ROUTLEDGE

The Person of the Therapist Training Model

Mastering the Use of Self

Edited by
Harry J. Aponte
and **Karni Kissil**

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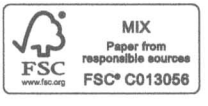

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Contributors

Editors

Harry J. Aponte, MSW, LCSW, LMFT, HPhD, Clinical Associate Professor in the Couple and Family Therapy Department at Drexel University, USA.

I'm much influenced by my psychoanalytic background and structural family therapy, but take an integrative approach to therapy. My belief in and sensitivity to how our flawed humanity contributes to our empathy as therapists has helped lead me to the Person-of-the-Therapist (POTT) model.

Karni Kissil, PhD, licensed marriage and family therapist in private practice in Jupiter, Florida.

Living in two different cultures and having been trained in two different therapeutic modalities (psychodynamic and family therapy) help me think outside the box as a therapist. I like the POTT model because of its emphasis on self-acceptance of our flawed humanity. It allows me to sit more comfortably in my own skin and as a result have more freedom in my clinical work.

Contributors

Renata Carneiro, MS PhD.

My culture, background in theater, and family helped me to always be curious about others. My preferred theoretical orientation is Narrative Family Therapy. I enjoy working with clients who are different from me, and learn about their experiences. The experiential component of POTT appeals to me because I can use all parts of myself to connect with clients.

Christian Jordal, PhD, LMFT, Clinical Assistant Professor and Associate Director of the Master's Degree program in Couple and Family Therapy at Drexel University, USA.

I use a variety of approaches with my clients, depending on the presenting issues. I have advanced training in couple and sex therapies. I am drawn to the POTT model because I believe clinicians must understand who we are as people, to understand who we are as practitioners.

Alba Niño, PhD, LCMFT, Assistant Professor in Couple and Family Therapy Programs at Alliant International University, San Diego, USA.

My clinical work is informed by attachment and emotion centered therapies. My current research interests include immigrant therapists, cross-cultural therapeutic relationships and effective ways to train therapists. The POTT training has become central in my work as a researcher and as a professor. POTT's philosophy and assignments help trainees humanize themselves, their clients and the profession of psychotherapy.

Jody Russon, MA, PhD, Postdoctoral Fellow at Drexel University, USA.

As a family therapist and researcher, my interests are centered around attachment-informed interventions and socio-ecological perspectives on gender and sexual identity. The POTT process of using my own experiences to empathize with families allows me to continue seeking my fullest potential as therapist. As a wounded healer, I gain the ability to reach out to others from a place of emotional wisdom and openness.

Senem Zeytinoglu, PhD, family therapist at Kozyatağı Acıbadem Hospital Department of Pediatric Neurosurgery and Clinical Supervisor at İstanbul Bilgi University Couple and Family Therapy Program, Turkey.

Having the ability to use my own life experiences grounds me when working with people from different paths of life than mine. I work systemically; have extensive training in emotionally focused therapy and EMDR. POTT is my tool to use my emotions, beliefs and biases for the benefit of my clients.

Preface

Our Stories

Harry J. Aponte

My development of the POTT model has both personal and professional roots. One year out of graduate school in my native New York, and as a son of Puerto Rican parents, I travelled to what seemed to me to be the land of Oz, commonly known as Kansas, for a year of postgraduate training at the Menninger Clinic, only to remain for another seven years on staff. The patients and their families were mostly well-to-do Anglo-Saxon people who culturally were foreign to me. Yet, I was charged with working with the patients' families, which meant I had to learn to relate to them, understand them and somehow be of help to them. For me the socio-cultural differences presented a significant challenge to communication and emotional resonance. However, in this bastion of psychoanalysis I was also learning about countertransference, a concept that spoke to what our own life experience brings to our reactions to client issues and psychological histories. It fostered self-reflection about what I brought to the understanding and relationship with patients and clients. I became aware that it was not only of how my ethnic roots and low socioeconomic background related to work; it was also my closely held history of a troubled family life that contributed to my reticence about my personal life, and to my proneness to self-sufficiency. I entered psychoanalysis at Menninger's—something meant to help resolve our personal issues, Freud's answer to preventing therapists' issues from contaminating the therapy we did. I learned to self-reflect and to be self-aware, but certainly did not come to any root resolution of the core issues I carried with me from my past. However, I discovered in those years in Topeka, Kansas, how to open and stretch myself to relate to the common humanity of the people with whom I worked, however different they were from me. The acceptance of the reality of our common human frailties helped me to unlock the doors to our common life struggles.

