

Reader Viewpoint

By Gregory K. Moffatt, Ph.D. & Simone Alexander
Counseling Today, 55, pp 56-57

Leaving clients' cases in the office

Whether experienced as a counselor or new to the field, transference, anxiety and blows to one's esteem are part of managing life as a professional counselor. Two therapists -Gregory K. Moffatt, a veteran counselor, and Simone Alexander, a recent graduate -discuss how specific experiences with clients ended up invading their personal lives and how they ultimately managed those experiences.

Gregory K. Moffatt: A social worker called me on my cell. I had worked with her many times, and today's case wasn't that different from others we had worked on in the past. She told me about a serious case of abuse by a foster parent against an 8-year-old boy named Steven (not the client's real name). Steven originally had been removed from his home because of abuse. Now he was facing it yet again. I have seen this circumstance more times than I can begin to count.

During a 25-year career, I've seen hundreds of children who have experienced nearly every imaginable (and unimaginable) type of maltreatment. Normally, such cases don't follow me home. I have learned to leave them at the office. But sometimes, a case lingers in my thoughts and invades my personal life. Steven's was one such case.

Later that afternoon of the day the social worker contacted me, my daughter called. She was working through some issues in her personal life and needed her dad. But I couldn't focus on our conversation. As she talked, her voice faded away as I repeatedly found myself replaying in my head my earlier conversation with the social worker about Steven. These thoughts were so intrusive that I asked my daughter to let me call her back the next day. My failure to concentrate and be a good listener for my daughter bothered me. I couldn't understand why I was more troubled than normal by Steven's case.

Simone Alexander: A young woman named Susan (not the client's real name) asked to schedule a meeting with me. She didn't give a reason for the meeting and I didn't ask. Susan had previously participated in a group I facilitated. I had felt good about my relationship with her, and I assumed the meeting was related to something personal she had shared in the group.

As our meeting began, it became clear that my assumptions were inaccurate. Susan wanted to talk to me about how she had been offended by something I said. She brought up two specific issues. I was stunned. I felt blindsided and found myself trying to remember the context of the situation she was describing. I tried to replay the specific session and identify my offense. I couldn't see how she came to the conclusions she had reached. I pride myself on doing my job well. Neither a student nor a client had ever approached me before with any indication of being offended. I try to be authentic while also being considerate of my population. In this particular case, I was bewildered as to how I could have fallen so short.

Moffatt: Three days after the phone call from the social worker, I met with Steven. He was a tiny little 8-year-old, articulate and intelligent. He sat nervously on my playroom floor. I knew that, to him, I was just another adult in his life whom he couldn't trust. He had been betrayed too many times. It made me feel good when he smiled and said, "You are a lot nicer than Dr. Smith" (another therapist).

I was troubled, although not surprised, that Steven didn't even realize he had been abused. The event, as troubling as it was, didn't register as "harmful" to him. My heart was breaking and, again, I wondered why this boy I'd never met was having such a personal effect on me.

As I reviewed my findings with the social worker and made my recommendations, I repeatedly had to check my blood pressure. I could feel the anger building within me as I talked about Steven's case. Occasionally, I even heard my voice rise as that anger snuck into my affect. It took every ounce of my professionalism to appear matter-of-fact and detached from the case I was presenting. We all learn that

our cases are not about us, our feelings or our desires. But even after all these years, I was realizing that is sometimes easier said than done.

Alexander: A few moments into the conversation with Susan, she indicated she felt so strongly about the issue that she thought it necessary to discuss the matter with my boss. Now I felt both blindsided and betrayed. I thought our rapport was strong enough that Susan should have felt comfortable coming to me directly. It was as though the relationship I thought had been established between Susan and me was actually nonexistent. I fought back tears as I tried to manage my hurt and disappointment.

As I listened to Susan, it occurred to me that no realistic solution existed that would appease her. I was confident I had said the right thing, even though it had offended her. Thus, I couldn't apologize for what I had said; all I could do was apologize for offending her. She thanked me for my apology and continued talking to me. At that point in the meeting, I was embarrassed to realize that I just wanted her to leave because I was trying very hard, although not quite successfully, to hold back the appearance of frustration, impatience, hurt and guilt.

I had an appointment following my conversation with Susan. I barely made it through and left for home immediately after. I felt my body begin to release all of the feelings of hurt I'd been holding back the past few hours. I sobbed for the length of my drive home and continued crying throughout the evening.

Moffatt: Although I often think about the children I work with as I'm engaged in the business of the day, their cases don't usually haunt me the way Steven's case was. As I had suggested many times to my interns during supervision when their personal issues were intruding on their clinical lives and vice versa, I examined my thoughts to try to figure out why Steven's case hung with me. What was going on in my personal life? Was this some kind of transference? What was different about this case that might have caught me off guard?

The answers were complex, but generally, I realized I felt betrayed by the foster parent. She had been in my training seminars in the past, and I had thought she was different than other foster parents I'd seen who had abused their foster children.

Deeper than that, I realized I felt like I'd failed Steven, even though I hadn't worked with him previously, because his foster mother had been to several of my trainings. I reacted as I did because, subconsciously, I thought I'd failed Steven - and I felt like a failure in return.

Alexander: After discussing the situation with a colleague, I realized the conversation with Susan had been the last straw in a long list of stressors pressing on my life at the time. My personal life was in disarray, and I hadn't been taking care of myself in the way I knew I should have been. I realized I had been relying heavily on the peace I was finding in my job - the one area in which I believed I was experiencing great success.

When Susan questioned my motives, it made me feel like a failure in the one remaining area of life I had felt good about, and it became clear that I was not managing things as well as I had convinced myself I was. My personal life circumstances and my professional persona had collided - and not in a good way. The juggling act I previously thought I was managing pretty well seemed to be falling apart. Misunderstandings are not uncommon, and I finally realized that I had misinterpreted this misunderstanding involving Susan as a personal attack on my character. I also realized that I felt like a failure not because of Susan, but because of me. I decided to use this experience as a tool for self-evaluation and improvement rather than as an assessment of my character.

Tips for keeping our personal and therapeutic lives separate

Keeping our clients in the proper perspective helps us to help them more effectively and prevents burnout over the course of our careers. Becoming jaded or callous is the wrong solution, even though that might help us to avoid experiencing the feelings described in the previous scenarios. Of course, that would also inhibit empathy, so maybe it is OK, or even desirable, to apply human faces and names to our clients. After all, our clients are real people with real and difficult lives, and our empathy might grow

when we see them that way.

At the same time, some detachment is imperative if we are to keep our personal lives separate from our therapeutic lives. Here are six tips for leaving your clients' cases in the office.

- 1) Take care of yourself. Eat right, sleep right and get plenty of exercise.
- 2) Manage your psychological self. See a counselor, at least once in awhile, to check your transference and to gain an understanding of your hot-button issues.
- 3) Manage your self-esteem. You are more than what you do or what people think of you. Clarify where your values lie and focus on building a healthy sense of self.
- 4) Maintain a relationship with a mentor who can help you process professional issues when they arise.
- 5) Check your spiritual life. Even if you aren't religious, you might consider examining your spiritual self. Many people find this brings them peace when the world is in turmoil.
- 6) Balance your life. Make time for your spouse, children, friends and play.

When we take care of ourselves, examine our motives and reactions, and always keep our clients first in the counseling office, we will serve our clients most effectively. And, hopefully, this will allow us to keep ourselves and our families first when we are not in our offices.

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