

Letter from the Editor

Speakeasy Adventures



it is time to grow

When we first created the Therapeutic Speakeasy, we wanted to provoke ideas, discussions, and reflective thoughts about the mental health profession. We called it a "newsletter" with best hopes of categorizing this project. However, as we grow in this enjoyable endeavor, we realize that our category has lost its fit.

We are proud to announce that we are transitioning this newsletter to an electronic journal! Several steps accompany this change but the transition will not impact delivery method, content or the free nature of our work.

This announcement comes with an opportunity for our patrons to collaborate by joining our editorial review board. Our goal is to host an extensive panel in an effort to minimize reviews for each board member. This means board members can expect a review 1 or 2 times a year. The review would be a single column (roughly 500 words) or a full issue (4-5 columns).

Review board members must meet specific criteria (listed on our website) and will need to submit the following: resume, contact information, and letter of interest.

Your feedback will help determine changes for the overall issue as well as enhance writer direction. The name of each editorial review board member will be listed on our website.

If you are interested in becoming a review board member, please submit to TherapeuticSpeakeasy@gmail.com

We look forward to you joining our team!



*Dr. Sarah Stewart-Spencer
Founding Member, Editor
Licensed Professional Counselor
Licensed Mental Health Counselor
Nationally Certified Counselor*

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: The Sequel

In the previous issue of the TS, we explored the negative stereotypes most often lurking in online Counselor Education and Supervision. We now take a deeper dive into some of the solutions for overcoming these negative stereotypes.

Dr. Do-Little: Combating Dr. Doolittle syndrome requires early and frequent instructor classroom presence. Students crave a sense of belonging in what can be a cold online universe, before learning can take place. Fostering engagement through robust introductory activities like icebreakers is one way to promote a vital sense of community. Frequency of logging in is also essential; planning to be in the classroom at a minimum of three times a week and responding to students' weekly posts within 48 hours promotes crucial back-and-forth discussion that encourages critical thinking. Establishing strong instructor engagement early on is the kryptonite for Dr. Doolittle's apathetic drape.

Drs. Procrastination, Ad Nauseam and Bland: Students crave routine feedback. Personalized, private forums for every student offer the opportunity for ongoing, performance-based feedback. Consider the question, "What do I want to convey to my student?" and express the message in a respectful, positive, and supportive tone. The instructor's tone influences students' perception of feedback, and shape the life, or lifelessness, of future work. Drs Procrastination, Ad Nauseam, and Bland generate bland work; conversely, refreshing commentary will inspire students to fight the ZZZ's in their own writing.

Dr. Know and Dean Tenure: Social presence affords the instructor to be more casual in the online classroom. Creating a virtual "meet and greet" message keeps introductions casual and friendly. Discussion topics that offer fun, unexpected, and humorous anecdotes related to the lesson add modern-day relevance, thwarting spontaneous narcoleptic attacks. For example, referencing an interesting study about Facebook and personality development that states Facebook is a fairly accurate personality measure engages students in a meaningful way they understand. Modern-day references bridge the gap between Dean Tenure and Tom Text, a student raised with data plans and social media from age 5.

The use of modern technology is vital in connecting with today's students. This may be accomplished in a myriad of ways: creating a video summary of the common themes that emerged from the students' discussions, offering weekly "office hours" via video conferencing, or weekly live chats amongst students promoting freedom of expression without the constraints of formal writing. Keeping the online classroom fresh and inviting by using technology in a way that stimulates learning may be daunting at first to Dr. Know and Dean Tenure. However, in these cases, surely they have a grandchild they can hire for their technology support.

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

A Therapy I Can Root For, At Last

After 35 years of practicing psychotherapy and many times being disappointed listening to trainers describe the wonders of their techniques, I was truly amazed to discover the power of the brain to rapidly heal via brain-based therapy. I discovered Brainspotting in 2007, when I was accidentally sent the wrong DVDs for an EMDR CE training. At that time I believed that my profession had pretty much come as far as it was willing to come and there was only a little left to do to refine and complete our understanding of psychological healing. I believe Brainspotting is the tip of the coming therapy iceberg – in the future it's likely we will all be doing brain-based therapy.

