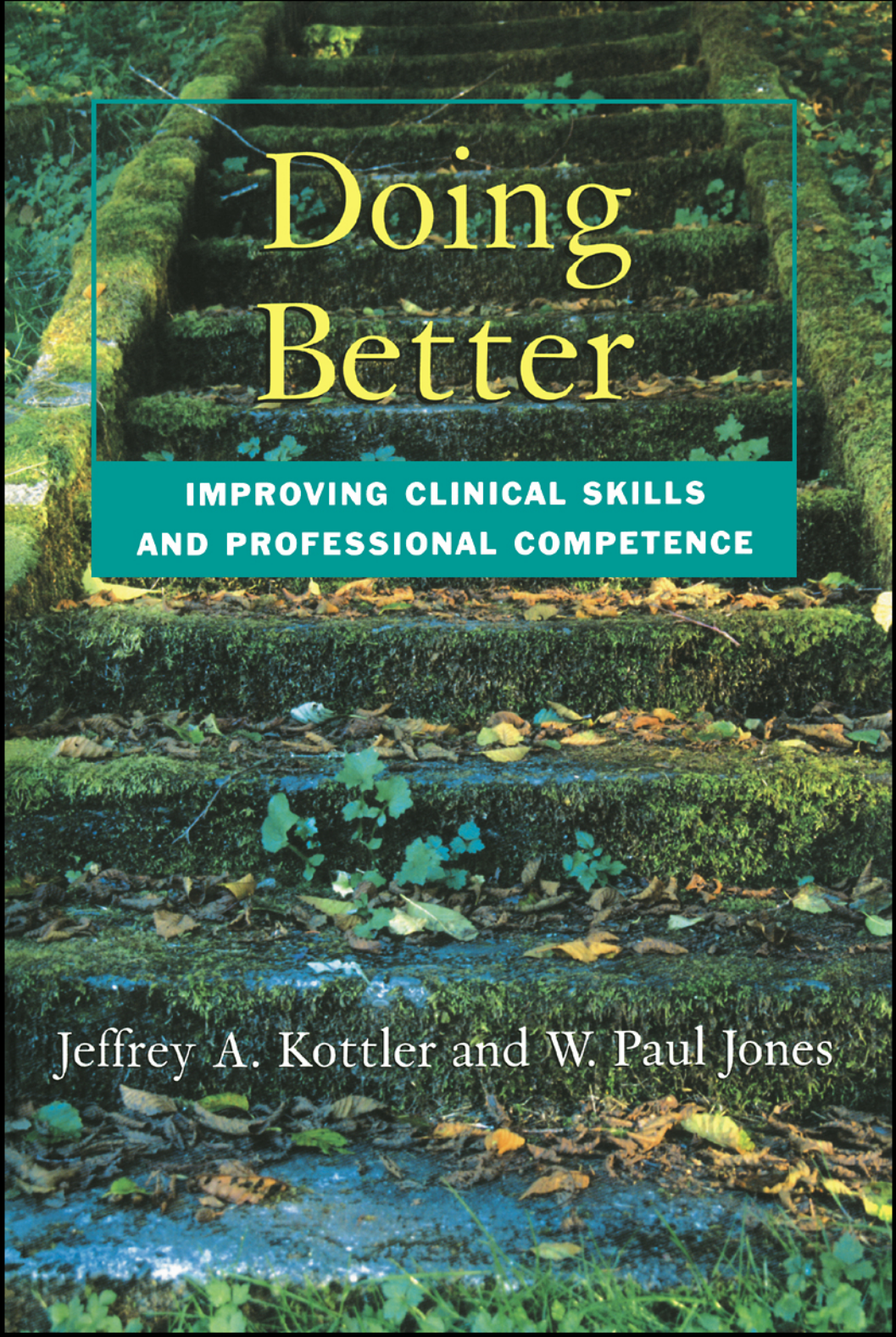

DOING BETTER

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Improving Clinical Skills and Professional Competence

Editors

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W.Paul Jones

Brunner-Routledge
New York and Hove

Published in 2003 by
Brunner-Routledge
29 West 35th Street
New York, NY 10001
www.brunner-routledge.com

Published in Great Britain by
Brunner-Routledge
27 Church Road
Hove, East Sussex
BN3 2FA
www.brunner-routledge.co.uk

This edition published in the Taylor & Francis e-Library, 2005.

Brunner-Routledge is an imprint of the Taylor & Francis Group.

Cover design by Mark Lerner.

Cover photo: Courtesy of Jeffrey A.Kottler.

