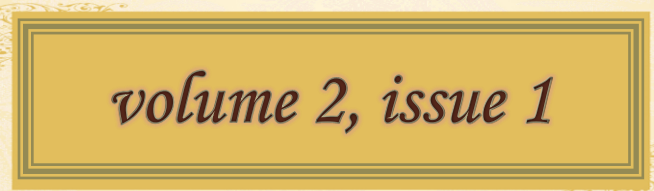


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Off the Record: Insights for the Clinical Supervisor

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

Smoke and Mirrors in Online Clinical Group Supervision

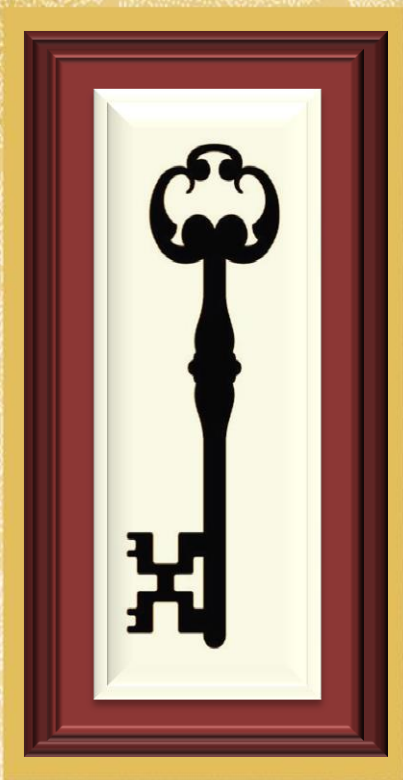
Mindy Heher
Capella University

Advancements in technology have provided wonderful opportunities to stay connected remotely. These advancements have played a significant role in the professional practice of clinical supervision. Online counseling programs afford fieldwork instructors opportunities to meet with their fieldwork interns synchronously via the web. As ideal and convenient as this may seem, online group supervision is not met without some unique challenges for the fieldwork faculty supervisor.

Over the years of providing online clinical supervision, I have found myself addressing unprofessional behaviors not encountered in brick and mortar classrooms. I recall an online group supervision meeting that included me and six interns. As we were discussing cases, one of my interns faded away into a thick, dark cloud of smoke. After closer examination via my web cam, I realized my intern lit up a

cigarette. This experience was a reminder of professional behavior during group supervision. Whether clinical supervision is in a brick and mortar classroom or remotely via the computer, students must maintain professionalism during supervision as it can mirror professional behavior during counseling sessions. The convenience and comfort of online group supervision can lend itself to distinct unprofessional supervisee behaviors.

The ACA Codes of Ethics offers guidelines for counselors' professional behaviors (American Counseling Association, 2014). To encourage professional behavior during online group supervision, it is helpful to remind interns about group supervision guidelines which are unique to distant group supervision. These guidelines can include not cooking during group, avoid texting and surfing the internet, and evade playing with household dogs



– and other furry creatures. These behaviors are distracting, disrespectful, and hinder one’s attention during group. Supervisees should approach online group supervision as if they were meeting with their supervisor and peers in a brick and mortar classroom or a client in a counseling session. Including a disclaimer statement in the fieldwork course syllabus about professional behavior during online group supervision is recommended. Disclaimers often emerge as a “do’s and don’t” list: Do be respectful of your peers; Do maintain confidentiality; Do arrive on time for group supervision; Don’t watch TV during group supervision (the glare from the TV on your face is a dead giveaway); Don’t allow children to join the group via your web cam (even though they think it is cute to see themselves on the computer screen); Don’t fold laundry (especially white undergarments).

In order to get the most out of the supervision experience, supervisees must be fully present during group supervision. Engaging in unrelated group supervision activities interrupts the supervision process. It also sends a clear message to the supervisor and fellow supervisees – “I have better things to do with my time.” As gatekeepers for the profession, supervisors must model professional behavior and address unprofessional behaviors during group supervision as they arise. This can lead to adding to the “Do and don’t” list.

