



**Therapeutic Speakeasy Quarterly**



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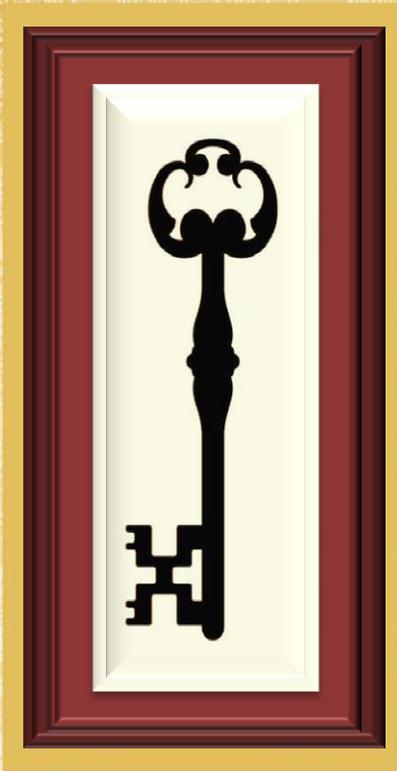


## Off the Record: Insights for the Clinical Supervisor

*Delve into the professional practice of clinical supervision by exploring ideas, best supervision practices, and reflections from experienced clinical supervisors*

Trigger Topics: The Six “Ss” Common in Clinical Supervision (Part I)

Tanya Hanner  
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Each counselor can be “triggered” by something or someone, and in this more politically correct culture, we may be triggered by words or topics. Counseling students are consistently reminded by educators and supervisors to pay close attention to their triggers in an effort to desensitize and work through any material or biases that the trigger exposes. For counselor-educators and supervisors of counseling students, it is important to teach supervisees the preparedness to discuss any topic, issue, concept, idea, etc., regardless of whether it elicits a negative emotion or reaction. Sometimes even the thought of discussing specific topics with their clients can prompt anxiety and worry about how to react, what to say, and how to proceed.

The following discussion explores “the Six Ss” that all counselors should strive for competence and, at minimum, prepared to fully discuss in counseling. Certainly, competence comes with training and time, but readiness should always be at the forefront for the topics addressed here. These “Ss” are topics that provoke varied levels of unease for supervisees, and are areas in which being trained and ready via awareness, knowledge and skillset is of major importance. Of course, this list is not exhaustive. Rather, it focuses on common themes that unfold in course work and supervision.

### *Swearing (Cursing)*

For some people, swearing “like a sailor” is not a big deal; it is just a part of their everyday vernacular. For others, cursing or swearing can be quite uncomfortable. This discomfort may arise from cultural expectations, religious memes or personal preference. In a therapeutic environment, the counselor may not know how to react to a client’s use of swearing. Using the client’s language in an effort to build rapport is often taught to students. Using the adolescent’s lingo, for example, demonstrates a validating quality by the counselor, thereby helping to strengthen the therapeutic bond. Similarly, accepting of a client’s swearing behavior within the session, and even using the client’s exact swear words when communicating back, can be beneficial in ensuring that the counselor “gets it.” This demonstrates a level of acceptance and understanding that is valuable to the counseling relationship.

Recommendation: If a counselor is uncomfortable with curse words, he or she is certainly not obligated to use them in the session. Be congruent by using one’s own words, rather than imitating the client to show genuineness. With that being said, the counselor should allow for and accept the client’s preferred word choice for self-expression, and their need to demonstrate what they are experiencing without any judgment by the counselor.

### *Secrets*

“Secrets breed sickness” or so the saying goes. A secret will often present in therapy and it is up to the counselor to be prepared to accept the secret and not to avoid it. The client may have countless reasons for avoiding the secret – such as embarrassment, guilt, shame, or just habitually pushing it under the proverbial rug. Supervisees, who due to lack of experience, may sense the client’s avoidance, and may mimic the same avoidant tactic without conscious realization. Supervision is a prime opportunity to prepare students for recognizing unspoken secrets by the client. This includes ensuring the therapeutic trust is well-established, reinforcing the client’s right to confidentiality, explaining the effects of secrets on relationships or personal well-being, and discussing how the client wishes to handle the secret. These counselor behaviors will help to strengthen the therapy bond so that if or when the client is ready to divulge, the counselor is open and ready to listen.