Library of Congress Cataloging-in-Publication Data

Doing better : improving clinical skills and professional competence/
Jeffrey A.Kottler & W.Paul Jones, editors.
p. cm.
Includes bibliographical references and index.
ISBN 1-58391-329-7 (pbk.)
1. Mental health counseling—Practice. 2. Psychotherapy—Practice.
I. Kottler, Jeffrey A. II. Jones, W.Paul.
RC466.D65 2003
362.2′04256–dc21
2003002046

ISBN 0-203-00934-7 Master e-book ISBN

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PREFACE

Doing Better is designed to help practicing therapists and counselors, as well as students of these professions, to explore more fully and systematically their own processes of self-improvement in their clinical practices. Although self-supervision is hardly intended to replace traditional forms of professional development in the form of advanced training, supervision, or personal therapy, it does provide a framework —and a process—for monitoring one's own strengths and weaknesses and taking steps to improve excellence across a host of domains.

In the chapters that are included in this book, readers are introduced to a wide range of methods for initiating and maintaining self-development and professional development activities. Attention is directed to the natural stages of development in a clinician's life, including those critical incidents that can help to make a good therapist even better and the role played by licensing boards in support of continuing professional development. Readers are encouraged to develop more effective critical self-monitoring skills that can be used to measure effectiveness, assess strengths and weaknesses, and improve their efficiency and therapeutic influence. Help is provided for dealing with the thorny issues of boredom and routines as they arise in sessions. You are encouraged to deal with personal adversity because it affects not only your own life but also your work with clients. You are urged to confront personal biases and prejudices that may compromise your work. Finally, additional chapters describe ways that you can do better professionally and personally with tools borrowed from other fields such as medicine and sports performance and with assistance of technological resources, including the Internet/WWW. When all is said and done, this book provides you with innumerable ways that you can take greater responsibility for improving your own clinical skills and professional competence. This is not intended as a substitute for other forms of training and supervision, but as an adjunct to them.

This book will help any practicing counselor and therapist improve professional skills and competence. It may also be used as a text in a variety of beginning and advanced level clinical courses in counseling,

psychology, social work, family therapy, psychiatry, nursing, human services, and allied mental health disciplines, or as a resource for continuing education independent study.

Although the chapters in this book are both scholarly and solidly researched, we have tried to emphasize throughout the practical applications of the concepts to your daily life as a clinician. It is by taking a more proactive stance on behalf of your own continued growth and development that you not only can become increasingly effective in your work, but also more energized and excited about what you do and how you do it.

We are grateful to the constructive reviews by the following individuals who helped us to shape the content of these chapters into a coherent treatment of self-care and self-supervision: Dr. Fred Bemak, Dr. Margaret Miller, and Dr. David A.Spruillo.

We are also indebted to Emily Epstein Loeb, our editor, for her flexible, caring, and supportive style helping us to "do better" as writers and editors.

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Chapter 1
When Therapists Supervise Themselves

Jeffrey A.Kottler

On the surface of things, the whole idea sounds pretty ludicrous: a therapist supervising him- or herself is sort of like trying to see the back of your own head—without a mirror. Even if a reflective object was available, the whole enterprise is so awkward, the angles so limited, the view so restricted, that it hardly seems worth the effort…unless, of course, there is nobody else available who can tell you that there is some unflattering indentation.

Therapists attempt to supervise themselves sometimes out of choice, but more often out of necessity. When there is nobody else around, when there isn't the option of waiting until the next scheduled supervision session, we may have no other choice except to try and work things out on our own.

Needless to say, there are limits to what one can do on one's own. For instance, it is difficult, if not impossible, to recognize and work through characterological problems on one's own; believing you can do so might be evidence of its' own form of personality disorder (Shub, 1995).

The Role of Supervising Oneself

There have been times in my career when I have worked with a supervisor I trusted fully, a mentor with whom it felt safe to share aloud my fears and insecurities, but that has been the exception rather than the rule. In most of the clinical settings in which I've worked, my supervisors were evaluators as well as consultants. They were the ones who decided if I got licensed or promoted. They wrote reference letters testifying to my competence. They decided if I was good enough, and their judgment might very well affect my whole future career. There was no way in such situations that I was ever going to talk about how little I really understood about what I was doing.

In case conferences, my fellow therapists and I would only bring up those clients with whom we already had a pretty good idea about what was going on. Although we were encouraged to present those clients

and families with whom we were struggling the most, the actual consequence of doing so was that we would have most likely been skewered alive, ridiculed for our ignorance, and held out as examples of poor training and judgment. Group supervision was absolutely the *last* place in the world where we would have thought about being frank and honest about where we needed help most.

Even in individual supervision, I was reluctant to bring up my deepest fears of inadequacy, although I might very well do so during the times I consulted my own therapist to work on these issues. It was one thing to tell a therapist I trusted that I felt like a fraud, that most of the time I was faking it, pretending I knew so much more than I really did. But alas, the supervisors who controlled my workload would never have been those to whom I could reveal my greatest vulnerabilities.

I hope I am among the slimmest minority in this regard because I would hate to think that my own supervisees feel the same toward me, or that the majority of practitioners out there in the world are merely going through the motions in their own supervision. Unfortunately, based on my own research on the subject, I know that I am hardly alone in my caution. There are many of us just going through the motions with our supervisors, just doing what is expected in order to meet the minimal requirements.