Although online group supervision affords supervisors and supervisees to meet in the convenience of their homes, this does not mean group supervision is a pajama party. As emerging professional counselors, supervisees must maintain a level of professionalism during the context of their training activities – even if this means going through nicotine withdrawal during group supervision.

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

You Are What You Eat: The Emerging Field of Psychobiotics

Andy Brown
Chicago School of Professional Psychology

Amanda Harrington
Capella University

“You are what you eat” is an old adage that usually refers to a person’s physical health, but advances in technology are revealing the link extends to mental health in ways never imagined. Psychotherapists have long recognized the mind-body connection with appetite and digestive issues making the list of clinical symptom criteria for diagnosis. The “why” and “how” of the connection, however, has only recently begun to be understood. Overwhelming evidence is revealing that not just diet but the overall health and functioning of the gastrointestinal system plays an integral role in mental health (David, et al 2014; Mayer, Knight, Mazmanian, Cryan & Tillisch, 2014; Sudo, 2016). Specifically, researchers are taking a closer look at nutrition, intestinal microbes and immunology to understand the complex link between our guts and brains. In fact, an entirely new field of study labeled “psychobiotics” has emerged with exciting prospects for mental and behavioral health treatment.

Psychobiotics: A Hot Dish in Research

Thirty years of research in the areas of veterinary science, microbiology and immunology tried with little success to show

the link between the trillions of homeostasis promoting intestinal bacteria and behavior. Only in the past decade has the subject garnered the attention of mainstream scientific communities. This was largely due to the revelation that intestinal microbiota communicates bidirectionally with the central nervous system via the gut-brain-axis (GBA) (Carabotti, Scirocco, Maselli, & Severi, 2015). These collective bacteria, also called the microbiome, are responsible for the release of hormones, immunological factors and neurotransmitters that signal the brain through the vagus nerve and aid in the regulation of serotonin, dopamine, and norepinephrine (Zhou, & Foster, 2015).

Furthermore, researchers found that to a degree, we indeed are what we eat. Those with more “Americanized” diets high in carbohydrates and saturated fats exhibit much higher presence of the bacterial enterotype associated with “leaky gut” and dysbiosis connected with negative mental and physical health; whereas, individuals with more balanced plant and lean protein diets possessed a much more diverse, balanced gut linked to better emotion regulation (Clapp, et al., 2017). Though each individual’s microbiome is as unique as a finger print, there appear to be certain balances associated with various health outcomes (Cryan, & O’Mahony, 2011). An example can be seen with depressed patients with a comorbid anxiety diagnoses. These patients have a significant overrepresentation of the bacteria *Alistipes*, which can be easily altered using diet changes alone (Zhou, & Foster, 2015). Using this knowledge, an explosion of research has been undertaken to determine if manipulating existing microbiomes in specific ways could promote balance and improved functioning in the GBA. (Mayer, et al., 2014) The term “psychobiotics” was born from this research and has come to represent any intervention that manipulates or changes the microbiome that has an effect on mental health (Cryan, & Dinan, 2012; Deans, 2016). Psychobiotics can include the use of probiotics, ingesting specific “good” bacteria through


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QUARTERLY SPOTLIGHT:

Calm App



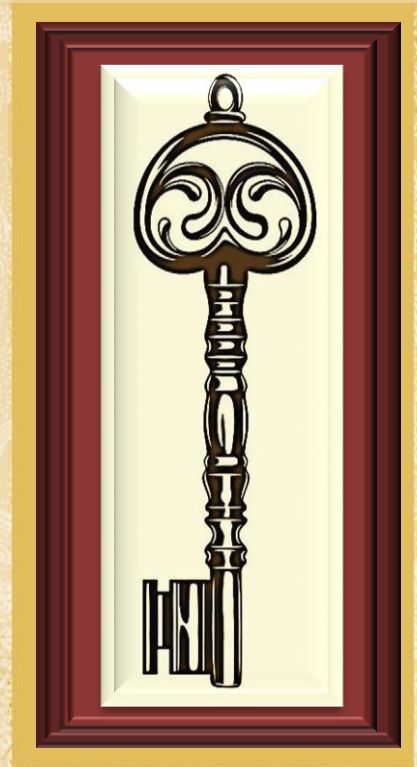
This popular app received the "App of the Year" award from Apple in 2017 for its focus on reducing anxiety, improving sleep and targeting happiness. The link between sleep and better overall mental health has been proven over decades of research. This app hosts breathing programs, calming music and nature sounds that stimulate relaxation and better sleep.

