Instructor’s Manual
for
BECOMING A THERAPIST: INSIDE THE LEARNING CURVE

with
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Manual by
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Tips for Making the Best Use of the DVD

1. USE THE TRANSCRIPTS
Make notes in the video Transcript for future reference; the next time you show the video you will have them available. Highlight or notate key moments in the video to better facilitate discussion during and after the video.

2. FACILITATE DISCUSSION
Pause the video at different points to elicit viewers’ observations and reactions to the concepts presented. The Discussion Questions provide ideas about key points that can stimulate rich discussions and learning.

3. SUGGEST READINGS TO SUPPLEMENT VIDEO MATERIAL
Assign readings from Suggestions for Further Readings and Websites prior to viewing. You can also schedule the video to coincide with other course or training materials on related topics.

4. DISTRIBUTE HANDOUTS
Photocopy How to Get the Most Out of Your First Clinical Internship and distribute it as a handout after students watch the video. This is a handy learning tool that can also serve to soothe panicky first-timers!

5. ASSIGN A REACTION PAPER
See suggestions in the Reaction Paper section for a take-home assignment. This gives viewers a chance to reflect on the material on their own time, exploring new ideas and directions as they prepare for their new profession.

6. CONDUCT ROLE-PLAYS
Check out the Role-Plays section on the next page for ideas about how to facilitate a first session simulation for a group of new training therapists.
Role-Plays of First Therapy Sessions

After watching the video, organize participants into pairs, with one person playing the therapist and the other playing the client. Assign each pair to role-play a therapy session following one of the three challenging scenarios below. Participants should switch roles halfway through if time permits.

Students playing therapists: Begin the session by asking open-ended questions like, “What brings you in here today?” and, “How can I be of help?” Then proceed in the style and modality you feel most comfortable with.

Students playing clients can role-play one of the three following first-session scenarios:

1) Imagine that you are feeling very anxious about seeing a therapist. You don’t know what therapy involves, know nothing about your new therapist, and feel embarrassed about needing professional help. Throughout the session you ask the therapist a lot of questions, many personal, hoping this will dispel your anxiety. You might ask: How long have you been a therapist? What’s your degree? How do you work? How are you going to help me? Do you have experience with clients like me? How long will I need to be in therapy for? Are you married? Do you have kids? Or any other anxiety-driven questions that come up for you.

2) Imagine that you are feeling hopeless about your situation and reluctant to begin therapy, but have gone because someone close to you urged you to. You find the therapist’s questions overwhelming and don’t know how to answer them. Besides, you don’t have the energy or desire to go into your issues with a stranger. You provide very short and/or vague answers to the therapist’s questions, and don’t speak unless you are asked to.

3) Imagine that you are feeling both excited and anxious about beginning therapy. You don’t know what’s expected of you, so after the therapist begins the session you start at the very beginning
and tell him or her your whole life story. You feel the only way the therapist can help you is if he or she has all the facts and information. So you keep talking and talking, because your story is a long one. If the therapist asks other questions, you try to quickly get back to your story because it isn’t finished yet and you want to finish it by the end of the session.

Following the role-plays, have the groups come together to discuss the exercise. First, have the therapists share their experiences; then have the clients talk about what the session was like for them. What did the therapists learn about working with these challenging clients? What did they find most challenging? How did the clients feel about being on that side of the relationship? What did they learn about the client’s perspective? Finally, open up a general discussion on what participants learned about the first therapy session with clients.

An alternative is to do one of these role-plays in front of the whole group with one therapist and one client; the entire group can observe, acting as the advising team to the therapist. Before the end of the session, have the therapist take a break, get feedback from the observation team, and bring it back into the session with the client. Other observers might jump in if the therapist gets stuck. Or to add more fun to this exercise, an observer can stand behind the client and put into words his or her unexpressed feelings (e.g., “I am so embarrassed about being here,” or “How can this therapist possibly understand me?”). Follow up with a discussion that explores what participants learned about being a therapist and being a client.
How to Get the Most Out of Your First Clinical Internship

**Use your supervisor.** They want to provide guidance and support to you throughout your internship. Keep open lines of communication with them about who you are, how you work and how they can be of most help to you.

**Be gentle on yourself.** Know that you will make mistakes, and that this is a key part of the learning process. Becoming a therapist involves climbing a steep learning curve.