Over the years, I have heard so many therapists relate similar stories of "performing" for their supervisors, saying what was expected, presenting "safe" cases in which they could demonstrate their expertise, flexibility, and responsiveness to suggestions. "The last place I'd ever talk about a troubling case," one therapist admits, "is with my supervisor. Even if the guy could help me (which I often doubt), there would be repercussions at a later time."

"What sort of consequences?" I asked her, feeling both intrigued and disturbed by how casually she was validating my own experience.

"Oh, you know. The usual. Black marks in my record for being less than perfect. Paternal condescension in which I was expected to act like a needy child. Basically feeling vulnerable because I admitted I don't know what I'm doing all the time."

"So?" I asked again. "Where *do* you get help with your difficult cases?"

This therapist revealed that she talks to colleagues about her struggles, but sometimes that isn't all that helpful (or safe) either. So most of the time, she pretty much keeps things to herself, tries her best to look good in front of her peers, and then tries to figure things out on her own.

Such a strategy, of course, is not only misguided but also dangerous. Therapists are not only mandated to work continually on improving competence through various supervisory/educational experiences by

qualified experts, but we *need* to do so in order to survive the uncertainty, ambiguity, and complexity of our jobs. If hierarchical supervision (with a designated supervisor) or peer supervision are preferred, the reality is that much of the time rather than consulting with others we try to work things out on our own. This may involve a variety of self-supervision activities, from solitary reflection, meditation, and journal writing to reading books, constructing narratives, reviewing audio- or videotapes, or journal articles (Lowe, 2000; Todd, 1997). At its best, self-supervision activities are highly rigorous and critical for continued improvement in clinical skills (Morrissette, 1999, 2002).

There are so many blind spots and dangers associated with trying to monitor our own progress; it flies in the face of the most sacred standards of our profession. Self-supervision is not intended to replace the formal instruction or structured supervision that is so critical for reality testing, accountability, and receiving constructive feedback. Rather, it is designed as a supplement for these traditional forms of professional improvement that involves training in specific skills (Donnelly & Glaser, 1992). Because therapists and counselors are in the rather unique role of facilitating positive changes in other people's lives, we are also perfectly positioned to make ourselves better as well.

Realities of Practice

Most of the time I am doing therapy I feel lost, confused, or in over my head. Under such circumstances I would love to have someone (or several someones) whom I can consult with about these cases, and particularly to talk about my feelings of ineptitude, failure, and impending doom. I have been fortunate at various times in my career to have such opportunities, but often the timing isn't right.

For example, right now I spend most of my professional life teaching therapy in the classroom. Even though I have been doing this for almost 30 years, there isn't a class I live through that I can't think of at least a dozen confusing incidents that I didn't understand and twice that number of things I said and did that were less than effective. I leave each class flooded with thoughts about things I could have done differently, just as I do when I see clients. The amazing thing to me, however, is that faculty almost never watch each other teach and almost never seek or offer feedback to one another. Somehow, it is assumed that because we are supposed to be such experts, we no longer need such supervision. So we rely almost entirely on student evaluations that, although useful, offer us a limited view of our behavior.

During the last class I taught, I was working with a group of masters students in Hong Kong. Although the students are quite fluent in

English, some of them feel some reluctant to express themselves outside of their native language, especially related to the kind of personal matters that often crop up in a group therapy class. More than I am used to, there is a tremendous fear of losing face.

The discussion about instances when leader intervention is required was going particularly well when, all of a sudden, one of the students became agitated and started speaking rapidly in Cantonese. I politely interrupted him and asked what was going on. He apologized and then did his best to explain what was happening, but it seemed the moment was lost. I wondered whether I should have just let him go, and desperately wanted to consult with a colleague about the matter, but there was nobody available at the time. As a matter of fact, I have no colleagues at all who work with me during these assignments abroad.

A few minutes later, there was another incident in which several students began speaking to one another in Cantonese; by the look of their agitation, they seemed to be in conflict over something. This time I decided to let things run their course; to my surprise, the whole class jumped in, speaking away in a language I couldn't understand. I leaned over and asked the person next to me what was going on, and whether it was safe to let things go. He ignored me and joined the discussion.

This, of course, was only one of a hundred things that took place during the day that puzzled me. I wished there was someone watching from behind a one-way mirror, or better yet, someone in the room with me. As a second choice, I would have been most grateful if I could have run down to a colleague or supervisor's office during the break to get some input. But the nature of these circumstances was such that it was a few weeks before I could debrief these incidents with my supervisor, who did indeed have several useful suggestions. By then, of course, I had been struggling on my own to make sense of what happened for dozens of hours. I thought to myself then, as I have many times before, I sure wish I was better trained in supervising myself.

