



By Michael Goulding, MSW, LCSW, CHWC

**M**ental health talk therapy provides its own set of challenges within the medical model due to the very nature of symptoms and treatment. The stigma and misunderstanding of mental health issues largely contribute to these challenges; most cases are challenging because of the prevalence of misunderstandings around mental health. Other difficulties are specific to the differences each individual brings to therapy. The following looks at four common population challenges many clinicians treat on a regular basis.

### VICTIMS OF JUDGMENT

Many other medical issues show obvious, visible symptoms such as an open wound, swelling, or needing to use a cane. When a person is walking with a cane, most people would not tell that person to “hurry up”—there is a collective sensitivity in society toward people with visible handicaps. But this sensitivity rarely extends to people who experience mental health issues.

The person with ADHD (Attention Deficit Hyperactivity Disorder) may be scolded for not paying attention, and the depressed person who is withdrawn may be told to “suck it up.” When people judge others because they cannot see the internal

# Challenging Cases

struggles of the people around them, it adds to the shame of mental illness while slowing the progress of healing.

### THE “TOUGH” CLIENT

Many of my clients often view their mental health symptoms in a different light than other medical issues. Clients will often view mental health symptoms as a character flaw rather than a medical condition. For example, when most people contract a virus, they willingly seek treatment, rather than taking the “tough it out” approach they embrace towards their mental health issues. This becomes much more apparent when the next step of medication management treatment is needed. Most people struggle with the concept that anxiety and depression are often caused by physiological events occurring in the body.

The same people who struggle with taking antidepressants are the same people who would never hesitate to take medication for seizures or diabetes, yet all are medical conditions.

### THE IRRATIONAL CLIENT

Most people come to a talk therapist with the intent of “feeling better” by the end of their treatment. This mindset can be challenging, because it means that people are primarily dealing with their emotions, and emotions alter people’s perception of reality. A person who had a traumatic relationship with one person may carry fears into a relationship with a healthy person; that fear causes blood to move away from the thinking part of their brain, and taints their perception of events. Clinicians struggle with fighting through client’s irrational perceptions but have shown a level of success through mindfulness techniques, dialectical behavioral therapy, and cognitive behavioral therapies.

### THE ADDICTED CLIENT

The other challenging circumstance facing clinicians is that most people choose short-term pleasure gratification (a “quick fix”) over long-term fulfillment. This is particularly problematic with any population struggling with addiction. In order for addicts to have any measure of success, they need to be accountable for their actions and make long-term health changes. This is a hard, unpleasant process that all too often has clients not showing up for their appointments. Crisis provides addicts the opportunity to either keep experiencing pain or become accountable for their actions to move their life forward.

### CONCLUSIONS

Clients come to therapy with the intent to gain awareness and alleviate emotional pain and helplessness. Counseling is a process that requires a person to be courageous enough to admit to another person that something just doesn’t feel right, in spite of the stigma and lack of widespread sensitivity toward mental illness. Clients must have a high degree of inner strength to face their inner blocks and challenges and start taking actions to improve their lives. **h&h**

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