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Therapeutic Speakeasy

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The Unveiling

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

Can't We All Just Get Along?!

Penis envy, musterbation, incongruence. You may rarely find these three concepts together in a sentence; however, you may find the differing personality types of Freud, Ellis, and Rogers in the same clinical supervision group. Managing different personalities in group supervision can be a challenging task for the group supervisor. A group that is not supervised well may not evolve into a cohesive group; however, having an understanding of the types of personalities most commonly found in a supervision group may help the supervisor successfully lead group.

Talkative – The talkative supervisee typically dominates the group. When I pose a question to my supervisees, I often find the first person to respond is the talkative supervisee. The talkative supervisee is more than happy to share with the group. While a group supervisor may find a talkative supervisee to be gratifying (and a relief!), this type of personality may overshadow the entire group. When a talkative supervisee is dominating group time, I respond to the supervisee with a positive affirmation followed by an invitation to other group members. For instance, "That's a great point Freud! I'd like to hear what your peers think too." This response sends the message that Freud's analysis was significant, but others need time to discuss.

Aggressive – Much like Ellis, the aggressive supervisee enjoys a good challenge. This type of supervisee characteristically does well with confrontation, but domineering personality types may hijack groups. It is important for the group supervisor to manage confrontation among group members. When Ellis confronts Freud, I often use Ellis' confrontation as a teachable moment. I liken the confrontation to the counseling relationship between the counselor and the client. I ask Freud how he felt about Ellis' confrontational response while praising Ellis for using this skill. By doing so, I am not only checking in with Freud about his feelings, but also demonstrating how a counselor might use confrontation and attend to the client.

Timid – The timid supervisee often sits back and listens to other group members. The supervisor often encourages participation from this personality type. When Rogers is not participating in group because Freud is talking incessantly, I attempt to include him in the discussion by directly asking him a question. For example, "Rogers, I am curious to know your thoughts about what Freud said." The timid supervisee may be fearful of confrontation. When Ellis confronts Rogers then it is my obligation to make sure the confrontation does not flow into an attack.

While the role of the group supervisor is to support supervisees' growth and development as professional counselors, he or she must also navigate the nuances of different personality types. I personally appreciate a diverse group of supervisees. Diversity makes for interesting and lively discussions; however, as a group leader, I must attend to group dynamics. This includes making sure the Freudians are validated, the Ellisians are commended, and the Rogerians feel safe.

Dr. Mindy Heher

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

Neuroscience: It's Not Brain Surgery

Neuroscience seems to be trending right now in the fields of counseling and psychology. If science gets on your nerves, neuroscience helps explain why. Neuroscience focuses on how nerves and the nervous system impacts behavior and learning. How has this not been an integral part of our training in the past, and why is it trending now? Perhaps a brief look at the biological interplay of attachments with counseling and psychology can better illuminate why we have turned our attention to neuroscience and why continued study is important for our field.

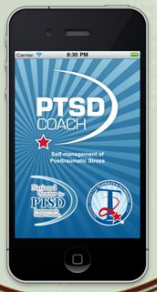
While neuroscience is an immense field, the studies surrounding the neurology of attachments have revealed the science of connection between people, animals, objects, music and more, making it an essential link with psychology. Much of what we have learned about the impact of attachment on our neurological wiring during the first two years of life, neuroplasticity, and the neurological impact of trauma have been revealed within just the last two decades of research. These studies help us to understand the process of how we physically feel things like a rejection from a significant other, or gaining a raise from our boss. A deeper understanding of the neurological links between the physical and emotional pain felt by those suffering from depression, severed ties, rejection or loss have revealed new cutting edge pharmacological and therapeutic interventions in aiding those that suffer. It can also bring insight that will assist with creating connection within the counseling environment, a factor that contributes greatly to the success of treatment.

The New Mix

Our changing world practically requires technological competency. Stay up-to-date with software, apps, programs, and other advances.

QUARTERLY SPOTLIGHT:

PTSD Coach App



The U.S. Department of Veterans Affairs launched this mobile app to support soldiers returning from deployment. This app allows the solider to learn about PTSD, track their trauma symptoms and connect to both private and public support. This app can be downloaded for Android and iPhones. There is also a desktop version at http://www.ptsd.va.gov/public/pages/ptsd_coach_online.asp

The history of psychology seems to reveal that we tend to place the cart before the horse when considering how things work. In addition to the relationship building impact within the counseling environment, neuroscience also gives us an opportunity to understand the why's and how's of theories and techniques that are successful in practice. Freud's theories have come under great scrutiny, and rightly so; however, his unassuming gift was the fact that neurological processes taking place during childhood can impact us later as adults. While twentieth century therapies are continuing to be examined under the lens of neuroscience, studies in neuroscience have already led to some exciting twenty-first century therapeutic interventions. Techniques like Eye Movement Desensitization and Reprocessing (EMDR) and Brainspotting have gained accolades for their application for treating a host of psychological and emotional disorders.

The neuroscience of attachment has helped to shed light on curative factors of the therapeutic relationship, the etiology of profound disorders, and how we might learn to overcome behaviors manifested from past traumas. Perhaps one day understanding how my nerves impact my behavior will help me refocus myself neurologically. Maybe Apple will develop an iBrain that will decrease my proclivity to procrastinate by searching Google and Amazon instead of completing this overdue article … one can only hope!

