

Welcome!

By downloading and reading this report, you are taking steps to create the foundation for changes that can lead to fulfilling your desire for a happier and more satisfying life. It's not easy for many to reach out for support or help, so if that describes you, know that you are taking the initiative to bring new awareness that can enhance your motivation to recognize and overcome the barriers to creating the kind of person you want to be and life you want to live.

In this report I describe the factors that create the conditions for good therapy and that provide the best odds for you to make the lasting changes that you seek. I also outline how I incorporate these research-based factors into my practice so that you can get a good idea of how work with me would unfold. Whether you decide to work with me, someone else, or someone down the road, you will be armed with knowledge to decide on a therapist who can best help you achieve your goals.

In addition to this report, you will also be receiving my semi-occasional newsletter where I present the latest information, up to date research, and creative ideas and strategies to improve your emotions and the quality of your life.

Keep in mind that making changes takes work, a bit of faith and courage, patience, and often some amount of compassion for yourself. Personal change starts with understanding - better understanding what you want, what's blocking your motivation to actively and successfully make progress toward what you want, and the unique strategies for you that will lead you to the emotional resiliency and improvement that enhances goal attainment and your pursuit of happiness.

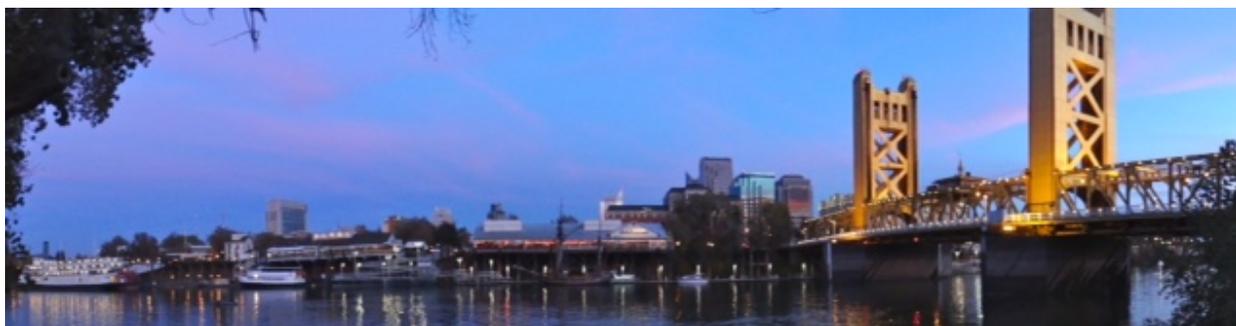
I hope you find this report to be a valuable guide wherever you are in the process of changing yourself and your life. As a therapist, I am keenly aware that not all therapy or therapists are the same and that no one wants to waste their time with ineffective therapy. Should you decide to make changes on your own or with a professional guide, help is available. I wish you all the best in your quest for happiness and well being.

State of the Art Therapy

To change or not to change, that is the question. It's the purpose of therapy - to clarify what could be changed, the reasons for and against that change, and to help guide you through the tasks needed to effect change once your motivation is clear. With all due respect to Shakespeare, to be or, more specifically, not to be, is but one form of change, a permanent and tragic form of change, but change nonetheless, with its seeming promise of ending real or anticipated crushing pain. A second tragedy, felt by those affected by suicide, is the knowledge that help was available, if only the sufferer would have sought it or engaged in it again.

Whether we're struggling with depression, suicidal thoughts, fear, anxiety, loneliness, shame, guilt, anger, procrastination, or habitual behaviors, research shows that the vast majority of us delay seeking help for emotional or behavioral difficulties for years, long after we've become aware of a problem, if we seek it at all. One study from 2001 showed that only third of those suffering from emotional pain and distress ever do seek help from a mental health counselor. Asking for professional help is often seen as a last resort, accessed only when emotional pain is so distressful that the fear of not getting help overcomes our reluctance. Writer Anne Lamott once said, "My mind remains a bad neighborhood that I try not to go into alone." Many of us fear going there even with an experienced guide.

