

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

Affecting Change by Understanding Motivation

There appears to be a trend developing that would identify a spectrum of motivation for change that begins with an external nature and moves towards a deeper, longer lasting internal nature. Through that spectrum, four motivational factors seem to stand out above all of the rest: fear, guilt, duty, and love.

Fear is the most common form of motivation because, for most, it seems to be the easiest to understand. If we look at an example of not speeding when we drive, we understand that this is a situation where we are motivated not to break the rules or laws because we don't want to get in trouble and have to pay a fine. The challenge that we often run into with following rules because we are afraid of the consequence is that the motivation is temporary and nearly completely external. We find that eventually we are not as afraid of the consequence or are willing to accept the consequence so we can arrive at our destination faster.

Guilt may seem to be slightly confusing as it does not jump out as something that would be motivating. During my tenure in the therapeutic world, the one phrase that causes me to cringe above all others is "if you love me, you would do this". The frustration that occurs when that phrase is uttered is based on the feeling that there does not seem to be a good argument to refute what is being said, especially when that person is still so externally motivated. This form of motivation is also one that is temporary because the pressure that comes from living up to someone else's expectation is exhausting.

Duty is defined as something a person feels obligated to do based on moral or legal obligation. Moving into an internal locus of control, the values that we allow to guide our lives become so deeply rooted and ingrained in our daily interactions that we begin to feel as though we owe ourselves to stay true to the beliefs we attach to our core meaning. This sense of duty to self is the first step towards being motivated by our own beliefs as opposed to the anxieties we have about external people or things.

The final part of the spectrum, the most internally motivated place, is love. We move from not just a sense of owing it to one's self to stick to their core meaning and values system, to a sense of loving one's self enough to make choices that are based on the values system they have created through conscious effort and copious amounts of time spent examining themselves and learning who they truly are.

As we work towards the ideal of self-love or self-actualization, we must learn to be patient with ourselves. Our needs are met first, while helping to provide for the needs of others, primarily on an emotional level. This is the greatest gift we can give to others: learning to love one's self to a point where we can selflessly give to others.

Scott A. Lovelace

Copyright pending



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

Virtually better already!

You find yourself standing near the ledge on the rooftop of a 50 story building. As the cool wind blows against your face, you take a deep breath and smell the city air. The inevitable knots in your stomach start to creep into your throat, when suddenly you remove the goggles and find yourself in the safety of your counselor's ground floor private practice office. You have just experienced your first virtual reality exposure therapy treatment.

Despite age, education, or level of maturity, there is always the capacity to revert to a childlike mindset when fear is involved. Fear and phobias are in the crosshairs of virtual reality exposure therapy. This is the newest weapon in the arsenal constructed to do battle against the irrational beliefs that support some of our most resistant disorders. In Vivo, flooding exposure is effective in treating a client's fears; however, the potential harm of exposing a client to a real life situation has limited this type of therapy. Over the years, work has been done to fill the gap with a safe and realistic treatment, and with virtual reality exposure therapy, clinicians have hit the jackpot!

Has the world progressed so far that we can learn to face our fears by the simple push of a button? Strides are being made in the field of exposure therapy with a new app for professionals who are Apple users. Virtually Better, Inc. has embraced exposure therapy by taking it to the next level. The app allows clients to address triggers on their own terms. Administering exposure to a specific thing, situation, or place via a virtual reality application on the client's cell phone could be the future in treating phobias for counselors worldwide. So far, Virtually Better, Inc. has created programs for fear of flying, heights, storms, and fear of public speaking. There is also a support section of the application that assists in treatment for alcohol addiction, as well as PTSD (via the BRAVEMIND project). Through vivid exposure to such intricate fears, this Apple app has created a "here and now" opportunity for counselors and clinicians to walk through systematic confrontation with the client's feared stimulus. The app is currently limited to qualified mental health professionals, and the cost ranges from \$599-\$1295. If cell phones are your actual phobia, then you get free exposure therapy with every cell phone you touch (wink).

The endless applications of this technology can be of great use to counselors and their clients. Although there are typical weaknesses and potential downsides to most interventions, this form of virtual reality therapy seems worth our attention, and dare I say ... our exposure.



The New Mix

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

QUARTERLY SPOTLIGHT:

VSee Telemedicine Platform

vSee

The freedom to see clients despite location may now be possible with this remarkable, HIPAA-compliant video service. This telemedicine app works on a variety of devices from computers to smart phones to ensure encrypted, private communication. Prices range depending on selected package and go as far as offering a cloud-based clinic! This futuristic appointment is definitely cutting edge!

Dr. Andy Brown and Brittany M Williams

Behind the Curtain

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

An Einstein Classic

A portrait of Einstein hangs on the wall of my office. I have no particular attachment to Einstein; not enough to warrant the office real estate, anyway. But I have an attachment to Tom, the client who gifted it to me during our last visit together. He died of brain cancer shortly after his gift giving.

