

Therapy Against the Odds: A Learning Experience

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Starting out as a therapist was something which, no matter how much study, advice and observation I had undergone, was always going to be a learning experience. When a community-based agency took me on in a volunteer counselling position I was thrilled to have an opportunity to work one-to-one with clients, but also extremely nervous. I believed this would be a valuable learning opportunity. What I had not anticipated was the nature of the lessons I would learn.

I had arrived in Australia from the UK three months prior to being given this post. Despite having a degree in psychology from Leeds University since 1997, it was only recently that I had decided to commit to training as a professional psychologist.

I had felt that aged 21, I was too fresh in the world to be offer therapy to people much more worldly wise than myself. With this in mind I decided to gain as much life experience as possible. Over the course of the following seven years I lived in South America, Paris and London. I had the opportunity to travel a great deal and work on expeditions around the world for young people considered 'at-risk'. Finally, I retrained as a journalist for an overseas development agency.

These experiences took me to far-flung corners of the globe, meeting some of the world's poorest and proudest people. I reported regularly from overseas on natural disasters, famine, HIV/AIDs and much more. I found that much of the time I felt like a therapist.

I would sit in darkened rooms in India talking to young girls about the abuse they suffered for being born at the bottom of their caste. I would have half an hour to gain their trust, asking intimate questions to encourage the story to be told in the girls' own words. These stories were unimaginable, made more horrific through the bluntness of a translator. What surprised me most, however, was that often, at the end of a story, the young person would thank me for listening, as though I had done her a great favour.

By the time I arrived in Australia I was determined I wanted to pick up my career as a psychologist and felt perhaps I had some useful experiences of my own to draw on.

However, I knew I was green. The odd bit of voluntary experience in the UK and a counselling course were not going to make me a great therapist. My experience was limited and theoretical, and I was already anticipating areas where I might flounder. I had no idea how I would cope with listening carefully to the client; reflecting, summarising and

empathising, without being distracted by what I should say next and the direction the therapy was taking. I did not want to be so absorbed in my own thinking and planning of responses that I was disconnected from my client's experiences.

What had not crossed my mind, however, were problems which might arise from the organisation for which I was working. I laid my trust in my employer — a small, not-for-profit, community-based employer — expecting a good learning experience, career development and support for both myself and my client. This was not the case.

The aim of this article is not to blame or criticise but to share my experience in the hope other novice therapists can avoid the pitfalls I encountered. While training as a therapist should never be smooth sailing, the elimination of unnecessary problems leaves more time to concentrate on being an effective helper.

I was introduced to my client with very little prior knowledge or referral information. Within the first hour I knew I was facing a client who had problems far beyond my expertise. He was a lifelong alcoholic with suicidal and self-harming tendencies. He had obsessive-compulsive disorder, depression and sexual deviations. Much of his memory of his young life had been blocked out. His mother had abandoned him as a child, and he often hinted at physical and sexual abuse being an integral part of his youth. Although my client and I struck up a strong and open relationship, I felt from the beginning I was out of my depth and was constantly battling with the guilt caused by his unfounded faith in my ability to help.

It was not until my peers mentioned their own supervision that I became aware of how unsupported I was. I had believed my uncertainties were mine to resolve alone. On learning about the value of supervision I went straight to my employer. I was informed that while there was no formal supervision, I had a contact I could call any time I needed advice or help. However, I quickly learned that the



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home number I had been given was rarely answered, and while the conversations I had were always pleasant, I got no real guidance.

While my client was blissfully unaware of some of my problems, he was witness to others. More than once we arrived for our weekly session to find the building had closed early and we had little option other than to rearrange for the following week. More regularly, the counselling room was locked and the key-owner adrift, so the first ten minutes of every session were spent looking for the key-holder. On locating the key, we then had to create a space among whatever objects had been dumped in the room during the past week before we could begin therapy.

