nscience
world class training for therapists

Help Me—Don't Help Me:
Working with the Paradox of Therapeutic Ambivalence

An online webinar over 2 evenings with
Kathy Steele, MN, CS

Zoom Webinar
14 & 15 October 2025, Tuesday & Wednesday
Times on both days:
5:00 pm – 8:00 pm, London UK
12:00 pm – 3:00 pm, New York, USA

CPD hours: 6 / CE credits: N/A

Location: Online streaming only
(all our webinar tickets now include complimentary access to a video recorded version for 1 year)

"This is not helping."
Said with panic. Or shame. Or resentment.
Sometimes said aloud. Often just implied.

As therapists, we've all been there.

The client sits before us, wanting change, needing support—but rejecting the tools we offer. They say they want help. But nothing seems to land.
They show up week after week, yet therapy stalls. Everything you do feels too much—or not enough.

This is the push-pull that quietly exhausts even seasoned therapists. And the hardest part? The self-doubt it breeds.

Maybe I'm not skilled enough to help them.
Maybe they're not ready.
Are we even getting anywhere?

You may have tried everything you know. You may have sought supervision, refined your formulations, even experimented with different modalities.
Yet, things stay unchanged in the therapy room. And still, you keep trying, holding the work. ***Until you start questioning: are they stuck or it is me?***

The Clinical Challenge: When Help Feels Unsafe

We may label it "resistance". But it's more than that. It is ambivalence woven into the client's nervous system—where reaching for help triggers the same threat-detection circuits that once ensured survival. What we witness is the neurobiological legacy of early relational trauma, where the very systems designed to seek care have become dysregulated through repeated experiences of hurt and emotional abuse within a relationship.

These clients often carry complex trauma histories, insecure attachments, or what Herman calls "a deep mistrust of care". **Beneath the surface lies a tangle of fear: that help will overwhelm their already fragile regulatory capacity, expose them to unbearable shame, fail them as care once did—or disappear entirely, recreating the original wound of abandonment.**

Some clients long for connection but flinch the moment it's offered—a phenomenon that mirrors what Bowlby observed in disorganised attachment, where the caregiver becomes simultaneously a source of comfort and alarm. Others plead for guidance but reject every suggestion, caught in what Judith Herman describes as the fundamental paradox of trauma recovery: the need to rely on relationships to heal relational wounds. They may intellectualise, minimise, idealise, or attack—all strategies that once protected them but now create the very isolation they most fear.

The more we try to engage, the more the session feels like a quiet battleground—until we feel just as stuck as they do. This therapeutic impasse often reflects what van der Kolk terms "the body keeping the score"—where past betrayals live on in the nervous system, making present-moment safety neurologically inaccessible.

Case Example 1: "You Don't Understand"

Sophie (not her real name) had been in therapy for years. Articulate, deeply introspective—and utterly immobile in her healing. Attempts by her therapist to offer support was met with subtle sabotage. Homework wasn't done. Compliments deflected. Suggestions sidestepped. Homework unfinished. She insisted the therapist "didn't understand." Yet she never missed a session.

Behind Sophie's resistance lay a terrified part of her still waiting to be seen and rescued—but also convinced that help would lead to disappointment, abandonment, or shame.

Case Example 2: "I Don't Want to Do This Anymore"

Liam (not his real name) began therapy after a painful divorce. He spoke about wanting to heal—about finding new purpose—but bristled at every sign of emotional engagement. He demanded strategies, only to dismiss them. He criticised the process. He threatened to quit. His therapist felt increasingly hopeless—and secretly relieved when he cancelled sessions.

What Liam couldn't articulate was that his longing for help was tangled in rage and grief. And that accepting care meant confronting the unbearable vulnerability of having once needed love that never came.

Why This Training, Why Kathy

In this new two-evening online training, internationally respected trauma clinician Kathy Steele draws on decades of experience with complex trauma, attachment wounds, and therapeutic stuckness. **Grounded in the structural dissociation model she co-developed, and informed by advances in interpersonal neurobiology, she takes us deep into the psychology of ambivalence—why clients both seek and reject help—and provides a roadmap for recognising, navigating, and gently transforming this exhausting dynamic.**

With warmth, precision, and practical wisdom informed by her pioneering work in trauma-related dissociation, we'll learn how to approach the impasse with clinical clarity and relational nuance, so the client's internal conflict becomes the work, not the obstacle.