There are numerous reasons for this reluctance to engage in the process of therapeutic change. Many of us hope we can solve the problem on our own, or believe that it will go away on its own, or that someone will finally change, bringing us, we think, the emotional relief we're seeking. Others choose the status quo, even if painful, believing that any attempt at a change will likely result in a worse, more painful situation, for instance, by unleashing thoughts and emotions we fear may overwhelm us or reveal terrible things about us. At times this belief is held non-consciously, confusing us as to why we aren't taking action on a long-standing problem that remains distressful.



Other times we may have a vague notion of a problem for which we might bear some responsibility, but we prefer to deny it the majority of the time. Denial can seem the safer bet when fear, including the fear of social stigma, shame, uncertainty, and/or confusion seem to be the only other options. Similarly, we hate the idea of admitting to ourselves or someone else that some of our strategies to get what we want in life have failed. We just don't want to give them up and acknowledge that we've wasted so much time in efforts that have brought us little in the way of happiness. These strategies, while not necessarily promoting happiness, have played a part in keeping us alive and have become part of our comfort zone. As we've all experienced, getting out of our comfort zone can be stressful.

Sometimes, therapy simply doesn't bring about change due to many complex factors. Knowing or having experienced this misfortune, we may feel great ambivalence about again undergoing a process that can involve discomfort, even distress, when we fear the ultimate outcome may be more worthless pain, more discouragement, more hopelessness about ourselves and our lives.

But there can be another reason for our delay, a reason most of us in the business of change don't often want to confront - the sheer overwhelming number of theories and practices heralded to be the best, longest-lasting, or easiest means of personal change. Many clients know of some of the vastly different practices that therapists can employ, but have no way of knowing what processes might be best for them. The modern era of psychotherapy to change ourselves and improve our lives might have started more than a century ago with Sigmund Freud and psychoanalysis,

but we're still struggling to figure out how to understand and change this brain/body/mind of ours to feel less distress, more joy, and more connected to the feeling of being vitally alive.

Since Freud's time, we've witnessed an explosion of ideas and practices about the nature of, and help/cure for, emotional and behavioral problems to improve our lives, including various behavioral therapies, humanistic therapies, cognitive therapies, cognitive-behavioral therapies, family systems and couples therapies, somatic therapies, energy therapies, and too many more to mention. Today, Freud's brand of therapy is still practiced in its original form, but many of its practitioners have incorporated expanded theories drawn from Freud's contemporaries and onward and newer techniques under a form of therapy loosely known as psychodynamic therapy that continues to emphasize the strong role of unconscious processes and memories formed in early childhood as the major factor in people's distress.

The psychotherapy field shows little sign of slowing down as it continues to develop new theories, practices, and syntheses of older ideas. The field also competes with the behemoth medical profession and biological psychiatry and its model of brain disease/disorder and cure - diagnoses to pinpoint brain chemistry malfunctions and medications to quickly fix that chemically disordered brain. Some therapists reject this model while others subscribe to it and work under its auspices, and it has considerable sway over the choices clients make to relieve their distress (Full disclosure. I have worked many of my years within this medical model, beginning in 1986 where under the direction of a psychiatrist I dispensed powerful antipsychotics and other medications to adolescents deemed severely emotionally disturbed, and I have referred many clients to psychiatrists while working under this model in other settings. These kinds of powerful drugs are a benefit to some, but these benefits often do not hold up over time and can have unfortunate side effects. They can also interfere with some therapeutic tasks that more reliably change emotions and brain chemistry without adverse side effects. For these reasons I tend not to hold this medical model nearly as sacrosanct as most psychiatrists and

many therapists do, though I make it clear to clients that the decision to take psychiatric medication is theirs and effective work can still be done when medications are being used simultaneously).

