an educator, a care provider, etc. That subject is a lot trickier as a therapist. For the most part, being in dual or multiple relationships is a hotly debated topic.

In some instances, dual and multiple relationships are not necessarily a bad thing, but they have to be treated carefully. There are some situations where the relationship does turn out to be different than strictly as a therapist and client. They may have a social dual relationship where they know each other socially, or a supervisory relationship where one is a supervisor to another. In cases such as these, there should at least be some clear boundaries made between the client and the therapist, both parties should be aware of this and monitor their situation carefully. The client and therapist should make sure their relationship and roles are clear and it should be documented. When the therapist is unsure of how to handle a dual relationship, they should probably ask for advice from a supervisor or a therapist with more experience.

On the other hand, most agree that having a dual/multiple relationship that is sexual in nature is completely unethical, should be avoided, and are most often illegal. There's a power imbalance in that relationship dynamic and the therapist has an unfair advantage in that situation as they have knowledge about the client and they can easily emotionally manipulate the client.

The therapist/client relationship is built off of trust, trying to help, and care, it shouldn't be exploited. Even if it's a former patient, it doesn't sound ethical.