What You'll Learn

By the end of this training, you'll be equipped to:

Understand the neurobiology of help rejection
Go beyond "resistance" to grasp how attachment fear, shame-based defences, and trauma memory make care feel unsafe—even when consciously sought.

Interrupt the relational loop that keeps therapy stuck
Learn to recognise when therapist and client are caught in what Safran and Muran term "complementary enactments"—unconscious patterns of offering and rejecting that recreate early relational templates—and how to gently step out of them with presence and curiosity.

Discern between capacity and readiness
Develop clinical clarity around whether a client has the neurobiological capacity to receive help—or whether dysregulation, dissociation, or attachment activation are signalling a need to slow down, not push forward.

Work with fantasies of rescue
Help clients who unconsciously expect you to offer perfect care—and then resent you when you can't—by exploring developmental arrests, attachment longing, and idealisation through a trauma-informed lens.

Avoid therapist burnout and over-functioning
Use somatic awareness of your own countertransference as clinical information—not self-blame—so you can stay grounded, attuned, and therapeutically present.

Use five evidence-based interventions for therapeutic ambivalence
Learn precise, trauma-informed techniques drawn from attachment theory, polyvagal principles, and phase-oriented models to reduce defensive reactivity, strengthen alliance, and build internal permission for receiving help.

Two Evenings of Insight and Application

Evening One: Understanding the Push-Pull of Help

- Mapping the paradox of help-seeking and help-rejecting behaviour through the lens of structural dissociation and polyvagal theory
- The role of attachment trauma, shame, and what Winnicott termed "defensive autonomy"
- Therapist reactions: frustration, rescue fantasies, and self-blame as expressions of parallel process
- Assessing readiness without assuming resistance—distinguishing between neurobiological capacity and psychological willingness
- Naming the impasse through metacognitive awareness and relational attunement

Evening Two: Clinical Strategies for Working with Ambivalence

- Working relationally with the fear of help using attachment-informed interventions and co-regulation
- **Non-coercive approaches for engaging mistrustful parts, drawing from IFS and phase-oriented trauma models**
- Strategies for therapist self-regulation and nervous system awareness
- Navigating threats to the alliance through rupture and repair processes
- Strengthening safety, pacing, and permission using trauma-informed stabilisation tools

Who This Is For

✓ Therapists, counsellors, and psychologists working with complex trauma or attachment-based wounding
✓ Clinicians who feel stuck with clients who want change but resist every intervention
✓ Practitioners experiencing emotional exhaustion, power struggles, or self-doubt in therapy
✓ **Anyone who has ever thought: *"They say they want help… but I'm not sure they can let it in"***

Final Thoughts: When Help Is the Hardest Thing to Accept

Some clients don't push help away because they don't want it.
They push it away because they never learned it was safe to need.

This training will equip you to meet that paradox with clarity, attunement, and the tools to gently shift what once felt impossible.
If you've ever felt stuck, worn down, or doubting yourself with these clients—this workshop is for you.

About the speaker

Kathy Steele, MN, CS, APRN, is a globally respected trauma expert and author with more than four decades of clinical experience. Known for her depth, clarity, and grounded wisdom, she is a leading voice in the treatment of complex trauma, dissociation, and relational repair. Kathy's work is internationally recognised for its integration of neuroscience, attachment theory, and compassionate clinical practice.

She has co-authored multiple seminal texts, including *The Haunted Self* and *Treating Trauma-Related Dissociation*, and is celebrated for her ability to help therapists navigate the trickiest clinical terrain with empathy, confidence, and skill.

There is no known commercial support for this program

This course does not qualify for CE credits.

For more information on how to access webinar joining links, handouts and video recordings please visit ***https://www.nscience.uk/faqs/***

Questions and requests for information: cpd@nscience.world

If you have a disability, please contact us in advance of the course so we can accommodate your needs:

cpd@nscience.world

UK/Europe: +44(0)2070961722

nscience

world class training for therapists