**Be honest with your supervisor.** Don’t shy away from talking about your mistakes and areas in which you feel inadequate or vulnerable—this is how you learn and become a better therapist. If something your supervisor suggests doesn’t feel right to you, tell them.

**Record your sessions,** and play key sections to your supervisor. There is no way for your supervisor to be in the therapy session with you whispering guidance into your ear—but this is the second best thing. You’ll likely be surprised by what you hear: Presenting audio or video recordings of sessions will allow your supervisor (and you!) to have much more accurate data than if you simply try to recollect the sessions from memory or notes.

**Take care of yourself.** Sitting with clients’ issues for the first time may trigger your own issues, or can simply leave you emotionally exhausted. Reserve plenty of time to decompress from and reflect on the new challenging work you are doing.

**Become a client.** If you don’t already have your own psychotherapist, get one. You’ll be able to process how your new work with clients is impacting you personally. Plus, you’ll become aware of what personal issues are getting enacted in sessions with your clients.

**Consider group therapy.** At some time in your training it may be extremely helpful to participate in group therapy. You’ll receive plenty of feedback on how you relate and interact with others, and
will have the opportunity to work on your interpersonal behaviors and skills, which are essential components of the therapeutic process.

**Be curious and open-minded.** Try a lot of different approaches and techniques. Notice what feels right to your way of working and what doesn’t. This will help you develop your own unique style. If one of your supervisors works from a theoretical model that does not feel congruent with yours, discuss this with them but continue to tap their skills and knowledge base as deeply as you can.

**Come prepared.** Take notes after your sessions and structure your supervision time. Talk about the most critical clinical issues first, and less important ones if time permits. Before going into a session with a client, review your clinical and supervision notes.

**Talk to your fellow students and interns.** If you are struggling, chances are some of your classmates are, too. Feeling the support of your community and knowing you are not alone will help you get through it. Developing this practice early in your career is a good habit to build on throughout your professional career. The privacy of psychotherapy makes isolation an occupational hazard.

**Take risks.** How do you know you wouldn’t be able to help a low-functioning client, a couple, or a young child unless you try? This time is all about experimenting and finding the path that’s right for you in your profession. You’ll likely be surprised by what you thought you couldn’t do but can. Also, don’t be afraid to show who you are to your clients. This doesn’t mean disclosing personal information—it means being genuine. At first, being someone’s therapist might feel awkward. This is natural, and over time, being a therapist will feel less like a role, and more just who you are.

**Continue learning:** Beginning this year and throughout your training process, reach out to a variety of mentors who favor different approaches. Eventually you will integrate what you have learned via school, supervision, and clinical experience to find your own unique voice. This is a long-term developmental process that continues throughout the course of your career, so don’t rush to settle into one mode of working. There is always more to learn.
Reaction Paper Guidelines

Video: Becoming a Therapist: Inside the Learning Curve

• **Assignment:** Complete Reaction Paper (1) or (2) and return it by the date noted by the facilitator.

• **Suggestions for Viewers:** Take notes on these questions while viewing the video and complete the reaction paper afterwards. Respond to each question below.

• **Length and Style:** 2–4 pages double-spaced. Be concise. Do not provide a full synopsis of the video. This is meant to be a brief paper that you write soon after watching the video—we want your ideas and reactions.

**Reaction Paper (1): For students who have not yet begun their first traineeship or internship.** Respond to the following questions in your reaction paper:

1. **Key points:** What important points did you learn about what it’s like to begin clinical work?

2. **What I found most helpful:** What was most helpful in the therapists’ discussions about beginning clinical work? What tools or perspectives presented might you use when you begin your clinical work?

3. **What challenged me:** What challenged you to think about therapy in a new way? What did you learn from watching the video that was unexpected? What new fears or concerns, if any, did the video bring up?

4. **What did not make sense:** What perspectives or advice did not make sense to you? Did anything push your buttons, not feel right for you, or just not fit with how you plan on working?

5. **Other Questions/Reactions:** What questions or reactions did you have as you viewed the therapy in the video? Other comments, thoughts or feelings?
Reaction Paper (2): For students who have already begun their clinical work. Respond to the following questions in your reaction paper:

1. **Key points**: What do you think were the most important points presented by the therapists in the video? Who did you relate to the most, and why?