While the medical model provides primarily one intervention for emotional distress - medication - the field of psychotherapy offers hundreds. It's reliably estimated that well over 400 distinct psychotherapy theories and sets of practices exist to alleviate emotional troubles, as well as more that are variations on a theme. Many of them use techniques that can be the polar opposite of techniques used in differing therapies. In one highly regarded and researched therapy, cognitive therapy (CT), you'll be directed to unearth and challenge/dispute the accuracy and helpfulness of your thoughts and beliefs in written form to reduce emotional angst. In another, Acceptance and Commitment Therapy (ACT), you'll be directed to observe yourself letting thoughts and emotions come and go, like leaves in the wind, with no attempt to dispute or change them at all. And you'll find both camps promoting evidence to convince you their methods are superior and a better reflection of what the mind is up to. How is a client in emotional pain supposed to make sense of it all? Many don't, preferring to trust that all psychotherapy, despite very different processes, is about the same.

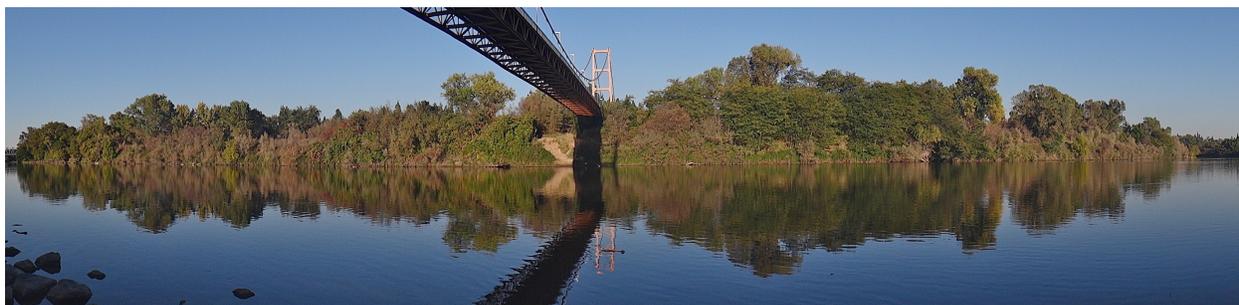


And surprisingly, they're right, at least in part. Most research conducted on those who complete therapy demonstrates that the theory and set of techniques used by a therapist show little difference in how clients evaluate their experiences. Most mainstream therapy seems to fall in the 40-70 percent range of effectiveness, again, though, with clients who complete therapy. That is an important distinction, because the motivation a client already brings to the task of

change, and a therapists' ability to incite self-awareness in a client that clarifies and increases that motivation, is highly implicated in effective therapy. We'll discuss that further in a moment.

Ineffective therapy and therapists abound, however, and studies also show that nearly 50 percent of clients drop out before completing therapy, and about a third to almost two thirds of those who stick with it do not get the results they're seeking. That's a lot of suffering that doesn't get resolved. Some give up altogether, some shop around for a better fit between themselves and the therapist or techniques used, and some wait for a better time to engage the process of change. It can be difficult for a client to know if the interventions suggested weren't effective or if the therapist just didn't empathize with, inform, or inspire a client's motivation sufficiently to promote change.

Fortunately, we're no longer in as much darkness as we've been before. Research shows that factors related to both the therapist him/herself, and some of the change processes she/he employs, appear to cut across all theories and sets of practices, leading to consistently better results for clients seeking change. I'll turn to these qualities and processes next and explain how I interpret and use these ideas to provide you with state of the art change practices that give you the best odds for making the changes you're seeking to relieve your distress and feel more alive, happy, and fulfilled.