There are many reasons why therapists don't make maximum use of traditional supervision opportunities: (a) Help isn't readily available when we need it. (b) Whatever resources are available are not offered at a time and place that are convenient. (c) It is not safe to be very open and honest with one's assigned supervisor. (d) The supervision available is not all that helpful. For these and a variety of other reasons, we often work things out on our own, sometimes intentionally and other times quite spontaneously. That, after all, is what we do—teach people to do their own therapy when we aren't around.

Joys of Self-Supervision

When therapists are left to their own devices, several common themes are frequently reported. First of all, just as with our clients, there is often a high degree of emotional activation present that gets our attention in a way that can't be ignored. When therapists are disgusted with themselves—when they are afraid, frustrated, exasperated, and helpless—they are extremely motivated to find some sort of peace and resolution. If a supervisor is not readily available, then we do what we can on our own.

Because we work in such intensely interpersonal settings, sometimes the solution to our problems is not more discussion and interaction with others, but less. Solitude, and what it affords, gives us a chance to metabolize stress, debrief ourselves, lick our wounds, and then perhaps consult others at a later time. When self-supervision is integrated into all the other forms of the learning, feedback, growth, and critical evaluation that are part of any therapist's life, then we have a balanced blend of influence from without and within.

This can take many forms, depending on interests, style, and personal resources. Some therapists use hobbies or creative pursuits as a means to debrief themselves from work and process the difficulties they are experiencing. Others find that it is less the structured activity than the internal process they follow, whether that is during idle moments between sessions, driving home, going for a walk, or drifting off to sleep. This internal process can be systematically described in a series of logical, progressive questions (Table 1.1).

Structured Ways to Do Better

Surely one of the most annoying, dreaded, and time-consuming assignments that any therapist could be asked to complete is the construction of

TABLE 1.1.
QUESTIONS FOR SELF-SUPERVISION

How am I distorting or exaggerating what is going on?
How are the ways I am stuck with this client similar to other relationships that I have experienced?
What personal issues are being triggered by this situation?
What am I expecting or demanding of this client that he or she is unwilling or unable to do?
What have I been doing that has been most and least helpful?

Which ineffective strategies am I reluctant to let go of in favor of something that might work better?
How are issues of power and control getting in the way of progress?
How are my arrogance and sense of grandiosity complicating matters?
In what ways am I working too hard or taking on too much responsibility for the outcome?
How am I acting out my impatience toward this client for moving more slowly than I'd prefer?
What do my fantasies during sessions reveal?
How are my self-doubts and fears of failure being triggered by this situation?
If I am truly honest with myself, what mistakes and misjudgments have I made in the way I've handled things?
How am I blaming the client(s) for being uncooperative rather than looking at our shared responsibility for the impasse?
What do I need to do or order to reclaim my compassion?
How might my difficulties be part of a larger systemic dysfunction in my work environment or personal life?
In what ways is my unhealthy lifestyle contributing to the difficulties?
What am I avoiding by not bringing these issues up to a supervisor who could confront me or offer alternative viewpoints?
How could a colleague, supervisor, or therapist help me to work through unfinished business?
What is it about these questions that I find most threatening?

a typescript that represents a verbatim record of the exact conversation that took place, including an annotated commentary of all the things that were done right, wrong, as well as any new awareness and insights that have subsequently taken place. Of course, because nobody of sound mind would willingly undertake such a tortuous task unless assigned by a supervisor, one could make the case that this isn't really a form of *self*-supervision as much as an adjunct to regular supervision. I disagree.

Although there is some accountability in that, presumably, the instructor or supervisor will review the typescript and write his or her own com ments, the very act of doing this on one's own promotes quite a bit of self-reflection and self-critical behavior that can be internalized afterward.

Let's take a look, for example, at a 2-minute excerpt from just such an assignment in which a student-therapist in an assessment and diagnosis course looks at her own performance with a critical eye.

Transcript	Commentary
Therapist: "Okay, so this was an experience of not handling a work situation that you always were able to deal with before. Things just seemed to go from bad to worse."	That was a pretty good summary, I think.
Client: "It went from being, you know, sort of, well, I guess depressed. I suppose anyone gets that way sometimes. But it's this anxiety thing that's got me worried. I can't remember feeling this way before."	Here I get a better clarification that he was experiencing depression before the anxiety attacks started. But I want to separate them out as they seem a bit fused together in his story.
Therapist: "They actually seem quite different to me—the anxiety and the depression. You haven't really said much about the depression. How does that fit in your life at the moment?"	I didn't realize until this moment that I said "depression" when I was thinking anxiety. I also note that he answered me as I meant it, not as I said it. It's like we were in tune with one another! I wanted to find out how the anxiety and depression were related.
Client: "Well, the depression seems…. Well, I feel alright at the moment. I'm not really coping that well with my situation at home, but I am seem to be getting by. The anxiety seems to hit first, then I feel depressed about losing control."	
Therapist "So they are linked."	
Client: "Yeah, I guess they are. It feels kind of like a roller coaster. You know, like major lows, and then highs. I'm not sure what it's like to feel normal."	I am reminded here that he is an expert on his own experience. I forget that sometimes. I am very aware that I've never had feelings like he is describing so I need to take on the position of student, learning from him. I also want to find out what he thinks this is all about. Because he tends to intellectualize, I realize also that I should shift things to a more emotional level, using more empathic responses and few probing questions.
Therapist: "You've been tracking this for some time. I think you said earlier ever since you can remember."	