2. **What I found most helpful**: What was most helpful in what the video subjects said about beginning clinical work? What new tools or perspectives might you incorporate into your clinical work?

3. **What did not make sense**: What perspectives or advice did not make sense to you? Did anything push your buttons, not feel right for you, or just not fit with your way of working? Explore these questions.

4. **What I would say differently**: What might you have said differently than the therapists in this video? What advice would you give to students who have not yet begun their clinical work? Be specific in what challenges you faced and things you learned during your first year as a therapist.

5. **Other Questions/Reactions**: What questions or reactions did you have as you viewed the therapy in the video? Other comments, thoughts or feelings?
Related Websites, Videos, and Further Readings

WEB RESOURCES
Erik Sween’s website:

www.sweentherapy.com

“A Crash Course in Psychotherapy: Moving through Anxiety and Self-Doubt,” on Psychotherapy.net’s Articles page

www.psychotherapy.net

American Psychological Association page for psychology students

www.apa.org/about/students.aspx

American Counseling Association page for counseling students

www.counseling.org/Students/

National Association of Social Workers page for social work students

www.socialworkers.org/students/default.asp

RELATED VIDEOS AVAILABLE AT WWW.PSYCHOTHERAPY.NET

Arnold Lazarus: Live Case Consultation

The Gift of Therapy

Irvin Yalom: Live Case Consultation

James Bugental: Live Case Consultation

Legal and Ethical Issues for Mental Health Professionals, vol. 1 & 2

What Works in Psychotherapy
BOOKS


Discussion Questions

Professors, training directors and facilitators may use some or all of these discussion questions, depending on what aspects of the video are most relevant to the audience.

FIRST SESSION CONCERNS

1. What were the most helpful comments for you during the video? Was there a student therapist you identified with most? Why?

2. What are your biggest fears about seeing your first client? Do you have a worst-case scenario—e.g., the client asking your age or how many clients you’ve seen, getting angry at you, or disclosing suicidal feelings? Do you worry about feeling awkward and appearing incompetent, or about getting stuck and the client becoming frustrated with you? How would you deal with your biggest fear if it happened in the first session?

3. What is your plan for the first session? Once you are in the room, how will you start? Will you ask them questions from an intake questionnaire? Will you talk about yourself and your approach? Or will you leave it open-ended?

4. If you have already seen your first client, what was it like? What part of the experience stands out most clearly? What was the most challenging part of it? Is there anything you would have done differently if you could do it over?

5. There are a lot of logistical concerns first-year therapists often struggle with. What are your thoughts about the following?
   a. Do you talk with your clients when you walk down the hall?
   b. What do you do if a client sits in your chair?
   c. Do you walk clients back to the wait room?
   d. What happens if a client brings a drink into a session, answers their cell phone, or wants to leave 10 minutes early?
   e. How do you tell them about audio or video recording the sessions for supervision?
DEVELOPING CONFIDENCE

6. If you were the client and had chosen to go to a clinic with beginning therapists, what characteristics of the therapist would be most important to you? Would you want your therapist to have all the answers or be more curious and open-minded? If you were nervous, how would you like your therapist to handle that?

7. What kinds of mistakes do you anticipate are a part of the learning curve? How do you think you will cope with making mistakes?

8. Many student therapists initially find showing recordings from sessions to classmates and their supervisor difficult. What’s the right mix of praise and constructive criticism for you? How would you feel about playing a section where you made a mistake or feel less confident about what you did?

9. What are your expectations about the supervision process? What do you think is the best way to maximize your learning opportunities in weekly supervision? Is it helpful to stick with one orientation, or is it better to follow your supervisor’s lead? What style of supervision do you think would be most helpful?

10. If you have previously seen clients and feel comfortable in that role, what were some of the important turning points in gaining more confidence as a therapist?

11. Knowing yourself, what do you think your biggest challenges will be as you continue to develop confidence and experience as a therapist?

12. What makes a good therapist in your eyes? Are there certain characteristics you feel are most important? What qualities would you look for if you were seeking a therapist?