Tom was counselor. He was a deeply rational man and, a scientist. He was also too young and healthy in every other way to be dying. So it was intriguing when he linked his work in mental health as a contributing cause of his brain cancer. He explained that the process of counseling is a process of sharing a burden. He believed that, similar to a lot of labor-intensive professions, there are physical consequences to our work

It is humbling and fulfilling to be given this role in people's lives. However, the burnout rate of mental health workers has been well documented. My conversations with Tom encouraged me to consider the Einsteinian equation of my health in relation to working. This included thinking about the stressors, knowing what I am absorbing, and understanding the energy I am expending. In trying to formulate this equation, I found three major factors.

First, the nature of the work is intense. When I sit in my office chair, I am "in service." I don't get a minute off or time to adjust my workload to my daily energy cycles. Further, I have no control over what is coming next. Often, clients have been restraining the emotion for weeks, just

WORDS OF WISDOM

Counselor meditations for daily clarity

"What is to give light must
endure burning"

~ Viktor E. Frankl

waiting to get into that chair to unclench. It is my job to join them where they land once they let go, then catch their suffering to carry it together. Caring isn't effortless. Straining is one of the by-products of this work and it requires a foundational, enduring strength on the part of the counselor. It requires capacity for some emotional yoga.

Second, mental health work is not formulaic. We are constantly problem solving in abstraction with uncertainty and unknown outcomes. Meaning, I never really know when I am doing "good work." When people are doing well, they don't always come back to tell me it was helpful. There is limited access to closure, relief, or the healing. My practice is one of a thousand unfinished, often unfortunate stories in which I have invested.

The third factor is what Tom spoke to the most. This work is heavy. I often don't have much control over the duration or intensity of the emotional pain I share with the client. It is human nature to attempt to escape suffering. In our own lives, we have the ability to make choices to move away from things that hurt. But as counselors, we don't have that choice. We stay right next to them through their process. I think about this process as standing with clients while they negotiate their personal hell. I haven't learned to care and not care at the same time.

This is a unique energy we are expending in mental health work, and there is no Gatorade for counselors. The experience with Tom led to some significant life changes including setting boundaries with clients, changing my client load, and redefining my perception of this role. He left me with a deep understanding that if I'm going to continue to do this work, I need to be living well outside of work to generate an energy surplus. Who better than Einstein to look on as a reminder about my energy.

Dr. Trevon Clow

❖ *Don't miss our next quarterly newsletter coming in January 2016! Join our distribution list or find out
how you can become a contributor by visiting our website www.TherapeuticSpeakeasy.com*



*Special
Feature*

After Midnight

*Jump off the press as we roll into hot topics
and current issues impacting the professional field*

Torture Trauma Enablers Were We

Trauma exists when we recognize there are wounds. The wounds populate our memories, dreams, and flashbacks with images, thoughts, and sounds. With healing, these wounds are the first to disappear and provide hope to the survivor that life will return, somewhat, to the way it was. The traumatic (stress) injury is the sinking feeling accompanied by worst fears -- that life will never be the same. It can be quite lonely and confusing.

Trauma of Failed Organizations

Trauma's wounds can come in response to organizational failure. Organizational failures and errors damage its reputation and those of its members. Members and supporters fear the loss of place and confidence in the future.

The Veterans Administration's failures caring for American veterans are a good example. These failures of judgment, ethical compromises, and down right illegal acts add up. Collectively the failures damage this proud organization diminished in stature and trust. As a military veteran this concerns me. The failure of Volkswagen and their complicity in emission standards is another. It will take years to recover financially and morally and win back proponents.

The American Psychological Association (APA) is another organization that has failed its community – employees, members, and benefactors. A 500 plus page report (called The Hoffman Report named for the primary author). APA commissioned Mr. Hoffman and the Report to answer at least one primary question prompted by a New York Times investigation: Have we (APA) colluded with the Department of Defense to lower ethical standards for military psychologists and psychologists contracting with the DoD that encouraged and enabled torture? The Report said “yes.”

Torture Trauma Enabled

The Report, released in July and discussed extensively at the annual conference of APA was an extraordinary systemic and seismic shock to everyone I know – long-term members, those who held leadership positions, former employees of APA. The shock gave way to anger, feelings of betrayal, a profound sense of embarrassment. How could an organization that has professed like other medical services, “first, do no harm,” could possibly enable torture? Not only was there harm there was torture.

An untold number of detainees were tortured and they were tortured in part because of programs designed by psychologists and each torture session being overseen by psychologists. The consensus is and was that APA compromised its position to enable the Department of Defense to have ethical cover to continue the torture program that does not and never has worked. This Program, in the eyes of fair-minded people, enabled by psychologists was profoundly un-American, unethical, illegal, and inhumane.