Despite the difficulties, issues of security prevented me from being able to have my own key. The best I could do was to try and arrive fifteen minutes early to track down the key and prepare the room before the arrival of my client.

As time went on, the availability of the room became more difficult. I was forced to use an office while the counselling room accumulated unwanted items, and therapy became one interruption after another as people 'popped in' to find documents, pencils and make quick calls.

Finally, after seven months with my client, I was told there was not going to be a room available for counselling any longer, and my next session would be my last. Delivering this information to my client was devastating, but our options were now very limited and my client felt we should terminate counselling. It was not a good ending to our therapy. My client was angry with me for leaving him without warning, and I felt I had added to his list of lifelong abandonments. Both my client and I were left feeling let down before the therapy was complete. Without effective supervision or support, I had no idea how to deal with either my own feelings or those of my client. I could not believe my offer of help in exchange for training could leave me so isolated and under-resourced.

It was a disappointing first experience, and left me feeling very under-confident in my ability as a therapist and reluctant to take on other clients for quite some time. Good supervision has restored some of my confidence and I now see that the lessons I have learnt will stand me in good stead for my next position.

Most of my problems could have been avoided if I had negotiated some ground rules before accepting the position on faith. Once therapy had begun, my options were fewer as I had my client depending on me.

I assumed that a voluntary position left me with no bargaining power, but in contrast I should have insisted on a contract being agreed prior to employment. With hindsight I would have negotiated a key of my own so I had constant access to the therapy room, and would also be clear about the length of time I was expected to work there so I could plan my sessions and prepare my client accordingly.

I would have stated that interruptions were not acceptable unless in an emergency and would have perhaps specified more clearly the kinds of client issues I felt equipped to cope with.

I had expected cultural differences when I arrived from the UK, but only in terms of clients. I had not seen that a community-based organisation, dealing with clients in crisis, would have an entirely different culture to that of a therapy or counselling service. I was simply enthusiastic and keen to take any role offered.

Now, under regular supervision, I can clearly see other areas where my therapeutic expertise was lacking. However, these were skills I would hope to develop with time, and problems which a new therapist would be bound to encounter.

My memories of this time are by no means all negative. In the absence of a great deal of experience I saw the value of the therapeutic relationship in its simplest form. Taking him at his word, my client said he had gained a huge amount from the relationship and was reluctant to end therapy. I also found client-directed and centered therapy to be the most successful route to his wellbeing. Had I been more knowledgeable, perhaps it would not have been so easy to follow my client's lead.

As a new therapist I expected the unexpected and I hoped for a learning experience. It was both of those. However, while overcoming obstacles is all part of the learning process, it can never hurt to anticipate and avoid some of the unnecessary ones. Solving them in advance leaves you with one less distraction and more time to focus on becoming a good therapist. ☺

How Does Our Training Compare?

In Germany, the Systemic Society sets 'a minimum of 900 hours within 3 years; 300 hours of theory and method, 150 hours of supervision, 150 hours of self-reflexion, 200 hours of practical work with clients and 100 hours of self-organised group-study' (Kurt Ludewig, 'Systemic Therapy in Germany', *Context*, 73, 2004: 5).

In the Czech Republic, 'Family therapy training institutes ... now offer between 550–700 hours, which include theory teaching using exercises and self-experience, and 100–150 hours of supervision. The length of these trainings varies between 3.5 and 5.5 years' (Sárka Gjuricova, 'Family Therapy in the Czech Republic', *Context*, 73, 2004: 13).

In Hungary, an 'accredited training course, which consists of 200 hours of continuous basic training, plus 100 hours of direct supervision, 250 hours of self experience [based on the analysis of one's own family] 50 hours of credit based theory class participation, which means partaking in accredited HFTA workshops, family therapy seminars and conferences ...' Tamás Kurimay, 'A Psychotherapy and Family Therapy Overview in Hungary', *Context*, 73, 2004: 21).