Recommendation: Secrets can make a relationship sick, and although some clients may never wish to share their secret outside of therapy, the therapeutic environment with a trusting and wise counselor can be a protective place to disclose and further explore the secret’s significance.

### *Suicide*

The topic of suicide, for which the purposes of this article includes parasuicidal (ideations, gestures, and self-harm), frequently haunts the counseling student and the supervisee. The heaviness associated with feeling responsible for another’s self-inflicted wounds or potential death can be a burdensome worry. This worry may persist regardless of implemented clinical and ethical best practices. It is of prime importance that the supervisor prepares the supervisee for competence to discuss the umbrella of suicidality, including identification, risk assessment and evaluation, limits to confidentiality, safety and support planning, documentation, supervision or consultation, and client follow-up. Equally, the supervisor should emphasize to students that clients may initially deny their ideation or plan, so counselors should not allow avoidance of the topic, despite evasion by the client. The supervisor should offer examples of how to communicate with the client regarding suicidal intent with candidness and inquiry in a gentle, non-confrontational, and empathic manner.

Recommendation: Understanding and assessing suicidality is one of the most critical competency skills for counselors. There is not room for avoidance, regardless of the counselor’s trigger to it. Preparation is key.

Three of the six common trigger topics have been reviewed in Part 1 of this article: swearing, secrets, and suicide. Please stay tuned for next quarter’s issue that explores the final three “Ss.”

**Dusk to Dawn:  
Gradually visible trends in counseling & psychology**

*Engage in an exploration of ideas and thoughts that illuminate future evidence-based therapies, techniques, theories and interventions in the fields of counseling and psychology*

Go with your Gut: The MGBA – Trauma connection

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Capella University

It is fairly common in social media to see a meme that encourages one to trust your gut over the brain. While these catchy internet phrases may bring comfort, it comes complete with a forked path that conveys serenity and possibility in the background. It is meant to be inspirational for those at a crossroad of indecision, but contemporary researchers are proving this old adage may be on to something. Deconstruct the familiar concept of “gut feelings,” and a quintessential mind-body connection is discovered. Advances in medical technology paired with a better understanding of human physiology has placed researchers on a path of discerning just how instincts and intuition are connected through our guts, emotions and behaviors. Discerning this connection may shed further insights on healing trauma and trauma related disorders.

*The gut and the brain, or food for thought?*

Gastrointestinal issues and mental health issues were traditionally seen as two distinct entities, operating within two totally separate regulatory systems. IBS...that’s a digestive

thing. Depression...that’s a brain thing. The reality, however, is that these systems are inextricably connected via the microbiota-gut-brain axis (MGBA) and have a direct impact on hormone and neurotransmitter levels. In fact, the trillions of homeostasis promoting bacteria found within our microbiomes are revealing themselves to be key players in regulating the trifecta of serotonin, dopamine, and norepinephrine, all of which play a role in trauma related symptomology and trauma treatment (Cryan, & O’Mahony, 2011).

*Get on the train or get off the tracks.*

The importance of the MGBA has launched a scientific inquiry train in which practitioners from all disciplines boarded. Traumatologists, nutritionists, psychologists, neurologists, and biologists began putting forth their hypotheses. Every individual’s microbiome is as unique as a finger print, but there appears to be certain balances associated with better health outcomes (Cryan, & O’Mahony, 2011). Researchers concluded that manipulating existing microbiomes in specific ways would promote balance and improved functioning in the MGBA. Since it is known that regulation of this axis is critical to regulation of hormones, the idea was that manipulation of the bacteria could ultimately improve overall mental health functioning and trauma treatment (Messouadi et al., 2010; Akkasheh et al., 2016; Rao et al., 2009).



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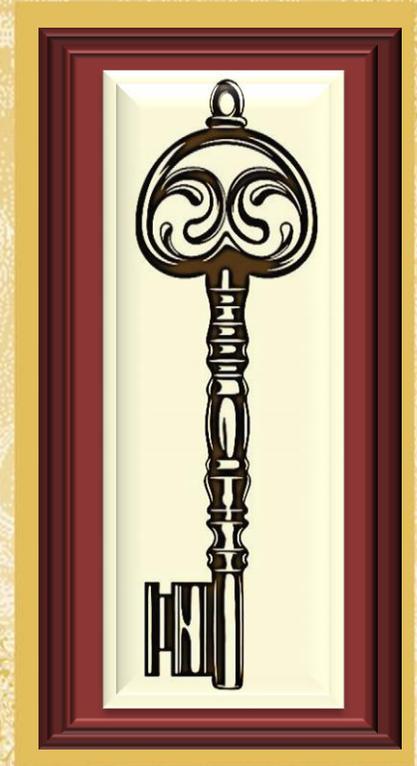
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*Survey says...*