13. What do you think will be the most rewarding part for you of being a therapist? If you have worked in other professions, how will being a therapist be different? What do you hope to gain from this profession that you didn’t in previous ones?
SELF CARE

14. How do you usually experience anxiety or nervousness? Do you get physical symptoms like sweaty palms, tingling hands, upset stomach, dry mouth, chest tightness, or light-headedness? Do you ever get caught up in anxious thoughts, late-night worries, or worst-case scenarios? What helps you get through them?

15. How do you cope when you feel anxious? What kind of support is most helpful for you? What strategies do you use to help you relax and stay grounded?

16. What did the student therapist mean when he said, “The most challenging thing about being a therapist is your own stuff”? Are there specific topics that a client might talk about that could trigger your own issues?

17. One student therapist said, “You’re supposed to be teaching mental health but… we’re really kind of dysfunctional, being overworked and trying to keep schedules that are just ungodly.” Do you agree that some training programs encourage students to sacrifice balance in their lives? How would you know that you were not taking adequate care of yourself? How would you carve out time to take care of yourself, even with a hectic schedule?
INTRODUCTION

Melissa Miller: My first session I was really, really, really nervous. I remember standing outside and sweating palms and anticipating, “What if he doesn’t come, what if he doesn’t like me?”

Michael Wong: In that first interview I was anxious as hell.

Diane Wall: It’s burned in my memory. I thought it was the worst ever.

Lisa Rasmussen: It was just my gut. It was kind of just churning and it was more my body. I think my mind… I just really didn’t know… All I could think of was, “I don’t know what to say.”

Ron Benham: There was nothing about my program that prepared me for this.

BECOMING A THERAPIST: INSIDE THE LEARNING CURVE

Narrator: Becoming a therapist is a gradual process. It doesn’t happen all at once. Step by step, this process involves reading books, attending classes, and writing papers. But the real work begins with seeing clients, doing therapy, and getting supervision. We wanted to get an insider’s perspective of how students go from feeling anxious and uncomfortable to feeling more and more comfortable and confident—to becoming a therapist.

We asked five student therapists to give us their firsthand experience. What’s it like seeing your first client? What helps build confidence? What are some of the challenges during your first year of doing therapy? Many training programs show videotapes of the Master Therapists. They make it look easy—and they’ve seen clients for many, many years. But they,
too, were once just starting out. Each of these student therapists has had different training experiences and seen clients in different settings. But they all share similar experiences—the experiences you’ll face on your path to becoming a therapist.

BEFORE THE FIRST SESSION

**Miller:** My biggest fear about being a therapist and starting in general was being—let’s see, was I 24 at the time? A 24-year-old female looking brand spanking new. I really had a fear of looking stupid.

**Wong:** My worst-case scenario probably would have been my client flipping out on me, a client threatening suicide in front of me.

**Wall:** My worst fear was getting a client that didn’t talk. And then what was I supposed to do and what was I supposed to say?

**Rasmussen:** Probably just ask me a lot of questions like what do I do, and me not having the answers for.

**Miller:** And I guess I had the idea in one hour that you could really mess up somebody’s mind—that I could really do some damage and harm someone.

**Benham:** What to do when things get heated up was my biggest fear. And would I freeze up, and kind of be like a deer in the headlights?

**Wong:** I remember getting that first voicemail, and kind of, you know, opening up that voicemail on the phone with a little bit of trepidation and anticipation. “Oh my gosh, is this person going to say no or yes?”

**Rasmussen:** That first appointment we had scheduled, she cancelled, and I remember feeling relief and disappointment all at the same time.

**Wong:** I just remember that mixture of kind of jubilation and anxiety, just when… You know, I was listening to this guy call back and say “Yeah, I’d love to come in, and I’ll be looking forward to seeing you on X date.” And it’s almost like, on one hand, “Yes, I’ve got my first client. I’m going to get rolling. I’m going to learn how to be a therapist.” And the other side is just like, “Oh my God, what am I going to do?”

**Miller:** I’ve really done a lot to get to this point, and this is what I
think is my dream job. And what if I suck?

Wong: I remember that walk. That was just a nervous feeling. Not knowing what this person is going to look like. Not knowing how they are going to respond to you. And just not knowing how it’s all going to pan out.

Wong: Hi there, Adam?

Adam: Yep.

Wong: Mike. So nice to meet you.

Adam: Nice meeting you.

Wong: Ready?

Adam: Yep.

Wong: There’s like a million things just going through your head as you make that walk down.

