

Babak Eslami

How Being Bad Can Make You Better.

Everyone has struggles, even weaknesses, and that can be a good thing. It may seem silly and make you feel vulnerable to others, but that is just fear overshadowing your confidence. Every successful person, including super-shrinks, started off as a beginner and met challenges along the way, yet overcame them and got where they wanted to be; not to mention, in the spotlight, seen and admired by everyday individuals who wish to become just like them. To those who are struggling and making mistakes out there, the good news is you are following their steps!

Example:

In the case of Matt, he had the inability to urinate in public washrooms. His therapist gave him a three-part process of therapy to help overcome this problem.

Step 1: Step outside your comfort zone.

The best way to improve oneself is to try new things, which usually means getting outside of your comfort zone. Matt's inability gets in the way of his life, so he knows overcoming it once will be a lasting reward. That should be reason enough to solve this weakness and learn from it. It should be noted just because if Matt or any other client shows improvement at this first step, the problem is officially 'cured' or resolved, but rather that the client is on the correct path and the therapist has communicated through to them.

Step 2: Feedback

Actions always speak louder than words, and in this case, it could not be more important. This step is to remind both parties (the therapist and the client) that the required daily routines have done their job in the past. Clients have known become used to these treatments through the weeks and months and know can surely say it has worked for them. Feedback is an important aspect in obtaining the right information for matching the client and their respective therapist. With feedback and collected data, the super-shrink can help find different methods for Matt or other clients and prove we are looking for the best way to solve their problems.

Another part of this step includes the OutCome Rating Scale (ORS), which addresses the three aspects of the client: A) how the individual functions, b) how well the individual demonstrates relationship skills with other people, and c) how the individual is satisfied with their social role in the workplace and society in general. According to collected studies, changes in these three areas will determine the outcome. Matt completed the ORS before all his sessions and they proved to be useful for his shrink.

One alternative to the helpful OutCome Rating Scale is the Session Rating Scale (SRS). This scale contains four elements: A) A relationship scale the client uses to display their emotions in

various circumstances. B) A goal-oriented scale. C) An approach-method scale which allows the client to determine which methods of approach they feel comfortable with. D) A 'ratings' scale at the end of each session that allows the client to judge if they got everything out of this session.

The SRS serves the function of feedback very well, allowing for therapists to relate with their clients, find them the best type of methods, and eventually get the best outcome. The SRS has been proven to be effective and reliable, as most clients who complete them also complete their shrink sessions. The SRS could be used for other individuals, depending on their personal problems (Example given on page 5).

Step 3: Engage with each other at the highest level.

As mentioned in the last step, the shrink and the client need to communicate with each other. That is why the therapist or super-shrink needs to monitor each session effectively and establish a clear relationship with the client, like Matt, in the best way possible. This happens usually in the first week, after Matt and his shrink have gotten to know each other.

Sometimes, it takes something bad, like Matt's inability to urinate in public restrooms, to activate these shrink sessions and better both him and teach his shrink new individual traits.

Reference Bibliography

Duncan, B.L., Miller, S.D., & Sparks, J. (2004). *The heroic client: A revolutionary way to improve effectiveness*(revised). San Francisco: Jossey-Bass

. Lambert, M.J., Whipple, J.L., Hawkins, E.J., Vermeersch, D.A., Nielsen, S.L., & Smart, D.W. (2003). Is it time for clinicians routinely to track patient outcome? A meta-analysis. *Clinical Psychology*, 10, 288-301.

Miller, S.D., Duncan, B.L., Brown, J., Sorrell, R., & Chalk, M.B. (2006). Using formal client feedback to improve retention and outcome. *Journal of Brief Therapy*, 5, 5-22.

Wampold, B. E. (2006). The psychotherapist. In J. C. Norcross, L. E. Beutler & R. F. Levant (Eds.), *Evidence-based practices in mental health: Debate and dialogues on the fundamental questions*(pp. 200-208). Washington, DC: American Psychological Association.