Client: "I guess that's true. I've always been rather logical about this whole thing."

Some of what this therapist reports is insightful, and other things may be a bit off base, subject to consultation with others who have more experience. But it is this process of self-scrutiny that is so important. What this student learns to do while reviewing a typescript after the session, experienced practitioners do inside their heads throughout the interview, constantly making adjustments as things proceed. Under the best of conditions, this critical voice does not so much scold or shame us, but bring our attention to things in need of closer scrutiny and self-reflection. It is, after all, reflective activities that help us understand better what we are doing in our work, what works best, and what we can do to improve our effectiveness (Best, 1996; Johns, 1999; Moore, 2000).

Informal Growth Opportunities

Some professionals use travel as a transformative experience, not only to recover from work, to rejuvenate and replenish themselves, but also to stimulate new growth through their journeys in novel environments. Ironically, significant changes most often occur *not* when under the "supervision" of a tour guide but when you have ventured off on your own. Under such circumstances, the pilgrim is more likely to solve problems in new ways, overcome challenges, expand horizons, face fears—do all the things we know lead to change in other settings.

In my research on this subject (Kottler, 1997, 2001; Kottler & Montgomery, 2000), it was surprising to learn how often that travel becomes most transformative after people get lost or face obstacles they must overcome. It is when you force yourself to do what is most difficult, when you get outside your comfort zone, when you immerse yourself in novel environments that require you to invent new ways to meet your needs, that growth most often occurs. Of course, that is the same lesson we teach our clients. This leads to the most important point of all related to our subject of self-supervision. If what we wish most for those we help is that they become self-sufficient in continuing their own therapy (with a little help from some family and friends), what better way to do that than for us to model this process in our own lives? It is through such efforts that we are able to show the world, and ourselves, that we can practice what we preach.

Doing Better is a book designed for those practitioners, both beginners and veterans alike, who are interested in improving their own professional competence. It is not intended to replace the formal instruction or structured supervision that are so critical for reality testing, accountability, and receiving constructive feedback. Rather, it is designed as a supple ment to these traditional forms of professional improvement. Because therapists and counselors are in a rather unique role to facilitate positive changes in other people's lives, they are perfectly positioned to make themselves better as well.

Of course, we can all use some help.

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Chapter 2
The Natural and Unnatural Evolution of Therapist Development

Jeffrey A.Kottler

W.Paul Jones

The concept of stage theory is near and dear to the heart of psychologically trained professionals. Sigmund Freud (1924) popularized the idea that human beings proceed through a series of orderly, invariant, sequential steps in their evolution. That he was basically misguided in the emphasis he placed on infantile sexuality doesn't change the fact that the structure he borrowed from biology and applied to psychosocial development was immeasurably helpful in both understanding and predicting behavior. If we can plot the natural evolution of the way most people evolve, regardless of their cultural and individual characteristics, then we have a pretty good idea of where they have been and where they're headed next.

Following Freud's lead, a number of other theorists have attempted to devise stage models to account for human development in a variety of areas, including cognitive development (Piaget, 1926), psychosocial development (Erikson, 1950), moral development (Kohlberg, 1969), ego development (Loevinger, 1976), cultural identity development (Sue, Ivey, & Pedersen, 1996), family development (Carter & McGoldrick, 1989), and gender development (Basow, 1992). It is not surprising that career development (Super, 1953) also can be plotted on a continuum of sequential stages, each of which implies different needs, abilities, and tasks implicit in each stage.

For our present subject, such developmental assessment is particularly important because therapists and counselors require different sorts of supervision and growth experiences depending on their current stage of functioning. Someone early in her career might be hungry for more structured intervention, whereas a more experienced clinician might actually profit from less structure. Among group therapists, for example, more experienced practitioners enjoy certain benefits as a function of their expertise but they also fall prey to problems that would not likely trouble beginners as much. Thus, experienced practitioners struggle with problems related to making overgeneralizations and holding invalid assumptions about clients, whereas beginners are likely to proceed too cautiously and

conservatively (Kottler, 1994). This is in marked contrast to beginning practitioners, who tend to struggle more with issues related to self-confidence, feeling competent, trusting intuition, and setting limits (Wallbridge, 1995).