What the Research Shows

Imagine going into your doctor's office with a bad cold or possibly bronchitis, worried that if you don't get help, pneumonia may be next. You may not know exactly what your doctor will prescribe, but you can reliably guess it will be some kind of combination of antibiotics if a bacterial infection is found, and advice to rest, drink plenty of fluids, eat well, refrain from smoking if you do that, and avoid excessive stress. While not all bodily illnesses have such a reliable treatment protocol, many do because of their specific invading germs or observable cellular malfunctioning, and we expect our doctors to know the most effective treatment(s). There's usually a standard treatment or two, and perhaps a newer less well established treatment that may hold great promise for some individuals. Hopefully, you will receive the possible pros and cons of treatment(s) based on a firm and accurate diagnosis, and hear your doctor's best advice given his knowledge of the field and your physical health and medication history. Hopefully, you'll also find your doctor kind and caring, interested in listening to you and helping you improve, not just moving you through quickly to look good to the boss - the HMO overseeing the financial aspects of your care.

Now imagine going into a therapist's office with significant depression or anxiety. Which of the over 400 distinct schools of therapy will your therapist use to choose the proper interventions to help you? Many promote themselves as hewing to one or a few theories, while others are eclectic, borrowing from multiple theories and their best interventions to tailor a plan that's right for you. Because emotional and behavioral challenges do not correspond to specific factors we see in physical ailments (with a few likely exceptions in the case of schizophrenia, bipolar disorder, Alzheimer's, and maybe more, we'll find, in time) there's much room for theorizing about emotional conditions and experimenting with processes to affect change. In addition to the two techniques regarding thoughts mentioned above, you and your therapist may not even intervene at the level of troubling thoughts at all. You may be instructed to tap yourself, move your eyes back and

forth while imagining a distressing event, meditate to practice the suspension of thought and enhance awareness of the present moment, or scream out in rage and grief over past injustices and hurts, and so much more. We're all so similar but also unique, and it's very difficult to know which techniques, and what kind of therapist, may be a good fit for you. So, without further delay, here are the most salient factors most research has found to be common and essential to good therapy that promotes lasting change.

1. A thorough and ongoing assessment. Your therapist should spend most of the first session and more if needed to get a thorough picture of you and your struggles. An in depth interview should be conducted and most often forms should be completed to try to rule in or out many factors that could be imposing on your emotional life and preventing progress toward the goals you have. A thorough accounting of your most pressing problems with all of the problematic thoughts, emotions, images, sensations, and behaviors involved, and their history, is key. So too is assessing your dreams, hopes, and the strengths you have and can bring to the effort for change. Assessment efforts should also be ongoing, as revealing what the brain/mind is up to is complicated, multi-layered, and ever changing, especially in response to efforts to change its functioning. Your therapist should be open about the assessment, revealing her/his thoughts and striving for shared understanding with you throughout the therapy process.

When you contact my office for an appointment, we will talk briefly to get a sense of your difficulties and we can decide if working together makes sense. If so, I'll send out a few forms to complete for the intake, and then we'll get together for a review of those forms and a face to face interview. This often takes a double session, but can be completed in two sessions if a near two hour block of time is not possible for you.

Additionally, I assess your emotional, behavioral and social functioning at the start of every session with a very brief form to keep track of progress and to discover stumbling blocks complicating the attainment of the goals

you're seeking. Think of this as a quick temperature and blood pressure check you go through at every doctor appointment. It is vital information that in my opinion not enough therapists gather.



2. **A good therapeutic alliance.**

Therapist empathy, non-judgmental acceptance, and warmth, or what legendary therapist Carl Rogers called unconditional positive regard, is crucial for a good alliance to form. This alliance can be a matter of personality fit, and sometimes people just don't jell, but therapists can certainly train themselves to improve in the areas that foster an

excellent working relationship.

I have extensive training in methods of communication and empathy, most notably from David Burns, M.D, author of *Feeling Good*, *The New Mood Therapy*, and numerous other books, and his one-time chief psychiatric resident, Leigh Harrington, M.D. and the TEAM cognitive-behavioral training group led by Drs. Harrington and Burns. I was privileged to co-lead Dr. Harrington's group when she took a year's sabbatical. I work to see things from your point of view, communicate that understanding, and inquire regularly as to whether I'm on track or not. I also strive to allow you to vent your feelings, including any possible negative feelings about the course of therapy, my interventions, and my demeanor and performance. There is always a grain or more of truth in any negative feedback. A good therapist should be able to accept all of your negative feelings, including feelings about the therapy and therapist, with little to no defensiveness or emotional dysregulation.

