

## Chapter Two

3. Therapists are wise to prioritize their own therapy throughout their training, careers and lives to assure the best care for their clients and self-care. Doing so increases the efficacy of therapy for their clients and safeguards the therapist's well-being. A therapist's self-awareness of feelings, thoughts, actions and reactions from clinical interactions is vital to prevention of professional burnout and essential for offering professional and ethical care to enable outcomes for clients.

Therapists must prepare to work with clients from diverse contexts, attitudes, cultures, values and beliefs. They must be competently diverse to serve in authentic therapeutic relationships and to be open and respectful, engender trust and be aware and learn about feelings of bias, prejudice and judgment they have. Therapists must balance being a person the client can identify with and find credible and competent while also being confident in their professional competencies and identity. Being able to form and hold firm boundaries allows therapists to serve their professional ethics while being true to themselves. How much to disclose personally, when to do so, and whether it helps or hinders the client's therapy is particularly important to forming a trusting bond, while ensuring sessions are only the clients, the clients' stated goals, commitments to do the work and own the outcomes..

Therapists must be aware of the danger of countertransference. For example, a therapist is in a new season of life, reflecting on past decisions which subverted career advancement in pursuit of the desire to support raising children and the spouse's demanding career. When a married couple with equal careers seeks therapy, the therapist notices it stirs feelings of anger and resentment and the clients' story brings the therapist feelings of doubt about past decisions and if they were

most effective, and the therapist finds it upsetting. This therapist needs to be aware of how these feelings may unknowingly project personal perceptions on to clients, limiting the client's therapeutic process and ignoring the clients' beliefs, values, culture, context and worldview. In this case, the therapist needs help processing these feelings, unmet needs and healing. Therapy is needed to process all reactions and assure no projection interferes, or overwhelms, the care for the clients, the client's goals and desired outcomes.

Fit between the client and practitioner is critical. Therapists must be aware and bracket their values, beliefs, assumptions and attitudes. The therapist must avoid imposing personal values to assure each client experiences a professional and ethical therapeutic process. A marriage therapist may feel convicted by research data that suggests separation before divorce, no cohabitation and premarital sex before marriage and no dating two to three years following a divorce are suggestions for healthy processing and healing - yet clients in therapy hold different views. The therapist may find it useful to share the data and research in a way that does not impose personal values on to the clients or coerce the clients or influence them. The choices are always the clients to make. That is a clear boundary.

8. This past week, I began the process of seeking a therapist from Alliance University's Referral List. The specific personal and professional qualifications I seek for individual counseling, marriage counseling and family counseling and why are somewhat similar, and yet different, as my reasons outlined below convey:

For individual counseling, I seek a practitioner who is a psychologist, licensed professional counselor or licensed marriage and family therapist with at least ten years of experience. My past experiences as a client were with practitioners who were Caucasian women, ages 30 to 60 with a

variety of these credentials. I would pray the Lord guides me to whomever has direct experience using the array of therapeutic models, is experienced with clients changing careers in midlife. I seek someone who is a consummate professional, passionate about serving the Lord and His truth with love. I seek someone action-oriented who likes performance and results as much as I do and believes that growth is limited only by commitment to do the work. A counselor who has warmth, intelligence, experience in marriage, parenthood of young adults and family power dynamics in marriage and family would be helpful for my growth. Equipping me with tools to manage how to best speak to disclose my new career in ways that do not scare people in my life away from me because of worry I may “analyze them covertly” would be helpful.

For a Marriage Therapist, I seek only a Licensed Marriage and Family Counselor because I believe the specialized training is essential in working with married couples and families. A man or woman of any culture who shares our Christian beliefs as outlined in the Statement of Faith of the Christian and Missions Alliance is essential. It is possible a man may serve our marriage better as my husband may respond better to a mature Christian man whom he sees as intelligent, especially in Theology. During our 34 years of marriage, my husband and I have attended group, co-ed programs: Marriage Encounter (UCC), Retrouvaille (Catholic) and The Marriage Course (Anglican/Episcopal). He knows Alliance University’s MFT Program requires we attend therapy, and he is committed to it.

For Family Therapy, I seek a Licensed Marriage and Family Therapist of any cultural background, Christian as noted, aged 30 – 40 years old, male or female. I seek someone skilled at equipping my husband and me with helpful scripts for conversations and how to advise and support the development of our 3 sons in self-confidence, friendships and relationships – they full-time careers after college in ’18, ’20, ’21 and are single: twin sons aged 25 live at home

saving for down payments to move out and 27-year-old son renting an apartment and working remotely in California. We find this stage of parenting to give truth with love to be very hard.

