

The Second Act

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

Negative Stereotypes in Online Counselor Education and Supervision Presence

C.S. Lewis' (2009) satirical novel *The Screwtape Letters* sought to illuminate a morally reverse viewpoint from that of the author. The writer's pen opened a porthole into the author's faith so readers might glimpse objections to their own faith. Similarly, viewing negative archetypes in online teaching illuminates best practices in online classroom presence.

Dr. Do-Little: The presence of the instructor in online education is seen as a cornerstone of best practices. Dr. Do-Little is a broad stereotype that encompasses various lackluster personas encountered by weary students. Dr. Do-Littles have a tendency to place their online classes at the bottom of very long to-do lists. They suffer from overbooked schedules, poor time management, fear of new technology and general educational apathy. In their sufferings they tend to miss the axioms of effective student engagement.

Drs. Procrastination, Ad Nauseam and Bland: Accurate, timely feedback and appropriate tone are hallmarks of effective online classroom presence. As with many dysfunctional systems, Dr. Do-Little's support staff of enablers add to a horrific classroom experience. Professor Procrastination waits so long to return assignments that students have moved through the next sequential assignment, rendering previous feedback useless. Professor Ad Nauseam uses the mouse to cut and paste similar responses to each student, providing nothing more than a frustrating monotonous communication loop. Dr. Bland offers unimaginative, lifeless feedback. Dr. Bland offers unimaginative, lifeless feedback.

Rather than attempting to regale the fresh minds seeking to grow in the online classroom with vital personal and professional experiences, this teaching trifecta kills the spirits of unsuspecting students, only encouraging drool and sound sleep.

Dr. Know and Dean Tenure: Social presence and the use of modern technology are to the online classroom what spices are to food. While Dr. Know and Dean Tenure do not lack esoteric language, their lack of technological skills and online social presence handicaps their connection with their students. It is nearly impossible to connect with the student that speaks in text lingo via modern devices when Dr. Know and Dean Tenure need their grandchildren to turn on their VCRs. Clinging to the outdated technology of their youth rather than embracing their students' technology creates a barrier between Dr. Know, Dean Tenure and their frustrated students.

In the next edition of the *Therapeutic Speakeasy*, we'll take a deeper dive into the underpinnings of the negative stereotypes, while also dipping our toes in the depths of effective online counselor education and supervision.

Reference: Lewis, C. S. (2009). *The Screwtape Letters*. New York: HarperOne.

Dr. Mindy Heher, Dr. Andy Brown,
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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

BRAVEMIND for Brave Hearts

Imagine that you are working with a soldier, and in the middle of your third therapy session the soldier admits to having terrible nightmares. These nightmares involve a horrifying explosion that rocks her military transport, with a grisly outcome for the soldier and her passengers. The soldier explains that reoccurring nightmares are impacting her desire to return to active duty. As her therapist, how would you help while maintaining the client's safety? Currently, there are a lot of therapists encountering similar client scenarios as they treat soldiers returning from hot zones. The need to help clients suffering with post-traumatic stress disorder (PTSD), as quickly and as safely as possible, was the impetus for the development of STRIVE and the BRAVEMIND project.

The BRAVEMIND project, or "BRAVEMIND," is an interactive application of virtual reality therapy (VRET) used for assessing and offering treatment to recently deployed soldiers at risk for developing PTSD. BRAVEMIND is an evidence based exposure therapy that helps the client or soldier process PTSD-triggering information more effectively than other forms of VRET. This therapy has shown a greater decrease of PTSD related symptoms in general trials than other forms of VRET. BRAVEMIND therapy integrates virtually simulated trauma-based scenarios with emotional story telling.

BRAVEMIND allows clinicians to treat PTSD symptoms safely and supportively, since the pace and levels of intensity for the visual and sensory stimuli are controlled by the clinician and client. This control allows for a more individualized, self-paced experience during therapy sessions. BRAVEMIND permits soldiers to engage in repeated virtual trauma experiences that promote discussion of personal trauma memories. The method also lessens the reaction from the traumatic experiences that precipitate the symptoms of PTSD.

The biggest challenge often faced by clinicians using exposure therapy is the resistance of soldiers to re-living traumatic experiences multiple times. Military training requires soldiers to remain emotionally strong; therefore, seeking help for emotional difficulties is seen as a sign of weakness which encourages resistance. The creators of BRAVEMIND noted the problems surrounding soldier's resistance while undergoing VRET. Resistance became so common that creators developed STRIVE to proactively reduce soldier resistance. STRIVE is a VRET that helps by proactively reducing a soldier's resistance. The resistance incurred by undergoing VRET encouraged the use of STRIVE.

STRIVE was originally created to help soldiers deal with trauma related to sexual assault. Currently, STRIVE has expanded as a proactive VRET that teaches soldiers healthy strategies for coping and handling stress prior to deployment. Similar to BRAVEMIND, STRIVE simulates virtual simulations or scenarios that are stressful to soldiers before these situations are encountered in the field or during combat.

BRAVEMIND and STRIVE applications are under further study to determine how each may be generalizable to non-military personnel. If they can develop a VRET for combat soldiers, perhaps there is hope for dealing with normal job related anxieties. The applications of VRET are nearly endless, which is not surprising since technological innovation spends much of its focus on making products more accessible to consumers. It will be fascinating to see how the benefits of the virtual environment may influence counseling in the future. Can you imagine the impact of BRAVEMIND or STRIVE on non-military personnel if it were adapted to general client issues? If only there was a STRIVE program that would preemptively lower stress levels surrounding my anxiety-provoking annual performance evaluation!