Studies using mice have been conducted over the past decade with consistent findings of decreased stress responses in those with manipulated microbiomes (Messaoudi et al., 2010). There are direct implications in treating trauma stress, as well as improving depression, anxiety, and mood dysregulation symptoms. The introduction of new bacteria in animal studies is the direct implication in the treatment of symptoms that occur more frequently in one gender than the other. Transference of a microbial community from one test subject to another resulted in the recipient's behaviors changing to more closely resemble the donor's (Jašarević, Morrison & Bale, 2016). Most promising are recent clinical trials in humans revealing similar positive results. A study recently published revealed significantly decreased scores on the Beck Depression Inventory after 8 weeks of treatment using probiotics for individuals diagnosed with Major Depressive Disorder as compared to those in the control group (Akkasheh et al., 2016). This is further evidence that the mind-body connection is vital when working with a variety of mental health diagnoses.

*Would you like ketchup with that?*

Bacteria is not a sugar pill, nor is it a panacea for trauma stress reduction. Simply taking a probiotic with specific strains of bacteria may actually improve mental health functioning. Even if a therapist does not wish to "prescribe" a probiotic, it is becoming glaringly obvious that as a field we need to move from agreeing that the mind body connection exists to consistently practicing from a foundation predicated on this as fundamental fact. It is not that our clients should always "go with their guts." It is about recognizing the complex role our bodies play in mental health. This means guiding clients towards awareness of the incredible power each person possess, literally within us, to adapt and facilitate change in our emotions, behaviors, and lives.



## Behind the Curtain

*Explore the experiential world with thoughts from the counselor's couch that speak to the heart of practice*

Metaphors: Diversifying Mental Health Practice, Education and Supervision

Christian J. Dean  
Walden University

Kevin, a counseling student in an advanced clinical skills class, looks at the professor in confusion of where to go next as he participates in live supervision during his session. He was working with Shelly and Brittany, a lesbian couple who were experiencing conflict regarding Brittany's discomfort with how the public would see her. Shelly repeatedly pressured Brittany to hold her hand in public and to announce to her family that she is a lesbian; however, Brittany is reluctant and asking for more time.

Kevin requests assistance from the professor who encourages him to continue on, reflect feelings, help the couple work on understanding each other's perspective, and to be supportive. Kevin continues in the session with the couple but quickly looks at the professor again in frustration.

The professor decides to intervene and says to Shelly: "Would pressuring a rose to blossom help it do so any faster?"

## WORDS OF WISDOM

*Counselor meditations for daily clarity*

You cannot get through a single day without having an impact on the world around you. What you do makes a difference, and you have to decide what kind of difference you want to make.

Jane Goodall

Shelly sits back and thinks quietly. She replies, "No, it would not."

The professor then adds, "Seems like you think that this rose (as he moves his eyes to Brittany) will."

Shelly looks at the counselor and says, "I see what you mean. She is not there yet and pushing her to be there won't help her get there any faster. She will get there when she is ready."

The use of metaphors in counseling and therapy can help clients conceptualize their challenges from different perspectives. Clients may benefit from metaphors that are easy-to-grasp explanations of the therapeutic process or aspects that are developmental in nature. While there are some theories that cringe at the idea of handing a metaphor to a client, it's important to note that metaphors can provide a sense of reframing or alternative view if the metaphor that is not directly addressing the client's experience, rather a situation or the mysterious process of therapy.

✦ **Publishing Opportunity:** *Metaphors and Therapy* is now accepting contributor chapters for their second volume. This book series shares metaphors used by educators, supervisors, and clinicians to enrich the understanding of therapy moving a new therapist from textbook-to-practice.

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Stewart-Spencer and Dean (2016) cited a caution to applying a metaphor to a client when they stated:

Clients that share metaphors of their life experience open a window for the therapist to understand their world. It is an honoring moment that must be acknowledged for the gift it is and explored for the value it can offer to the therapeutic relationship. Using the client's language to explore the metaphor and grasp the meaning it holds for the client is an essential part of metaphor dissection. (p. 3)

Metaphors in counseling and therapy go beyond direct application to clients but also serve a significant role in the education and supervision of mental health professionals (Stewart-Spencer & Dean, 2016). Metaphors don't have to be extensive or intense. It can be a simple tool that brings understanding to individuals and groups while adding to the diversity of instruction.