THE FIRST SESSION

Wong: It was a constant battle for me balancing trying to be real and trying to be intentional or relational with this guy who is here for the first time and probably, in my mind, doesn’t have much of an idea of what therapy is going to be about and doesn’t know what to expect. At the same time, I really don’t know what to expect either.

Miller: “Oh my God! I’m about to go in.”

Rasmussen: Hummm. It was very anxiety provoking.

Benham: It was kind of unnerving. Unnerving.

Wall: You know, we talked about it in class that everybody… You know, it’s common to be nervous and feel that way. But it wasn’t until you actually experienced it that I really felt how bad it was.

Miller: He was a 54-year-old male, so that added to the pressure right there. I just felt so new and so inexperienced and nervous because I didn’t really know what therapy was like yet.

Wong: I remember being so rigid and just so awkward with trying to ask him questions about his personal history and some of his
presenting symptoms.

**Wall:** I thought it was the worst ever, and it pretty much threw me into therapy because I was like, “I don’t think I can do this.”

**Rasmussen:** I mean, she just came in there and spilling her guts to me and acting like I was a therapist. And so, “Okay, she thinks I can do it. I better sit here and do it.”

**Wong:** So, yeah. Prognosis wasn’t good for me at that point.

**Miller:** He came in. He was really... I guess I was lucky, I was really fortunate. I addressed it straight on, saying, “I’m going to be your therapist. I’m supervised--this is my first year. How do you feel about that?” And he was pretty great. He was like, “Yeah I know, heard it all on the phone. I know you’re a student. I think it’s great that you’re young.” And he just kind of went with it. So it kind of put me at ease. And then it wasn’t hard--it was just like talking with someone.

**AFTER THE FIRST SESSION**

**Miller:** Ahhh. Just this enormous sense of relief. Like, yeah, “I liked that. That was good. That wasn’t hard.”

**Wall:** When she got up to leave the room and I had to go back behind the mirrors and I was afraid to face my classmates, that’s when it really hit me.

**Miller:** Yeah, it felt really good. It felt natural.

**Wall:** Well, I walked slowly. I was just afraid to face them, afraid of the comments, because I thought they were going to say the same things that I was saying to myself: “That was terrible, that was awful.” And I remember I started crying. I got real emotional.

**Wong:** It was like the maiden voyage. It was over, it was completed. I was like, “Whew. Got through it, wasn’t as bad as I thought.”

**Interviewer:** What did they say?

**Wall:** Pretty much what you’d expect. “Oh, that was fine. You did good. It was your first time.”
Miller: So it was an easy hour but it was really scary going into it. I didn’t feel like I had any tools yet.

Wall: I think I had a hard time believing them. Yeah, they were trying to make me feel better.

Rasmussen: So I’d say the anxiety lasted probably for the first couple months. And how I coped with it? I mean, I think you just kind of sit with it and go in anyway. There’s not too much you can do. I mean, it wasn’t all-consuming. It’s not like I was really absorbed in my anxiety periods before I saw clients or after. It was just kind of those 15 minutes when you’re waiting for them to show.

WHAT’S HELPED?

Rasmussen: I think my supervisor played an integral part in helping my confidence grow. I think I was very vulnerable with her and expressed a lot of doubts. And so she really supported me and would point out things I did well. And when she was helping me, it wasn’t in a critical nature—it was more suggestions.

Wong: I think what was most helpful was being reminded that I didn’t have to know everything at once. I didn’t have to learn everything now. And that it’s part of a process. And if you make mistakes that’s just part of the learning curve. And that… I think the big one from my Seminar Leader was that “If you knew everything, you wouldn’t be here now.”

Rasmussen: We had a small-group supervision, so listening to other students’ experiences, and everybody was just as anxious as I was. And everybody was making mistakes.

Miller: I think that what’s helped build that confidence, is going into supervision and putting out all my bad stuff. Not trying to always cue the tape of where I’m doing my good job and I can’t wait to show it off. It’s putting it at the really bad parts. Or coming in with a problem and saying, “My God! Am I wrong here? Am I stupid? What’s happening? I need help.”

Benham: What has taught me the most is probably hard to answer because the theory I learned in the classes, I found useful in sessions in my practicum. And then what I learned in practicum was useful
to my internship. So I couldn’t be having the insights and the connections I’m making now if I hadn’t done that stuff.