A “brainspot” is a physical point in the brain where emotions related to traumatic or emotionally significant issues can be stimulated. This spot is found by observing a person's focused unconscious reactions while they are reliving the experience. This focused concentration while the brainspot is activated seems to cause a deconditioning effect, tapping into the body's inherent ability to heal itself.

The first clinical issues I worked with using Brainspotting were anxiety and panic. In most cases after one session the symptoms were gone, which was far beyond anything I had experienced with traditional therapies. The next clients were golfers, actors and musicians – coaching clients actually. Their success in using the Brainspotting therapy was so inspiring that, from word of mouth alone, I had a waiting list for the first time in my practice.

Unfortunately, the majority of us were taught to practice therapy by very smart professors who, for the most part, did not practice therapy themselves. In fact, many did not even engage in their own personal therapy – I know, I know, it really is a shame. Many therapists were (and are) being taught the same old models that were popular in the last century without any exposure to the newer, more brain-based models. For example, despite its strong evidence-base and popularity, there are still therapists and professors who believe that EMDR is fraudulent and that CBT is simply a technique used for symptom removal. What's really ironic is that many of the most popular text book authors are not therapists, have never been therapists and may not even have a good understanding of the power of therapy.

Newer therapists in training are often made to believe that practicing therapy is very difficult and there is only one way to do it – the professor's way. They develop such poor self-confidence and timidity about their work, it is almost impossible for some to find a real connection with their clients. Who knows how many potentially good therapists leave the profession before they ever get the chance to practice?

Most therapists seem to develop their own personal theoretical models based upon what has worked for them when they are with their clients. Sadly, they are somewhat shy about sharing what they do for fear of being ridiculed by peers and supervisors, or by being denied payment by managed care.

I am a Brainspotting fan, and encourage students and all therapists I come in contact with to do a little research and see if it's something they might be interested in learning. I frequently conduct demonstrations which most participants find interesting and motivating. What many report is that most of their professors do not demonstrate techniques – they require instead that students demonstrate these techniques. How can students possibly learn from teachers who cannot apply the techniques they are teaching?

At the very least, I believe all therapists, professors and supervisors need to become more aware of the 21st century therapies lest they become like the buggy whip manufacturers of the 19th century, and we all know how they ended up.

Dr. Mike Dubi, President of the International Association of Trauma Professionals

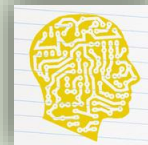


The New Mix

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

QUARTERLY SPOTLIGHT:

Mood & Anxiety Diary



This app hopes to complement existing mental health services by offering an additional way of tracking or monitoring mood. It allows users to enter mood or anxiety ratings, based on a Likert scale, in addition to notes, observations, or ideas about changes in mood (i.e., triggers, context). Users of iPhone, iPad, and iPod touch can purchase this app through the Apple Store.

Behind the Curtain

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

Handling the Heart

The counseling field shuffled into the spotlight in April 2016 with the passing of Tennessee's new law that provides counselors with freedom to refuse treatment based on "sincerely held principles." The American Counseling Association has made it abundantly clear that they do not support this legislation with the relocation of the 2017 conference away from Nashville (new city not yet released). Their concern centers on the fact that this law may be used to discriminate against populations, specifically the LGBTQ community.

Interestingly, the field has been somewhat divided on this legislative change as some counselors believe there should be a "right to refusal" but not based on discrimination. Advocates for this change hope that counselors will look past the point of discrimination into the treatment goal (i.e., presenting problem). A referral to another counselor could yield better treatment if the current counselor has internal conflict with the treatment goal or presenting problem (not the client as a person).

The entangled conflict around this issue hopefully cultivates reflection and re-evaluation around the counselor's rights, client's rights, right to refusal, ACA's reach to govern, treatment concerns, and purpose behind the counselor's career choice. The list could go on.