The New Mix

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

QUARTERLY SPOTLIGHT:

Smiling Mind



Offering six Mindfulness Meditation programs, this app helps to make meditating easy-peasy! It was developed by a team of psychologists and hopes to increase accessibility to mindfulness. This app is free and available to iPhone or Android users.

Dr. Andy Brown and Melanie Thompson

Behind the Curtain

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

Journeying with Reality Therapy

Learning to be a counselor and learning to be proficient in theory or methodology requires a willing commitment to study in depth, to practice incessantly, to receive feedback, to be willing to risk making mistakes and to be able to recover from them. My own journey involves studying various counseling theories and selecting reality therapy as a personal and meaningful system congruent with my beliefs about human nature and about human motivation. Reality therapy is based on the principle that human beings choose most behaviors to satisfy their sense of belonging, achievement, freedom, fun and survival or self-preservation.

I suggest to students that they treat most actions “as if” they are choices without imposing blame or criticism for past actions. The skills derived from reality therapy empowers clients to define what they want from the world around them, to evaluate the effectiveness of their current attempts to gain what they want and to make efficacious plans. The most important core component when practicing reality therapy is that of self-evaluation. Surprisingly, self-evaluation is most easily, yet unintentionally, overlooked.

Counselors using reality therapy assist their clients to define their wants and to conduct a searching and fearless self-assessment. This self-evaluation is not self-criticism. Rather, it is asking oneself, “Is what I want realistically attainable?” Even more important, is the self-assessment question, “Is what I’m doing helping me or hindering me in my quest to satisfy my wants?” Another even more significant intervention is that of assisting clients to

WORDS OF WISDOM

Counselor meditations for daily clarity

What psychologically troubled people most need is not to be analyzed, judged or advised, but simply to be heard—that is, to be truly understood and respected by another human being

~ Dr. Carl Rogers

look inside themselves and to ask, “Are my current choices bringing me closer or putting distance between myself and the people around me?” This seemingly simple question operationalizes the theoretical principle that many problems presented to counselors are rooted in human relationships. For evidence of this statement I invite you to search the DSM 5. Virtually every diagnosis contains an allusion to a dysfunctional relationship.

Counselors also evaluate their own behavior, their perceptions, their self-talk and even their feelings. Self-evaluation insights include, “Am I giving my clients my full attention?” “Am I sufficiently qualified to be of assistance to this particular client?” “Do my values and pre-suppositions about this client help or impede my ability to empathize, and to be of assistance to the client?” “Am I willing to accept my limitations and to struggle to be more understanding and skillful?”

Reality therapy is a comprehensive system that is applicable to virtually any presenting issue that counselors experience. This statement might appear to be bold and too comprehensive. However, reality therapy is based on human motivation that is common to individuals worldwide regardless of social class, culture, educational level, personal inclinations, family history or diagnosis.

In my own journey with reality therapy, I have found that it provides a path from sadness to joy, from loneliness to involvement with people, from fear to self-confidence, from anxiety to peace of mind and, most of all, from isolation to healthy human relationships.

*Dr. Robert E. Wubbolding
Director, Center for Reality Therapy*

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Hushed Tones

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

Too Focused to Care

Self-care is integrated into every aspect of our training standards, continuing education, and supervision practices. Yet, it is mission impossible to morph from paper to practice. Self-care, when integrated effectively, should be interwoven into our lives on a regular basis. Unfortunately, weaving isn't exactly my strong suit. Self-care has become another task on my long list of things to do, and it has the nasty habit of inching its way to the bottom of my to-do list.

In the past few years, a pattern has emerged regarding daily tasks and self-care. I call it focus-tasking. Tasks are bulked together based on similarities and they are all completed at once. For example, instead of running one errand today at one store and then going to a different store tomorrow, all errands are run on the same day. When I need to write, whether it is for the Speakeasy, a research article, or our book, I save it for the same day. Grading, cleaning, and student phone calls tend to follow the same guidelines.

Multi-tasking has become too challenging as my life-roles expand: mother, professor, writer, counselor, supervisor, wife, etc. When tasks are lumped together, it is easier to function solely from one of these roles at a time. Some skilled individuals can effortlessly bounce between their different roles while still being productive, but this desirable talent missed work the day my DNA was created.

Self-care is approached along the same lines, but it seems to be the one area that does not benefit from this pattern. Instead of regularly taking time for myself, I wait until my vacation break. Unfortunately, self-care rarely gets booked during that break. The other roles and tasks scream for their turn in line. All too often, I only take self-care when my body breaks down and says, "Enough!" The days that could have been spent relaxing are traded for days getting ready to submerge myself back into the pattern of focus-taking. Usually, by this point it's not self-care as much as it is self-restoration.

When self-care is not integrated into the weekly routine, life likes to remind us that we need some attention too. Whether this looks like a weakened immune system, somatic systems, internal conflict, questions about purpose, or ruminations about balance. These "reminders" offer reflection for change. A chance for self-evaluation that yields hope for improvement. Isn't this in our very nature as counselors to yearn for growth?

Awareness leads to personal responsibility, which in turn leads to change. In my first step towards a new pattern, responsibility must be embraced and acknowledged.

I guess there is no time like the present, "Hi! My name is Sarah and I'm a focus-tasker."

Dr. Sarah Stewart-Spencer