3. **A therapist interested in your feedback about the therapist and change processes used.** Many times throughout our interactions with others we think we know how someone else is thinking and feeling about us and how effective we are. Sometimes we're right, often we're wrong,

and most often we have no idea, really. Studies have demonstrated that predictions therapists make about the accuracy of their clients' thoughts about the therapy process and their therapist is no better than a coin toss. And unless asked, most clients don't volunteer their opinions. This opinions, however, are critical for effective and efficient therapy.

Though most of us are sick of being inundated with requests to evaluate every commercial and professional interaction we have, this information in a therapy setting can be essential in keeping change efforts on track. At the end of every session with me, I use a very brief form ask for feedback in a number of areas regarding the session and me that research has shown to be critical to good therapy and a good therapeutic alliance. This feedback heads off trouble that can cause therapy to bog down and cause you to drop out in frustration.

4. **A shared focus on achievable goals.** We're a goal setting and seeking organism, though we can all become confused and overwhelmed when thinking about all the things we'd like to achieve. It is my belief that all clients come to therapy with priorities or goals that are unknown to them, goals that interfere with what they think they most want, keeping them and the process of change stuck. We're all in the same boat with conflicting and competing priorities in our lives that are hard to sort out, otherwise change would be easy and therapists irrelevant. Other times, clients come to therapy with only vague or broad goals such as be their best self, figure out the purpose or meaning of life, find love, or just be happier. These are all laudable aims, but unless they're broken into more specific goals, most of these kinds of goals are just too complex to make any headway. And some therapists, unfortunately, impose their ideas of what's best for the client, or what the client's goals should be, leading to impasses in the process of helping you get clear on what you want and how to achieve it.

I work with you to hone your goals to specific thoughts, behaviors, and/or emotions that you want more or less of, in specific situations, goals that we both agree are measurable and achievable. This focus on specifics can be

tricky, as the working of our minds often creates beliefs that we are safer or better off if we don't get too specific about what really matters to us. This is usually the mind's way of trying to protect us by convincing us that change is likely too risky. We often recognize that it's uncomfortable telling someone else what we really want, especially from them, and it can be equally difficult to acknowledge to ourselves what we really want from ourselves. My therapeutic process will take the time you need to uncover your highest prioritized goals through imaginal and behavioral experiences that put you in touch with what you desire most, as well as the goals that can compete with these higher goals.



5. **A therapist who can enhance motivation.**

It has long been known that the level of motivation you bring to your efforts to change makes a difference in successful therapy. Often clients come to therapy with a goal and a therapist who wants to work quickly in helping the client achieve the goal. Sometimes that's a fine strategy, but more often it's not. Rushing ahead toward your goals without an awareness of what

has been preventing you from fully engaging in behaviors that propel you toward your goals is often problematic. The thoughts whispering below your consciousness for you not to change are there for important, but as yet undiscovered, reasons. And they often stop change efforts in their tracks.

Therapists have long labeled clients as resistant to change when they don't change - don't do the homework assigned, fail to show for sessions, or fail to benefit from the efforts to change. This labeling, even if unspoken, is an unfortunate mistake, and a further cause for client drop-out. It's easy for therapists to silently blame you for your "resistance," not knowing what to do about it, and wishing for clients who know exactly what they want and are willing to work hard for it right away. Ahh, if only. Ambivalence about

change, whether mild or strong, is the rule for **all** of us, with very few exceptions.

