

## CHAPTER 1

# FACILITATING CLINICIAN DEVELOPMENT USING THEMES OF PERSONAL ISSUES

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## Introduction

The quality of the therapeutic relationship has been presented in the literature as a pivotal factor linked to better therapeutic outcomes (Grencravage & Norcross, 1990; Sprenkle, Davis, & Lebow, 2009). This chapter draws from the Person-of-the-Therapist Training model (POTT; Aponte & Winter, 2000) and demonstrates the use of an instrument with the goal of increasing clinicians' awareness and acceptance of their personal issues as a way of facilitating deeper connections with their clients. The richer the relationship is with the client, the greater the clinician's capacity is to effectively assess and intervene. This chapter is the first of two and introduces the reader to the concept of the *signature theme*. In the subsequent chapter, the application of signature themes to clinical work is discussed (see "Exploring the Person-of-the-Therapist for Better Joining, Assessment, and Intervention" in this volume).

## Rationale

Most self-of-the-therapist approaches to training clinicians view *resolution* of personal issues as a necessary means of change and growth that frees clinicians to become more effective professionals (e.g., Bowen, 1972; Kerr, 1981; Satir, 2000). Although the goal of reaching resolution seems appropriate, it can be a lifelong endeavor, and possibly even an unachievable goal, as we might never fully resolve all of our emotional and relational issues. Our clients get who we are as people and clinicians *in the present*, not who we would like to be. Because of this, the POTT approach emphasizes learning the intentional use of self *as-is*. We all carry our personal struggles into our therapeutic encounters, and they color our thinking, emotional reactions, and behavior with our clients. However, our personal issues and our struggles can be used to relate to our clients and their issues. The POTT model adopts the concept of the "wounded healer" (Nouwen, 1972), stating that we can empathize with and relate to the woundedness of others through our own woundedness. Thus, our wounds can be powerful tools allowing us to feel our clients' pain, understand their life struggles, and speak to their will to change. In order to be able to intentionally use our brokenness to connect with our clients, we must be able to consciously reach into our own wounded places and use what we find to understand and intuit where our clients may be.

POTT pivots on the concept of clinicians' *signature themes*—the lifelong, ongoing issues that run through the struggles of their personal journeys. Increased awareness and acceptance of the signature themes and continuous reflection on how they manifest themselves in therapeutic encounters translate into a clinician being able to take conscious responsibility for what he or she brings to the therapeutic engagement with a client, and result in an enhanced ability to connect purposefully and effectively with clients around therapeutic tasks.

## Activity Instructions

The exercise described as follows is intended to be the starting point of a journey of self-discovery and learning. It can be used in the context of a clinician's supervision or training, or as part of an informal mentoring/supervision group. The POTT initial exercise has three steps:

1. Writing a reflection paper addressing the topics described in the guide (see below)
2. Meeting with a mentor for personal support and to discuss the topics addressed in the reflection paper
3. Rewriting of the reflection paper, incorporating the insights gained during the discussion with the mentor

Unlike the more reflective activities in this book, it would be difficult to conduct this activity on a self-assigned basis; this journey requires the support and guidance of a seasoned clinician who serves as a mentor for the new clinician, as well as a safe and caring environment where the clinician can openly talk about his or her own family history, experiences of hurt, shortcomings, and struggles. Therefore, the instructions are written specifically for the mentors or supervisors conducting the activity.

It is important for mentors to note that the essential element in any context for this POTT exercise is that they provide the safety and support of a relationship with the student or supervisee that allows for follow-up with personal issues of the clinician that require special attention. Attending to personal issues usually brings to the surface painful memories and uncomfortable thoughts and feelings for the clinician. Thus, the environment in which the exercises are done has to be continuously supportive and stable, where the clinician knows that he or she will not be left alone to deal with the emotional aftermath of the POTT experience.

Consistent with the POTT approach, the initial reflection paper should deal with several key points. Detailed instructions for writing each part are included here:

- **Your Signature Theme.** Describe what you believe to be the personal issue that has been most dominant in your life. This is the hang-up of yours that has vexed and continues to vex you, affecting many or all areas of your life.
- **Your Genogram.** Attach a three-generational genogram of your family, with comments that may help your mentor understand who the characters are and their relationships to one another.
- **Your Family History.** Provide a history of your family as you believe it relates to your signature theme. This is your hypothesis about the contributions your family members and their relationships may have made to the origin and perpetuation of your signature theme.
- **Your Struggle With Your Signature Theme.** Speak to how you deal with your signature theme. Describe where you handle it poorly and where you deal with it most effectively. Identify who in your life is most helpful in wrestling with it and how you make good use of this person's help.
- **Your Clinical Work.** Add your thoughts regarding how you believe your signature theme has affected or may affect your relationship with clients and your work with their issues—negatively and positively.

The clinician's openness and willingness to be vulnerable are necessary when writing the reflection paper. Once the paper is finished, it is shared with the mentor prior to and in preparation for the face-to-face discussion. The meeting with the mentor serves as an opportunity to explore the thoughts addressed in the written exercise, illuminate blind spots, and carry the introspection to a deeper level. Also, the mentor is expected to assist the clinician in connecting

the personal and professional realms by helping the clinician see how the signature theme might manifest itself in the clinician's work. Because the discussion of the reflection paper with the mentor can be an emotionally charged experience where the clinician might feel overwhelmed, it is important for the mentor to maintain a supportive relationship with the clinician throughout this process.