Developmental Stages of the Therapist's Development of Competence

If we look at one issue in depth that concerns therapists a lot, it would be the ongoing struggle for competence. Whether this is framed as a fear of failure, or the striving for mastery, most clinicians feel challenged throughout their careers to achieve a sense of personal and professional mastery. The particular form this may take evolves over time and may be framed in terms of a series of internal questions that may be plotted as sequential stages (Kottler & Blau, 1989). Depending on the stage of development in which a therapist may be currently functioning, supervision needs are distinctly different, whether this help is self-administered or offered by mentors.

What If I Don't Have What It Takes to Be a Therapist?

This is often a question asked in the very beginning of one's training and is not likely to be spoken aloud, except among one's most trusted confidantes. It is rare indeed that a student or intern would confide doubts about one's fitness for the profession to a supervisor. This is one of those fears that is often pushed aside, buried, denied, or perhaps whispered in secret. It is typical of the kinds of professional and personal doubts that are addressed internally and privately, and it is certainly one of the many things they rarely addressed in training programs (Kottler & Hazler, 1997). Examples of others that are rarely brought up to supervisors but nevertheless plague beginners in this stage are the following:

1. *Life isn't a multiple-choice exam.* Reinforced over and over again in school was the notion that the questions that plague us come down to choosing the "correct" answer among four choices. How disorienting to discover that when we're stuck there are actually unlimited alternatives, among which we can never be certain that there is a right answer, much less that we picked it. What this means during the early stages of training is that we tend to keep our mouths shut so that people—especially instructors and supervisors—don't find out how little we really know.

2. *Answers aren't found in books.* We worship books as students. Tucked somewhere on the neatly printed pages is "the truth," or at least someone's version of it. Hungry for answers, or at least direction,

we stock our shelves with tomes that promise to deliver everything that we are missing. It is again disturbing to find that much of the good stuff we learn after graduation comes from our clients, who become our teachers.

3. *What you do is often absurd.* Let's face it: The job we do is pretty strange. People come to us in pain. They want answers. They want us to fix them. And they want quick relief. Unlike other health professionals, we have few tools at our disposal for diagnosis and treatment. Just imagine comparing our primitive assessment instruments to the CAT scans, biopsies, and MRIs that physicians can use. One of the reasons that a beginner might feel that he or she doesn't have what it takes to be a good therapist is because he or she doesn't yet realize how little we have to work with.

4. *Your family still won't listen to you.* It is seriously depressing to realize that after spending all the time and energy learning to be a therapist, your friends and family still won't accord you the respect and reverence you feel you deserve.

5. *You will never feel good enough.* There is a myth, an illusion, that somehow if you study hard and long enough, get enough degrees and supervised hours, gain enough experience, then finally you will know enough to feel totally competent. We're here to tell you (if you don't already know this) that it isn't going to happen. Yet as beginners, we still hold out that fantasy that some day, somehow, we'll finally get it, we'll finally understand the mysteries of how therapy works and how to do it perfectly.

6. *This job has negative side effects.* Being so busy proving you are worthwhile and worthy to join this profession, you rarely stop to consider the price that will be paid during this journey. All your relationships will change. Your whole interpersonal style will change as well, a consequence that many friends and family will not only fail to appreciate but might also resent. You will be subjected to the absolute worst in human depravity and see people who are so obnoxious to be around that therapists are the only ones who will listen. You will have nightmares about the horrible things you witness and the stories you hear. You'll find yourself "catching" the symptoms of your clients, or at least feeling polluted by their pain. Furthermore, you'll be subject to codependent relationships, isolation, stress, compassion fatigue, burnout, isolation, suicidal threats, political squabbles, boredom, and the grinding daily battles of being overworked and underpaid (Kottler, 1993; Sussman, 1995).

7. *Who you are is as important as what you do.* Beginners are so worried about doing therapy right that they rarely stop to think about how important the personal dimensions of their work may be. Helping and healing are often not about what you *do* with clients, but how you

are when you are with them. If, in particular, you don't feel good enough as a person (which few of us do), then you will naturally feel like you are letting others down.

Because most of the focus of our training is about learning new techniques, methods, and interventions rather than reshaping and refashioning ourselves into more personally effective individuals, there is always going to be a sense of unease.

8. *Some clients don't improve no matter what you do.* This last point is a reminder about the unrealistic expectations that beginners often hold for what they can do. It takes some time before you realize that there are definite limits on what you can do to be helpful, no matter how well-trained and experienced you are.

When you put all this together, what you've got during this first stage of initiation into the profession are a lot of self-doubt and fears of failure. In the next stage, these core fears take a more specific form.

What If I Don't Know What to Do with a Client?

It is a luxury to reflect on the bigger picture of what we do, and how we feel about it, once thrust into the trenches of seeing our first clients. Just on the brink of going into your first sessions (if you can remember), you were likely obsessed with hurting people. Even if you didn't help anyone, if you forgot everything you ever learned, if you froze solid and babbled for an hour, at least you didn't want to do further damage. There is an overriding fear that you might say or do the wrong thing in your ignorance, and before you know it, your client will jump out of the nearest window.

