

Nipping it in the Bud: How to Take A History

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Clients who we see have an extensive history. Certain patterns of behavior repeat themselves over and over again causing untold distress for the client and people around them. This is unfortunate for the client It also creates problems for us in terms of trying to help them. However, the fact that these patterns do repeat themselves over and over again enables us to formulate a plan to intervene with these clients. This makes it possible to reduce the frequency of client dropout Sometimes these dropouts are due to assaulting spouses, winding up in jail, developing financial problems, developing antitherapeutic reaction where they perceive the therapist in some kind of negative light and use this as a rational to terminate prematurely.

When we take a history, all kinds of information are revealed that enables us to alert the clients to the fact that the therapeutic relationship is not unique. Most of the things that they have done in the past they are likely to repeat in the relationship with the therapist When we point this out to the client, the client is prepared to have some insight into what might develop. This may be a new experience for the client as he or she is more typically guided by their impulses.

Some of the topics that we will be addressing will be working with court mandated clients, people who come to us through drinking/driver programs, people who come to us with anger management issues and in addition, people who have maintaining relationships in general.

Workshop participants are urged to bring up their own cases and situations for discussion in the workshop. This is a workshop that will focus mostly on the experiences of the workshop participants rather than that of the leader, since it is felt that experiences that are germane to the practitioner are the ones that they gain the most insight from.

Subject matter will not be confined necessarily to what is outlined in this synopsis. Participants can bring up patterns that they have seen in patients' history from a wide variety of diagnostic populations. This is particularly relevant as there are trends and diagnostic populations that we can see some of them developing now. There are cases that we have diagnosed as something else years ago now how: other labels with essentially the same kinds of problems. Focusing on the problems that the client presents rather than the diagnosis will cover a broader and make this more relevant for participants.