After the discussion, the clinician-in-training should write a new and updated version of the reflection paper. This updated reflection should distill the insights derived from the discussion with the mentor into a coherent narrative, allowing the clinician to give closure to this stage in the POTT journey and return to it as a point of reference as needed. It is highly recommended that the discussion with the mentor be recorded either in audio or video format, as many important issues can be discussed in a short and emotionally charged period of time, and the student may not be able to remember them completely or accurately. Students who have viewed the videotapes of this experience have frequently reported that they either missed or forgot parts of the discussion with the mentor. Students also found it very helpful when the trainer provided them with specific written feedback on their initial papers that they could refer to in the writing of the second version.

## Example

A. K. was a first-year master's-level student who attended a POTT class as part of her training as a marriage and family therapist. Each student was required to complete the initial reflection paper, e-mail it to the POTT trainers and classmates before class, and then discuss it in class with the trainers while the other students observed and provided feedback at the end. In her paper, A. K. wrote about the process of defining her signature theme:

*I didn't think it would be possible for me to group all the painful events in my life into just one category and call it my signature theme. However, as I began the reflection process, I started dissecting each experience one by one, and amazingly I began to see how it was all connected. I came to the realization that the experiences may have been different, but the underlying theme was always the same: the need to meet others' expectations.*

A. K. then went on to tie her signature theme to significant events in her history, such as needing to protect her mother from her father's abusiveness, getting frequent messages that she was the only source of pride and joy for her mother and grandmother, and feeling intense pressure to meet the resultant expectations. She also connected her theme to current difficulties in her relationships, stating:

*This need to meet others' expectations has led to a number of personal challenges that I have been on a journey to overcome, including insecurity, passivity, and uncertainty. I've been so consumed with meeting others' expectations that it has been very difficult for me to live life on my own terms.*

Regarding the way her signature theme might manifest in her therapeutic work, A. K. wrote:

*I know that there will be some clients who have expectations beyond my capabilities, and no matter how hard I try, I will not be able to meet their expectations. This will be a struggle for me because I will feel like I failed them.*

In the discussion, the trainers helped A. K. understand that her signature theme made sense considering the circumstances of her upbringing. She was also able to see the huge emotional price she was paying for working so hard to conform to others' expectations and hiding her true self (which she perceived as defective). She described feeling exhausted and drained. When discussing the way her signature theme could play out in her work with clients, A. K. was able to expand her thinking and see how her need to conform could interfere with her ability to challenge clients, but it could also be an asset by allowing her to better empathize with and understand clients with similar struggles. At the end of the exercise, A. K. had a clear idea of how she could use this particular issue—one that she has struggled with her entire life—to help her be a more effective clinician.

## Measuring Progress

To measure progress in self-awareness, it is necessary to remember that the primary purpose of this exercise in the POTT model is greater effectiveness in performance as a clinician. The proving ground to measure the effects of self-awareness in the POTT model is the actual therapeutic process, because the goal of this self-awareness is to be able to become more empathic in relating, more intuitive in assessing, and more efficacious in intervening with the client. In practical terms, this means using a variety of supervision modalities, such as live supervision and videotapes of sessions, along with the POTT's "supervision instrument" (Aponte & Carlsen, 2009), for two purposes: (1) observing the clinician's performance in clinical sessions, and (2) assessing his or her ability to articulate the conscious and purposeful use of self in working with clients.

Also, because this type of work is emotionally demanding, it is not recommended for clinicians who are in the midst of life crises or seriously unsettling life transitions. A clinician in a turbulent process of separating from home may need to seek personal therapy before he or she is expected to be reflective about internal emotional processes when working with a conflicted parent-child relationship. A clinician who is tenuously managing his or her emotions about the sexual abuse he or she suffered at home may need to do some personal work before addressing issues of intimacy with a married couple. There needs to be recognition of when the clinician's needs exceed the limits of the support a trainer, supervisor, or group can offer. In such cases, supervisors may need to refer clinicians for focused counseling to help them deal with these issues.

## Conclusion

It is integral to the concept of the POTT model to continue to work on the person-of-the-therapist by linking the conclusions of this exercise with the clinician's clinical work. In our case, we have used this instrument at the beginning of a POTT class in a couple and family therapy program with first-year master's-level students. After following the three steps of the activity described in this chapter, students have participated in mock therapy sessions where they could receive direct clinical feedback through live supervision while focusing on their signature themes. Other options for continuity of this work are to have it as a point of reference for supervisory work, by exploring how the signature theme is triggered by a client or how the theme can be used actively and purposefully to advance a therapeutic goal. Depending on the work context and supervisory relationship, supervisees may or may not choose to share with their supervisors their reflection papers with all of their family history. However, they should be prepared to speak about their signature themes, as these relate to the cases being supervised. It would be helpful for any trainer or supervisor mentoring within the POTT model to undergo training in working with supervisees' signature themes, which begins with learning to utilize their own signature themes in their own therapy practice.

The person-of-the-therapist reflection paper exercise attempts to bring our humanity back to the profession and to promote a way of thinking in which clinicians are not expected to be perfect and free of struggles in order to be considered effective. Rather, this exercise reminds us that this human vulnerability allows us to see more deeply into our clients and relate to them more sensitively.

## Additional Resources

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