9. The importance of the practitioner developing a personal counseling style is critical to the outcomes and efficacy of the therapeutic experience for the client. In fact, the practitioner is equally important to the client's experience and outcomes as the therapeutic model used. As a leadership coach, my training prepared me to work within each domain of the whole person and provided me with some ethical and professional guidelines in how to approach the process and the client's ownership of goals and outcomes.

What I learned over the last decade is the awareness that each client and what moves them is unique and there is no one size fits all, cookie cutter approach. What I presume is counseling, which shares the "light version" of counseling frameworks and modalities and foundations of human development and group dynamics, will be the same. Over time, the counselor will develop a sense for what may move a client forward toward the client's goals.

In co-creating the action plans, and the homework, the counselor will suggest recommendations of therapies, resources, practices and exercises the client then chooses. This kind of collaborative relationship, based on credibility in the client's competencies – skills, knowledge and abilities – and the counselor's capabilities of theoretical and practical knowledge is what can be taught and shared with clients to equip them for their current problem or situation, and for life.

13. As a counselor, it is important to hold the space for the client which will allow a place of freedom, frankness and honesty about their thoughts, feelings and actions and a value I hold high God's faithfulness and truth. As a leadership coach in secular organizational settings, I am aware of the need to be accepting of all people and their beliefs, including Atheism. I use an in-take

questionnaire from Co-Active Coaching that guides the first session which is a discussion about the client where I do ask about objectively, and as a matter of curiosity about any religious affiliation or spiritual practices or beliefs they wish to share.

My experience is clients will share their current and/or former religious affiliations and spiritual practices. Some clients declare themselves as Atheist, or of no faith. If a client seems comfortable discussing or is confused by the question, I may ask: “where turn for strength to in a time of trouble?” or “what brings you comfort and peace?” or “what caused the change in your affiliation or practice?” These questions often provide insight into past hurt, rejection, sin (past and present) and/or healing that has not yet occurred.

As a counselor I am sensitive to the boundary of not imposing my values directly or indirectly with my clients. As a rule, as a coach, I did not disclose with my clients my personal life, religious affiliation, spiritual practices, beliefs, values or attitudes, interests or where I live. Other than my published digital professional information on LinkedIn and my website and work-related questions, I do not disclose information because I do not believe it necessary to the client’s experience of change, growth, development or transformation.

As my desire to fulfill the Great Commission after 25 years of suppressing and not disclosing my religious affiliation, beliefs and practices, I seek guidance about declaring my Christian faith in the public square.

15. My view about change and people’s proclivity to change is based on my experience that people’s wiring indicates their affinity to, or resistance, to change. I also believe people’s circumstances have a great deal to do with the degree to which they accept the challenge and change.

In my work in organizational development, we trained managers and leaders to lead and manage change in the corporate setting to be supportive to them first, and next to prepare them to be supportive to their direct reports, teams and the customers. I remember using the “SARAH” curve (Shock – Anger – Resistance – Acceptance – Hope) to express the general emotions and phases people may experience, not necessarily in this order, but these emotions were to be expected. We shared the general change mindsets most people generally align to which included people feeling and acting in ways of “Victims, Survivors or Explorers.” We provided timeframes, frameworks, tools, scripts and words to best equip the managers and leaders to support and encourage their people through mass layoffs, restructurings, mergers, acquisitions and integrations.

What causes people to change is a value proposition of sorts - when the amount of energy to stay the same is greater than the energy required to change, the person’s resistance to change is reduced. When forced to choose severance or a reduced role, title and salary, a person with a survivor mindset may accept the reduction because the resistance to change employers is too great. A person with an explorer mindset in this situation may select severance because they are not willing to accept less compensation and responsibility and would rather embrace the change and explore a new employer, location or vocation.

When I became trained in more psychometric and psychological assessments like the Hogan Leadership and Predictive Index, I learned some people are wired for change. Self- confident, assertive, adjust easily, tolerate risk, altruistic, positive disposition, seek change. It stands to reason, people more resistant to change are less self-assured, rely on routine, risk averse, focus inward rather than outward, manage one task at a time, have greater patience, pessimistic disposition and fear change.

Change is in my nature, and I became more aware of it as I entered adulthood and my career.

Although in the lane of human behavior and systems theory, my career in human resources shifted to coaching and now counseling, from professional to married and family life, to include theology and human development.