supplement or diet, restricting specific foods, exercise, and fecal transplants to improve gut health. Reciprocally, psychobiotics that may negatively affect microbiomes such as antibiotics and some anti-depressants/psychotics are also being researched.

A Taste of Success

Research in psychobiotics is in the early stages and remains relatively limited but the preliminary findings are proving to be quite promising. Many of these studies entail ingesting oral, therapeutic grade probiotics that contain specific bacteria cultures that can be colonized in the gut and promote better GBA functioning (Schmidt, Cowen, Harmer, Tzortzis, & Burnet, 2014). UCLA researchers found that after just 4 weeks of ingesting a fermented probiotic containing yogurt product twice daily resulted in notable differences in MRI scans during both resting states and emotional reactivity tasks as compared to those ingesting non probiotic yogurt and no yogurt at all (Tillisch, et. al, 2013). Another recent study revealed significantly decreased scores on the Beck Depression Inventory after 8 weeks of probiotic treatment for individuals diagnosed with Major Depressive Disorder as compared to those in the control group (Akkasheh, et al., 2016). Researchers also showed reduced cortisol levels and improved self-reported psychological effects to a similar degree as participants administered Citalopram and Diazepam (Steenbergen, Sellaro, Hemer, Bosch, & Cozato, 2015).

Another form of psychobiotic involves microbiota fecal transplant which essentially involves the transference of a microbial community from one healthy subject to a symptomatic subject resulting in the recipient's behaviors changing to more closely resemble the donor's (Jašarević, Morrison, & Bale, 2016). Studies are already underway using this method in cases of children diagnosed with Autism Spectrum Disorder (Kang, et al., 2017). Burrus (2012) and colleagues found that an over colonization of the yeast candida in the gut stops the absorption of carbohydrates and mineral and allows for the build up of toxins that contributes to and amplifies many behaviors and symptoms in children with ASD. Recolonizing the subjects guts along with restricting sugar and dairy in the diets of these children, in theory, will reduce the inflammatory response and starve the candida yeast thereby decreasing autistic behaviors (Kraneveld, Szklany, Theije & Garssen, 2016).



The 'So What?' for Mental Health Practitioners

For many mental health professionals, it may be unclear what can and should be used from these findings within the therapeutic setting. The sheer volume of research undertaken in the past five years in this area is incredible, but some are cautioning patience in allowing the applications of the findings to catch up with the collective research data. Probiotics and specific diets can indeed promote healthier guts that improve mental health, but it is important to remember the link is bidirectional. Long term, the stress responses from unresolved trauma, pathology, or poor coping will eventually send the gut back into dysbiosis (Foster, & McVey Neufeld, 2013). Keeping this in mind, psychobiotics should be considered as potential adjuvant tools in our therapeutic arsenal and not as a cure. Counselors may not feel comfortable "prescribing" a probiotic or specific diet change, but at the very least, it is imperative that our field begin practicing from a core that acknowledges the fundamental importance of the mind- body connection as opposed to merely agreeing that it exists. Most counseling programs include only a brief overview of how nutrition and basic physiology work in tandem with the brain, offering little to no guidance on how it may be used as a therapeutic tool. Practicing from a foundation that the body's function cannot be extricated from the mind's function is imperative and can guide our clients to gain awareness of the incredible power we each 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