There are times when one approach may work well in helping individuals understand an ambiguous concept. In these moments, it is easy to fall into the trap of applying the same approach to each individual encountered. Students and supervisees do not respond the same way to the same approach. Therefore, it is helpful to present information in varying ways and to consider the individuality of each person. Others have also emphasized the value in diversity of instruction. For example, Levitt and Jacques (2005) encouraged counselor educators to vary their approach to core counseling skills through differing models as an effort to strengthen understanding. The use of metaphors is one way to provide variety of approach in the training of mental health professionals.

Diversity of instruction requires educator flexibility and awareness in order to identify *if* or *how* they are reaching students. This applies beyond the classroom or supervision session into the way that many mental health professionals conduct therapy. Counselors look at themselves first before assuming that the client is being resistant or defensive. Mental health professionals may ask themselves or ponder: "What is going on with me?" "Am I not exploring the correct area?" "I wonder if the approach I'm implementing is not the best for this particular client." In the same manner, trainers and supervisors of mental health professionals may benefit from asking themselves similar questions when a student or supervisee does not quite understand clinical or foundational concepts. The use of metaphors provides professors and supervisors with additional diverse tools of instruction to help reach those needing a different perspective.

The complexity of human behavior requires mental health professionals to consider different avenues to help clients achieve their clinical and interpersonal goals. The same is true for educators and supervisors of mental health professionals in helping students conceptualize, comprehend, and address therapeutic and clinical challenges. Sometimes an appropriate roadmap can be found in a metaphor.

## Hushed Tones

*Soothe your self with discussions on caring for the counselor,  
self-care and related thoughts*

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### Check Your Baggage: Self-Care in Practice

Colleen M. Murray

Victor's Crown Christian Counseling Center

Sometimes life can be like flying on a commercial airliner. A time existed when your seat was secure and baggage flew for free. Those care-free days of free baggage are long gone and now it costs for extra baggage, window seats or emergency row exit seats that offer a little more leg room. When we choose to check our baggage, that decision incurs a cost, one needs to decide if the extra price to check luggage and fly comfortably is worth the cost.

Taking carry-on luggage may decrease stress in some ways, as there is no wait for baggage or worry that it may be lost by the airlines. There may be concerns of whether or not my necessities will fit in a carry-on. I ask myself if checking additional bags is worth the price. The question becomes: "How much more do I really need to bring and is there really a purpose being served in carting all these items?" The truth is that our short trips require only the essentials. This same truth applies, metaphorically, to the interactions we have with our clients.

One time my husband and I took a short trip to the Caribbean. I was unfamiliar with our destination and became anxious that I might not have the right attire for any and every possible activity. I ended up packing for the "just in case" scenarios. As a result, I had three bags full of clothing options in which I found some level of comfort and familiarity. When we got to the airline departure counter, the gate agent informed me that my luggage was overweight. To avoid charges for overweight fees, I needed to transfer some of my items to my husband's bags while at the counter. I found myself loaded down with items and believed that I needed all of it to accompany me on this trip. At that moment, I realized the opportunity to buy souvenirs would be limited, as both mine and my husband's bags would be overweight on the return trip. I would have to settle for "souvenir" stories and small trinkets that could be stowed in my carry-on as memories of our trip.

As therapists seeking to make the most of our client's time in session, we need to know where we are going, how long we plan to be there, and what essentials are needed. At times, we may be unfamiliar with our destination, so we hold on to those experiences that are comfortable and familiar. As a result, we pack all the experiences of our clients and ourselves into our lives. We find ourselves weighted down leaving little or no room to pack anything else. How can we continue to provide exceptional care when we have the cares of our baggage and the "souvenir" stories of our clients' pain, sadness, confusion and distress? None of us want to be in the middle of a session and counter transfer some of our packed items to our clients. However, once we are in the middle of the session, it is too late to 'unpack' all our belongings. It is important to avoid over-packing one's self. One of the ways that we can achieve this is through making self-care a priority.