### **Chapter Three**

17. In choosing to terminate a counseling relationship because the client is not benefiting from the therapy, the therapist should take a full ethical review of themselves, their client assessment, their treatment plan, their selection of evidence-based practice therapy and decisions, their protocol and process - from in-take and throughout the sessions. Through self-evaluation throughout the process, the therapist must assure personal values, practice and decisions meets the care and needs of the client. The therapist must seek to offer care beyond the government's mandatory ethics of the minimum standards of care. Throughout the therapy process, the therapist must self-evaluate if positive ethical care has been expanded to meet the needs of the client. The therapist must be diligent in assuring care is in the best interest of the client.

Periodic review of the client's case, and discussions that invite on-going feedback from the client about progress, the therapist's assessment and the treatment themes alongside data generated from the practice related to the client's treatment, process and outcomes needs to be shared and discussed and feedback openly welcomed from the client. The therapist has to have enough awareness and humility to shift if the client is not making progress.

At the on-set of treatment, informed consent with the client's whole healthcare team is a best practice. If treatment is not benefiting the client and the healthcare team has been involved in informed consent, a collaborative meeting should be held with the healthcare team. If no such

consent with other practitioners is established, suggesting the client do so now is the next important step. Assuring all communication is privileged communication must occur first with all included in informed consent. A collaborative call with the client's healthcare team may shed light and provide collaboration to determine root cause hindering progress, and next steps for treatment and referral, if necessary.

It is in the client's best interest to first discuss with the client and all parties covered by informed consent. Before a decision to terminate or refer care. After a deep ethical review, consultation with the client and their healthcare team covered by the informed consent, self-evaluation of the therapist, treatment and protocols, discussion of the case with colleagues covered under the same ethical code is it wise to change treatment or refer the case to another practitioner. In cases where the client is a threat to oneself or to others or the therapist, obviously aspirational ethics and legal advisement and emergency and law enforcement must be engaged.

20. In the in-take process, I plan to use a specific agreement which includes attachments of the written documents including informed consent, client questionnaire, links to the code(s) and government and institutional requires will be included in digital and hard copies. Through dialogue and discussion with the clients, together I will work to provide a clear understanding of expectations of the roles and duties of the client(s) and therapist(s) including confidentiality and privacy and the expectations and limitations of them as required by law, regulation and code. The legal, ethical and regulatory requirements will be clear and referrals to responsible parties for the context and content will be made clear. The agreement will require the signatures of all parties, and copies will be given the first day.

My intent is to begin practice with clients 18 years and older. As much as I hope to work with young families, I expect there will be a learning curve to understand the legal framework and rights of children and families today.

Some examples where the client's confidentiality and privacy are limited and requires immediate reporting to law enforcement includes child pornography, child molestation and child abuse. The links to the ethical codes and the legal and regulatory organizations would be in digital and hard copy and shared with potential clients on a complementary in-take session for 45 minutes.

21. Facing ethical dilemmas cannot be done in a vacuum. It is critical to review each month the latest regulations, laws and ethical codes and conduct codes of the profession, licensing board, institutions where licensed or training to practice therapy. A seasoned team of wise, ethical and experienced therapists who are share membership in the professional association and practice under the same ethical code and in the same jurisdiction of the legal and regulatory requirements and context is essential to professional, ethical practice.

As a Marriage and Family Therapist in training, the ethical and conduct codes of the AAMFT and COAMFTE are required reading and understanding. During my practicum, internship, supervision and licensing as an LAMFT or LMFT, I must be familiar with all the ethical codes of these organizations as well as the codes of any organization where employed.

Given the nuances and growing complexities of the era, ethical dilemmas are best served through consultation and collaboration with a network of wise, experienced, ethical practitioners I pray to meet, be mentored, trained and to work alongside. Maintaining confidentiality of the client(s) is possible by discussing a case without divulging confidentiality and privacy. The prudent

guidance and advisement received is necessary to navigate the best, positive and aspirational care for the clients.

22. The most pressing and central ethical issue facing the counselor today is what I will call countertransference of the government as the therapist and its family of origin that includes the mandatory ethical, regulatory and legal agencies, requirements and institutional codes. The government's countertransference exploits its clients, especially its children and women. Their breaches are unethical and often seem to fall short of meeting the lowest minimum standard of care for its clients as required by its mandatory ethics.

The human being in its care is harmed and often disfigured, destroyed, demoralized, desensitized and distanced from his or her family of origin. The boundary violations multiply. Its legalization of recreational drugs and no medical care or institutions to care for the severely mentally ill, and children in custody battles with school and states are some examples of these boundary violations.

The good news is remains! Thoughtful, compassionate, preventive, proactive, and effective therapy and enrichment continues to grow and light hope for the nation. The formation and work of the Association for Spiritual, Ethical and Religious Values in Counseling (ASERVIC) is an attempt to return to care to the right place. There are movements working to bring back the education, development and disciplines required by virtue, character and ancient values.