Reflections of a Deployed Counselor:
Responding to the Las Vegas Mass
Shooting

Rebecca Cowan
Capella University

On October 2, 2017, the world learned the devastating news that there had been a mass shooting at the Mandalay Bay. Just one-month prior I had completed my training with the Red Cross as a Disaster Mental Health responder and on the morning of October 3rd I deployed to the largest mass shooting in U.S. history. Despite doctoral level training, it was challenging to quiet the inner ruminations that questioned my competency to help these victims. Responding to these types of tragedies increased risk of Vicarious Trauma (VT), which is a response due to the “painful images, thoughts, and feelings associated with exposure to clients' traumatic memories” (McCann & Pearlman, 1990, pg. 132). VT is a known occupational hazard within the counseling field (Mathieu, 2014) and a concept I cautioned my students in their own practice. Just like many others within the counseling field (Quitangon & Evces, 2015), I

WORDS OF WISDOM

Counselor meditations for daily clarity

The one thing you can't take away from me is the way I choose to respond to what you do to me. The last of one's freedoms is to choose one's attitude in any given circumstance.

Viktor E. Frankl

erroneously believed that experiencing VT indicates that the clinician is not engaging in adequate self-care or is unable to manage his/her emotions. I had never had trouble with either and, therefore, I essentially felt immune to this type of secondary traumatization. I would soon learn that no one who responds to these types of tragedies remain untouched.

When I arrived in Las Vegas the atmosphere felt heavy and surreal. It was hard to believe I was in that same airport just one month prior when I arrived for a brief vacation at the Mandalay Bay. My 36th floor room overlooked a large lot which would serve as the site of the Route 91 Harvest Festival and I would later learn that while I was on vacation Stephen Paddock had stayed there, too. On the first day of deployment, I visited the memorial site adjacent to the Mandalay Bay. I looked up at the broken windows where the gunman had been perched. The festival grounds were set up just as they had been the night of the shooting and purple medical gloves scattered all over the street were a reminder of the carnage that had taken place. At that moment I quickly realized how vital it would be to temporarily set aside my own emotions knowing I would, at some point, need to process these.

I was primarily assigned to the Family Assistance Center (FAC) but also assisted at the hospitals and

memorials. During the first few days, the FAC served as a reunification center for families with missing loved ones. The coroner guided these families through body identification and counselors provided grief counseling. I performed numerous outreach visits to these families and helped to arrange meals, transportation, and transport of their loved ones' bodies back home. The FAC later transitioned to a support center to assess the needs of victims, provide psychological first aid and return items left at the scene. Overall, I interacted with approximately 350 victims and family members, which was well above what I was accustomed to as a clinician. Eventually I knew the details of the tragedy so well I almost felt that I had been there that night. Our team was a source of great support; offering regular check-ins and grounding each other. Our mantra became, "their pain is not your pain." In order to reduce and further prevent my own distress, I worked hard to quickly build connections with my team, including regular debriefings, and utilizing supports the Red Cross had in place for counselors.

Self-care did not come easily as it seemed that everyone in Las Vegas was traumatized. No matter where we went, people wanted to talk about it. This made simple tasks like eating or riding in a cab challenging. The details of that night could not be escaped. I had to modify my typical "self-care plan" and went on walks alone or sat in a secluded area outside. Even the most normal activities felt difficult. For example, during the second week of deployment, one of my teammates invited me to go to Target for some "retail therapy." This was the first time I had entered back into the "real world" since being deployed. I was not prepared for the shock. As I walked through the aisles I felt the urge to leave. The upbeat music and the bustling shoppers were a stark contrast to the dark environment where I had spent the past week. Looking back, this was just a taste of what I would experience upon returning home.

Despite all of this, I was very impressed with how well the Red Cross took care of their responders, such as dedicating certain mental health practitioners to provide support only to fellow teammates. We even had our own service dogs and I will never forget the feeling of watching 13 golden retrievers walk through the front door of the FAC. I quickly bonded with Kye and it was the first time I had allowed myself to feel real emotion in days. For a brief moment, I felt connected again.