The goal of my self-care is to replenish and to avoid burnout. “Burnout is a syndrome consisting of physical and emotional exhaustion resulting from negative self-concept, negative job attitudes, and loss of concern for clients” (Rosenberg & Pace, 2006, p. 87). Anyone that has ever skirted the edge of full burn-out knows it is not where they want to be, nor is it a place from which to provide our clients with the best care. This exhaustion consumes one’s physical, social and spiritual state. This in turn, causes mental health providers to lose their interest in life and diminish their zeal for the profession.

When I first counseled clients, I felt excited and energized that I would help individuals reach their full potential. After a year, I realized that not everyone wants to necessarily reach the full potential that I envision. Others are not ready to unpack all of their pain. This usually correlates with doubt about where they will be at the end of the counseling journey. This uncertainty facilitates a need for their familiar or comfortable items. What helped me to avoid taking every client’s pain home as a “session souvenir” was the ability to pull from an experience I had in the military.

When I was in the military, I had the privilege to present military honors for our nation’s fallen heroes at their funerals. My first funeral experience was incredibly sad, especially hearing the mournful cries of the fallen soldier’s surviving wife and children. Their sadness affected me deeply. I knew that it was essential that I maintain my professional composure. I repeated to myself, ‘their pain is not my pain.’ I still do this today when the emotional account of a client’s traumatic experience feels like my burden. It’s a simple but helpful strategy that reminds me that I do not have to take on their pain, and that I can leave the session without having to take an emotional souvenir.

Reminding myself a client’s pain is not my pain prevents me from being weighed down with others' checked emotional baggage. It also helps in maintaining clear and strategic thinking patterns. Other strategies which have been helpful include meditating on God’s Word, engaging in physical exercise, spending quality time with family, and taking time to enjoy the little things in life. This helps me stay mentally, physically, and spiritually energized. If I am energized, then I can face daily challenges.

Past experiences offer the opportunity to grow in our experience of maintaining our health or ability to pack only essentials in the carry-on baggage. The strategies seem simple; however, strategies require a conscious effort. When we make the commitment to travel light and enjoy the journey by not weighing ourselves down with over-sized baggage that is going to cost us emotionally, we avoid the risk of counter transferring to our travel companion. We provide ourselves with options to take on the souvenir of being centered, and emotionally balanced.

Over time, clinicians will encounter a multitude of situations with clients, some relatively simple, others incredibly complex and emotional. We must prepare ourselves in advance, to ensure our body language or words do not communicate judgement when we hear something that is unexpected. Self-care can assist us in being able to separate ourselves from our client’s emotional baggage so we do not take on any unwanted emotional souvenirs that could place us over the limit on our own emotional baggage. You can take it from me, counter transferring your baggage, even if it is to your husband, can be embarrassing.

By checking my excessive baggage consisting of familiar and comfort gear, it could travel in the belly of the plane. However, this offered no benefit while I was in transit. The irony was I never needed half the items once I reached my destination. I learned that this new destination required certain items for which I was unprepared. I failed to plan well for that trip, I packed old stuff for a new destination. I discovered that I did not need all “my old stuff” and that traveling light gives me more options to acquire what I really want once I reach my destination.

# Tip Your Hat

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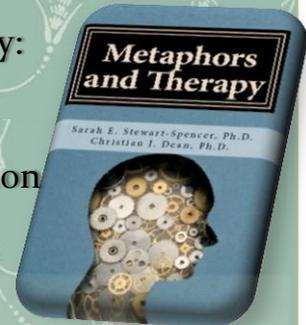
October 5-8, 2017 – Atlanta, GA  
American Association for Marriage & Family  
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December 13-17, 2017 – Anaheim, CA  
Evolution of Psychotherapy

April 25-29, 2018 – Atlanta, GA  
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## New Book Release

**Metaphors and Therapy:  
Enhancing Clinical  
Supervision and Education**



Grasping abstract concepts embedded in mental health training can be challenging! Students, trainees and supervisees often feel frustrated with the vast ambiguity present in clinical training. This teaching guide breaks through the haze by introducing a variety of metaphors to help instructors and supervisors clearly explain the therapeutic process. From case conceptualization to the importance of self-care, each metaphor opens a creative path for exploring foundational concepts.

Each chapter provides the metaphor, key points for metaphor conceptualization, modifications and sample questions for group supervision, ethical and cultural considerations, potential roadblocks and additional applications of the metaphor. This resource benefits professionals at all levels of training to strike the match on professional growth!