The really hard part is that you have to pretend you know far more than you really do. You might notice that many of your peers appear so much more poised and confident than you feel. You can't exactly confess to your clients about how unprepared you feel, nor can you admit fully to your supervisors that you are a fraud. So you walk around pretending that you know far more than you really do. Fake it long enough, you hope, and maybe you will start to feel like you know what you're doing.

If you're very fortunate, you might have the kind of supervisor to whom it feels safe to admit what you don't know. However, no matter how open this relationship might be, you will never confess all of your ignorance and ineptitude. You might also find comfort with a few trusted peers. Nevertheless, you will attempt to counsel yourself through the doubts and reassure yourself as best you can. After all, you know people who are a lot less talented and capable than you are and they seem to do okay.

The really tough part is when you spend time with clients who so desperately need your reassurance, your illusion of confidence. They plead with you to tell them that you understand what is going on, and more importantly, that you can fix them. Even though you might not have a clue, or not even be sure where to start, you still present yourself as a model of poise and expertise. "Sure I can help you," you lie through your teeth, already panicking inside as you wrack your brain for where to go first for help. Before there is the chance to seek consultation, supervision, or relevant literature, you first have to get along on your own. You will have to keep the client calm and persuaded that you can help him or her. Just as important, you have to convince yourself.

What If I'm Caught Making a Mistake?

In the next stage of development, you might not worry so much about how well you can fake that you know what you are doing; now, your main concern is being caught screwing up. Because there isn't a session that goes by that you can't think of at least a dozen things you could have done better, or at least differently, there is plenty of material available to worry about.

This is a stage of self-monitoring that is prone to worry and anxiety, sometimes verging on panic.

- What if my client kills himself? What did he mean when he said he might not see me next week? Did I miss something? I know I blew it. How should I write this up in my progress notes?
- I got a request to release my records on a client. Does that means someone is checking up on me? Am I being sued for malpractice?
- Why did I say that? I can't believe I said something so stupid! I must be a moron. Didn't I learn a damn thing? If anyone finds out about this screw-up, they'll laugh me out of the profession.
- Did I do the right thing? I'm sure I blew it. There are so many things I could have done instead. I'm going to get skewered if I bring this up in supervision. How can I explain this to someone?

Obviously, this sort of negative self-talk is less than productive, but sometimes we can't just help ourselves. We are overwhelmed with the reality of all the things we don't know and don't understand, all the things we can't do nearly as well as we would like. It is so easy to second-guess ourselves, think of a dozen, maybe a hundred, different things we could have done instead.

This is a stage in therapist development that can be sheer agony. There is just enough confidence to take on more challenging, complex

cases, but not nearly enough to delude ourselves that we are completely in control. Again, we are prone to keeping secrets from supervisors, peers, and even ourselves. We are still selective about what we bring up in supervision, still careful about presenting ourselves in the best possible light.

It is more than a little helpful to realize that failure is such an integral part of our work. If you are taking risks and experimenting with new strategies, if you are trying out your intuition and creativity, if you are pushing yourself (and your clients) to reach beyond what has been done before, then occasional failures are inevitable. In a study of the worst failures of the world's best therapists, the conclusion that many of these prominent theoreticians reached is that their lapses and mistakes were viewed as opportunities for further growth and learning (Kottler & Carlson, 2002).

What If I'm Not Really Doing Anything?

With further training, supervision, and experience comes a new stage in which we no longer fear screwing up quite so much. We can pretty much deal with whoever walks in the door. Even when we don't know what to do, we've got our routines down to the point that we can stall long enough until we can get a handle on things, find a way to begin. We even feel reasonably competent most of the time.

But then there are those doubts, whispers of a different sort altogether. No longer are we as concerned that something we might do will hurt someone; instead, we wonder if we are really helping anyone at all. This qualifies as a full-fledged existential crisis, questioning life's meaning, wondering if our life's work really matters. Maybe we are just kidding ourselves. Most likely, we have exaggerated our own sense of power and influence. We may even question whether our clients are really changing much at all, or whether these changes ever last.

Given all the huge problems in the world—poverty, violence, hate, rac ism, intractable mental illness, fatal diseases—what real difference are you really making in the world? If you think about it (and we know you would rather not), it's all a drop in the ocean. For every person you help, there are a million others who need you far more. For every client you *think* you assisted, there are others who were just pretending to change. They lied to you. They deceived you. They just told you want you wanted to hear.

Well, if you're not at this stage of disillusionment, or at least self-questioning yet, we apologize for giving away what's around the corner. That's a lie, too; we aren't sorry at all. In fact, it's our job to warn you, so you can better prepare yourself for what may lie ahead.

The fact is that, when we spend so much of our day with people who are questioning every part of their existence, challenging and pushing themselves to get into forbidden territory, asking themselves that which they fear the most, it is impossible for us not to do the same. Late at night, or during sleep, on long commutes, during idle time, sometimes even during sessions, we hear those infernal whispers: "Who are you kidding? Do you really think any of this matters? You're just wasting your time."