Toward the end of deployment I found myself in the hospital holding the hand of a man who had been shot in the abdomen. I attempted to provide as much comfort as I could as he recounted the events from that night and in between bouts of pain talked about his family, job, and life back home. I was due to fly home in just two days and was finding it to be increasingly difficult to compartmentalize my own emotions. Standing in his hospital room was the first time during my deployment where I felt a shift in my worldview. I was beginning to develop a new perspective on resiliency, but I was also beginning to internalize the world as being a very dangerous place. In the second part of this article, personal and professional impacts of this deployment will be explored. Please stay tuned for the next issue.

Hushed Tones

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

The Process of Self-Care: What Novice Therapists Need to Know

Chanell-Nicole Gooden
Capella University

The Idea of Self-Care

Self-care has been thought of as a single intention or action that assists in relieving the mental, emotional and physical stress a person might encounter on a day to day basis. The idea of self-care is more than just a single action it must be an intentional process that is continuous. Self-care is an essential piece of the professional growth for novice clinicians. They are constantly faced with extreme stressors and a real potential for burnout and compassion fatigue (Wolf, Thompson, Thompson, & Smith-Adcock, 2014). Therapists envisioned in the past that they needed money or a long period of vacation time in order to accomplish self-care. Recently, clinicians have found solace in learning to appreciate “the little things.” Activities like bubbles baths, watching ridiculous animal films, singing while stuck in traffic and walking barefoot in the grass are examples of self-care activities that are not time consuming or costly. Novice therapists have very little free time and limited funds. Free activities such as these can mean the difference between personal/professional wellness and burnout ourselves” (p. 62).

A Therapist for the Therapist

Therapeutic services are another great self-care process for the novice clinician. Though it is not mandated, many professionals in the field feel as though all practicing clinicians should have a therapist they see regularly (Bradley, Whisenhunt, Adamson, & Kress, 2013). Having a professional clinician that is aware of the signs and symptoms of compassion, fatigue and burnout can proactively assists the novice clinician in identifying these symptoms. Neophyte clinicians who work with practicing therapists are very skilled and experienced with helping professionals with separating the personal from the professional. This type of proactive processing will allow the novice clinician to compartmentalize their presenting issues during session. Finally, one of the most important benefits to having a therapist is understanding the idea of what “therapeutic stress” can feel like and how to handle it. Many beginning therapists feel self-doubt and incompetence when faced with a client situation that causes challenges. Expressing feelings honestly and openly to another clinician that has no connection to the novice clinician’s, professional life can help the therapist work through perceived shortcomings.

The Power of Supervision

Interacting with professional clinicians in the field can be extremely beneficial; however, the power of supervision cannot be ignored as an avenue of self-care. Knowledge, skill and overall theoretical expertise helps to mold the beginner therapist into a more confident and effective individual. Many therapists underestimate the importance supervision provides. Supervision affords the novice therapist with the opportunity to learn, grow, vent, collaborate, and feel connected to something bigger. This alleviates stress and anxiety, while increasing self-confidence and overall sense of self.

Creating a group perspective generates a platform that encourages multiple novice and seasoned therapists to converse, compare, and collaborate on pertinent issues. During supervision topics such as self-care should come up often. Therapist discussions of what they do outside of session can provide examples for others in the group. Group supervision allows novice therapist to discuss their fears and uncertainties with other professionals on the same level. This process helps boost self-confidence and self-efficacy in assisting the growth of novice therapists.

Program Planning for Future Therapists

The idea of self-care is one that is repeatedly discussed in graduate counseling programs. However, many graduate learners report a large disconnect between what is verbally encouraged versus what is actually physically done. Many professors “talk the talk” when it comes to the importance of self-care. However, many do not “practice what they preach” when it comes to their own self-care practices in their professional lives (Wolf, Thompson, & Smith-Adcock, 2012). Suggestions for future counseling programs are paramount to ensure that self-care is not just a notion, but an intentional act the therapist will engage in regularly. Graduate programs can develop self-care as part of the counseling curriculum. Including assignments or running self-care groups with faculty members and students would be a wonderful example and a strong start to emphasizing the importance of self-care.

Tip Your Hat

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