Fast forward, after my stint at Menninger's I was invited by Salvador Minuchin to join him at the Philadelphia Child Guidance Clinic in Philadelphia that was working on and researching the use of family therapy with disadvantaged

families. These were my people, and I would have little trouble relating to their life experiences. However, while the psychoanalytic perspective focused on our early childhood experiences, the Child Guidance's structural family therapy orientation focused on the immediate experience in the present actuality of the therapy room—among family members and between therapist and family. While my psychoanalytic experience helped me to self-reflect, and motivated me to self-correct, here in the immediacy of the face-to-face encounter with families, I had to maneuver through what was going on right now between the families and myself, which was not only a professional process, but also something quite personal. There would be no time to "fix" my flaws. I would need to work with and through all that I brought to the therapeutic process to enhance, enrich and potentiate the effectiveness of my work. I was connecting my professional performance to my personal life experience—past but also what was evolving for me personally at the moment in my interactions with my clients. I needed to empathize with my clients through a resonance with my own woundedness, and through that empathy to read them, and access them with whatever I had to offer.

I was also becoming aware of how my clients' and my own worldviews, philosophy and spirituality affected our therapeutic process—how we define problems, set our goals and choose the means to reach them. So much of the goals and ideals of the therapeutic world have had to do with repair and resolution of our brokenness, and yet we struggle all our lives with an awareness at some level of our human limitations, flaws and vulnerabilities. They can discourage and shame us, but can also be approached from a disposition to think of our woundedness as an opportunity and challenge to stretch ourselves and dig deeper within ourselves and in our relationships to go beyond what we thought were our limitations to change and grow. To do so presumes we accept the vulnerability of our humanity and the reality that the challenge to engage it is a life-long undertaking that we cannot manage all alone. This particular journey of engagement for growth can also serve as the cornerstone of our personal differentiation because it defines our personal ideals and the path we have taken to reach them. My viewpoint about the challenges my own woundedness and vulnerabilities present me obviously colors my approach to therapy and training therapists. This perspective is the cornerstone of the philosophical and spiritual foundation of my work in therapy.

> For what matters above all is the attitude we take toward suffering, the attitude in which we take our suffering upon ourselves.
>
> (Frankl, 1963, p. 178)

> When we become aware that we do not have to escape our pains, but that we can mobilize them into a common search for life, those very pains are transformed from expressions of despair into signs of hope.
>
> (Nouwen, 1979, p. 93)

Karni Kissil

I got introduced to the POTT model in my Ph.D studies in Drexel University. I took a supervision class with Harry. As part of the class each of the students had to present a case and get supervision from Harry. I was dreading this assignment, knowing that I would have to be vulnerable in front of my classmates and discuss my "issues" and how they contribute to my difficulty with my client. I started my presentation telling myself to hang on and that in 30 minutes this difficult ordeal would be behind me, and then something happened. The way that Harry responded to my story made me forget that my classmates were in the room. My usual guardedness and defensiveness dissipated and I found myself wanting to tell him more about myself, something that rarely happened to me before. I didn't feel the need to pretend I was put together and in control. He didn't only understand me, but my feelings and behaviors made sense to him. He made me feel like a good therapist, not because I did everything right, but because I was able to acknowledge what I brought into the situation. I felt that it was "normal" to bring myself into the relationship with my clients and that bringing myself can actually help me connect with my clients. This experience was in sharp contrast to my psychodynamic training and was transformative for me. I wanted to know what exactly Harry did and how I can do that too. I wanted to help my clients feel understood and accepted like I felt.

To my amazing luck, one of the POTT trainers who taught the master's class at Drexel left and I was able to get the position. I worked with Harry and trained several generations of master's students. Together with Alba Niño (who contributed to this book), we worked to refine the model and its application in the Drexel program. We were amazed at the results we saw in our students. At the end of nine months of training their level of clinical acumen, their ability to connect with clients and above all their openness about their own vulnerability were impressive. I watched myself working with students in the same way Harry worked with me. Furthermore, I watched new generations of therapists working with their clients using what they learned in the POTT training. I had no doubts that POTT works.

