

Commentary On Commentary On "Who's Teaching Whom"

In an effort to clarify some of the questions Agathi Glezakos raised in her commentary (Reflections. Summer 1998) on my narrative, "Who's Teaching Whom?" (Reflections. Spring 1998), I submit this response. Such a dialogue can only benefit the field. Reflections hopes that it fosters this kind of discussion beyond its pages and strives to be a forum for working on ideas that face professional helpers.

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It is a challenge to write this response as I do not want to come across as defensive, but fear this is inevitable. I am grateful for Dr. Glezakos' ideas and excited to be a part of this dialogue. In pursuit of being non-defensive, I'd like to articulate some areas that may have led to Dr. Glezakos' conclusions regarding some aspects of the experience. Clearly we view practice from very different perspectives. Such differences are unavoidable yet necessary components of dynamic social work practice.

Dr. Glezakos categorized her comments under five headings; I do the same for clarity, although the order is changed.

The Relational Goodness of Fit

In her commentary, Dr. Glezakos indicated that I erroneously matched the intern, Kelley, with the client, Rick, based on the intern's needs and interests as opposed to those of the client.

A field instructor in a social work setting must take many factors into consideration when assigning cases to interns. Of course, clients' needs take precedence over the needs of the

intern, but in many cases, the needs of both may be accommodated in the match. Although in the original article I focused on Kelley's interest in working with Rick, this was not meant to imply that I did not consider Rick's needs first and foremost. I believed strongly that working with Kelley would be in his best interest.

Group psychotherapy was the primary component of treatment at the Diane K. Smith Center. The program structure and the court-related job responsibilities assigned to the primary therapist did not allow time for individual psychotherapy. I believed that Rick could have benefited from individual work, and had the verbal ability to participate in psychodynamically focused treatment. Other residents usually had family therapy as an adjunctive component of their program. However Rick, abandoned by his father, had no other adults involved in his life. This was one of the reasons that I believed closer mindfulness was appropriate.

In the narrative, Kelley explained that I had asked her to let me know if there were any residents with whom she might be interested in working. Although not stated, I had been considering assigning Rick to her for the reasons noted above.



Dr. Glezakos casts doubt on the assignment by referencing Rick's asking me as to why, given his issues of abandonment, was he assigned an intern. Nearly all residents at The Center confront abandonment issues. Rick questioned his assignment to Kelley because he wished to avoid the pain of separation from her, as it resurfaced his pain over past abandonment. I believe that it is precisely that process of attachment and separation that allows for much of the work that occurs in the treatment.

Lastly, if interns were not assigned residents that had experienced abandonment as a prominent theme, interns would not have received training at The Center. More importantly, residents would not receive on going, individual psychotherapy.

The Client's Role in the Process of Goal Setting

Dr. Glezakos relates the appropriateness of client involvement in goal setting and states that "the supervisor and intern outline his needs..." indicating that we did not allow Rick to be a part of the goal-setting process. It was beyond the scope of the original narrative and therefore I did not include it. Rick was deeply involved in setting goals for his treatment. Despite the involuntary nature of treatment at The Center, I believe that residents have choices in how they participate and that they can be helped to set goals that are meaningful to them, in

addition to what the court might have ordered.

The Worker's Degree of Unfulfilled Neeniness and Countertransference

This is perhaps the most significant aspect of my narrative, and of the actual experience between me, Kelley, and Rick. Dr. Glezakos was concerned that the countertransference Kelly experienced was a negative aspect of this case and perhaps a reason for her and Rick to discontinue their work. Dr. Glezakos states that "...the professional's capacity to contain the pain so that it does not interfere with the therapeutic process separate the effective wounded healer from the ineffective one." She seems to imply that we are in disagreement to this idea; we are not. I felt very strongly that Kelley needed to contain her pain and express it in appropriate ways outside of the therapeutic context of her relationship with Rick in order to be effective and certainly not harmful. The fact that there was such strong countertransference is precisely the reason I introduced the "Countertransference Journal" which we used as an aid in supervision. Dr. Glezakos goes on to say that in addition to developing insight into her thoughts and feelings, Kelley "needed guidance about how to make emotionally satisfying contacts outside of the therapeutic relationship." Again, I wholeheartedly agree. I recommended early in the year that Kelley seek out therapy, which

she did, and when issues arose in the journal and in supervision that were more appropriate for exploration in her own treatment, I encouraged her to address them there. I did not know this at the time due to the boundaries of the student/field instructor relationship, but I know now that much of her own therapy that year focused on exactly what Dr. Glezakos' states was necessary.