As stated in number four above, I work to ferret out your natural ambivalence to change, what Harvard psychologists Robert Kegan and Lisa Lahey have called our "immunity to change," to help you see clearly what it's doing - protecting you, holding you back, or some combination of the two. I've had trainings with Drs. Kegan and Lahey (online, going through their process for myself), Dr. David Burns, therapist Bruce Ecker, LMFT, as well as with a process called Motivational Interviewing with cofounder Stephen Rollnick, Ph.D., all of whom are on the cutting edge of working with clients' motivational processes. This focus is among the most exciting developments in the field over the past 20 years, and is growing in therapists' awareness and their toolboxes, but still many don't know of these extremely enlightening processes.

6. A focus on changing the brain's emotional and thinking processes by encouraging new emotional experiences in the face of difficult emotions. Research into the effectiveness of psychotherapy techniques has been ongoing for many decades, but a newly discovered focus - research into brain science that provides evidence to support specific change processes within the brain and emotional lives of clients - is very promising and informative. That science is telling us that working to bring forth a troubling emotion and all of its associated thoughts, behaviors, images, and sensations, at a level and pace you can handle, then strategically doing something different than your normal strategies in the face of that emotion, can give you new and unexpected emotional experiences that disrupt negative emotional patterns in your brain. This disruption unlocks and solidifies changes in your emotional memory and your emotional prediction systems, two brain processes that underly all emotional functioning.

These memories and prediction processes are the pathways to emotional distress, but also the keys to lasting positive emotional change. This process explains the enduring memory of a very pleasant surprise, or of an

unexpected emotional shock that brings long-lasting distress. For the brain to change its negative emotional processes, your negative memory and prediction tendencies that underly emotional difficulties need to be present and be disrupted via new experiences that contradict those predictions and emotionally rewire the brain.

As an example, if you want to overcome a fear of public speaking, you'll have to confront your past memories and/or future predictions that terrible things will happen in front of that audience (or elsewhere in your life as a result of failing, or even succeeding, at giving speeches), and that you won't be able to cope with that predicted negative outcome, two common thought processes or beliefs that can cause enough distress to block you from giving speeches. Fearful emotions are complex and can arise from a number of factors, including obvious fears of failure and humiliation, but also from more hidden fears of success that could lead to possible future disasters such as abandonment by others, too many new and overwhelming responsibilities, or the loss of other important goals, and many others. Getting to the bottom of these fears, and then designing and implementing experiences to test for their validity, changes the emotional functioning of the brain if and when those fears are experienced as overblown and limiting.

In the case of more simple and common fears of failure/humiliation, that doesn't mean that a therapist should recommend you go give a public speech to a packed house to resolve those fears (though you could do that successfully if that approach makes most sense to you). Instead, with a fully spelled out rationale that you understand, including the recognition that your fear has a valued and specific purpose for you, a therapist might suggest you first imagine giving a speech and hanging in there in your imagination while anxiety rises and then dissipates, soon giving you confidence that you've got that experience handled. If there's a humorous or calming scene you can conjure during the end of the process to disrupt your brain's expectation/prediction system even further, all the better. Then



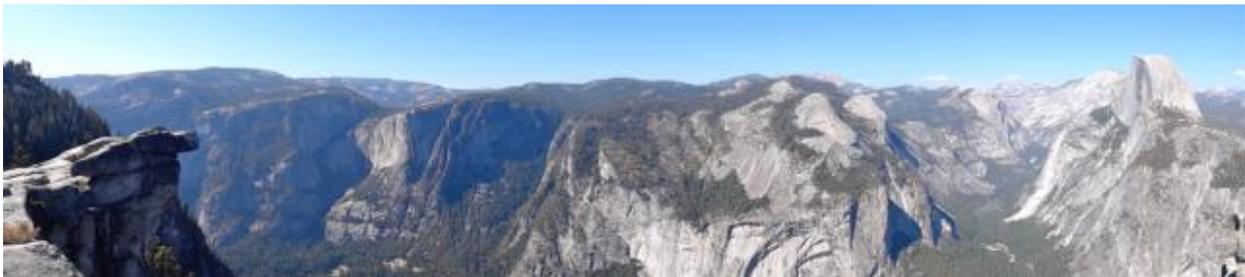
you might move on to giving a speech into a recording device to bring forth the same process, then perhaps for an audience of one, then three, and eventually on to the setting where you want ultimately to perform, all the while bringing up and resolving your fears that dreaded consequences and an inability to handle negative emotions is your only fate. When that prediction is consistently unfounded and a new routine established when fear shows up to express your values, the brain changes in its emotional response. Other discovered fears mentioned above related to your goal of giving speeches will need their own protocol for possible dismantling.