**Rasmussen:** I think it would be getting the feedback from the videotapes. Because there, I think, it gives supervisors and other students a view into what you’re doing. You really receive feedback on what you’re doing in the room, versus when you don’t have the videotapes and kind of when you explain what you said, it always sounds better than how it actually went in the room. But on the same token, a lot of times my impressions of things that I didn’t do well, when other people watch them on the tape, they see them in a different light. “Well, I like how you did that.”

**CHALLENGES**

**Wong:** There were so many times when I just wanted to say, “I quit.” There were so many times when there were those crises of confidence. Those “oh, shit!” moments like, “I can’t possibly do this. I can’t get through all these classes. I’m not going to know how to do all these assessments properly. I’m not going to be able to handle the stress of working with clients.”

**Miller:** I had a fear that they wouldn’t trust me in the relationship or that they wouldn’t want to work with such a young, inexperienced girl. And I held onto that fear for a long time, probably a year and a half. Especially once I started doing couples work.

**Benham:** In my internship I haven’t had much free time at all. It’s the one thing, it’s this process, you’re supposed to be teaching mental health but it kind of forces us to go off on the edge here where we’re pushing the envelope--where we’re really kind of dysfunctional, being overworked and trying to keep schedules that are just ungodly.

**Miller:** It’s hard when you have to report child abuse and suicide thoughts. It gets sticky and it feels bad having to do that kind of stuff. So as important as I know the ethical limitations are when you reach some of them, it’s really hard to deal with them. And it feels really bad. It makes you feel that your hands are tied. You don’t want to do it, but you have to. And it feels like you are really violating that trust. It can feel like you are betraying your client.
**Wong:** The most challenging part of being a therapist is dealing with your own stuff. It’s not always pretty. Having to deal with how your own experiences and your own beliefs and hopes and dreams and hurts come to play into the therapeutic conversation. And having to address those, and having to make sure that those have their place in your life but they don’t cross over into the therapeutic realm.

**Wall:** I was like, “I don’t think I can do this,” or, “I’m going to be terrible.” So, I had to go and work some things out. I definitely remember it.

**Benham:** I had not expected to be sitting here hearing the very same things I have said to counselors years before. And going “This is like déjà vu.” I can’t believe I’m sitting in this chair and they’re sitting in that chair. I’m going, “This is really strange, just being on this side of it.”

### BUILDING CONFIDENCE

**Wong:** What helped my confidence the most was probably a combination of mere experience—just going through something enough times and seeing a wide range of experiences and clients and scenarios—that, plus probably having people in your corner who support you and validate you. And be they professionally or personally, people who know you, people who get to know you, and people who are able to remind you of who you are as a person, no matter what.

**Rasmussen:** Probably going into my second year, by that time I had three different individual clients and had picked up a couple. So I think I just felt, “I can make conversation now, I’m used to this. Worse comes to worst, I could probably pull something out of my head.”

**Wall:** Probably just getting in there and doing therapy and getting positive feedback from the clients. It wasn’t enough to get it from other students or from professors. I had to actually do it and then get some kind feedback from the clients.

**Rasmussen:** I think a real turning point for me actually would be
going into my second year and talking to first-year students who had never seen a client before and how anxious they were. I mean, that really put it in perspective of my progress and how far I had come.

**Miller:** My confidence has… It was pretty low to start off with. And I wouldn’t say it’s extraordinarily high now, but I feel confident walking into the room.

**BEFORE THIS?**

**Wall:** I was a travel agency manager. And I did that for about 13 years.

**Rasmussen:** I think I knew I wanted to go into psychology as soon as I started college.

**Miller:** Growing up, one of my best friends’ mom always would call me “the counselor,” because whenever there was a problem I would always kind of wiggle my way in and wanted to talk about it and want to process.

**Wong:** What I thought I’d grow up to be was definitely not a therapist.

**Benham:** I’d been a pilot for the last 18 years. I just got more and more miserable flying. I mean, especially when I was flying nights, going and getting body parts for surgery, you know, for heart transplants and bone transplants and all that stuff. You know, I’d be flying at three o’clock in the morning and I just hated it. Hated it, hated it, hated it. There was one night I was taking off out of Salt Lake City and I just remember the sun was rising and we were light, so the airplane was climbing like a banshee and I’m like, “This is really cool and I’m not really enjoying it. There’s something wrong here.” And that’s when I thought, “You know, I really do need to be more aggressive about getting out of this.”