Dr. Andy Brown

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Behind the Curtain

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

A Little Extra Won't Hurt, Right?

Walking through a grocery store these days has become a small cross-country adventure. We have more options and variety than ever before. We also have more ingredients added to food. It causes one to ask if it is a natural human process to *'add to'* everything. Manufacturers would say these "extras" add flavor and that the simple, straight food was simply not enough. In opposition, there is a growing appreciation for the original whole food.

Therapy is no different. It is greatly disappointing to hear client stories of counseling experiences that added everything *except* therapy. Stories include sessions that focused on the counselor's lengthy self-disclosure of personal problems or that the client merely updated the counselor like a verbal diary. Clients also share that previous counseling wandered aimlessly without direction or that the counselor only shelled out personal advice. Beware that erroneous ingredients are being added to psychotherapy causing ineffective treatment. These added ingredients hold sessions back from the challenging deeper work that produces change.

It is time to ask ourselves about the source of these extra ingredients.

Is it getting too much to carry? Counselors vary in their approach, characteristics, population, and much more. But at some point, we all do the same job: we sit with the client's pain. We carry the heaviness of raw emotion. Counselors hear the unspeakable, the terror, and the burdens of man. If personal disclosure is at an all-time high, then it's time to check if we are looking for help to carry the pain.

Has exhaustion set in? Therapy is hard work. It is exhausting and can feel never-ending. Helpers have a tendency to rarely help themselves to self-care. Weariness, cynicism, jadedness, fatigue can set in without the necessary rest or decompression. Counselors persevere through self-care but resistance to this medicine is overwhelming.

Do we need more training? Taking counseling from a content level to a processing level takes competence. It is even more challenging to stay in the deeper throes of therapy where the real work flourishes. Education, supervision, and continued counselor growth are required. We must implement self-monitoring and self-awareness. When growing edges are identified, it is up to the counselor to meet this need.

Are we scared of the deep? There are certain topics, stories, or issues that strike fear into any reasonable man. But counselors press boldly into these fearful (sometimes terrifying) areas of life. If we allow our own sense of fear to enter the space between the counselor and the client, then we lose the courage to align with the client. Our clients need to know that we are brave enough to accept all parts of them, not just the shiny sections.

I could end by stressing self-care, encouraging more supervision, or cheerleading for additional training. But I would rather stop here to breathe in the reality that one of these categories could be true. For now, let's submit to self-evaluation.

Stripping away the extra ingredients will lead us back to the purity of counseling. Join the movement and enjoy the simplicity. It is enough.

Dr. Sarah Stewart-Spencer

WORDS OF WISDOM

Counselor meditations for daily clarity

Our lives are filled with moments.
Any of these given moments can change your life.

The key is to be *there;* be *present*

Don't miss our next quarterly newsletter coming in July 2015! Join our distribution list or find out how you can become a contributor by visiting our website www.TherapeuticSpeakeasy.com

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Hushed Tones

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

Self-Care is Not Optional

Tossing and turning for hours before drifting off to sleep only to be startled awake by a nightmare illustrating one of my worst fears, my own daughter experiencing what just happened to my client. I woke contemplating personal boundaries, the consequences of empathy, and the fear that trauma could happen to someone I love.

My client was barely school age when she was raped and sodomized by a virtual stranger. She was rescued by her younger brother who happened to hear her cries of help. I had been counseling the little girl weekly for some time but never saw signs of the abuse. In fact, this was the third time the rape happened. After receiving the call detailing the assault, I began to rack my brain trying to pinpoint exactly how I missed this horrible abuse. There were signs in the previous weeks, like flatter facial affect, minimal voice inflection, sadness, quietness, and withdrawal. However, traditional telltale signs of sexual abuse were not present, such as wetting her pants, sudden stuttering, anxiety, urinary tract infection, blood in underwear, problems urinating, or talking about sexual content with peers.

After the trauma disclosure, I experienced several dark days. This ranged from shortness of breath, tightness in my chest, and even chest pains. It was difficulty to sleep, but when sleep did prevail, nightmares flooded in. Then, as sadness set in, so did my desires for justice. I felt overwhelmed with the need to protect her from irresponsible parents.

Up until this point, self-care was non-existent. They say hindsight is 20-20, so I can easily look back on this situation and see where self-care was needed. In the midst of the storm, I never gave a thought to stopping, regrouping, and taking care of myself. I was in "fix-it" mode. I was overwhelmed with making phone calls to agencies and law enforcement. My thought life consisted of reflecting, reliving, and revising the events leading up to this final outcome. These thoughts provoked more anxiety with no resolution. I wanted to fix this horrible situation to the best of my ability. The "fixer" inside pushed me forward and demanded that I do something (*anything*) to bring peace, security, or happiness back into this little girl's life. The fixer did not have time for self-care.

I realized that I had to place self-care as a top priority. I started refocusing my thoughts in hopes of silencing the fixer. I practiced deep breathing exercises throughout the day and started brisk walking in between clients. Thinking about what I am thankful for in my personal life and in my career also helped. My spirituality was crucial in my healing as I reflected on the ways that blessings can rise from ashes. When I consider the importance of my faith, I am comforted by the strong role it plays in my self-care. For I know that *fixing it* is left to a higher power. My responsibility was to simply be there with my client.

Dr. Kandiss Taylor