Kelley feared that at some point Rick's anger might not subside and that he would push her away for good. Dr. Glezakos states that this fear compromised Kelley's competence as a therapist. It is my belief that this fear had the potential to compromise Kelly's effectiveness. The fear itself was not dangerous. The way that Kelley addressed her fear would determine the degree to which it hindered or furthered Rick's treatment. As her field instructor, I worked to normalize her fear as well as Rick's behavior and to help Kelley to understand this behavior in the context of his emotional development. Group supervision was also helpful in this area as some of the other interns struggled with similar issues with their own clients. In addition, I know, based on my experiences as a field instructor and as a field liaison, that the fear of angering the client and thus "losing" the therapeutic relationship is not unusual. It is fairly common. New social workers/students often need to be helped to trust the process and deal with such potential losses. As Kelley did, they need to learn to avoid allowing their

fear to guide their intervention.

This brings me to the statement that "Countertransference can be counter therapeutic." Again, while this statement implies that Dr. Glezakos and I are in disagreement, I believe we are not. Countertransference is potentially dangerous. It is dangerous when it remains unconscious, when the therapist does not work actively in supervision, consultation, therapy, etc., to manage it responsibly and to remain focused on what is in the client's best interest. It is precisely to avoid this danger that I worked diligently with Kelley on increasing her awareness, directing her to her own therapy, and keeping Rick's treatment goals in the forefront.

Thus far, I have tried to clarify points in which I believe some misperceptions led Dr. Glezakos to believe that she and I were in disagreement, when in fact I do not think such disagreement exists. The final two sections, termination and the issue of dual relationships, are areas in which we do clearly have different perspectives.

Termination

Dr. Glezakos states that "In a planned termination, intense emotions from an earlier phase ought to weaken..." I think that Dr. Glezakos and I disagree about what constitutes "normal" attachment and therefore "normal" termination for beginning social workers.

Termination is an emotionally laden topic and significant phase of social work inter-

vention. Some workers believe it to be the most important phase of work. Hepworth, et. al. state that "the manner in which the helping relationship and process are concluded strongly influences whether clients maintain the progress they have achieved and continue to grow following formal termination" (1997). In Kramer's preface to *Positive Endings in Psychotherapy*, Sheridan states that endings can be difficult and complex for therapist and client alike. Kramer states that terminating a therapeutic relationship can be as difficult, or even more difficult, than ending any other relationship." He goes on to say that "the intricacies of a clinician-client relationship add to the complexities of closure..." Kramer also discusses the countertransference issues that are common for therapists in dealing with termination (1990). Ending long term therapeutic relationships, particularly with clients who have endured multiple abandonment in the past, adds additional challenges to the mix. This was the case with Kelley and Rick. I have spent a lot of time addressing termination in my work with students, both as a field liaison and as a field instructor. As always, we are role models for our students and the way we handle termination with them influences their termination with clients, colleagues, and their own students in years to come.

I do believe that there were some factors during Kelley's internship that served to increase the attachment of interns to the agency and to make

the process of letting go more charged for all involved. There were seven interns at The Center that year, and four supervisors/field instructors. We participated in a weekly group supervision process that was rewarding for students and supervisors alike. It was also very challenging and contributed greatly to an increased sense of cohesion. Additionally, about one month before the academic year ended, there was a serious incidence of violence at The Center that affected line staff, interns, and clinical staff. This was a significant crisis which aroused feelings of anger, sadness, hopelessness, and helplessness in everyone. It is well documented that such crises have the potential to increase bonding among families and non-related groups as well, as people attempt to cope with emotional and practical outcomes.

In my years as a field instructor and as a field liaison, I have found that termination is an extremely difficult process for many students. They often do not understand the need for complete and final endings. Struggles are common regarding why they cannot maintain contact after their internship is over. Some students have asked to give clients their address or write to clients. I once had a student who wanted to tell a client a "white lie" regarding the reason they would not be meeting anymore, rather than being forthright about the limits of their professional relationship. Most often, while their questions are general, their desire to

remain in contact is around one "special" client. The fact that Kelley wished that she could continue to "be there" for Rick was not a feeling or wish unique to her. Most students I have worked with have had such an experience.