**ADVICE**

**Miller:** Yeah, so just to take a big deep breath. And that it might not go real smoothly, but it’s all about being in a relationship and we’ve all done that. It’s not that much different than meeting someone out and striking up a conversation. If you care about what they have to say, it’s going to happen naturally in the room.
Wall: Don’t be afraid to make mistakes, because you’re going to.

Rasmussen: But I think with the anxiety, you just kind of have to sit with it and deal with it. If you weren’t anxious, I think I’d be a little worried.

Benham: They survived my blunders. You know, actually some of my blunders have turned out to be good interventions. I mean, it was useful to talk about it. So what has given me more confidence is just to know that, you know, we are human, we can make mistakes, and good things can come out of those mistakes.

Wong: The most helpful thing anyone’s ever said to me in the course of my training is, one time when I was being supervised by a senior student in our program, the piece of advice he gave me was, “It’s not what happens, it’s what happens next.” That stuff doesn’t just end in the present--see what emerges.

Benham: I would like to encourage people who are learning to take the risks and to share things because that’s the only way you learn stuff. I see a lot of people, my fellow interns who, when we’re having discussions, holding back and not wanting to share. I think it reflects well on somebody if they are out there willing to skin their knees in public.

Miller: And I think just asking for help and showing the worst and really talking about it makes the learning curve jump up so much higher. Because you’re really facing the problems head on.

Benham: It’s like, things just keep reappearing. If you don’t get to it, it’s going to come back in. I’ve been really surprised how things are repetitive. You don’t have to catch it the first time.

Miller: It would’ve been really helpful had someone said before my first session, “You know, you don’t do all therapy in one session.” It’s such an intimate thing that goes on in the room. To be able to experience that, and see the changes that happen, I like that. And I like working so close with people.
BEING A THERAPIST

**Rasmussen:** The part that I enjoy the most about being a therapist, I think it’s a real honor to go, to progress with people. And the client that I’ve had the longest just came in with so much anxiety and depression and self-doubt. It’s amazing now to hear her talk about how confident she is. Just the way she interacts with people is so different. And to be able to go that journey with her and sharing that with her I think is so rewarding.

**Wong:** I realized how much the simple act of just being able to be present and just relax and kind of let things unfold--how much of that is such a significant ingredient in building rapport and getting the therapeutic process going.

**Miller:** It’s not an issue anymore. I feel a little more confident in myself, that, yeah, I’m young, but I can work with people. I can relate to people. I can try to get them. I can put myself in their shoes and maybe see their side.

**Rasmussen:** For me a good therapist, I think, first and foremost, is just someone who is genuine and present in the room. One of my supervisors, that was our first session together, I was like, “What do I do?” And he said, “Forget about theory. Go in there and just be you.” And I think that’s really important, because whatever technique or theory you want to use, if it doesn’t come out being genuine and being real, it’s not really going to really be effective.

**Wong:** The biggest compliment I ever received was from a supervisor who told me I had a great future as a therapist--that my clients are very fortunate to have me as their clinician. If that doesn’t do wonders for boosting the confidence, I don’t know what will.

**Wall:** It was one day, this lady I had in session, she was talking about talking to her friends and husband and saying that she wanted to go and talk to her therapist. And it just kind of hit me: “I’m her therapist.” And I never called myself that--I’d always thought of myself as a student, you know, and I’m an intern. But to her, I was her therapist. And that just gave me a really good feeling to be somebody’s therapist.
Miller: I love what happens in the room. I love, I like being connected with people and feeling like I’m a part of their journey.

Benham: You know I’ve done other jobs, done other careers, and just never felt like I was suited or was made up for that type of work. And here I’m like, “Yeah, this is the chair I’m supposed to be sitting in.”
Melissa Miller works as a psychologist in private practice. She lives in North Carolina and is older now.

Diane Wall works as a family therapist now. She lives in Colorado with her family.

Michael Wong is currently completing his internship at a college counseling center.

Ron Benhem works as a marriage and family counselor and as a consultant to the airlines.

Lisa Rasmussen lives in Florida now and works as a psychologist in a group practice.

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