We wanted to tell the world about our wonderful program and we realized that in order to do that we would have to systematically study our work. In the last few years we have conducted several studies to evaluate the effectiveness of our program and have published our findings (see 2014 article in Appendix A on p. 123, and 2013 article on p. 124). Having scientific support to the effectiveness of POTT, it is time now to disseminate the training so others can benefit. This is how I got to collaborate with Harry on this book.

Our Thinking

The relationship between client and therapist is the medium through which we gain the trust of clients, come to understand them and influence their efforts to meet their personal life challenges. This relationship is at its core personal and

intimate as the therapist reaches for the innermost forces that drive peoples' lives—within themselves and in their most important personal relationships. But, it is not just the inner life of clients that is at play in this therapeutic process, but also the life of the therapist that is an active ingredient in the interactions between therapist and client. The very nature of the professional task of therapy calls for therapists to implement their learning and skills through how they use themselves with all of who they are, with all their life experience to personally connect with their clients. The effective therapist marries the professional with the personal in blends that are specific to the particular client/patient (individual, couple or family) and to the client's issue.

The training of therapists heavily invests in teaching about the development and functioning of people, offering models of thinking and intervening to effect positive change in people and solutions to their problems. However, from the very beginning of the talking therapy (think here Sigmund Freud) there has been attention on the human being who personally engages the client to utilize all of this professional learning. There has been an awareness that, however proficient we may be in our craft, we as therapists have our own personal issues that color our thinking and shape our behavior with clients, potentially to the detriment of our clients or patients. From the days of individually oriented psychoanalytic thinking to more recent systemic perspectives, trainers in the field have introduced methods of helping therapists curtail the potential toxicity of their personal hangups on their therapeutic work, geared toward resolving these personal issues through personal therapy or family interventions. More recently there has been an effort to have therapists learn to make positive use of their personal difficulties in learning to empathize with and relate to the challenges their clients face.

This is where the Person-of-the-Therapist (POTT) model of training comes in. This approach to training therapists in the use of their personal selves in the therapeutic process places special importance on working through the personal emotional "woundedness" of the therapist, which we call the therapist's "signature theme." The basic premise is that we all have certain core issues, often revolving around a main theme that has been and will be with us throughout life. This "signature theme," while from one view constitutes a stumbling block in life, from another view offers a challenge that amounts to an opportunity to stretch and transform ourselves in a myriad of ways into wiser, stronger, more caring people. Although this challenge is not likely to achieve perfect resolution, its difficulty and pain are prods to dig deeper and harder to change and improve. This life-long process reflects for therapists in its own way what therapy for our clients represents, an undertaking that involves identifying problems and working to resolve them in some form or degree to better our lives and relationships. This implies that knowing, being in touch with and engaging our personal issues can help us to better understand, relate to and address the challenges our clients face.

Our Book

After modifying and refining the POTT model and working with it for several years in various settings we felt ready to take on an incredible challenge: translating the POTT philosophy and training into a structured and detailed training manual for therapists. In this book we are charting a new path by manualizing an essential part of the training of every clinician and mental health provider: the work on the therapist's self. We take a process that seems vague and elusive, and provide a step-by-step description of how we conceptualize, operationalize and implement a training program designed to facilitate the creation of effective therapists who are skilled at using their whole selves in their encounters with their clients. This book follows the training program which we have developed and implemented in Drexel University's Couple and Family Therapy Department for more than ten years. It describes a methodology for preparing aspiring therapists to recognize and accept as normal the reality of their own flawed humanity, and then to see it and learn to use it to relate, understand and intervene more effectively with their clients. We believe that what we have garnered from our experience with this model in this setting can be adopted in other academic and non-academic contexts. In this book we present the theory and thinking behind this methodology as clearly as possible, and then demonstrate its application in as practical and vivid a way as we could to facilitate others' borrowing from it and improving on it within their own settings.

Broadly speaking, this book is designed for two groups of readers. The first group includes clinicians and supervisors who are interested in learning more about POTT. This book provides an introduction to and overview of the POTT model. We believe that clinicians and supervisors reading it will find sufficient detail to make an informed decision about whether or not POTT fits their professional needs. The information provided in this manual can provide you with a good starting point to incorporating POTT as a clinician and/or supervisor.

The second group includes program administrators and other decision-makers involved in curriculum building and implementation in clinically based mental health programs. For you, this book represents a platform upon which you can develop the competence of your trainees. As we describe in this book, the POTT model has been implemented in a variety of settings and we can work with you to modify it to add to the training resources of your facility.

