



**Referring to an Outdoor or Residential Treatment Program?**

Educational consultants, in collaboration with referring mental health professionals, work with families to identify appropriate therapeutic treatment options for struggling students. Bob Casanova is an experienced, licensed marriage and family therapist (MFT) who provides realistic, comprehensive recommendations to Therapeutic Schools, Residential Treatment Centers and Outdoor Therapeutic Treatment Programs for teens and young adults who need help coping with such challenges as:

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## Developing a Professional Sense of Self by Marcia Katz

In the field of psychotherapy there are years of studying and practice that go into becoming a professional. As undergrads and graduate students, therapists are honing in on career goals while post graduate internships continue to train us, ideally giving experience in what we want to do (or maybe assisting in determining what we don't.) And as we build our hours towards licensure, we also build our sense of self as a therapist.

I provide clinical supervision to ASW and MFT interns, and am very attentive of the phases interns and newly licensed therapists go through as they progress towards their professional identity. I have been thinking about this idea of the "professional self" we create as therapists, and how different it is for therapists than other professionals. How we must juggle the level of intimacy that develops within the therapeutic alliance while remaining a witness to the process. From an attachment perspective, Bowlby has written "The first task of psychotherapy is to 'provide the patient with a secure base from which he can explore the various unhappy and painful aspects of his life.'" As therapists we must learn how to construct this secure base, within which we carry ourselves as an integral and yet not overwhelming part of the whole.

One universal point that most interns and newly licensed therapists seem to struggle with is the negotiation of professional boundaries with clients. This can play out in a number of ways within the framework of the therapeutic relationship.

The most common manifestation that I see in supervision is over-identification therapists have with clients; this can be particularly true if there is a shared commonality. For example an intern in recovery from addiction may have a tremendous amount of empathy for a client that struggles with alcoholism, at times being transported back to the emotional and cognitive state s/he was in while in the first stages of recovery. While this empathy the therapist feels can be enormously helpful in the therapy process, it can also impede judgment and cloud the ability of the therapist to work in a non-partial manner. This over-identification can at times throw interns and less experienced therapists into a tailspin of second guessing their responses and treatment planning with clients due to an inability to distinguish differences between the clients need's and their own.

Another issue that arises for some is the difficulty to hold space for clients displaying high affect without feeling the need to rescue them or to dissociate (due to the discomfort that manifests while sitting with that level of pain/grief/mania/depression, etc.) Of course, pockets of our own unprocessed pain become triggered in these situations as well if we haven't developed the boundaries required to sit with our clients who are expressing deeply painful emotions. I recommend a grounding meditation practice to interns - Mindfulness meditation is an excellent technique to help develop a curious witness that stays present with our clients (and us!) through the waves of emotional or physical pain that can at times arise.

The last issue I'd like to touch on is managing transference and counter-transference that surfaces. As clients become more comfortable with the safety provided within the therapeutic alliance interpersonal dynamics from past relationships come into play, and we as therapists may experience pieces of dissociated affect that come up in the room during treatment. There are many ways this can play out. For example, a client that didn't feel seen as a child may evoke a feeling in us that we aren't being seen by the client. Anxiety that the client is feeling may be felt by us as we prepare to meet with the client. Learning how to gauge our responses and look at our own unconscious in a non-judgmental way is crucial in delineating unspoken pieces of the therapy.

Having a good understanding of internal boundaries between our emotional and intellectual selves is helpful, especially when working with clients who have dissociated memories or emotions from previous trauma.

*Marcia Katz LCSW sees a variety of clients in her private practice and specializes in treatment of trauma, family and other systems therapy and women with mood disorders related to hormonal issues. She supervises MFT and ASW interns and provides consult to newly licensed therapists.*

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**Any questions, please contact:**

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## *Ads & Announcements*

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John Amodeo, Ph.D, LMFT

Mindfulness and Spirituality in Psychotherapy

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Play Therapy

June 13, 2014

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