

The success of your therapy will depend on factors for which **you will be responsible**, and factors for which **your therapist will be responsible**.

Let's talk about therapist factors first...

Your therapist *cannot guarantee* that a therapeutic relationship will take place but is still responsible for bringing to therapy the critical components that help to facilitate the therapeutic relationship: empathy, genuineness, understanding, respect, and time for a therapeutic relationship to develop.

These factors are important because they promote the necessary sense of safety and security that will allow you to fully participate in and do the work of therapy. You will recognize this process when you feel heard and understood, when you experience the kind of flexibility necessary to make reasonable adjustments in the therapeutic process, feel confident enough to voice your fears and concerns, feel the level of trust that allows you to share information not easily shared, hear the realistic hope and optimism communicated by the therapist, grow stronger in your belief that the therapy will work, and begin to notice therapy progressing as described.

Your therapist is responsible for having the knowledge, skills, and experience to help you with your identified issue, or to identify early in the relationship that they *do not* have the knowledge and skill set to help you and to then refer you to a therapist who does.

The therapist is responsible for making a thorough assessment that begins *at the time of your first appointment* or begins sooner, when you start to complete forms mailed/mailed to you and used to help the therapist more clearly understand the problem that brings you to therapy, how you want to improve your situation, and the changes you may have already decided are important to you.

Regardless of a therapist's assessment style, *time is still spent listening* to your story including your insights and feelings, and to unique details about you including such factors as the predisposing (what you believe may have gone on in your past related to your current problem); the precipitating (what you believe generally triggers your symptoms); the perpetuating (what you believe prevents your symptoms from stopping once they begin); and the protective (the strengths and resources, including the resource of other people) that have served you well in the past, and that you bring to therapy. *This is subjective information.* Another form of information is often collected by the therapist in the form of questionnaires/scales such as those typically used in

assessing symptom levels of depression, anxiety, and substance use, etc.

Gathering all this information helps the therapist make a hypothesis (a ‘best explanation’) for what is going on with you, which they will share with you. The therapist will then *collaborate with you* in creating a ‘therapy plan’ that includes a discussion about the importance of goal setting (which is often broken down into more manageable steps/smaller goals), the type of therapy proposed and why they believe this therapy will be suitable for your problem, and the general format/structure your therapy will take. This plan is re-visited (collaboratively) on a regular basis for progress and challenges, and your plan is revised when necessary.

Being informed, having a plan, and knowing your own responsibilities (as well as those of the therapist) will increase your likelihood of successful therapy.

It is *always* acceptable for you to ask your therapist about their education, training, and experience in treating clients in the area for which you are seeking help, as well as to ask about the treatment model they are recommending. It is also acceptable to ask questions about what is involved in

treatment, and the approximate length of time you could be attending sessions (all else being equal). Part of this information may be repeated in the form of a pamphlet that you can take home, read, and ask follow-up questions of your therapist if necessary.

There will be expectations of you, as well.

As your therapy progresses, you may change your mind about your identified goal, and decide that you want to work on an entirely different goal. That is okay! It is your therapy, after all! *You will need to make your therapist aware that you have changed your mind*, otherwise they will continue to guide you in reaching a goal in which you have already lost interest. You will need to be open in communicating your thoughts and feelings about your therapy to your therapist. If you are feeling uncomfortable about any aspect of your therapy, or if any part requires clarification or explanation, it is okay to ask your therapist!

You will need to commit to working on your therapy goal that you agreed upon with your therapist. You will need to self-monitor for progress toward your goal, and communicate to your therapist on a regular basis, as well as actively take part in your therapy work, and working on established goals both inside and outside your sessions.

Success in therapy depends in part on how committed you are to take part in sessions and do the work of therapy.

As therapy progresses, you should begin to see changes (albeit, small at first). You may begin to understand more clearly the impact of other people, places, and things on your life as well as your impact on others. It may become easier to recognize the kinds of situations that trigger your uncomfortable symptom, and the frequency in which you need to use coping skills to decrease symptoms and better cope with discomfort. You may begin to become more flexible in your responses to the body language and remarks of others and realize that what you previously perceived as hostility or anger toward you could just as easily *not be directed at you*.

You may become better able to identify contextual factors that impact your relationships that you had not been conscious of previously. You may become better able to pay attention and recognize tensions to your own body, and take measures to prevent unhelpful behaviours, and you may start to see how your enhanced coping skills are preventing symptoms and negative situations in other areas of your life.

You are likely to recognize these changes (or the ones relevant to your goal) on a gradual basis, *and not all at once*.

Your progress will depend on learning knowledge and skills in therapy and the frequency and time spent using your new knowledge and skills outside therapy.

Put quite simply, the therapist is responsible for facilitating a therapeutic relationship with you (a bond in which healing can occur). Your therapist cannot guarantee that a therapeutic relationship will take place but is responsible for bringing to the relationship the critical components of empathy, genuineness, understanding, respect and allowing time for a relationship to develop in which you will feel safe and secure and to take part in the work of therapy.

Part of this feeling of safety will likely result from the ways in which you feel heard and understood by the therapist, the level of flexibility provided in making (reasonable) adjustments to accommodate yours concerns, the level of trust you develop, how the therapist communicates realistic hope and optimism, how strongly you believe that the treatment will work, and how the therapy progresses with time.

There needs to be a clear, measurable goal (if you do not know where you are going, you won't know when you get there), and you, the client, are requested to commit to the therapy process and do the work of therapy.