The nine chapters of the book address all the various aspects of the training model. Chapter 1, *The Person-of-the-Therapist Model on the Use of Self in Therapy: The Training Philosophy*, introduces the reader to the POTT philosophy. The general perspective of the book is that therapists conduct the professional work of therapy through all of who they are personally within a very human relationship with clients that takes into account everything from culture to spirituality to family life experience to psychological challenges. We then spotlight the central and distinctive pillar of the model based on two premises: one, that we all carry

within us a psychological issue that is at the core of our human woundedness, coloring our emotional functioning throughout our lives; and two, that for therapists to be able to relate most effectively to their clients, they must learn to work with and through all of who they are, but in particular through this core issue, that we call the therapist's "signature theme." The POTT model takes a unique stance regarding the value of these core psychological issues by not just suggesting that these "signature themes" are resources that can enhance therapists' effectiveness, but by placing learning to work through these signature themes at the very heart of the basic training of therapists in the use of self. In this chapter we also describe the core principles and goals of the POTT training. We describe the three components of the clinical implementation of the use of self: knowledge of self, access to self and management of self and how better mastery of self can help therapists connect, assess and intervene more effectively with their clients.

Chapter 2, *The POTT Program: Step-by-Step*, describes in detail the structure and implementation of POTT training, using an academic setting as an example—the graduate degree program in Marriage and Family Therapy at Drexel University. It includes the stages of the training, the instruments we use and case examples demonstrating each step of the training. We use vignettes to demonstrate and clarify the steps trainees take in the program from identifying their signature themes, to learning to recognize what they bring of their personal selves to their clinical encounters and to the application of what they have learned about themselves in supervised clinical experiences with families made up of trained actors.

Chapter 3, *Journaling in POTT*, highlights one component of the POTT model that offers the trainees an opportunity to reflect on an ongoing basis on how the training impacts them personally and professionally. We describe how we use journaling throughout the training to challenge, support and facilitate trainees' incorporation of the model into their clinical work. Using excerpts from journals, we also describe typical themes and processes trainees go through during the training.

Chapters 4 and 5, *The Case of Lynae* and *The Case of the "Rescuer,"* provide detailed case examples, each following one trainee throughout her entire journey in a nine-month POTT training course. The trainees' written assignments and transcripts of their signature theme presentations are used to demonstrate how we work with trainees and the process they go through in the program, and to highlight from their perspectives the effects on them of different aspects of the POTT training.

Chapter 6, *About the Facilitators*, covers the implementation of the POTT model focusing on the facilitators. We describe how the facilitators are trained, the basic requirements and qualifications of the facilitators and what exactly the facilitators do throughout the training to make the POTT model effective and safe for the trainees.

Chapter 7, *Integrating POTT into Your Setting: Applications and Modifications*, describes possible adaptations of POTT to various settings and facilities. It

answers questions such as "how to use POTT without a simulation lab?" "can POTT be modified to be used in supervision?" and "how POTT can be adapted to non-academic settings such as mental health centers and private practices?" This chapter also includes some of the nuts and bolts involved in implementing POTT, such as structural and time requirements, and the training of actors to perform as client families.

Chapter 8, *POTT Principles across Mental Health Disciplines: "Just Use Your Clinical Judgment,"* demonstrates how the POTT principles are relevant and applicable across mental health disciplines (e.g. marriage and family therapy, counseling, psychology and social work). This chapter's specific discussion points include understanding the development of clinical judgment through the POTT philosophy as related to the practice-related educational standards of various professional and accrediting organizations. In order to fully equip trainees to engage with diverse clients, educators require a solid framework for helping them build their clinical judgment. POTT serves as a developmental platform for preparing trainees to use themselves effectively while building therapeutic relationships, assessing clients and creating intentional interventions. The chapter offers a very personal narrative of how all this is played out in one trainee's training experience.

The ninth and last chapter in the book, *Supervision in the POTT Model*, provides an in depth description of the adaptation of the POTT model to clinical supervision as differentiated from training, using a detailed case example.

This book is the result of a joint effort by several POTT model enthusiasts. Thus, we cannot end the Preface without thanking our co-authors who have made significant contributions to this book: Renata Carneiro, Christian Jordal, Alba Niño, Jody Russon and Senem Zeytinoglu. All of us have been involved in the POTT training at Drexel University, either as instructors or teaching assistants, and we all took part in refining the model and making the training more effective each year. We all share the vision of facilitating the development of effective clinicians by introducing the POTT training model to other programs, supervisors and clinicians. Thank you for your hard work and for sharing our vision!