In rare cases, one or a very few number of new experiences is all that is needed to change a long-standing emotional response. Conversely, sometimes an absence of fear will never completely occur (though it can and often does), but a growing confidence will compete with that diminishing fear to enable you to show up to your life in ways you can be proud of and feel good about. We call that courage and resilience. Of course, no therapist can guarantee that difficult experiences won't happen or that you can cope effectively with them, but if that's the case, this process will quickly, and without undue distress, give you good and reliable information to reevaluate your goal. Sometimes good therapy enables you to clearly see the wisdom of giving up on a goal you've stubbornly held on to for too long, while clarifying more compelling goals.

And motivation, mentioned above, is highly involved. Facing these emotions, and facing the uncertainty that doing something different in their presence will bring a positive change, is a universal challenge. Change is rarely an easy process, despite many who want to convince you that it's simple - just a 10 point blog post should it! But as Chicken Soup for the Soul co-creator Jack Canfield has stated, "Everything you want is on the other side of fear." Recognizing your particular fear and the value it holds for you, exposing that fear for what it is (often significantly over-exaggerated, but not always), while learning to use its energy effectively, is the art and science of change and the means to a better life.

I consider myself a cognitive-behavioral therapist, though I focus less on the cognitive or thinking aspects of problems, and more on behaviors unique to you that can showcase and enhance your resiliency and bring changes to your emotions and thinking. This emphasis on the behavioral component of fear and related emotions - while acknowledging their value - is most often called exposure therapy (an unfortunately off-putting name). When working with depression that is so often accompanied by fear and anxiety, it's most often called behavioral activation. These methods are some of the most well-researched and successful methods of bringing about lasting change in motivated clients.

Many types of therapies use these processes in their own distinct ways, but the underlying change mechanisms appear to be the same. You must do something significantly different than you habitually do in order to bring about change. Sometimes that's letting go of thoughts; sometimes it's disputing them. Most often it involves recognizing inner conflicts and facing the fears you've been avoiding with new responses that allow you to grow existing strengths. If a therapist is only helping you explore or vent your emotions, or talk on about the never ending thoughts that are troubling you, even if they really do understand what you're going through and communicate that with empathy, they are likely helping you feel better temporarily, but may not be helping you get better short and long-term. Good therapy helps you understand yourself in new ways to clarify your various motivations, and helps provide you with guidance for new experiences to capitalize on your motivation to make needed changes to the emotional and thinking parts of your brain in order to reach your goals that most animate you.



We take a leap of faith when we walk into a therapist's office. That always feels risky. My hope is that you will now be armed with information to help you find a therapist who is a good fit for you, as well as with information that helps you prepare for the road ahead. Yes, personal change can involve discomfort, but it can also be exhilarating to experience yourself growing, stretching, and developing further to be the person you want to be.

About the Author

Steve Mackey, is a licensed marriage and family therapist providing psychotherapy and counseling services in the greater Sacramento area to individuals struggling with emotional and behavioral difficulties and relationship conflicts. He is dedicated to helping others find the keys that unlock changes in emotions and behaviors that lead to attainment of their goals. He works with adults who are ready to explore making changes in their lives that make a lasting difference in their lives.



For more information on Steve's clinical practice, please visit his website at www.stevemackeylmft.com. To schedule an intake appointment via his online scheduler, [click here](#). If you wish to contact Steve for counseling services, call (916) 549-5772 for a free 15-minute, no obligation telephone consultation. He can also be reached by email at steve@stevemackeylmft.com.