I agree with Dr. Glezakos that "when mental health practitioners accept their presence in a client's life as a single, purposeful, and time limited incident...terminations are less emotionally charged." However, I see this as a goal for the developing social worker to strive towards and have found it takes time and practice for many beginners. I also believe that the way we respond to terminations continues to be impacted by other events and phases of our lives, and that even seasoned workers revert to earlier responses, as I did during my experience with Kelley and Rick. As always, self-awareness and appropriate supervision and/or consultation is necessary so that the worker can maintain his/her effectiveness.

One final thought in regards to Dr. Glezakos' comments on termination. She stated that when emotions weaken as the relationship moves towards the termination phase, then the worker and client "can part with a sense of accomplishment, rather than with a feeling of loss." However, these are not mutually exclusive and my narrative makes clear that the termination involved both feelings of accomplishment and of loss. When relationships of any kind end, there is often a mixture of feelings evoked. Dr.

Glezakos acknowledges this but at the same time expresses concern regarding the feelings of loss present in this situation and appears to negate or minimize the feelings of accomplishment and joy.

The Dual Role of the Supervisor

In my original narrative, I indicated that the style of my supervision with Kelley would be a source of controversy. In Dr. Glezakos response, she acknowledges the difficulty in defining boundaries between educational and therapeutic content in supervision. She states that our use of the countertransference journal introduced therapeutic content into supervision, thus creating a dual relationship. Yet I believe that therapeutic content is present in supervision regardless; the question was only how I would respond to that content. I discussed this in my narrative, referring to literature that supports this point of view while acknowledging the controversy regarding the extent to which such content should be addressed. Burns and Holloway (1989) wrote of the appropriateness of using counseling skills to assist supervisees in understanding their reactions and behaviors to clients, with the goal of enhancing practice effectiveness. Rubinstein again validates this view in her discussion of the parallel process of supervision and therapy. She explains that the differences are mainly those of goals; the goal of supervision being "the en-

hancement of the client's therapy rather than the supervisee's development as a private person" (1992). I reiterate here, I do not believe that the road I took in supervising Kelley would be right or appropriate or even possible for all supervisors and/or students. In using the countertransference journal, I needed to accept that I would be walking a fine line and to be committed to checking myself to be sure that I focused on the impact of Kelley's responses to her work with Rick in a way that maintained the boundaries of supervision. It also seems relevant to reiterate that I learned about the use of the journal in a training sponsored by The University of Southern California School of Social Work where Kelley was a student.

I agree that dual relationships are treacherous. For that very reason, I was especially cautious in my work with the journal so as to avoid such a relationship. Dr. Glezakos went on to state that because of my own issues, my judgment was colored and that I suggested the journal instead of consulting with colleagues. She also said that if my colleagues were unaware of the journal, then I would have been practicing selective disclosure and would be a poor role model for the students. I did consult with colleagues throughout, and they were aware of my use of the countertransference journal as an aid in Kelley's supervision. It most certainly would have been inappropriate for the journal to be a "secret" in any way. Furthermore, had I expected Kelley to

maintain such a secret, I would have been guilty of a serious exploitation of the power differential between us. This is not what occurred.

I acknowledge that Dr. Glezakos and I have significant differences of opinion regarding what the boundaries are between supervision and therapy and how to maintain them. But we are in full agreement regarding the need for these boundaries. I recently met with Kelley to discuss the commentary, and we discussed ways in which we talked in supervision so as not to cross the line. I always worked to be conscious of how I responded to Kelley, and to keep my supervisory questions and interventions focused on the impact on the client. For example, when Kelley wrote in her journal that she realized that Rick reminded her of some friends she'd known in college, I asked her how that might be impacting her work with him. I did not ask for deeper exploration of the issue of the friends in college, as that would have been clearly outside of the scope of supervision.

Conclusion

As I stated at the outset, Dr. Glezakos and I approach practice from different vantage points in significant ways. I agree that ethics and guidelines are absolutely necessary. Within those boundaries, however, there are many different ways of viewing and approaching practice situations.

Countertransference, an

issue that was very present in my work with Kelley and Rick, is inevitable. Consciousness, I believe, is what can prevent countertransference from being harmful. Consciousness, on my part and Kelley's, is what I was after in this case.

On a number of occasions in her response, Dr. Glezakos commented that one issue or another, mine and Kelley's, compromised our competence and/or our objectivity. She seemed to imply that one should or even could be without such personal issues. But this is not possible. The issues that were raised in the original narrative were not unusual to social work students or to seasoned practitioners. What was unique was our willingness to make our experience public. □

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