Harry J. Aponte and Karni Kissil

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Acknowledgments

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Harry J. Aponte and Karni Kissil

Contents

1 The Person-of-the-Therapist Model on the Use of Self in Therapy

The Training Philosophy

Harry J. Aponte

The Training Philosophy of the POTT Approach

The main thrust of the POTT model has to do with a use of self that emanates from the personal depths of the individual who is conducting the therapy. This is more than a strategy about how therapists use themselves. This is about us, as clinicians, developing a conscious, purposeful and disciplined access to our humanity within our professional role in the therapeutic relationship. This means that as therapists we view the therapeutic process, at its core, as a person-to-person human encounter. The POTT approach assumes that the more both therapist and client are experientially present in this living process of therapy, the greater the access the therapist has to self and to client to do the work of therapy. POTT's concept of being "present" in the therapeutic relationship implies a professionally tailored purposeful *personal* engagement with the client (individual, couple or family) that lends clarity of insight, depth of sensitivity and potency of effectiveness to the therapist's clinical performance.

That encounter in session is a *living experience* among family members and between therapist and client. Whatever the therapeutic model, when therapist and client (family, couple or individual) come together in a session, they engage in the common task of therapy, which generates a human system with its own unique to the moment complex of dynamics. Even as the narrative therapist consciously focuses on constructing or deconstructing a story with a family (West & Bubenzer, 2000) there is personal engagement between them that affects all parties involved and their relationships with each other, and therefore the course of the therapy. A structural family therapist can witness or actively coax interactions among the clients themselves when it is a couple or a family. In the enactment, a human connection is activated among the parties that connects minds and hearts in deeply personal ways that give a unique color and shape to the therapeutic process. Classical psychoanalysts foster those human connections in their silence, which triggers transference that incites countertransference, again affecting all parties in profoundly human ways (Bochner, 2000). The psychoanalyst may perceive through the inner experience of the "Third Ear," by hearing "the voices [of the patient] from within the self that are otherwise not audible" (Reik, 1948, p. 147). These personal transactional

effects in all therapeutic methods become integral to the therapeutic process. Whether we are attending primarily to technique based on the articulation of language, the drama of human interaction or the perception of the projection of an unconscious introject, these are transactional processes within the therapeutic relationship that facilitate the understanding and promote the therapeutic change of therapy.

We take the position that the relationship in therapy, whether recognized or not by the therapeutic model, is a critical factor through which all therapies achieve positive change. Note Weiss and colleagues (2015):

> Most of the research on the therapeutic alliance has been conducted with therapies that emphasize the relationship as an essential mechanism of (e.g., psychodynamic or humanistic orientations), but results appear to be similar for treatments that do not emphasize the relationship as the main mechanism of change.
>
> (p. 29)

See Muntigl and Horvath (2015):

> Over the last three decades empirical research has provided robust support for the general claim that the quality of the therapeutic relationship bears a ubiquitous and significant relation to treatment outcome across the breadth of client problems and variety of treatment approaches.
>
> (p. 41)

These claims lead to two critical questions: How does the therapeutic relationship make therapy work? How do we train therapists to use the therapeutic relationship to achieve their goals? These questions are particularly intriguing since we are looking at this relational process between therapist and client in the contexts of the full range of therapeutic modalities and therapeutic components.

The POTT perspective asserts both that we as therapists are active agents in the dynamic, living experience of the therapeutic relationship to relate, assess and intervene with clients, and that our level of expertise can be enhanced through training. Therapists can decide the degree and manner in which they wish to be present and work through the forces of their personal connections and interactions with clients. For example, when talking about the technique of "enactment" in which family members are prompted to interact around their issues, family therapists "can engage in a facilitating manner from inside the family transaction by participating in it, or from outside by not engaging directly in the transaction" (Aponte & VanDeusen, 1981, p. 325). Structural therapists do this as an integral part of their model (Minuchin & Fishman, 1981). Dattilio includes a form of enactment in his cognitive-behavioral approach to working with families (2010). In talking about attachment-based therapies, Wylie and Turner (2011) state that, "much or even most of this therapy is intuitive, played out in 'enactments'" (p. 27). "The core emotionally focused therapy