Just as most counselors, I have worked with people from all walks of life. Surface differences are bound to exist.

WORDS OF WISDOM

Counselor meditations for daily clarity

To care of another individual means to know and to experience the other as fully as possible

~ Irvin D. Yalom,
Existential Psychotherapy

A flood of considerations accompany these differences, such as: culture, gender, socio-economic status, societal pressure, familial pattern, intellectual ability, religious preference, sexual orientation and more.

The surprising link between these said differences is how often treatment issues are strongly connected. Similarity exists below the surface where churning issues abide, such as: depression, anxiety, inadequacy, unfinished business, trauma, rejection, or lost purpose.

Witnessing these similarities brings me back to the concept of *treatment*. The word *treatment* comes from *to treat*, which means *to handle or deal with*. As I sit with clients, I handle their pain, their life, and their heart. It may be a stay-at-home-mom, adulterer, celebrity or any other colorful descriptor one selects to summarize the surface. Underneath that descriptor lies an existing binding agent that when stripped away from the surface reveals human essence. This is where counselors transform into emotional surgeons that examine and treat the internal process of human nature.

To offer a hopeful outlook on the counseling profession, treatment concerns should outweigh surface differences. When I struggle with the surface differences, I try to look beyond them to connect to the feeling. There, I find the inner emotional content that is present for all humans. It reminds me that we are more alike than different.

Dr. Sarah Stewart-Spencer

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

Visit www.MetaphorsAndTherapy.com to learn more!



Hushed Tones

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

The Art of Existential Self-Care: Getting Back to Our Intrinsic State of Being

"Within you there is a stillness to which you can retreat at any time and be yourself." -Hermann Hesse

We constantly hear the proverbial cliché "You need to take care of yourself." We need to adhere to self-care: taking walks, eating a well-balanced diet, getting exercise, drinking plenty of water. We all know this and try our best to discipline ourselves with this mantra of self-care. Another common point is how "fast-paced" our society has become with technology and social media, to the point in which this too has become the norm in our daily conversations.

I admonish this to my students who are training to become therapists as I say over and over, "We all need high levels of self-care."

Imagine you and I sitting in a cozy coffee shop, with music playing while we discuss these ideas of what exactly self-care means.

What I want to discuss is what I call existential self-care. In other words, what is our deeper purpose, meaning, calling, in this complex world? What are the factors that define who we are? Who are the people who shape you from your past to your current state of being? Other people have a profound impact on how we view ourselves. When we look at the work of Charles Horton Cooley (1864-1929) and his groundbreaking theory of the "looking-glass self," we see firsthand how complex the view of the "self" really is. Cooley theorized that we view ourselves through the lens of another person. If you will indulge me a bit, let me provide Cooley's breakdown, or the three main components of his theory from his brilliant book "Human Nature and the Social Order."

1. We imagine how we must appear to others.
2. We imagine and react to what we feel their judgment of that appearance must be.
3. We develop our self through the judgments of others.

Cooley understood very early on that we all simply do this! We find out who we are through the lens of the "other." Existential writers such as Albert Camus, Herman Hesse, and Jean-Paul Sartre rebelled against this idea, even going as far to state, in Camus' words, "The rebel says no."

With Cooley's work, we are left with the existential questions: Why do we allow others to have such an influence on who we are as human beings? Why do we give our power away to other's opinions at times in our lives? The important question for each one of us is: How can we incorporate all of this into our self-care plan?

We all continue to be wrapped up in this idea that our self-esteem and self-image relies heavily upon the views and perceptions of others. It is a fair assessment to say that we cannot see ourselves, but we can see each other.

What are the tools to "know thyself"? What are we left with? When we are done with our exercise and nutrition regime, we are left with our humanity. We are left with ourselves. What brings you great joy and happiness? What defines who you are? These are the deeper existential questions that encompass our self-care plan in this world.

How do we apply this? Here is where existential philosophy defines itself.....there is no answer. It's for you to decide!

"What is life for? It is for you!" -Abraham Maslow

Dr. Andy Abbott