After Affects and Action Taken

It has now been a few months since the Report was released. Among other things, the membership has expressed its rage and has taken a position of ridding the organization of all those who were part of the collusion to enable torture. The traumatic stress injuries exist but have significantly subsided as plans emerge in repose to the Report. That said the initial shock was still wearing off however. The shock of the realization that our APA was a torture enabler led to a significant change in APA leadership – both staff and volunteers because the Board of Directors and the Council of Representatives reacted swiftly to correct the problems identify and easily rectified. Among other things, the membership voted through its representatives to reverse all ethical standards and procedures that in any way enabled torture and to put in motion a systematic overhaul of organization mechanisms that may have enabled the failure of organization responsibility and ethical behavior including conflicts of interest.

Torture Trauma Treatment of the Torture Survivors

So the shock is wearing off. It is being replaced with a sense of satisfaction that now, finally, APA and psychologists are becoming more invested in reform. Among the plans going forward, beyond institutional reform, is to look more closely at the topic of torture with special focus on how and why it does not work and causes great harm to the victims, their families, and to the US interests and reputation as a caring people worldwide. Moreover, it causes great harm to the torturers themselves, based on considerable case reports of former rendition team members.

APA's newest and fastest growing Division is its Trauma Psychology Division that is devoting a special issue of its journal to the Hoffman Report and the focus on reform and making torture victims whole again. The Division is working with several other divisions and their leaders to establish a task force to comprehensively study and work against torture and other inhumane programs and techniques. Most recently, the American Civil Liberties Union (ACLU) filed a federal lawsuit representing the torture victims against the psychologists who designed and enabled torture and we within APA are actively working toward enabling APA to join the ACLU on the side of the plaintiffs.

Conclusion

Yes, torture trauma enablers were we. The Hoffman Report was a sudden wound, a trauma, for those who love APA and believe it is an important public and professional resource. Yes, the Hoffman Report found that the APA, an organization initiated and paid for the Report, had colluded with the US Military in charge of Guantanamo. Yes APA helped to create a work around for their military psychologists to work at Guantanamo and an ethical cover for any detainee at any base outside the US (where US laws are not necessarily applicable such as Guantanamo).

My hope is that we will all learn and benefit from the lessons emerging from this terrible chapter in our history; that the torture victims will be made whole, along with their families and supporters. Finally I hope that every psychologist will become familiar with the immediate and long-term psychological consequences of torture and do far more to prevent torture and help those abused by it.

Dr. Charles R. Figley

Prof. Charles R. Figley, Ph.D., is the Paul Henry Kurzweg, MD Distinguished Chair in Disaster Mental Health at Tulane University and Director of the Tulane University Traumatology Institute. He is also the past President and Founder of the Green Cross Academy of Traumatology (formerly Green Cross Foundation)

Hushed Tones

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

The Irony

Irony is defined as, 'A state of affairs or an event that seems deliberately contrary to what one expects and is often amusing as a result; e.g. Counselors who do not practice self-care.'

As you may have guessed, the last part of that definition is not actually found in the dictionary, but perhaps it could be. Sometimes I imagine what I would say if a client asked for examples of how I create balance and self-care. Could I offer examples of daily health habits? Here comes the age-old hyperbole that is often quoted but rarely lived, 'practice what you preach.'

Self-care seems to be a conundrum. When meeting with clients, I often revisit the importance of prioritizing self-care, but then can think of very few examples of prioritizing self-care in my own life. I have to ask myself: what causes this irony?

I looked for answers to that question and started with the basics: my job description. My role is based entirely on the idea of helping others help themselves. Every move I make as a counselor should help my client gain, overcome, and learn how to cope. I help them determine what works best for their life and how to maintain a healthy balance. I remind my clients of the importance of self-care and how hard it can be to work through issues. It is essential that they find healthy ways to relieve stress and relax.

When was the last time I stopped to remind myself on a daily- or even weekly- basis of what I need to do to take care of myself? The answer may have a profound impact on my own ability to counsel and provide care to my clients. Most people would not go to a surgeon that never studied anatomy, or a surgeon that studied under an instructor that devalued education. The same applies for clients searching for a therapist. Consequences for not practicing self-care can range from something as simple as not being as present as needed during a session, to burnout resulting in a career change.

Think about your self-care routine (let's hope you have one!). How often do you stick to it? What are you doing on a daily basis that restores your 'self' and your morale? If you have difficulty answering these questions, then it's time to start looking at the roadblocks. Just like therapy, every situation is different. It may take time and reflection, but it will be worth it in the end. After all, it would be nice to have a little less "irony", don't you think?

Melody Granger