Thankfully, this is a stage that can't last all that long. You either work it through and move on, or burn out and leave the field. What sustains us most is the belief (or illusion) that what we do really does matter. Once we lose that, there is little left to keep us going. It sure isn't the lucrative salary and generous benefits.

Is There a Happy Ending to This Story?

A common theme in most stage theories is a movement toward a positive, if not optimal, condition. Piaget's model of cognitive development gets us to a stage of formal operations where all thinking modes are available for our use. Kohlberg's model of moral development directs us toward a level in which decisions are guided by ethics and moral principles. Is there anything comparable in the development of a therapist? Do we ever reach a level where comfort and confidence are more evident than distress and concern?

If there is some dream of reaching a stage in which effective clinical performance becomes simple and automatic, that dream needs to be reclassified as a delusion. It's not going to happen. Comparable to the continuing "butterflies" reported by performers on the stage and screen, there will, and probably should, always be some degree of apprehension before each and every therapy session. What we do, when all is said and done, is a science-based art. Great art is never routine, and great artists seldom, if ever, approach a new work with a feeling of total confidence.

Would it at least be reasonable to look forward to a stage of development as a therapist in which the distress is reduced to a tolerable level? The answer to this question has to be Yes. Otherwise, we have all made really foolish career decisions. Reaching this stage is contingent in part on successfully confronting the fears described in the following section, and another element may be influenced by accomplishing the reframing of a statement made at the beginning of this chapter.

As beginning therapists, we had to learn to abandon a quest for the one "correct" answer to the problems being presented by our clients.

Earlier in this chapter we described this need with an assertion that "life is not a multiple-choice exam."

Attaining and maintaining the desired level of development as a therapist may be influenced by your ability to reframe this assertion as a template for your work. The practice of the therapist in fact may well be appropriately described as an ongoing series of multiple-choice tests (Jones, 1997).

An inconsistency between this assertion and the earlier one is not avoided by changing the word "exam" to the word "test." It comes instead by substituting "best of the available choices" for the illusive "correct" answer. Letting go of a quest for the "right" answer, being able to rapidly generate a list of plausible alternatives, and making instant informed decisions about the "best available" among those alternatives defines an experienced clinician.

This difference is more than just semantic. Clients come to us for help with problems. The complexity of human experience speaks strongly against any belief that there will be one and only one correct way to cope with those problems. Even if there were such a thing as a single correct response, the reality of our own limitations would make it terribly presumptuous for us to assume that we would have some mystical power to identify it. More reasonable, more accurate, and potentially just as helpful to our clients is to set our sights on helping the client identify the viable choices and to help them choose what appears to be the best from those available. There may be no "right" answer, but obviously there are choices that are better than others.

During the early stages of our clinical training, we delegate identification of alternatives and best responses to our supervisors. With experience, we learn to do this on our own; and with maturity, we come to recognize the importance of ensuring that the alternatives and selection among the alternatives must come from the needs of our clients, not from our own needs or those of our supervisors.

Confronting Fears

The preceding stages of therapist development all highlight, in one way or another, the kinds of fears that we face and might be most reluctant to bring up in supervision. Instead, we live with them as best we can, or better yet, bury them as deeply as possible.

Under the best of circumstances, the fears are identified, owned, and dealt with in constructive ways. Some of the most common such concerns, listed in usual chronological order according to developmental stages, are listed in Table 2.1.

Fear of Rejection

As we mentioned, the very first concern that threatens beginners at their core is the belief that they will be found inadequate, wanting, or somehow not having the "right stuff." Like most fears, this one is not entirely unwarranted. The truth of the matter is that training in our profession has competitive elements that are indeed intended to weed out the less qualified. It is for this reason that newcomers often are confused with the mixed messages they receive: (a) Do your best and we will decide if you are good enough. (b) Be as authentic and disclosing as possible. Naturally, if one is truly as honest and open as supervisors say they want, the risk of rejection may be far greater. It appears much safer to do the same things that have proven useful throughout one's schooling: Figure out what the Powers That Be want, and then deliver it as well as you can.

TABLE 2.1.
A SUMMARY OF THERAPIST FEARS

Fear of rejection	Not being allowed to do it
Fear of failure	Not being able to do it
Fear of ineptitude	Not doing it right
Fear of mediocrity	Not doing it as well as others
Fear of power	Hurting someone by lapse in judgment
Fear of limitations	Letting clients down
Fear of shattered illusions	Wondering if really helping anyone
Fear of losing control	Giving in to temptation
Fear of annihilation	Being consumed by clients
Fear of the predictable	Boredom setting in

It is often reasoned that in the short run it is better to play this game—to read accurately what teachers and mentors prefer and then mold oneself in that image. Later, after you get your ticket punched and are considered a legitimate member of the guild, then you can really express yourself the way you want to and talk about your doubts.